**Issues facing health care leaders**

**Abstract**

 Meeting the healthcare needs of diverse cultures is a great challenge facing healthcare leaders today. Health care providers working in various regions of the world often find themselves dealing with a culturally diverse patient population. It is necessary to adequately prepare nurses to work with patients in a manner that takes into consideration and respects their cultural diversity. Health care leaders are faced with the challenge of ensuring that nurses under their leadership have adequate cultural competency education required to meet the needs of diverse patient population. Since there are new health care professionals who qualify from academic institutions year after year, this problem will definitely continue into the future as they continue being released into the job market. Healthcare leaders have been trying to address this challenge by advocating for the inclusion of cultural education into the nursing curriculum. Healthcare leaders are faced with the challenge of eliminating healthcare disparities across cultures by ensuring provision of ample, accessible and quality healthcare to all populations regardless of cultures.This paper will explore how healthcare leaders are addressing this issue and propose three solutions to alleviate this problem. Critical analysis will be applied to this issue with the aim of explaining why it is vital now and in the future. The paper will also discuss how addressing this issue can help improve health care outcomes, the role of nurses in dealing with diverse cultures, ethical issues facing nurses regarding dealing with diverse cultures, and why nursing leadership needs to address this issue.

**Introduction**

 The need for cultural competency and taking into consideration the differences in cultures of patient populations is increasingly becoming crucial for nurses. Nurses, now more than ever, are required to be sensitive of the various cultural differences of the patients they are dealing with to avoid offending them. Cultural differences among patient populations make them have different views and attitudes about various healthcare issues such as family and gender involvement, birth, death, causes of illness, and treatment methods among others (Richard & Knis-Matthews, 2012). This has resulted in a variety of challenges for healthcare leaders across the world.On one hand, the health care leaders are tasked with the responsibility of ensuring that the health care professionals they lead are culturally competent enough to handle the diverse health care needs of patients from different cultural backgrounds. On the other hand, the healthcare institutions and personnel they lead are not only serving but also being staffed by culturally diverse populations. As a consequence, healthcare institutions have become the ideal breeding ground for misunderstanding, conflict, stress and frustration for nurses, healthcare leaders, patients and their families. The main focus of this paper will be discussing how healthcare leaders address the issue of meeting the needs of diverse cultures, while outlining why nursing leadership needs to further address the issue.

 This is a vital issue at this time and for the future because providing comprehensive health care service to patients irrespective of their beliefs, religion, sexual orientation, age, disability, race or gender is the duty of every health care professional. Health care professional must not discriminate against patients on any criteria. It is the duty of every nurse to diligently serve and protect the human rights of the patients they serve. Accessibility to quality health care is not only the duty of health care professionals to implement, but a basic human right. Despite this knowledge, some people from minority ethnic communities continue to experience difficulties and challenges in accessing health services that meet their cultural needs. The lack of nurses that have adequate competence to recognize and understand how to meet these diverse cultural needs of patients is a major setback. There has been a tremendous increase in the global mobility of individuals across the world. While patient populations are becoming more and more diverse, professionals in the nursing field have remained virtually the same (Koh, Gracia & Alvarez, 2014). This means that nursing staff are forced to handle patients from different parts of the world without being adequately prepared for it. As a result, one of the greatest challenges facing nurses has been providing health care to culturally diverse patients. The burden is further passed down to health care leaders who must ensure that their nursing personnel are able to accommodate these culturally diverse health care needs by introducing diversity leadership and management practices.

**Background of the Problem**

 In response to the rapid rate of globalization presently being witnessed, patient populations across the world are becoming increasingly diverse. However, caring for patients from different cultural backgrounds is in itself a challenge to nurses, who often find themselves unfamiliar with some cultures of the patients they handle. For any nurse to be effective and efficient at their work, he/she needs to have some competence on recognizing and respecting the cultural diversity of their patients. Health care leaders are responsible for creating an atmosphere that embraces cultural diversity and equality so that the standards of nursing care can be upheld world over (Shearer, Fleury & Belyea, 2014). With this in mind, health care practitioners need to be adequately prepared to work with patients in a manner that respects their cultural diversity. It follows, therefore, that while many countries are trying to achieve health care reforms, the ultimate goal must remain the provision of universal health care. The term universal health care is used to refer to a health care system that ensures health coverage to the entire population regardless of aspects such as cultural differences. Ultimately, it is impossible to provide universal health care without taking into consideration and meeting the diverse cultural needs of patients, and addressing this issue can improve health care outcomes in a number of ways. On one hand, the modern health care environment challenges nurses to provide the entire population with culturally competent care. On the other hand, the nurse leaders must also embrace their role as agents of change and help the nurses acknowledge and respect such cultural diversity among patients and develop the willingness to incorporate it (diversity) into their healthcare treatment plans (Hart & Mareno, 2013).

**Literature Review**

 According to Hart and Mareno (2013), it is typical for anthropologists to base their conclusions about a group of people on the wide patterns of similarities within the communities they belong to. However, McClimens (2014) points out that in the health care fraternity, such generalized conclusions could have far-reaching implications and could even determine whether a patient lives or not. In explanation, Hart and Mareno (2013) note that generalizations are simply beginning points whereby cultural patterns are recognized and then assessed in order to determine whether individuals fit into such patterns. Ideally, generalizations could apply positively in health care if they are strictly used to narrow the scope of thinking and focus on saving lives. However, as McClimens (2014) argues, generalizations in health care become dangerous when they develop into end points and stereotypes, whereby nurses develop oversimplified conventional and formulaic opinions about certain cultures. Profiling patients according to their cultural backgrounds (or even the nurses’ culture) may compromise further efforts to focus on their health problems impartially. Therefore, by being able to distinguish between generalizations and stereotypes as they are applied in the health care setting can help nurse leaders in identifying specifically where the health care system is compromised enough to allow suboptimal patient care.

 According to Ambrose, Lin and Chun (2013), cultural practices also have the potential to obstruct correct diagnosis and appropriate treatment. In agreement, McClimens (2014) points out that the push for cultural competence is presently significant because health disparities are not only existent but also on the rise amidst constantly diversifying demographics (Centre on Dynamics of Ethnicity, 2013). With regards to the future, governments and accrediting bodies are continuously setting higher standards that must be adhered to by the multitude of professionals that join the labor force every year. Therefore, working with cultural competence is a foundational concept that must be implemented if diversity needs to be improved within the nursing fraternity.

**Proposed Solutions**

 In order for nurses to become culturally competent, it is essential that they are appropriately educated; thus, education is the key to addressing the challenges arising from cultural diversity in nursing. While it is acknowledged that nurses cannot possibly know everything entailed in every culture, it must also be acknowledged that being aware that different cultures feature different values and rules regarding appropriate behavior is a crucial step towards addressing the issue. Therefore, three solutions are proposed and they include training in culturally competent care; policy development; and community outreach (Truong, Paradies & Priest, 2014).

 Training in culturally competent care should aim at developing cultural sensitivity to enable nurses address issues such as literacy, traditions, language barriers, alternative health remedies, the need for respect and family support. In this context, nurses shall encourage social justice by engaging in critical reflection of their cultural heritage, values and beliefs so as to raise their awareness of how such qualities influence culturally harmonious nursing practice. Therefore, it is imperative that culturally harmonious nursing care is made an integral part of universal health care agendas that sanction prescribed education and clinical instruction. Essentially, nurses should be prepared educationally with the necessary skills and knowledge to ensure that the care they deliver is culturally harmonious. In the training context, teaching strategies must be designed to increase understanding of people and their culture and increase the acknowledgement of social and political issues relating to health. It also needs to be made a requirement that all education levels include cultural competence whereby trans-cultural faculty  are included in nursing education to provide formal education, practice skills, continuing education and consultation.

 National and global health disparities need to be eliminated by changes to social and health care delivery systems via policy development (Townsend & Ripley, 2014). With regards to policy development, nurse leaders and nurses need to be empowered with skills and knowledge to work with professional communities and associations in establishing standards and policies designed for the comprehensive implementation and assessment of culturally competent health care. Further, nurse leaders and nurses must be empowered with the skills and knowledge that will enable them to work in both private and public institutions. It is also imperative that nurse leaders and nurses have a comprehensive perception of the socio-political systems and policymaking processes. This will enable them develop the ability and capacity to work with diverse groups and organizations in developing polices that address the cultural discrepancies and social inequality challenges in health care.

 With regards to community outreach, nurses must be encouraged and facilitated to understand and engage with the most effective resource people within the ethnic communities they work. Such resource people include representatives of local neighborhood government advisory groups, teachers, chairpersons of church committees and local business owners. This way, the health fraternity will position itself appropriately to anticipate the needs of the communities they work with and forge beneficial partnerships. Viewed from another perspective, the nurses will be able to prepare for patients when they arrive seeking for health care services. Community outreach is therefore a strategic tool for reaching out to cultural communities and engaging stakeholders who understand the communities’ cultural background.

**Role of Nursing**

 Nursing staff must acknowledge and appreciate that cultural competency is essential for patient-centered and high-quality health care and has direct influence on how health care is delivered and received. Studies have demonstrated that in the absence of cultural competence, the kind of care delivered contributes directly to increased health disparities, reduced patient compliance and, ultimately, poor patient outcomes. On the contrary, cultural competence among the nursing staff not only improves the quality of care and patient outcomes; it also contributes positively towards job satisfaction as well as staff retention. It is thus imperative that nurses help and contribute to the initiative by decreasing ethnocentrism, and their key role would entail accepting change for the benefit of the profession and all stakeholders especially the patients. This can be achieved by increasing awareness of one’s own biases and cultural values. The nurses also have amoral obligation to be aware of existing stereotypes and myths related to various communities and understand that there might be conflicting beliefs and attitudes. To that effect, they need to identify not only race but also ethnic groups

**Role of Leadership**

 Appropriate leadership at the top is a critical step towards developing a consistent and sustainable environment that features good practices. This is as opposed to emphasizing good practices among individual nurses who may leave the organization any time. It is acknowledged that a considerable number of workforces and systems are not always welcoming to change. Therefore, the key role of leadership will be facilitating seamless change, or at least ensure the change is as comfortable as possible to all stakeholders (Wei, Yili & Tian, 2013). In this role, the most important step is communicating the need for the proposed change in a structured and systematic fashion. On the contrary, when the leadership engages in poor communication, the rumor mill can take over and spread inaccurate information regarding the proposed change, which will only create further resistance from stakeholders. By proactively communicating with the nurses, the leadership will minimize resistance and make them (nurses) feel they are appreciated as part of the process (Taylor, 2013).

 It is inevitable that change efforts will involves employees at a certain point in the implementation process, especially if such changes will affect the way the employees perform their work. In the context of changes aimed at improving cultural competence in health care delivery, nurses are agreeably the closest to the process; therefore, they must understand the rationale behind the proposed change if they are to participate in it beneficially. It is, therefore, also imperative for leadership to support the proposed change by demonstrating support in their interactions and communication with the nurses. When the nurses feel that they are supported by the leadership in the change process, they are bound to develop a certain degree of comfort. Support by the leadership can be demonstrated by, for example, presenting a case for change rather than proposing change simply for the sake of change. Such support can be obtained from data collected from strategic planning sessions, client satisfaction surveys, client comment cards and employee satisfaction surveys (Sumsion & Law, 2013). Ideally, the use of scientific data is the most effective way to show support for needed change and improvement initiatives.

 The nurses are bound to encounter barriers in the change implementation process. These barriers are likely to come from colleagues or peers, other departments, lack of relevant supplies and inadequate training. Therefore, another role for the leadership is the removal of barriers so as to ensure that their staffs are adequately facilitated to implement the proposed change.

**Interprofessional Collaboration**

 Policymakers, hospital management boards, the academia, organizational consultants, nurses, nurse leaders and physicians are the key professional stakeholders that will need to work collaboratively to implement the proposed change. The academia will primarily be involved with ensuring that cultural awareness is a concept integrated early in the nursing curriculum as the nurses progress towards their professional career. For the hospital management boards, they will be responsible for ensuring that cultural competence is an integral part of organizational culture within their institutions. The nurse leaders will have the responsibility of implementing the strategies of the management teams into day-to-day nursing practice. The nurses are the closest stakeholders to the process, and they bear the greatest significance as to whether the change will be implemented successfully or not.

**Integration of Evidence and Theory**

 Patient-centered practice theorizes that patients be made the focal point of all health care initiatives. On one hand, the significance of interprofessional collaboration should not be overlooked in health care. However, on the other hand, the development of collaboration with patients geared towards promoting their engagement in health care programs cannot also be ignored. Therefore, in the spirit of patient-centered practice, communities must be encouraged to proactively participate in programs intended to yield better outcomes for them.

**Conclusion**

 It is acknowledged that the incorporation of cultural competence in health care systems is a growing concern with which the nursing fraternity is struggling so as to effectively respond to the needs of individuals in increasingly diverse cultural groups. As change agents, nurse leaders are charged with the responsibility of ensuring that nurses are culturally competent so as to satisfy the dynamic environment of globalization. To that end, training in culturally competent care, policy development, and community outreach are proposed as the first steps towards developing cultural competence in the provision of health care. On their part, nurses have the responsibility of recognizing that such changes are inevitable and designed to reap benefits for the larger nursing profession as well as improve patient outcomes.

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