

Proposal for Interprofessional Leadership in Preston Health Services

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Collaboration, Communication, & Case Analysis for Health Care Master's Learners

Interprofessional Collaboration Preparation

January, 2017

Executive Summary

The purpose of this executive report is to help Preston Health Services (PHS) address the issue of low patient influx to a newly opened facility in a culturally diverse neighborhood. After analyzing different aspects of the facility and conversing with the local residents, it was determined that residents feel uncomfortable going to the facility because the medical staff of the facility is not representative of the cultural diversity of the neighborhood. Many patients do not turn up for appointments after their first or second visit to the facility. This proposal aims to convince the organization's leadership that a culturally diverse staff is an effective way to increase patient influx to the new facility. The desired end result of this proposal is the implementation of plans for the recruitment of a diverse workforce.

There are a few factors that may have led to the low influx of patients to the new facility. The foremost factor may be a language barrier between the health care professionals in the organization and the local residents who visit the facility. Other factors may include cultural differences and the preference for traditional home remedies for illnesses. The solution to these problems involves hiring, recruiting, and retaining a culturally diverse medical staff and training current staff to be culturally sensitive. This is possible with an effective leader who can guide all the employees of the facility to work as an interprofessional team. It is essential that the leader initiates and maintains collaboration among doctors, nurses, and other health care staff from different cultural backgrounds. Team members can learn about each other's cultures and values and work together as an interprofessional team that is based on mutual respect and trust. This could increase the number of patients visiting the new PHS facility.

Comment [A1]: The page recommendations are 6-8 pages. Pay special attention to length, organization, and precision in writing to the feedback.

Comment [A2]: Good..This is a key point in embracing the community and shared input

Comment [A3]: Well done...It is important to identify the contributing factors so they can be addressed effectively and efficiently

Comment [A4]: Yes...What role might community engagement play here?

I. Introduction

In today's world, constant demographic shifts are observed in many countries as people move out of their home countries for education and work. The world is becoming one global village. The health care industry has to take note of this change and reflect this demographic diversity by increasing cultural competence and hiring culturally diverse medical personnel (Ewoh, 2013).

Comment [A5]: Good use of the literature for support here.

The low patient influx to the new PHS facility is the result of a lack of cultural diversity among its medical staff members. Some of the factors affecting the patient influx are:

Comment [A6]: Is this limited to "medical staff?"

- a. Language barriers: Patients with limited English proficiency (LEP) often encounter language barriers in health care facilities, giving rise to disparity in health care access (Diamond & Jacobs, 2010). Residents in the neighborhood are from countries and speak languages other than English. The majority of the health care personnel of the facility are natives of the United States and do not speak the languages represented by the residents. This discourages many of the residents from using the new PHS facility.

Comment [A7]: Try to use work published within the last five years or so

- b. Lack of cultural competence: Cultural differences between patients and the facility administration and health care professionals have also hindered treatment. Discussions with residents revealed that many patients did not attend appointments due to a lack of cultural competence of the facility administration and health care personnel (Komaric, Bedford, & van Driel, 2012). Cultural competence involves culturally appropriate behaviors and attitudes among employees and patients in health care and long-term care organizations (Parker,

Comment [A8]: •A good analysis...Is there a predominant language or culture represented in the community? This might be good information to have in planning recruitment and training.

Comment [A9]: This is a great point...soliciting input and feedback from those served is an excellent way to address this scenario.

2011). Many patients were reluctant to take their doctors' advice, citing cultural differences as the reason. Patients prefer treatment from health care personnel belonging to the same culture or ethnicity (Flores & Combs, 2013).

Comment [A10]: Good points in making these connections with support from the literature.

- c. Lack of awareness among residents: Individuals from culturally and linguistically diverse (CALD) communities tend to be unaware of formal health care services. People from these communities normally prefer traditional home remedies over external health services. This preference is for safety as well as cultural reasons (Shanley et al., 2012).

The possible implications of the lack of cultural diversity may include the following:

- Some patients may attempt to manage their chronic diseases with traditional self-medication practices, which might aggravate their diseases further.
- Interracial biases may manifest as incivility toward minority group patients. This could negatively affect the overall reputation and image of PHS (King et al., 2011).
- Because the medical staff members cannot clearly understand the culturally diverse residents of the neighborhood, miscommunication can occur and patients may be given the wrong treatment.

Comment [A11]: Good delineation of these potential factors contributing to the scenario

All these problems and their implications have made it clear that recruiting a culturally diverse medical staff is essential in alleviating the aforementioned issues in the new PHS facility.

II. Proposed Plan

- a. In order to attract more patients to the new facility, the current medical staff has to become culturally competent. The organization also has to hire, recruit, and retain a culturally diverse medical staff. This can be achieved by initiating the following practices:

Comment [A12]: Good points...Both of these activities need to occur to ensure community engagement and reception.

- i. The new PHS facility can provide interpreter services, both on-site and off-site. On-site interpreters can have face-to-face discussions with patients about treatment options, while off-site interpreters can communicate with patients through telephone or e-mail (Brach & Fraserirector, 2016).
- ii. The facility can improve communication and create a more welcoming environment for patients by hiring and retaining a culturally diverse staff that shares cultural beliefs with patients. The facility can hire minority group members for residencies or fellowship programs and work with search firms that deal specifically with cultural minorities. The senior executives can retain minority staff by mentoring and guiding them. The compensation of the senior executives can be tied to the retention of minority group employees. If the facility cannot hire full-time health providers from minority groups, some of them can be approached to work part-time at the facility. The job satisfaction of staff members from minority groups will have to be monitored to determine that compensation and the quality of the work environment are appropriate and effective. (Brach & Fraserirector, 2016).

Comment [A13]: •Yes, this might be a good temporary solution...What are some of the pros and cons with the use of interpreters? Is there a more permanent solution?

Comment [A14]: Great points here...Could outreach to the schools and education about health care professions be of service in terms of recruitment?

Comment [A15]: Excellent ideas to address this issue.

- iii. Implementing initiatives to train current employees on cultural diversity and sensitivity are essential to an organization's diversity practices and found to positively affect employee engagement (Downey, van der Werff, Thomas, & Plaut, 2015). The senior managers should emulate and create a set of principles for respectful treatment of all team members (Brach & Fraserirector, 2016). They can develop a training program similar to the HHS Disparities Action Plan created by the U.S. Department of Health and Human Services (HHS). The program encourages diversity in health care organizations and supports community-based programs to improve the availability and quality of health care. Think Cultural Health is a program that is a part of the HHS Action Plan. The program helps health care providers become culturally and linguistically competent. The program involves courses for health care providers from different disciplines. The program familiarizes health care professionals with the principles of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health care. Think Cultural Health has a set of modules designed specifically for nurses and social workers called Culturally Competent Nursing Modules (CCNMs). The CCNMs aim to improve self-awareness and knowledge about best practices with respect to cultural attitudes, beliefs, and behaviors while providing health care services to patients from different cultural backgrounds. By analyzing cross-cultural scenarios in the case studies provided in the program,

Comment [A16]: Good use of the literature and a good connection to ethical practices.

professionals can develop cultural and linguistic competency to tackle a variety of potential issues (Jackson & Gracia, 2014).

Comment [A17]: Great use of the literature and current practices...How does this relate to the practitioner scholar model?

- iv. The management of the new PHS facility can engage the community health workers of the neighborhood in educating and informing the minority communities about the health care services provided at PHS. Community health workers are trusted community members who support individuals and address their problems at the community level. Research has shown that health care access and outcomes and the quality of life in minority communities are enhanced by the involvement of community members (Jackson & Gracia, 2014).

Comment [A18]: Good..How will these community health workers be recruited and trained? What type of community activities might be used to make connections with the community stakeholders and the community at large?

- v. Hiring culturally diverse individuals for senior management positions will increase cultural diversity in the new PHS facility. It has been found that leaders belonging to racial minority groups are more likely to be committed to increasing diversity among employees (Dotson & Nuru-Jeter, 2012). The leaders of the PHS facility will need to be culturally competent so that staff members imbibe the same quality. Many studies reveal that senior management needs to lead the implementation of diversity initiatives. For instance, Sodexo's chief diversity officer, Rohini Anand, PhD, said that executive buy-ins are vital for the success of diversity initiatives (Clapp, 2010). Leaders should be accountable and make decisions based on the values on which an organization is based. Chaos and miscommunication can result if values do not guide decision making (Levitt-Rosenthal, 2013).

Comment [A19]: Does diversity include more than race?

Comment [A20]: An excellent point...what leadership style is consistent with this approach?

- vi. The practitioner-scholar model can help the leaders in the new PHS facility handle the issue of cultural diversity effectively. Leaders can read the latest research about cultural diversity in health care organizations and categorize and summarize the information to understand it better. Leaders can analyze the strategies used by other leaders to tackle cultural diversity and create new strategies themselves. They can test these strategies in the PHS facility and design methods to track the effectiveness of the strategies (Capella University, n.d.). For example, leaders can periodically take the feedback of minority group employees about job satisfaction at the new PHS facility. Applying the skills of the practitioner-scholar model will help leaders be up to date with current trends and best practices, which will help them, grow in the organization. It will also help leaders anticipate and prepare for possible issues and changes in the future.

III. Benefits of Implementing the Plan

The proposed plan is evidence based and the main points have been taken from research related to cultural diversity in health care organizations. The benefits that can be expected from the implementation of the proposed plan are as follows:

- a. The plan will help patients understand health-related issues clearly and manage their health better.
- b. The plan will help the current medical staff members of the new PHS facility become culturally competent. They will have a better understanding of patients and their cultures and be able to overcome linguistic and cultural barriers while treating culturally diverse patients.

Comment [A21]: Yes, using the evidence in the research in conjunction with experience in the field leads to best practices in this area.

- How might a leader address resistance from staff in this area or address bias or lack of understanding? What leadership style or approach might be needed? Any thoughts about this in terms of leadership, promoting self-awareness and/or self-assessment?

- c. The plan will help build connections between the medical staff and community members. Research suggests that community members often have a better understanding of the perspectives of patients than medical personnel do (Jackson & Gracia, 2014). For this reason, involving community members in daily tasks will increase the patient influx at the new PHS facility.
- d. The plan will help the current medical staff members become more empathetic and understanding toward their peers from minority groups. Research indicates that organizations with more diverse workforces enjoy better outcomes. Having a diverse workforce also has broader consequences such as reducing health disparities in society, thereby facilitating the provision of equitable health care to all citizens.
- e. Finally, the recruitment and retention of a diverse workforce will improve the health outcomes of the PHS facility, thereby enhancing its image.

Conclusion

The new PHS facility, set up in a culturally diverse neighborhood, has been unable to attract many patients to the new facility. Analyses have revealed that this is due to a lack of health care personnel from culturally diverse backgrounds. Therefore, it is imperative for PHS to hire, recruit, and retain medical staff from diverse cultural backgrounds to encourage patients to visit the facility. To do so, a plan needs to be implemented to train the current staff members of the facility to become culturally competent. One or more effective leaders will have to manage the changes brought about by the recruitment of a culturally diverse staff so that the current staff does not feel alienated. This will ensure a culturally diverse workforce, which in turn will increase patient influx to the new PHS facility.

Comment [A22]: Yes...some further development of this area in the plan would be helpful...How will the community stakeholders and members be engaged? Community outreach? Advisory Board?

Comment [A23]: Well done... A fine proposal to engage the community and maximize effective service.

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