



# "DOING" DIVERSITY

**H**mong immigrants from Southeast Asia are increasingly to be found among the patients of Saint Agnes Medical Center in Fresno, CA. Many Native Americans are patients of Saint Alphonsus Regional Medical Center in Boise, ID. Both facilities are members of Holy Cross Health System (HCHS), an organization that, for obvious reasons, has an interest in human diversity.

HCHS, based in South Bend, IN, is a national system with health service facilities from coast to coast. In addition to those in Fresno, Boise, and South Bend, HCHS institutions are located in Mission Hills, CA; Anderson, IN; Columbus, OH; and Silver Spring, MD. In Utah the system is currently launching Holy Cross Ministries, a noninstitutional community service organization formed in collaboration with an agency of the Salt Lake City Diocese.

In late 1992 the system's leaders began thinking more seriously about the implications of diversity for the health ministry. They realized that both their work force and the communities they serve were changing dramatically.

"In the United States we've come to a point where the melting-pot philosophy is not applicable anymore," says Peter Giammalvo, HCHS's vice president for leadership formation and development. "Americans now have a heightened awareness of and respect for ethnic traditions that have come here from other countries." HCHS's leaders decided that the system must take a leadership role in consideration of these changes.

## DIVERSITY STARTS AT THE TOP

"We began at the top," says Giammalvo. "Our



Giammalvo

*Holy Cross  
Health  
System  
Facilities  
Honor  
Differences  
In Different  
Ways*

corporate board of directors went on record as saying: 'Here's what diversity means to us, a Catholic healthcare system, in the 1990s.'" A Diversity Task Force was appointed to guide the new initiative; it is composed of seven members from HCHS facilities and four from the corporate office.

The task force recommended that "diversity" in the system would be defined as broadly and comprehensively as possible. "We avoided the term 'cultural diversity,'" says Giammalvo, a task force member, "because we thought that was too

**Summary** Holy Cross Health System (HCHS), a South Bend, IN-based organization that stretches from coast to coast, has instituted a diversity initiative to take advantage of demographic changes in its facilities' work forces and the communities they are serving. Launched by Holy Cross's corporate headquarters, the program is carried out by the member facilities, each of which has added its own ideas. HCHS's diversity program has three major components:

- Consciousness-raising among employees. Activities range from "transcultural rounds" for nursing students to fashion shows in which employees wear costumes from their places of national origin.
- Educating the larger community. HCHS facilities have been urged to increase awareness of diversity among physicians, patients, vendors, and local business and civic leaders.
- Strategic thinking. The leaders of HCHS facilities have been advised to integrate diversity into their strategic planning. Leaders are familiarizing themselves with the different cultural, ethnic, and religious groups in the community and preparing their facilities to take full advantage of those groups' contributions.



limiting." The task force wound up with a sense of diversity that includes "just about every form you would find in the human condition: culture, gender, race, ethnicity, age—everything."

Having settled on its understanding of the term, the Diversity Task Force then discussed what to *do* about it. "Mention 'diversity' to most healthcare workers," says Giammalvo, "and they think: 'Oh, he's talking about affirmative action.'" But the task force again set its sights on a broader target.

**Consciousness-raising** The task force recommended that each of the system's institutions launch a campaign to educate its employees about diversity. Among the campaign tools was a position paper, drafted by the task force, to be used in employee recruitment, orientation, and business and community relations. The task force encouraged leaders of the various facilities to use these tools as they thought best.

**Spreading the Word** The task force also urged HCHS facilities to increase awareness of diversity in the larger community: among physicians, patients, clients, local business people, and civic leaders. The task force particularly recommended that facilities, acting in their roles as major purchasers, educate their vendors and suppliers about diversity.

**Strategic Thinking** The task force also urged the facilities' leaders to include diversity in their strategic thinking. As Giammalvo puts it: "Managing diversity doesn't exist in isolation from other corporate initiatives. When you're doing a strategic plan at the local level, one of the things you want to look at is the total environment in which your organization lives and works."

The task force urged HCHS facility leaders to familiarize themselves with the different cultural, ethnic, and religious groups in their areas and to prepare their facilities to understand and respect those groups' traditions.

#### DIVERSITY AT THE GRASSROOTS

But if the program's broad parameters were set at the system's top, the particular ways it should be carried out were left to each of the HCHS facilities. "Diversity is not an initiative that is handed down to the local organization," says

Giammalvo. "It has to be a grassroots implementation plan."

In 1993 HCHS facilities began establishing their own diversity task forces, and these groups have organized a wide range of projects, many of which have been reported in *Mission*, the system's bimonthly magazine. (*Mission* now carries a regular column about diversity.) Because of their grassroots origins, these projects were anything but homogeneous.

**Differing Customs** Fresno's Saint Agnes Medical Center offers its nursing students "transcultural rounds": classes that introduce them to the different cultures in the area. Saint Agnes tries to adapt itself to the customs of diverse patients. In a recent case, the male elders of a Hmong family were permitted, after consulting with physicians and medical center staff, to follow their tradition and decide whether a comatose female family member would undergo surgery or be allowed to die peacefully. In

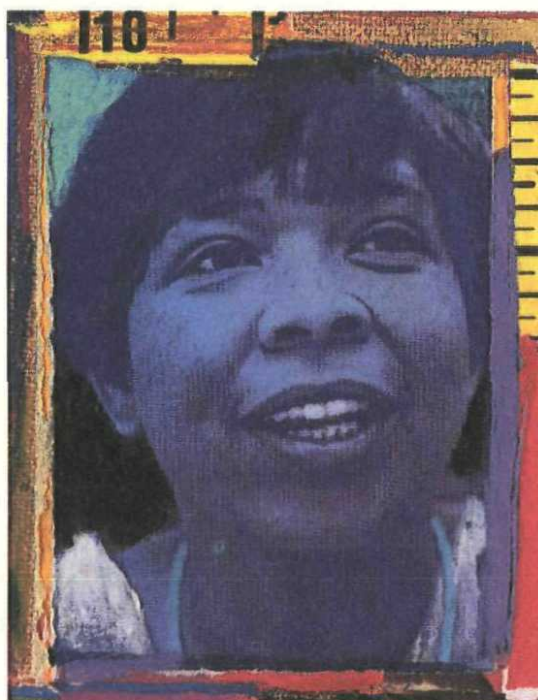
another case an Islamic family was allowed, immediately after the death of a family member, to perform a ritual washing of the body, as was their custom.

At Boise's Saint Alphonsus Regional Medical Center, representatives of four Native-American nations gathered last year around the bed of a dying tribal matriarch. A medicine woman chanted as feathers were first suffused with the smoke of burning cedar chips and then passed over the patient. Later, the cedar ashes were sprinkled under the patient's bed.

**A Cultural Calendar** The task force at Saint Joseph's Medical Center, South Bend, IN, designed a "diversity calendar." The calendar identifies the holy days, holidays, and cultural celebrations of various religious and ethnic groups. "Saint Joseph's employees get Christmas and half of Good Friday off because those are specifically Christian holy days," says Giammalvo. "What the calendar says is that there are *other* traditions we also want to honor because we're all partners in the same ministry. The calendar has had a very positive effect on Saint Joseph's work force," he adds. Saint Joseph's also held a recent "world's fair," which featured exhibits from various cultures.

**Dressing the Part** To display their own cultural

*Continued on page 54*



"When you're doing a strategic plan, look at the total environment in which your organization lives and works," says Peter Giammalvo.

## VALUING OUR DIFFERENCES

Continued from page 33

same region. And in the long run the new immigrants may help create as many jobs as they fill, bringing skills and initiative to the U.S."<sup>16</sup> □

### NOTES

1. "Managing Diversity," *Working Age*, AARP Newsletter Special Issue, 1990, p. 1.
2. Lennie Copeland, "Making the Most of Cultural Differences at the Workplace," *Personnel Journal*, June 1988, p. 52.
3. Lisa Harrington, "Why Managing Diversity Is So Important," *Distribution*, November 1993, p. 90.
4. "Managing Diversity," p. 3.
5. Aaron Epstein, "Blacks Still Subject to Discrimination in Hiring, Study Says," *St. Paul Pioneer Press*, May 15, 1991, p. 3b.
6. Lennie Copeland, "Valuing Diversity, Part 2: Pioneers and Champions of Change," *Personnel Journal*, July 1988, pp. 45-46.
7. Norma Jean Schmieding, "A Novel Approach to Recruitment, Retention and Advancement of Minority Nurses in a Health Care Organization," *Nursing Administration Quarterly*, vol. 15, no. 4, 1991, p. 71.
8. Schmieding, p. 72.
9. Copeland, "Valuing Diversity, Part 2," p. 3.
10. Nancy J. Adler, *International Dimension of Organizational Behavior*, Kent Publishing, Northridge, CA, 1986, pp. 77-83.
11. Audrey Edwards "The Enlightened Manager: How to Treat Your Employees Fairly," *Working Woman*, January 1991, p. 47.  
A number of games can bring cultural diversity training programs to life. Among them are "The Diversity Game," created by New York City-based Quality Educational Development, Inc., and "Diversity Bingo Advancement Strategies," Bloomington, IN. For further information, see "Games Augment Diversity Training," *Personnel Journal*, June 1993, pp. 78-82.
12. Copeland, "Valuing Diversity, Part 2," p. 3.
13. Daniel Coleman, "Individualism vs. Collectivism Is Key to Unlock Cultural Contrasts," *Minneapolis Star Tribune*, January 3, 1991, p. 8E.
14. Coleman, p. 1E.
15. Abby Livingston, "The Enlightened Manager: How to Treat All Your Employees Fairly," *Working Woman*, January 1991, p. 47.
16. "Managing Diversity," p. 7.

## "DOING" DIVERSITY

Continued from page 37

**E**ach institution submits an annual plan of its objectives.


diversity, the employees of Holy Cross Hospital in Silver Spring, MD, staged an educational fashion show in which participants wore costumes from their place of national origin. "The show was very popular among the employees," says Giammalvo, "not only because of the costumes' styles and colors but also because the narrator of the show provided various bits of information about each country and its culture." More recently, Holy Cross Hospital held a management retreat that focused on diversity.

### MEASURING THE RESULTS

Giammalvo says it is too soon to evaluate the system's diversity program.

HCHS's leaders have coached local chief executive officers (CEOs) to work toward diversity on their boards of trustees and leadership teams, he says. Beyond that, each member institution submits an annual plan of its objectives. "Beginning this year," says Giammalvo, "each CEO has been asked to identify the specifics of his or her facility's diversity plan and decide how it will be measured. Next year, when our CEOs are evaluated, one of the criteria will be: What specifics were you able to initiate and measure in diversity?"

In addition, as part of its systemwide mission assessment and development process, HCHS will be taking a comprehensive look at diversity in the overall context of mission fulfillment. —Gordon Burnside

 For more information on Holy Cross Health System's diversity program, call Peter Giammalvo at 219-233-8558.

## SENIORS

Continued from page 40


**F**uture research should focus on the homebound.

Mercy and St. Charles needed to take a different communication approach with residents. The hospitals have explored ways to further incorporate the findings into their delivery systems, and the local community's cultural needs continue to influence emerging services. The hospitals have taken programs into the community. For example, they are now presenting educational programs at apartment complexes where elderly African Americans and Hispanics live.

### MORE RESEARCH NEEDED

Because the sample size of this needs assessment was so small, future research on minority elderly health issues is needed. In addition, we recognize that the survey had its limitations. Namely, it did not allow for in-depth probing to learn exactly what participants meant by their responses. For example, many participants said they exercised often. But to them the term "exercise" meant going to visit a neighbor one door away.

Participants in this study were ambulatory, reported they were in good health, and sought medical care when needed. They were not representative of homebound elderly in poor health. Additional research could focus on identifying the status and needs of the homebound, inner-city, minority elderly. Healthcare institutions could use additional data to help them increasingly respond to elderly persons' needs, especially those from minority ethnic groups. □

 For additional information, contact Edward Morgan at 419-372-2326, or Deborah Sampel at 314-253-3515.