



EDITORIAL

ADDRESSING DIVERSITY IN EVERY DAY NURSING

HE WHAKAARO NĀ TE ĒTITA

TE WHAKAEA I NGĀ HIAHIA O TE HUNGA KANORAU I NGĀ MAHI TAPUHI O IA RĀ

Peoples’ responses internationally regarding elections and events in the United Kingdom and United States of America have drawn attention to divisions in society. Responses indicate there is a lack of acceptance by many for ethnic, religious and gender diversity. Even though there is only limited evidence of this cultural hegemony here in Aotearoa, it is imperative that nursing and nurses in Aotearoa (and other countries) act now and embrace cultural diversity. We need to take a lead role in acknowledging diversity and in facilitating and delivering accessible and acceptable care for all.

Ethnically Aotearoa is one of the most diverse populations in the world. We also openly embrace all religions, respecting people’s rights regarding beliefs. Socially, we are leaders in gender diversity with growing acceptance of marriage for gay and lesbian couples and increased recognition of the needs of intersex persons. Diversity also extends to recognising disability and acknowledging the variety of shapes the human body comes in whether the differences relate to congenital reasons, accidents or lifestyle.

The increased diversification of Aotearoa has implications for everyday nursing practice. Cultural safety (Wepa, 2015) alone will not help us work with diverse populations given the changing ways health services are delivered such as increased home-based care, electronic communication, short appointments and brief short hospital stays. We also need to utilise epidemiological (Fayram & Anderko, 2009) and transcultural (Maier-Lorentz, 2008; Miller et al., 2008) approaches. Epidemiological skills are useful for investigating patterns of everyday ways of living that

contribute to health and illness behaviour. Transcultural theory will help us to understand and work with peoples’ health beliefs, practices and values and address human rights. In combination, the theories and approaches of cultural safety, epidemiology and transcultural nursing will help us gain increased understandings of the populations we work with and will be useful in the development of policies and services that are culturally responsive and that recognise others cultural ways. They will also provide a basis for nurses to have a voice.

Nurses need to use their voice to challenge the existing service arrangements and policy, make changes to how we deliver services including how we communicate with people, and create and enable innovation. For example, challenges can include campaigning for modification of health and research documentation to move from using binary coding of sex and gender to accommodate intersex and transgender peoples (Rew, Thurman, & McDonald, 2017). We need to demand that there is sufficient equipment to safely and respectfully care for people of all body sizes (Hales, de Vries, & Coombs, 2016).

Changes can be about accommodating daily routines with people, for example building in preparation and prayer time for Muslims (Mohamed, Nelson, Wood, & Moss, 2015), and establishing with people and families who should be involved in conversations regarding death and dying. Innovations we develop or get involved in can take many forms such as what we deliver (e.g., designated nurses prescribing), when (e.g., smoking cessation at primary

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care appointments and hospital stays), to whom (e.g., refugee services), where (e.g., marae, fairs, schools, Work & Income Offices) and how (e.g., using the internet, text).

In challenging, changing and innovating, nurses need to use an evidenced-based approach, work in partnership with people, document what we are doing and formally

evaluate and publish or present the impact to provide new evidence and inform further change.

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