Office for Health management

Managing Talent and Difference in the Health Service: The Case for Diversity

Position Paper and Guidelines for Managers

April 2002

Foreword

For years it seemed like John Hume's was a lone voice in advocating diversity and parity of esteem to bring about real change. These principles are more relevant today in the Irish health service than they ever were. They are the central theme of this position paper and guidelines for managers on 'Managing Talent and Difference in the Health Service: The Case for Diversity'.

Our systems and procedures must value and encourage the different perspectives which all employees bring to the task of managing the health service. We are indeed fortunate that the health service continues to attract very bright and enthusiastic people but we need to grow the talent that is within the system to fill promotional posts and cater for succession needs at management level.

As the new Health Strategy points out, this makes good business sense because the people who work in the health service are not only major stakeholders, they are a significant resource and our most important asset. *Quality and Fairness: A Health System for You* promises that greater team working between professions will be promoted so that an integrated approach to care will become a consistent feature of the system. How we work together ultimately impacts on how we deliver our services.

An integrated inter-disciplinary approach is the result of respecting the diversity of professional practice as well as the parity of esteem across a range of interdependent professions. 'Managing Talent and Difference in the Health Service: The Case for Diversity' not only recognises the central role of valuing individual differences, it also highlights the need for inter-professional collaboration in the future development of our health service.

This position paper sets out an overall vision for managing talent and difference in your organisation. The 'Guidelines for Managers' will ensure that you have a navigation map to steer you on the way. Furthermore, the Health Services Employers' Agency is developing tools, including a guideline document and training materials, to guide line managers to meet their obligations under the equality legislation and to assist them in relation to the equal opportunities and diversity aspect of their people management role.

All of these will ultimately equip you with the requisite information, knowledge and skills to meet the challenge of ensuring that the health service adapts to the diverse needs of its employees. I wish you well on that journey.

Denis Doherty
Director

Position Paper

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Why Diversity?

'Attracting good quality staff is like looking for a needle in a haystack.' 'The competition for good quality people is so tough that staff retention is a major issue'. Sound familiar? Are these comments you would imagine yourself making? Then read on because this position paper puts forward a case for a more people-centred service, one that recognises the diversity of those we work with and those for whom we care. Addressing these issues will enable us to continue to provide top-quality care to patients.

The case for diversity has never been stronger than it is now. Legislative, demographic and economic changes all point to ensuring that diversity becomes a reality within organisations. In addition to the external environment, the internal issues within the health services mean that we must respond to the diversity agenda. Issues such as staff attraction, retention, personal and career development, making the most of the people that we have available to us and making the health services an employer of choice are all key. The Health Strategy *Quality and Fairness: A Health System for You*[1] outlines 121 recommendations most of which require the full utilisation of the expertise of what is the largest professional workforce in the country.

Making a success of diversity will help us achieve higher standards of patient care. To achieve what we want to as a service means that we must respond with energy and conviction to create an environment which not only focuses on patient and customer needs, but one which is also stimulating, challenging and, who knows, even fun.

Undoubtedly, there is much that we can be proud of in terms of how we carry out our work within the health services. But this should never be a case for resting on our laurels. We should seek to consolidate and build upon what we do well and to learn from mistakes we have made.

In the recent past, we have concentrated our diversity efforts on women. There was a clear rationale and logic behind doing this. After all, women make up approximately 80 per cent of the health services workforce, but only 19 per cent of the management/admin grades. But it has become clear that this approach is not enough. There are many other diversity issues that need to be addressed now and in the future.

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[1] Department of Health and Children (2001). *Quality and Fairness: A Health System for You.* Dublin: Stationery Office.

There are so many benefits to be derived from attending to diversity that not doing anything is not an option.

This paper looks into why we need to address diversity, what we have to gain from doing it and what the future of the health services could be if we go down this road with commitment and intent.

Why do we need to change?

The argument for change is all around us. It is no longer a question about if we change or even why change, but how we change. Here are some of the arguments:

- delivering a patient-centred service;
- attracting talent;
- retaining skilled employees;
- maximising the potential of our people;
- adapting to a changing workforce;
- reducing tribalism;
- fulfilling legal requirements.

Delivering a patient-centred service

The health service must continuously strive to improve service delivery, meeting and exceeding users' expectations, including provision of services around the clock.

This means that we must develop to meet the needs of an increasingly diverse customer base. Government figures estimate that 340,000 immigrants are expected in the next six years. This will have a significant impact on the make-up of the health service workforce and users. Attitudes and prejudices may exist towards using limited resources to treat a person from another country, or working along-side an individual whose first language is not English. The health service cannot offer a first-class service to a user if there is no one to communicate directly with him or her, or if it does not value all its staff equally.

Attracting talent

In Ireland we are currently experiencing an increasingly competitive labour market, with unemployment at a low of 3.6 per cent, and approximately 80,000 job vacancies to be filled. Make no mistake, this is a real, pressing and urgent need. We currently face particular difficulties in recruiting talent for a whole range of positions including:

- senior and middle management positions;
- nurses (nearly 300 nursing jobs in the Dublin region are not being covered by agency nurses or overtime);

- non-consultant hospital doctors (up to 6 per cent of junior doctor jobs in health board hospitals are unfilled);
- clerical staff;
- health and social care professionals;
- porters;
- care attendants;
- technicians.

Retaining skilled employees

The health services employ some of the most talented and highly-trained people in the country. These are people who know how to learn. It should be no surprise to us then that other organisations, not just those involved in health, find our people increasingly attractive. We are facing serious issues around staff retention.

We need to make sure that we facilitate the progression of skilled, talented and trained staff. This will ensure expertise is not lost and that we provide a quality service with continuity. The example of the experienced ward sister, who resigned because she was refused a job-sharing arrangement on the grounds of under-staffing, underlines the need for flexible working policies to retain quality employees (*The Irish Times*, 10 March 2001).

While there are 70,000 nurses registered in Ireland, only 35,000 are employed in the health sector. According to the Department of Health and Children, thousands of registered nurses could be persuaded back into the workforce if more flexible working hours were introduced (*Irish Examiner*, 13 September 2000).

However, these are not solely family-centred issues. The health service needs to assist all individuals in combining their work and life priorities; with increasing workload and staff shortages, our existing staff are feeling the strain. This is not sustainable; a more balanced and flexible approach to service delivery should assist in redressing the balance.

The health service must move towards a culture that supports and values employees, for example, by enabling employees to balance work and life demands on a daily basis, thus reducing absenteeism. Creating an environment where all people, no matter what their level, role, background or discipline, feel included, their contributions valued and their achievements recognised, will help motivate people. This, in turn, will reduce turnover and absenteeism.

The headlines in our national papers are a sign of the criticality of staff attraction and retention in our health services.

What the papers say:

'Number of foreign nurses steadily increasing' – *The Irish Times*, 30 April 2001

'"People centred" health service advocated' – *The Irish Times*, 24 April 2001

'Calling all medics: The Health Boards are paying increasing attention to Human Resource issues in their attempts to attract and hold onto staff' – *The Sunday Tribune*, 5 March 2001

'£10m scheme to increase number of specialist workers in the health service' – *The Examiner*, 22 June 2000

'Shortage of health staff threatens major crisis' – *The Examiner*, 23 June 2000

'Flexible rosters key to solving health service staff shortages' – *The Examiner*, 13 September 2000

'£6,000 grant scheme to attract UK nurses' – *The Irish Times*, 12 March 2001

'Employers cannot demote those who want to job share' – *The Irish Times*, 10 March 2001 (Reporting on recent case won by the Psychiatric Nurses Association of Ireland)

'Hospital hit by shortage of productive young doctors' – *Irish Independent*, 4 January 2001

Maximising the potential of our people

Movement between professional groups or levels (e.g. promotion from non-officer (previously servant) to officer grade) has traditionally been discouraged. This has created a barrier, restricting opportunities for everybody to realise their full potential. It has also restricted understanding of other roles within the health service, promoting an 'us and them' culture. Where do you think you stand in the 'pecking order'?

Another indication that we are not maximising our people's potential is the low number of women in management grades (80 per cent of health service workers are women but only 19 per cent of the traditional health board management/admin team are female). What does this say about how we develop people? What message does this send out? Do we seriously believe that the qualities required to be successful at management reside more in men than in women? What factors are preventing us from maximising people's potential?

Adapting to a changing workforce

The new entrants to the labour force, labelled Generation X, have different requirements and motivations from those of the traditional, predominantly white, male workforce. We must take account of this diversity in our work policies. This so-called Generation X expects to work hard, to be developed, to be rewarded well, but they also expect to have a work-life balance. This is a noticeable change in attitude that has been noticed relatively recently. To what extent are we prepared to adapt our work policies to accommodate different needs?

There are likely to be many more well-qualified female candidates eligible to compete for senior level posts than before, so we need to be planning for and creating an organisation which can meet the needs of this changing workforce.

Reducing tribalism

We depend on the professionalism and values of each professional group but this has a downside. The health service has been described as 'a divided service characterised by different tribes with different loyalties'. Such approaches hinder inter-disciplinary team-working.

Managers need to mobilise disparate professional groups to work together to meet the needs of different care groups. At our best, usually at times of crisis, our team-working should be nothing short of inspired and should provide an object lesson to others. But we need to look at how we are organised at other times; we need to ensure that outside of those extraordinary occasions, we work together in a way that allows all our people to contribute appropriately.

But our hierarchical, and at times bureaucratic, structure can also result in a:

- rigid classification of tasks;
- lack of workforce mobility;
- reluctance to question those in authority;
- lack of workforce participation;
- reverence for the so-called 'Medical Model';
- tendency to exclude and discount the views and values of those outside the dominant group.

As identified in *Quality and Fairness: A Health System for You*, we need to move towards a networked, inter-disciplinary team-based organisation that respects the diversity of different professional groups. This will ultimately be of benefit to the patients.

Fulfilling legal requirements

The Irish equality legislation is one of the most wide-ranging in Europe. In Ireland discrimination is outlawed on nine grounds:

- gender;
- marital status;
- family status;
- sexual orientation;
- religious belief;
- age;
- disability;
- race;
- membership of the traveller community.

The equality legislation covers both discrimination in relation to employment and in relation to the provision of services.

Harassment has been defined for the first time in Irish law. It is now unlawful to harass someone in relation to any of the nine grounds.

Organisations must now take a multifaceted approach to diversity. We need to ensure that we fulfil our obligations under the legislation, but we also need to take

a proactive approach to diversity, rather than react solely to specific events or legislative requirements. We must go beyond 'staying within the law', to expanding the principles of the legislation to determine our best-practice actions.

This sounds easy enough, but LOOK AT THAT LIST AGAIN. Behind any one of the nine grounds is a whole series of attitudes, prejudices and mindsets. To keep within the letter and spirit of the law will require all of us to look at ourselves and at our views of those who are different from us. It will also require us to look at our processes, procedures, rules and regulations to ensure that we are indeed keeping up with best practice.

What do we want to achieve?

We are trying to raise our sights, to create a health system that builds on what it has and one that also substantially develops beyond current capabilities. We want a health service:

- which has improved patient-centred care;
- where people feel they are treated on merit;
- where we have a motivated workforce;
- which has a positive image and is seen as an employer of choice;
- where skilled and talented people want to stay;
- which promotes good management practices;
- which is a benchmark for others;
- which does not infringe the legislation.

Improved patient-centred care

The increasing diversity of our client population needs to be recognised. Differing needs must be addressed via a responsive and flexible patient-centred service.

A diverse workforce, which mirrors the changing demographics and lifestyles of health service users, should facilitate the health service in understanding and meeting the needs of our service users.

Effective patient care demands many people working together as a team. An open, communicative, inter-disciplinary culture will facilitate understanding and regular contact between professional groups.

Enhanced flexibility in working arrangements to meet the needs of a diverse work-force can benefit health service users. Flexible working hours and a valued and committed workforce will facilitate the provision of a quality service outside traditional daytime hours of work, moving towards round-the-clock service provision.

People are treated on merit

We must ensure that we are in a position to attract the best people and, once we have got them, to grow their talent and expand their horizons. All forms of in-house talent and potential should be harnessed to fill promotional posts and cater for succession needs.

This means that everyone is treated on merit, regardless of gender, ethnicity, disability, age, sexual orientation or any other factor which is unrelated to job performance.

Simple statements, but achieving them will require not only good ideas and a strategic view, but also a lot of hard work.

Ensuring a motivated workforce

To be successful, the health service needs to have highly motivated people, who will be both competent and confident to take responsibility and who will actively work to provide a better service for clients and to maximise health and social gain.

The realisation that the health service is a fair and professional service provider, which cares for its employees, will affect employee motivation.

Higher motivation will, in turn, lead to higher productivity, less stress, less absenteeism and less sickness.

Motivated and satisfied staff will deliver higher standards of care for service users.

An employer of choice

Gaining a reputation as a good employer will mean that more people want to join the health service.

A reputation as an 'employer of choice' is not only important among people within the health service, but also among people outside it, including health service users. It promotes a better public image generally, not just in terms of diversity.

By looking at and critically examining how and where the health service recruits, you can potentially attract well-qualified people from groups who may not currently think of applying.

You must be regarded as an 'employer of choice' to attract the best candidates. This means understanding what qualities and values people are looking for in an employer and trying your best to provide as many of these as possible. Today's

candidates can afford to be selective, choosing the organisation they feel offers the most attractive working conditions. Make no mistake, diversity issues and work-life balance have been shown to be important factors when deciding which organisation to join.

Retention of skilled and talented staff

When people feel valued at work, they are unlikely either to look for other jobs or to be susceptible to offers from other public sector or commercial organisations.

If the health service can be flexible in the conditions of work offered, we will be in a position to retain highly-skilled people if their lifestyle requires flexibility, e.g. becoming a parent, needing to look after elderly relatives etc.

A good staff retention rate makes good business sense because it saves the health service money on the recruitment and training costs of new employees.

Opportunities must be provided for employees to continuously develop themselves within the health service, rather than having to look for development opportunities elsewhere.

Health service employees may have many different priorities outside the workplace, whether these are related to caring obligations, religious commitments or cultural activities, and thus have a need for some flexibility in their working arrangements. Established working arrangements, such as the 'long-hours culture' fostered and valued in managerial posts, may not be suitable for all employees and may prohibit them from working to their full potential.

Promoting good management practice

Diversity demands a proactive approach to good management practice. Managers need to ensure that this guides all they do. They need to ensure that they:

*   attract competent people;
*   select competent people;
*   use people well, matching their skills to their roles;
*   enhance people's competence, once in their roles;

- motivate all people to perform to the best of their ability;
- treat others with dignity and respect;
- retain competent people.

A benchmark for others

If other public-sector and commercial organisations recognise and applaud the health service as being a benchmark, we will know we are doing well. This will increase the 'feel good' factor and be a tremendous help in strengthening internal and external perceptions of the health service.

No risk of infringing the legislation

The Employment Equality Act (1998) and the Equal Status Act (2000) are ground-breaking pieces of anti-discrimination legislation, with wide-ranging scope. This legislation is one of the drivers towards a multifaceted diversity approach, which, taken to its logical conclusion, leads to a strategic examination of the processes of the health service, the skills of its managers and ultimately the whole organisational culture.

A strong diversity-oriented culture will take the health service beyond what is required by the legislation. It will be done for the positive reasons of sound business sense and to help the health service fulfil its values and objectives, rather than for the negative reason of avoiding being caught in breach of the law.

What next?

This is our vision and position paper on embracing diversity and valuing people in the health service, which we want to work towards.

Think about the issues that have been raised and look afresh at your service, how you work, how you manage your people, and how you deliver your services.

To achieve the vision set out in 'Managing Talent and Difference in the Health Service: The Case for Diversity' we need to be creative, we need to harness all our ideas, we need to be flexible in our approach and above all we need to work together.

The guidelines on the following pages offer assistance and practical support in the implementation of ideas to better manage diversity in the Irish health service.

Guidelines
for Managers

Page

Introduction

As an accompaniment to the position paper 'Managing Talent and Difference in the Health Services: The Case for Diversity', this document is intended to provide support for managers in the implementation of ideas to better manage diversity. It looks at the key steps from establishing the vision, to policy formation, to review and evaluation. See Figure One below.
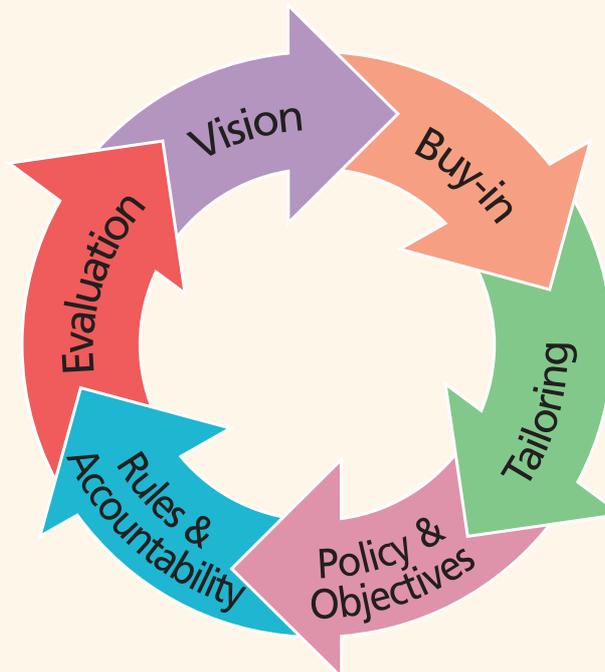

Figure 1: The Key Steps

Managing diversity is a tall order. It is about:

- delivering a patient-centred service;
- attracting talent;
- retaining skilled employees;
- maximising the potential of your people;
- adapting to a changing workforce;
- reducing tribalism;
- fulfilling legal requirements.

These guidelines will help you to implement the A, B, C, D and E of managing diversity and in doing so will also help you fulfil your role in addressing some of the actions and deliverables in *Quality and Fairness: A Health System for You*. It will help you to **A**gree a way forward for your organisation by Establishing the

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Vision. It will help you to **B**uild by Formulating a Policy and Setting Objectives. **C**ommitment, **D**etermination and **E**nergy will come from Gaining Buy-In, Tailoring the Approach and making careful decisions about establishing 'Whose Role Is It?'.

This document does not prescribe the sequence of these activities, each of which is assigned a chapter below. Depending on attitudes towards managing diversity in your organisation, you may decide to spend a greater or lesser amount of time gaining buy-in. You may undertake the diversity audit stage to build concrete arguments before you try to build support, or you may decide to raise awareness of the issues by publishing a policy before you undertake an audit. Whatever the sequence, these guidelines are intended to help you understand each of the steps and to give you the insight you need to sequence them in a way that will work for your organisation.

One thing is absolutely fixed: managing diversity is about valuing people. As such, in each of the chapters below, you will read about inclusiveness, from involving your key stakeholders in the formulation of the diversity policy to talking with front-line staff about equitable service delivery. Inclusiveness will need to be at the heart of your efforts to manage diversity. No one person can make an organisation manage diversity. It takes a shared commitment and a common acceptance of the benefits. As such, the strong theme from the position paper – truly working together – is continually emphasised throughout these guidelines.

Establishing the Vision

Overview

An important step on your journey towards managing diversity will be establishing a vision of what it means for your organisation. The vision has to sit comfortably with any corporate vision that is in place and it must build on the strengths that already exist. This chapter guides you through a process to visualise what managing diversity will mean in your organisation.

Key question

If you were asked to produce a vision of your organisation managing diversity, how would you do it?

Formulating a vision

Visualise an organisation that effectively manages diversity. Each person is recognised as being an individual and is treated fairly, regardless of their visible or less visible differences. Furthermore, differences are valued and, in many instances, harnessed. But what does that mean in practice?

Think in terms of the following:

- Processes
- Skills
- Flexibility
- Culture
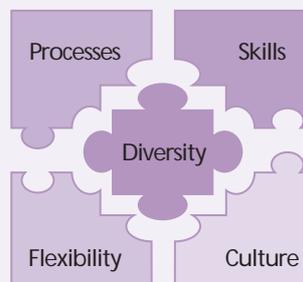
Processes that are of most concern are selection, development, performance management (however informal), customer service and reward.

Skills of concern range from basic awareness of diversity issues to people management skills.

Flexibility is all about avoiding rigid practices, procedures and working patterns. It also means being flexible enough to treat people as individuals rather than grouping people together, e.g. having individual development plans rather than generic training modules that may or may not meet a person's needs.

Culture influences processes, skills and flexibility of responses, and must be underpinned by:

ESTABLISHING THE VISION

- active commitment from every level of the organisation;
- encouragement to act in line with the vision;
- a set of organisational values that complement it.

These four pieces help complete the diversity vision and will need to be considered when you visualise what managing diversity means for your organisation.

Case Study One

A big picture perspective

One organisation had been active in managing diversity for a number of years. This impetus was provided by an enlightened HR manager with a keen interest in the area. A number of successful initiatives had been implemented, e.g. racism awareness for client-facing roles; launching a dignity at work policy and an awareness programme.

However, when the chief executive and the HR team met to discuss progress and future plans in the area, they realised they lacked a common focus regarding what the organisation needed to achieve in relation to diversity. They had no vision.

This inspired them to stop, take stock, and devise a broad inclusive vision for diversity in the organisation. This not only helped facilitate a more focused discussion but also ensured that the **right** initiatives were being actioned to achieve the vision.

Looking ahead

Once you have established the vision, it makes sense to give it life by creating a diversity policy and setting some objectives. These tasks will be discussed later. For now, we will turn our attention to gaining buy-in from your stakeholders.

Gaining buy-in

Overview

A familiar feeling for those working in management is knowing that something makes sense but wondering how to convince others. To succeed, you will have to have the sort of conviction that only comes from a thorough understanding of the benefits of managing diversity and topical examples of best practice. This chapter will provoke some thoughts about how to secure commitment from your key stakeholders.

Key question

What would you do to create and sustain genuine commitment to managing diversity?

Identify the benefits
There are three main reasons for managing diversity in the health service:

- moral obligation;
- legal drivers;
- operational efficiency.

The health service undoubtedly has a **moral** obligation to treat staff and service users fairly and with respect, and to optimise the efficiency of service provision. Managing diversity will help to do both, but moral grounds alone tend to be insufficient to persuade organisations to do the right thing, particularly in an increasingly commercially-driven environment.

Legally, the health service is required to provide a safe place to work, to protect employees from discrimination and harassment, and to provide an equitable service to the public. Equality and health and safety legislation are undoubtedly powerful drivers. The law, however, is best seen as a floor of basic rights rather than setting the standard for managing diversity. Truly managing diversity requires that you do much more than simply avoid legal challenges.

- Firstly, the equality legislation only protects those people who feel unfairly treated on one, or more, of the nine legal grounds (gender, age, religion, marital status, family status, disability, race, membership of the travelling community, sexual orientation).

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- Secondly, managing diversity is about optimising performance through proactively harnessing differences. It is not simply the prevention of unfair treatment. Using the law as a lever to influence people will often send out the wrong message.

For example, the law does not say that recruiting abroad may help with labour shortages in nursing. It simply says that nurses from abroad must be treated equitably when working in Ireland.

Operational efficiency is by far the strongest argument in favour of managing diversity. The position paper outlines, with relevant examples, the benefits that can be achieved. Summarised here, these are the arguments that will work best:

'We are trying to raise our sights, to create a health system that builds on what it has, but that also substantially develops beyond current capabilities. We want a health service:

- *which has improved patient-centred care;*
- *where people feel they are treated on merit;*
- *where we have a motivated workforce;*
- *which has a positive image and is seen as an employer of choice;*
- *where skilled and talented people want to stay;*
- *which promotes good management practices;*
- *which is a benchmark for others;*
- *which does not infringe the legislation.'*

Case Study Two

We're a hospital - we don't bite!
For every nurse working in the health service in Ireland, there is one that isn't. One hospital set itself the challenge of recruiting some of this talent. Advertisements were being read but applications weren't coming in. A quick survey revealed that some of the potential applicants were intimidated by the thought of returning to a much-changed organisation. For some, the only insight into how the health service was running came from newspaper articles that were more often critical than complementary.

The hospital held an open day when anyone interested in returning to a career in nursing within the health service could come along, have a cup of tea and

ask questions of existing staff - some of whom had made similar career moves. The result was an increase in applications from this population and an opportunity for the hospital to tap into a pool of talent that would otherwise have been lost.

Having realised the potential of this type of recruitment event, the hospital considered it as an option for all future recruitment, regardless of the target applicant pool.

Come up with good supporting arguments

The best way to come up with good supporting arguments is to keep in touch with:

- changing demographics;
- changes in your own organisation;
- changes brought about by diversity initiatives.

Armed with this sort of information, you can predict changes in the make-up of your service user and employee populations. You will have tangible, concrete facts that demonstrate a changing marketplace to which all employers and service providers will need to adapt.

Changing demographics in Ireland provide many powerful statistics that cannot be ignored by an organisation such as the health service. The Central Statistics Office website provides data on how the population is ageing, on unemployment rates, immigration rates etc. Many of the most compelling statistics of this type are quoted in the position paper. These statistics identify opportunities for recruitment and can help you to anticipate changes in the client base.

Changes in your organisation also provide many useful arguments for better managing diversity and having this information to hand is critical. In Ireland, the process of monitoring the characteristics of the staff population has never been properly established, but it is important if you are to know where you are starting from and how far you have travelled.

Think of the nine grounds in the Employment Equality Act (1998). Your organisation is duty-bound to treat people equitably regardless of these nine personal characteristics. How can you be sure if you don't monitor them? There may be a misconception that asking for this sort of information is illegal. In fact, it

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isn't. It is only illegal to use this information to discriminate unfairly against an employee, potential employee or service user.

Measuring the **changes brought about by diversity initiatives** is another critical source of evidence in support of your efforts. No matter what steps you take to better manage diversity, make sure you have a baseline measurement and a quantifiable measure of success. We will turn our attention to this in more detail when we look at tailoring the approach.

Make top management's commitment visible, active and ongoing

Sustaining buy-in requires ongoing support from key stakeholders, not least top management. It will help significantly to look beyond the HR team to identify diversity champions, people who understand the benefits and who will work hard to pursue the diversity agenda. Their support could also be harnessed to spearhead some of the initiatives in the diversity strategy. This will help to integrate the diversity strategy into day-to-day organisational activity.

But it will also be important to gain the support of the remainder of the management team and staff. This needs to be sooner than you might think, so what approach is likely to work best?

With many change initiatives, the bottom-up approach works best but it may not always be the best choice. Because managing people equitably is at the centre of managing diversity, it can be hard to move forward until managers have raised their own awareness and changed their own behaviour.

Case Study Three

Tough at the top
An organisation wanted to prevent bullying and harassment after an employee opinion survey suggested some issues in this area. A policy and procedure were drawn up, all managers attended an awareness session and finally all staff. At one of the staff workshops, about six months into the project, a participant scoffed at the suggestion of approaching their manager if they felt bullied or harassed: 'Sure, my manager is the biggest bully in the building!'

To prevent bullying and harassment, there must be a dignified working environment, and a sense of trust and confidence that complaints will be dealt with fairly, sensitively and constructively. Although managers had been briefed

before their staff in this organisation, some of them had not changed their behaviour. Some of them needed more than an 'awareness raising' briefing. Some bullies do not have any other management style and need help to develop alternative approaches.

Initiate programmes to change behaviour

Managing diversity requires behaviour change, not simply attitude change. Sometimes this means that it will take longer to make your vision a reality, but taking the time can mean the difference between success and failure.

Be clear about the difference between programmes aimed at raising awareness and those aimed at changing behaviour. Generally speaking, it takes a longer programme, including personal development, follow-up and evaluation, to truly change the way a person behaves at work, but the benefits are worth it.

Often, it is not necessary to develop a specific diversity training programme, as many of the mainstream people-management programmes will complement your efforts. For instance, it may be sufficient to raise the awareness of a management group, if there is a concurrent programme in coaching, or positive people skills. If not, however, do not be tempted to believe that raising awareness will have an impact on the behaviour of all your people managers.

Finally, it is important to remember that managing diversity may be a new concept to many people and it would be unwise to undertake too much change without identifying and meeting training needs. It is not uncommon to meet managers who say they dabbled in providing flexible working hours, with no training, but found it to be more hassle than it was worth. This is not surprising, as designing flexible working programmes requires significant expertise.

It is likely that if you adopt an inclusive approach to formulating your diversity vision, you will quickly be made aware of the areas in which people need development.

Looking ahead

The process of gaining buy-in will be continuous. Throughout your work, communicating successes will be a vital way of sustaining commitment. In the next chapter we look at how to tailor your approach, beginning with the audit process. This will help you to learn more about the challenges facing your organisation and, as a result, you will be in a better position to make a convincing case for an ongoing commitment to the management of diversity.

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Tailoring the approach

Overview

Valuing difference is at the core of managing diversity. It follows that each area of the health service will have its own unique approach to managing diversity. This chapter guides you through the process of auditing the present state of your organisation and diagnosing its development needs.

Key question

How would you find out how well your organisation is currently managing diversity?

Auditing

Auditing the extent to which the culture, systems and processes within your organisation contribute to the effective management of diversity is a vital step in your approach to managing diversity. We have already spoken about monitoring with an emphasis on building persuasive arguments to gain buy-in, and clearly this is a form of continuous audit in itself.

Usually, an audit is done against a model. There are a number of models for managing diversity available in the literature and a useful analysis of these can be found in *Diversity in Action: Managing the Mosaic*[2]. Regardless of the model you choose, the audit will involve looking at the processes, skills, flexibility and culture of your organisation. You will also need to make some choices about research methods. Typically, you might expect to use a combination of focus groups, interviews, analysis of any available hard data and relevant documentation, and maybe a survey. Whichever combination you choose, beware that many of the potential sample might not understand what managing diversity means and may not be sufficiently aware to properly critique the organisation. If this is not properly controlled, it can lead to a false reading of the situation.

It would also be misleading to fail to capture all the things that you already know about your organisation. Through day-to-day dealings and knowledge of diversity, many people in your organisation can probably diagnose the areas for action quite readily. Interview these people so that this tacit knowledge is not lost.

When do you do the audit? There is great benefit in obtaining a baseline measurement before you begin your journey and it can help to identify the priority areas for action. The temptation is often to jump ahead and make things happen, but unless you are sure of what needs to happen first, be careful not to rush.

[2] Kandola and Fullerton (1998). *Diversity in Action: Managing the Mosaic*, CIPD.

Case Study Four

Competency-based interviews can be less time-consuming as well as fairer
A large government department introduced competency-based assessment for all promotions. It took over two years and significant resources to implement. Clearly, to sustain support for the change, the HR team needed to have credible arguments. They began by measuring everything: the number of interviewers currently trained, the average number of interviews carried out in a month, the number of applicants, candidate feedback etc.

Once they began to implement the new approach, they continued to track these measurements. One of the most beneficial results was that the average number of interviews per month increased. How could this be, when the new style of interview took longer? The reason was that the HR team were no longer spending hours responding to complaints from candidates and union representatives about promotion results. The new process, which included considerable feedback for each applicant, had gained the trust of the staff and the number of complaints had dropped dramatically. Luckily, the HR team had taken a baseline measurement of the number of complaints and could use this to win support for the new process.

Who should be included in the audit? The audit sample must represent the potential service user and employee populations. A simple mistake would be to fail to include anyone from a minority ethnic group in your research sample because you do not currently employ anyone from this part of the population.

We frequently mention inclusiveness in these guidelines. The audit is another area where you can build people's ownership of the diversity vision. Do not just ask them to critique the current state of affairs; ask them for solutions. Then ask them if they would be willing to champion, spearhead or help deliver on that area of the vision. What you will get are better-reasoned suggestions for, and wider ownership of, the recommendations of the audit.

How often should the audit be undertaken? Ideally, the diversity audit should be carried out as frequently as surveys of service users' perceptions or staff opinions. Indeed, in many organisations, the diversity audit is integrated with all the measurements taken on a regular basis. If, for instance, you already measure the number of internal promotions each year, why not monitor it now against the nine grounds specified in the equality legislation? This will serve as an important mechanism for review and evaluation of your accomplishments.

TAILORING THE APPROACH

TAILORING THE APPROACH

Case Study Five

I smashed my career with a career break

An organisation was losing a lot of staff because it was inflexible about career breaks. Quite simply - it did not offer the option. If staff members wanted a break, they had to leave. To address the problem, a set of terms was devised and in the first year many people availed of career breaks for a variety of reasons. Problem fixed? Apparently not!

After a year or two, the HR team realised that when they cross-referenced the figures showing internal promotions with those for career breaks, there was not one case where someone who took a career break was subsequently promoted. An informal rule had evolved that said 'Career break = zero ambition = not suitable for promotion'.

While the process for career breaks was working well, the perceptions that had evolved in the culture were working against it. Measuring these kinds of results enabled the organisation to identify a development need.

Looking ahead

In the next chapter we look at the process of formulating a policy and setting objectives. Armed with a vision, the views of your stakeholders and your audit results, it is time to pin down some specifics about the action that needs to happen.

Formulating a policy and setting objectives

Overview

Formulating a diversity policy and a corresponding set of objectives can provide focus and energy for your vision. Below we discuss the likely content of a policy, how it might sit with existing work on equal opportunities[3], and the types of objectives that will best deliver your vision.

Key questions

What will be included in your policy and, if it helps you to get the numbers right, have you succeeded in managing diversity?

Formulating a policy

In the same way that most organisations have health and safety or equal opportunities policies, managing diversity requires the focus and forethought that comes only through the creation of a policy.

The contents of the policy should include:

- a statement indicating your organisation's commitment to managing diversity;
- the supporting rationale;
- an explanation of how traditional procedures and practices will be affected by the policy;
- an overview of how managing diversity will be integrated with other business initiatives;
- guidelines on the roles and responsibilities of all stakeholders;
- an outline of the supports available to help people act in line with the policy.

An inclusive approach to developing the vision and policy will work best. By asking people to help inform the contents of these documents, you will gain a realistic insight into the areas they feel should be tackled and the value they attach to managing diversity.

[3] The Health Services Employers' Agency is developing a training programme to guide line managers to meet their obligations under the equality legislation and to assist them in relation to the equal opportunities / diversity aspect of their people management role (due for completion in 2002).

FORMULATING A POLICY AND SETTING OBJECTIVES

Case Study Six

Keep those 'equality people' off our backs!
One organisation began the creation of a diversity policy by inviting several key stakeholders in the organisation to contribute to the creation of a diversity policy. Many of the managers saw the value of the policy solely in terms of avoiding complaints of discrimination and doing the politically correct thing - for the sake of it! Clearly, they had not been exposed to the view that managing diversity would make their organisation more competitive and better at meeting the needs of its service users. They also failed to understand that managing diversity is not a euphemism for managing minority ethnic groups and women. Involving these stakeholders early in the policy development process gave an insight into the current level of understanding of the benefits of managing diversity in the organisation, and increased recognition of the need to take action to raise awareness of these issues via the policy.

What about the existing vision?

The vision and policy for managing diversity must clearly link to the wider organisational agenda. In the health service this should be straightforward, as the principles of managing diversity sit comfortably with the raison d'être of a people- and patient-centred service. The following rationale, drawn from the position paper, illustrates this point:

'The argument for change is all around us. It is no longer a question about if we change or even why change, but how we change. Here are some of the arguments:

- *delivering a patient-centred service;*
- *attracting talent;*
- *retaining skilled employees;*
- *maximising the potential of our people;*
- *adapting to a changing workforce;*
- *reducing tribalism;*
- *fulfilling legal requirements.'*

Thanks but no thanks! We already have an equal opportunities policy

Efforts to manage diversity in the health service have traditionally focused on creating equality for women. Much positive work has been done, but it is not just

the performance of women that needs to be optimised - all employees and service users deserve a patient-centred service. The focus must be broadened.

Generally, the differences between equal opportunities and managing diversity can be summarised as follows:

Equal Opportunities	Managing Diversity
• Focused on one or two groups	• Focused on everyone
• Often about balancing the numbers	• About improving systems, skills and culture
• Initiative-led	• A strategic focus
• Sometimes about positive action	• Not about positive action
• An issue of concern for HR	• An issue of concern for all

Managing diversity is about genuinely optimising the performance of every employee, thereby ensuring the best possible service for all patients and clients. Sometimes, even the organisations that try hard in this area get it wrong.

Case Study Seven

Getting it wrong: can you make our women more assertive?
An organisation was seeking to create a more equitable and fairer working environment. Theirs had traditionally been a male environment and only recently had any women begun to move up the ranks. The organisation did not like this obvious imbalance. 'It smacks of chauvinism. ...It doesn't reflect our modern, progressive ethos'. The solution was to run an assertiveness training course for women. Men could not attend, even if they needed the training, and all women were strongly encouraged to take part.

Here the symptom, not the cause, was addressed. It was a superficial solution to a much deeper issue.

FORMULATING A POLICY AND SETTING OBJECTIVES

Formulating objectives – quantity or quality?

The objectives that you set will help all members of your organisation to live by the policy and achieve the vision. But mistakes have been made in the past by those who focus too much on the numbers and ignore the more complex reality. Case study five is a good example of this in that the number of people taking career breaks was encouraging, but the net effect was not conducive to effectively managing diversity within the organisation. Setting the right types of objectives is critical.

Let's say you have the goal of shaping a patient-centred service, where inter-disciplinary teams create an inclusive culture in which service users' needs are met and staff feel satisfied and fulfilled. While there may be a number of components to achieving this, the solution is likely to be quite complex. Take for example, the inter-disciplinary teams, and ask yourself 'What do we really need to achieve here?' Is it that:

- all staff members attend workshops on the value of cross-disciplinary team working;
- the number of inter-disciplinary team meetings increases;
- service-user and staff opinion surveys indicate increased effective inter-disciplinary teamwork.

The first two objectives represent positive steps towards your goal and have merit. But, even if achieved, they may make no difference to behaviour. The third objective represents a real improvement. It may be less quantitative, more subjective and harder to measure accurately than numerical targets, but as an objective it will take you where you want to go.

Communicating objectives to build ownership

Publishing your objectives is a good idea and even better if you can provide regular progress updates. This will serve you well in terms of communicating the vision but also in terms of increasing everyone's accountability.

Case Study Eight

What's the time, Mr Fox?
An organisation had built up a culture of 'presenteeism', where staff members felt that the longer they stayed at work the more approval they would receive from peers and management. In an effort to redress this culture, the organisation set itself the objective of holding all meetings within the core hours of 9.00 am to 5.00 pm (no exceptions) for a trial period of two months.

This objective, along with a number of others, was published widely two weeks in advance of the trial period. Publishing the objective had the effect of making every employee the enforcer of the law and the trial period worked exceptionally well.

Why not publish your diversity vision? This will most likely provide you with timely and honest feedback from both employees and service users on how well you are doing.

Ultimately, the effectiveness of your communication plan should be judged by how easy it is for your audience to have their views on it heard and to give feedback when they feel it necessary. If this is happening regularly, you can assume you have achieved effective two-way communication.

Measuring progress

It is worth thinking about using both formal and informal measurements when tracking progress. Formal methods such as benchmarking will give a real sense of how well you are doing and it is easy to measure everyone's performance against formal objectives. Ideally, if people are given written accountabilities, the diversity objectives that are of relevance should be included formally. But less formal measurements can also be powerful.

Think about asking a number of approachable people, who are champions of diversity, to act as informal feedback channels. This will give you a valuable insight into what people really think about the culture, processes, flexibility and skills of your organisation. Take the area of bullying, for instance. A popular misconception is that the absence of complaints means the problem does not exist. In fact, the absence of complaints may be an indication of people's reluctance to use the official complaints procedure.

FORMULATING A POLICY AND SETTING OBJECTIVES

FORMULATING A POLICY AND SETTING OBJECTIVES

Do not underestimate the worth of informal evaluation. A culture audit or staff opinion survey requires significant resources, but a walk around the organisation and regular opportunities for people to vent their feelings cost very little.

Looking ahead

Having established a vision, secured buy-in, tailored the approach and set down a policy and objectives, you will more than likely have considered the issue of ownership. Who will ultimately be responsible for managing diversity in your organisation? In the next chapter we look at this issue in more detail.

Whose role is it anyway?

Overview

A strategy for managing diversity that does not make it everybody's business is unlikely to succeed. Everyone comes in contact with someone, be they a service user, a supplier or a colleague, so everyone has to take some ownership for managing diversity. The policy should clearly outline the responsibilities of each and every staff member. This chapter guides you through some of the tactics to make this a reality, and addresses one key question - do you need to designate someone from within your organisation to co-ordinate the work on managing diversity?

Key question

If your organisation is really successful in managing diversity, who will take the credit?

Managing diversity as a legitimate responsibility of every staff member

Your first challenge in realising this goal is to make it real for everyone. As discussed previously, people often feel that the philosophy underpinning managing diversity is admirable, but getting them to understand what to do about it and to believe that it is a practical possibility, requires hard work:

- make people aware;
- build their motivation;
- support them.

Awareness has to come first. The goal is to de-mystify the concept of managing diversity, so that everyone understands what it means in day-to-day work behaviour.

Motivation is second, and this can be achieved through a persuasive illustration of the benefits. Earlier we discussed ways to gather data to build strong arguments, but what happens once you are under way? How do you sustain people's desire to behave in accordance with the vision and the policy?

- Firstly, specifying in the policy document the standards by which you expect people to behave is essential. This can be a powerful influence on people if it is communicated, championed and measured. It can also be useful to

incorporate specific objectives into the accountabilities of individual people managers. However, if this is not possible, you may need to find other levers.

- Secondly, it may be possible to analyse the areas of your organisation with the greatest turnover and encourage managers in those areas to explore some of the practices mentioned in the policy as a means of increasing staff satisfaction and retention. Likewise, when managers are thinking about planning their headcount, ask them to think about ways to increase the pool of talent from which they are drawing. Encourage people to consider the diversity policy when devising their service plans and, if possible, make it a standard part of the procedure.

- Thirdly, the greatest incentive will come from increased service user and staff satisfaction, so when you are measuring this, be sure to gather data that indicate how your organisation is progressing in the management of diversity.

Ultimately, it will be necessary to provide **support** for people. Many managers with good intentions will not succeed because of a lack of experience. The types of support necessary may include:

- recruitment and selection;
- performance management and reward;
- customer service;
- organisational learning and development;
- flexible working;
- bullying and harassment.

Assigning overarching responsibility for managing diversity

The next question to address is whether you need to give one person overarching responsibility for managing diversity, or would a broad-based group be better?

You must decide what is right for your organisation. The arguments for and against are as follows:

One individual	Broad-based group
• It may be difficult to find one person with sufficient expertise across all the necessary areas.	• Each group member can bring a unique perspective or source of expertise to the group.
• With one person ultimately responsible, it may be easier to ring-fence time for them to commit to the work.	• Sometimes participation in these groups becomes an additional task to a person's 'day job'. Progress may be slow if specific time cannot be ring-fenced for each member to execute actions.
• It can be difficult for one individual to understand the positions of, and influence, all the stakeholders.	• A broad-based group can create influencing strategies that are likely to succeed with a wide range of stakeholders.
• If the person comes from HR, it may imply that this is simply an issue for HR.	• A broad-based group makes a statement that this is an issue for every area of the organisation.

Looking ahead

Whichever option you decide to pursue, remember that, as discussed previously, the goal is to empower people managers through awareness, motivation and support. It will be challenging to achieve this and there will be many learning points along the way. The final chapter looks at the evaluation and review of your work.

Is it working?

Overview

No matter how much thought is put into the diversity policy in the beginning, because it is such a new area for many in the health service, it will require careful evaluation, particularly in the early years. This final chapter will guide you through some of the techniques that can be used to review and evaluate your work.

Key question

How will you know if the vision and objectives for your organisation are the right ones at the right time?

More than measuring progress

Earlier, we talked about measuring progress to keep track of the achievement of objectives and to create energy by publicising successes. These activities will help you to see how well you are doing against the immediate objectives that fall out of the policy. In reviewing this progress, it is critical to include your key stakeholders. They will bring additional insights into why things have or have not worked, and you will also get a sense of their priorities from the urgency they attach to differ- ent elements of the policy.

At a more strategic level, it is also important to evaluate the overall effectiveness of the policy from time to time.

As times change, so will demographics, politics, business practices and economics. If the diversity policy is an instrument to achieve increased operational efficiency in this changing environment, it will need to be reviewed and brought up to date every three to five years.

If you have been measuring progress well, you will be able to point to the impact the policy has had on organisational efficiency, using both formal and informal data. The focus of the evaluation exercise, which builds on this data, is twofold:

•   what might not have been included in the policy?
•   how might it be lacking in the future?

We will look at two techniques that may help you in this regard.

Benchmarking

Taking stock of what other comparable organisations are doing in the area of diversity will provide valuable insights. While you could choose to do this at any time, if your goal is evaluation, be sure to identify industry leaders or those pushing the boundaries in the field of diversity for comparison.

Future scoping

This is a type of strategic interview that is used in research to ensure that initiatives undertaken today, remain valid for as long as possible. Typically conducted with strategic stakeholders, the interview usually begins by considering the likely changes, sometimes using the PEST (political, economic, social and technological) analysis, that will impact on the organisation in the future. Next, the impact on the HR function and strategy should be considered, before narrowing the focus down further to the impact on the diversity policy. This will form a useful critique of the organisation's present policy in terms of its strengths and weaknesses, and the opportunities and threats that it needs to address.

Consolidation

Measuring progress, benchmarking and future scoping will put you in a good position to develop and deepen the diversity agenda further in your organisation.

Looking ahead

To finish, managing diversity is about providing a patient-centred and inclusive service through respecting and harnessing individual differences in an increasingly diverse Ireland. It is important to emphasise that it is not an initiative with a finite timescale. Rather, it is an evolving and continuous process that requires significant commitment, energy and drive, but one that will ultimately make a considerable difference to the lives of your staff and service users.

Sources of information

Below are the details of a number of organisations and publications in the area of diversity.

Organisations

- African Refugee Network, 90 Meath Street, Dublin 8. Tel: 01-4734523
- Age and Opportunity, Marino Institute of Education, Dublin 9.
  Tel: 01-8370570
- Amnesty International, 48 Fleet Street, Dublin 2. Tel: 01-6776381
- The Anti-Bullying Research and Resource Centre, Trinity College Dublin,
  Dublin 2. Tel: 01-6772941
- Central Statistics Office (Head Office), Skehard Road, Cork.
  Tel: 021 4359000 Website: www.cso.ie
- Chartered Institute of Personnel Development (CIPD), Stephens House,
  7/8 Upper Mount Street, Dublin 2. Tel: 01-6766655
- Citizens Information Centre, NAD, 35 North Frederick Street, Dublin 1.
  Tel: 01-8723800. Website: http://www.iol.ie/~nad/cic.html
- Employment Appeals Tribunal, Davitt House, 65a Adelaide Road, Dublin 2.
  Tel: 01-6614444
- The Equality Authority, Clonmel Street, Dublin 2. Tel: 01 - 4173336.
  E-Mail: info@equality.ie. Website: www.equality.ie
- Forum of People with Disabilities, First Floor, 21 Hill Street, Dublin 2.
  Tel: 01-8786075
- Gay Community News, 6 South William Street, Dublin 2. Tel: 01-6719076
- Health and Safety Authority, 10 Hogan Place, Dublin 2. Tel: 01-6620400.
  Website: www.hsa.ie
- Irish Association of Older People, University College, Earlsfort Terrace,
  Dublin 2. Tel: 01-4750071
- Irish Business and Employers Confederation (IBEC), Confederation House,
  84/86 Lower Baggot Street, Dublin 2. Tel: 01-6601011. Website:
www.ibec.ie
- Irish Council of People with Disabilities, 4th Floor, Park House, North
Circular
  Road, Dublin 7. Tel: 01-8786075
- Irish Refugee Council, 40 Lower Dominick Street, Dublin 1. Tel: 01-8730042.
  E-mail: refugee@iol.ie
- Irish Traveller Movement, 4/5 Eustace Street, Temple Bar, Dublin 2.
  Tel: 01-6796577. Website: www.itmtrav.com
- Justice, Equality and Law Reform, Department of, 43 Mespil Road, Dublin 4.
  Tel: 01-6670344. Website: www.irlgov.ie

- The Labour Relations Commission, Tom Johnson House, Haddington Road, Dublin 4. Tel: 01-6609662. Website: www.lrc.ie
- National Consultative Committee on Racism and Interculturalism, 26 Harcourt Street, Dublin 2. Tel: 01-4785777
- National Council on Ageing and Older People, 22 Clanwilliam Square, Grand Canal Quay, Dublin 2. Tel: 01-6766484. Website: www.ncaop.ie

- National Women's Council of Ireland, 16 South Cumberland Street, Dublin 2. Tel: 01-6615268. Website: www.nwci.ie
- Pavée Point, Traveller's Centre, 46 North Great Charles Street, Dublin 1. Tel: 01-8780255. Website: www.paveepoint.ie

Publications

- Equal Opportunities Review, Website: www.irseclipse.co.uk
- Equality Authority, Information pack. Website: www.equality.ie
- Equality News, Equality Authority publications. Website: www.equality.ie
- Industrial Relations News (IRN), 121-123 Ranelagh, Dublin 6. Tel: 01-4972711
- People Management, CIPD Publications. Website: www.peoplemanagement.co.uk

Notes