

GUEST EDITORIAL

# Advancing Nursing Scholarship in Diversity: Complexity and Equity

Colleen Varcoe

Diversity is a broad yet powerful idea that encompasses the ideas of difference and complexity. Multiple forms of diversity are important in nursing and health care, yet it is often only “cultural” diversity that comes to mind and commands attention. As culture is often conflated with ethnicity, attention to cultural diversity often focuses narrowly and defines people by nation, ethnicity, or race. In contrast, this issue of the *Journal* offers a panoply of differences of concern to nursing.

Diversity is of critical concern to Canadian society in general and Canadian health care and nursing in particular, because of our expressed commitment to justice and equity, especially in health care. Because inequities occur along the lines of difference — in relation to age, ability, income, ethnicity, sexual orientation, geography, and other forms of difference — attention to diversity is fundamental to a lessening of health inequities. Analyses of diversity and difference thus invariably lead to questions of equity — questions that are addressed skilfully in relation to health throughout the papers in this issue of the *CJNR*. Indeed, the importance of diversity, in all its forms, to health care, nursing practice, and nursing research is evidenced by the large number of submissions received for this issue and the range of concerns they addressed.

To address equity, analyses of diversity must attend to language, power dynamics, the intersections among various forms of inequity, and the specific contexts within which inequities occur. The contributors to this issue of the *Journal* turn their attention to diversity with conscious analysis of how various forms of diversity and difference intersect, and how language, taken-for-granted ideas, and dominance operate to foster inequity based on difference.

The papers included in this issue illustrate how language functions within the politics of difference and can serve to create and sustain inequity. Most importantly, Anderson offers a critique of a discourse that constructs “diversity” only in terms of categories of oppression such as

“marginalized” or “racialized” and uses such categories in fixed and binary ways. Consistent with this critique, other papers in this issue draw attention to the complexity of diversity and the ways in which people and identities fluidly move across and thus challenge fixed and binary categories. For example, Canales reports that identities and one’s connecting to a sense of Nativeness varied greatly among the women in her study, and she shows how such connection led the women towards and also away from both biomedical approaches and traditional approaches to health and healing.

Each paper focuses upon a different primary concern, but all draw attention to intersecting inequities and the contexts within which they arise. For example, Hyman and her colleagues carefully examine the intersections of gender and migration in the political context of immigrating to Canada from Ethiopia. Each contribution also shows how taken-for-granted ideas and practices can serve to sustain inequity. Molzhan and her colleagues demonstrate that the conflating of culture and ethnicity can lead health-care providers and researchers to approach Aboriginal people in ways that overlook identity, diversity, and complexity. Similarly, Kirkham and her colleagues argue that conflating culture, ethnicity, and religion and replacing religious care with “spiritual” care may have the unintentional effect of writing out the experiences of non-English-speaking and non-Western people with strong creedal religious affiliations, thus perpetuating Western and largely Christian dominance. A number of the papers show how other well-intentioned practices can serve to sustain inequity. For example, Kinch and Jakubec, in their exploration of the intersections among age, gender, and racism with regard to older women, argue that while programs offered by religious and philanthropic organizations break through the loneliness experienced by older women, they can paradoxically increase isolation and obscure meaningful access to services.

All the contributions examine the institutionalization of inequity and many point to the ways in which health-care providers perpetuate inequity. For example, Sinding and colleagues report that difficult cancer-care experiences for lesbians may be less a consequence of targeting and overt homophobia and more a consequence of pervasive, taken-for-granted, institutionalized heterosexism. Fulford and Ford-Gilboe illustrate that health-care providers contribute to the stigma experienced by young mothers in ways that may increase their marginalization and social isolation, undermining their well-being.

The authors thus draw our attention to the importance of both reflexivity and collective action. Urging us to pursue conscious awareness of our biases and assumptions, they model such reflexivity. Beginning with Peternelj-Taylor’s thoughtful reflection on her own par-

ticipation in “othering,” each paper shows the careful, honest thinking that is required in striving towards equity in the context of diversity.

Together, these papers show that diversity is not a neutral concept and offer a profound and complex understanding of how dominance is maintained. The authors help us to move beyond merely challenging stereotyping and discrimination and beyond the binary of oppressor/oppressed. Each contribution calls for analysis and change at the level of the complex historical, social, political, and economic contexts of people’s lives, for the direct involvement of the people we serve in such analysis and change, and for nurses to examine their own complicity and experiences with oppression and to take action at all levels. Together the authors model and call for what is needed in our scholarship and practice — more complex analyses of diversity and difference, explicit attention to power and language, and the political will to achieve equity. As these authors show, through attention to diversity we can better respect and foster the health of all.

I am greatly privileged to have been able to collaborate with the authors whose work is published in this issue of the *CJNR* and with the excellent reviewers who provided invaluable input. I would like to thank the authors and reviewers, Dr. Laurie Gottlieb for her guidance, and Ms. Joanna Toti for her superb management of the entire editorial process.

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*Colleen Varcoe, RN, PhD, is Associate Professor, School of Nursing, University of Victoria, British Columbia, Canada.*