Multicultural Organizational Development

A Resource for Health Equity

Laurin Y. Mayeno, MPH
laurin@mayenoconsulting.com

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www.mayenoconsulting.com

Organizational Development & Capacity in Cultural Competence: Building Knowledge and Practice

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equity

access

engagement

opportunity

inclusivity

accountability

diversity

openness

Organizational Development & Capacity in Cultural Competence:
Building Knowledge and Practice

Ask anyone who has been working for a sustained period of time to promote cultural competency, build multicultural capacity, or develop culturally responsive systems of health care and they can tell you that there have been decades of effort devoted to increasing recognition of the need for action to address the health needs of diverse communities. They may sound a bit weary, for systems and institutions are slow to take action, and even when plans are in place, progress often proceeds at a snail's pace...or so it seems. Champions and change agents inside organizations soon recognize that working toward tangible changes felt by patients, clients, and communities affect organizational systems, structures, and practices, along with individual level skills and behavioral change. We believe this kind of leadership, awareness, and investment in organizational development and capacity building, beyond episodic training and policy development, are what determine the pace of change. This monograph series articulates several approaches to organizational development and capacity building in cultural competence.

A Critical Juncture – Development of the cultural competence field has been from the margins of a system that has not fully embraced it, but recognition of the systemic changes required to work effectively with culturally diverse communities are more than a notion. Now is a critical stage in the journey. Can cultural competency become integral to the way that health services are delivered? Will it remain on the margins, trying to push its way in? Or, will it simply fade away as a well meaning, but failed experiment? A lot is at stake – the health of our nation and, particularly, populations with the least access to care which suffer the greatest impact of disparities in health and health care.

Momentum Built – Looking back over the past two decades, the momentum built has been noticeable. Many large health systems – both public and private – have taken action. The players who are engaged in this work are broader than ever before and are lending more teeth to the effort. For example, the Commission (formerly the Joint Commission on Accreditation of Health Care Organizations) has begun to highlight issues of linguistic and culturally appropriate care in its accreditation processes. In the nonprofit capacity building field you hear more and more people say that such competency is an essential component of organizational effectiveness. Now the movement for cultural competency has accumulated a wealth of experience and knowledge that can serve as a foundation for future action.

A Field in its Infancy – From another perspective, these efforts are still in their infancy. Several decades in the history of humankind are but a speck in time when compared to the years of human experience and knowledge accumulated for many cultural health practices, the science of western biomedicine, and even the development of modern health care systems. The field of cultural competency is relatively new, and from this perspective, is just beginning to develop knowledge and wisdom. There is a relatively short history to learn from with little or no evidence base or consensus about what works and what doesn't work. Given this, cultural competency practice provides us with an amazing laboratory for learning.

Need for Good Theory and Practice – Ask anyone who has been in the field of cultural competency for years and they will tell you that many cultural competency efforts are ill conceived. They can cite examples of organizations seeking "quick fixes" through two-hour workshops, which, by the way, managers will not be attending. They can also tell you about concerted efforts that "fail" or that are not sustained over time. One reason these efforts do not succeed is that there is no shared understanding of what success looks like, let alone a clear path for how to get there. Even the term "culturally competent" may suggest a static state that may sometimes direct much effort and energy toward a finite point rather than generative capacities of learning and adaptation. We need both good theory to inform our practice and practice to inform our theory. We need *praxis*, which occurs in the dance between theory and practice, resulting in greater knowledge and, ultimately, more effective practice.

Purpose of this Series – This monograph series came about as a result of the desire to dance the dance of theory and practice in looking at how to make cultural competency come alive in organizations. Its purpose is to promote learning and strengthen the effectiveness of both theorists and practitioners in the field. It explores a variety of frameworks for organizational development or capacity building

and their implications for practice, taking on a number of issues that arise in real world practice. At essence, the basic questions explored are "Where are we going?" "How do we get there?" and "How do we know when we've made progress?" Its audience is not the unconvinced; rather it is aimed at those people who are working as change agents within health organizations. It is assumed that the reader acknowledges the importance of this work and wants to look deeper into the complex issues that arise in practice. This monograph series will serve as a jumping off point for a convening of change agents in health organizations who will add their experience and perspectives to the dialogue.

Monograph Series Partnership – This monograph series is produced through a partnership between CompassPoint Nonprofit Services and The California Endowment. After commissioning several cultural competence change agents and researchers to draft papers on organizational development and capacity building practices, The California Endowment asked CompassPoint to organize a day-long dialogue about the papers with cultural competence change agents within health organizations and capacity builders who have worked with health organizations in this area. Ignatius Bau, Beatriz Solis, and Dianne Yamashiro-Omi have all been integral to the planning of this dialogue. For The California Endowment, it is an opportunity to contribute to their vision for culturally competent health systems, which involves partnering with multiple players in health systems, educational institutions, businesses, and communities to develop research, policy, practice, education, and workforce development.

As a nonprofit capacity building firm based in the San Francisco Bay Area for the past 30 years, we have witnessed and helped to support the changing orientations of community-based and community-led nonprofits through work on strategic plans, board member composition, and staff recruitment that has only slightly lagged behind the sweeping demographic changes in our communities. This monograph series has been a wonderful opportunity to summarize our capacity building work in cultural competence, work that has developed over time through the lens of organizational effectiveness frameworks.

Description of Papers – The authors in this series share a common set of values as well as their own unique perspective.

- Mayeno's papers discuss the applicability of multicultural organizational development (MCOD) for building the multicultural capacity of health organizations, positing that multicultural capacity and equity are interconnected. The papers look at theories from the behavioral sciences, which have been applied in organizations, including Lewin's field theory and Prochaska's transtheoretical model, more widely known as the "stages of change."

- Lonner's paper, which had many sections co-authored by Beatriz Solís, is written as a survival guide for change agents and systems who intend to advance the cultural and linguistic (C&L) practices of mainstream health organizations. This paper discusses the key challenge of introducing C&L advances into the cultures, interests, and features of large mainstream health care organizations. Its perspective is that the organizations, not the patients, pose the cultural challenge.

- The National Community Development Institute's (NCDI) paper delves into the definition of culturally-based capacity building, presenting three field experiences in which this framework was applied. For NCDI, community is central to culturally-based capacity building. In the case studies presented, capacity building is informed by community voices, conducted in partnership with community, and works for community transformation. Organizational players are co-learners and resources for community.

- CompassPoint's paper discusses the relationship between improving cultural competency and improving organizational effectiveness. It also describes a capacity building approach to improving cultural competency in an organization where systems issues are dealt with through the lens of multicultural organizational development.

Invitation to Readers – In closing, we invite you, the reader, to see yourself as a contributor to the learning laboratory. We hope that these papers stimulate new thinking, provide new ideas for practice, and raise new questions. We hope that these papers remind you that you are not alone in the challenges you face. We invite you to read with both a critical eye and with an open and generous mind. We recognize that that we are on a collective quest and that none of the authors has "the answers." Each has taken the risk of committing their ideas to paper. We invite you to engage with these papers as part of an ongoing process of learning from theory and practice, taking what we learn and exploring ways to apply it. It is in this spirit of building knowledge that we will widen the practices of creating culturally competent health organizations, and speed the pace of change that is needed to serve and engage people and communities.

Many Thanks – This series and the convening held on July 30, 2007 to discuss the papers would not have been realized without the steady stream of projects, meetings, and networking and grantmaking conducted by Ignatius Bau at The California Endowment. Ignatius is all about widening the field, and we hope that this monograph series contributes to that effort.

Along with graciously agreeing to rounds of review and editing of their papers, each of the monograph authors also reviewed each others' papers and participated in discussions and planning meetings to shape the day-long dialogue on July 30, 2007, that we organized in conjunction with the release of the monograph series. Anushka Fernandopulle, Beatriz Solís, Laurin Mayeno, Omowale Satterwhite, Shiree Teng, and Tom Lonner, along with the many organizations they have worked with, have seen lots of pages recycled as they put their ideas to keyboard. Each of the authors has many thanks and appreciations for comments they received earlier on their papers, and they are acknowledged with those papers.

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Steve Lew
Director of Organizational Impact
CompassPoint Nonprofit Services

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laurin@mayenoconsulting.com

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table of contents

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Review Panel
Lea E. Arellano, Human Solutions Consulting and Training
Evette Brandon, Young Women United for Oakland
Ann Chun, Cultural Access Specialist, Every Child Counts
Jennifer Clancy
Kristene Cristobal, Department of Care and Service Quality, Kaiser Permanente
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Lea E. Arellano, Human Solutions Consulting and Training
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Two decades have passed since the release of the landmark *Report of the U.S. Department of Health and Human Services (HHS) Secretary's Task Force on Black and Minority Health*, which found glaring health status disparities based on race and ethnicity. Recent reports have highlighted the persistent nature of disparities in health status and health care based on race, class, age, and other factors (USDHHS, 2004; USDHHS, 2005). Research shows that provider bias and stereotyping as well as health care systems factors contribute to unequal treatment. While often unintentional and unconscious, the impact is that people are denied equal access to quality care based on race (Smedley, Stith and Nelson, 2002). Such reports are sobering reminders that discriminatory practices are widespread in the health industry. These inequities underscore the need for health organizations[1] to build capacity to work effectively and equitably with diverse populations.

Multicultural organizational development (MCOD) is a philosophy and practical approach that can help organizations to realize the potential of diversity through strategies aimed at personal, interpersonal, and organizational levels. In this paper, I discuss the importance of both multicultural capacity and equity and provide case scenarios to establish a context for a multicultural systems approach. I then introduce the background, definition, aims, values, and strategies of MCOD. The second and third papers in this series explore the forces at play that influence change processes and readiness for change. The concepts in these papers are drawn from literature[2], educational workshops, and direct experience working with a variety of nonprofit and public organizations.

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1   I use the term *health organizations* to encompass health service delivery organizations, public health agencies and a range of organizations that conduct health education, health promotion, community-based public health, and other health-related activities.

2   Many of the writings that are cited are from the 1990s, a time when many seminal contributions were made to this field. Although the historical conditions have changed over the past decade, many of the issues addressed remain very relevant in today's context.

Multicultural Capacity is Inseparable from Equity

Building Multicultural Capacity – I use the term *multicultural capacity* to refer to an organization's ability to work effectively and respectfully with people from diverse cultural, linguistic, and social backgrounds. While there is no consensus on the language or definitions for this practice – terms such as cultural competence, cultural responsiveness, and cultural humility may be used – there is general agreement on the desired outcomes. People who are served by the organization, regardless of cultural or social background, have equal access and receive high quality services, which result in equitable health outcomes. Multicultural capacity is ultimately about making a difference in the health and well being of the people and communities served by the organization. It also encompasses the capacity to work effectively with the diverse people who make up the organization (staff, board, etc.).

Establishing Equitable Practices – Part of developing multicultural capacity is establishing equitable practices. Discriminatory policies and practices result in inequities in health status and health care (Smedley, Stith and Nelson, 2002). Institutionalized, personally mediated, and internalized racism are all factors that contribute to disparities in health and health care (Jones, 2000). There are widespread inequities in job satisfaction and opportunities for promotion in the health workplace (Dreachslin, Weech-Maldonado and Dansky, 2000). Working with people of diverse backgrounds goes beyond adapting to or appreciating cultural difference; it also requires addressing deeply rooted social inequities based on race, class, gender, and other differences. When these issues are sidestepped, change efforts are superficial at best and may result in reinforcing social inequalities.

Throughout this paper, I hope to illustrate that in order for organizations to build multicultural capacity in working with clients and communities they must 1) establish equitable practices and 2) practice institutional consistency by building multicultural capacity and equity into the day-to-day culture and operations of the organization.

Why an Organizational Approach to Multicultural Capacity and Equity?

Several organizations and government agencies have stressed the importance of organizational policies, practices, personnel, and structures that support effective services for diverse populations (Cross et al., 1989; The Lewin Group, 2002; Cohen and Goode, 1999, revised by Goode and Dunne 2003; USDHHS, 2001; American Psychological Association, 2005; American Medical Association, 2006). When the organizational culture or mindset values diverse experiences, perspectives, and ways of thinking, both processes and outcomes can be improved (Cross, 1994; Cox, 2001; Thomas and Ely, 2001).

Many organizations invest significant energy and resources into developing culturally competent services without developing required organizational supports or addressing issues of equity. The following case scenarios illustrate ways that this may occur:[3]

Case Example 1: The Training Strategy - A diversity committee worked to develop cultural competency by providing "brown bags" and other optional training activities for agency staff. According to committee members, people who attended regularly were already committed to and interested in multicultural issues. People who "needed it most," including high-level managers and providers, rarely participated. Some staff members interpreted the lack of participation by management as a signal that they did not take this issue seriously. Lack of management participation also made it difficult to translate learning into action. In one of the workshops, participants came up with an idea for changing protocol to make it more sensitive to patients. However, staff members in attendance felt powerless to take action on their ideas without the support of management. The training activities appeared to have a positive impact on some individuals, who reported that they learned to listen and hear other points of view with less judgment. However, there was no observable impact on organizational policies, structures, or culture.

Case Example 2: Diversity without Equity – An organization sought to diversify by recruiting staff reflecting the racial and linguistic composition of the communities it served. One impetus behind this recruitment was the assumption that it would help the organization to become more responsive to the community. As a result, the organization hired several staff members from diverse racial and language backgrounds. After being on the job for a few years, a few staff members of color (including some immigrant staff) reported that they had serious concerns about how the organization was perceived in the community. Examples cited included complaints that the satellite office in the predominantly African-American community was not well maintained and consumers were made to feel like second-class citizens when seeking services; a complaint from a gay client that staff members assumed he had multiple sexual partners just because of his sexual orientation; and a staff member's observation that an immigrant patient was asked to bring in a family member to interpret during a medical exam.

Staff reported that managers reacted defensively when they tried to voice these concerns and only welcomed perspectives that were not critical of the organization. One staff member felt that she had been denied opportunities for promotion because her opinions were viewed as a threat by management. Several of the staff members of color had already resigned or stated their intentions to leave the organization because they felt that they were undervalued and that there was no room for advancement.

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3   These scenarios are based on experiences working as a consultant with a variety of different organizations and, to protect confidentiality, do not describe the specifics of any one organization.

The examples above illustrate that issues of power, privilege, and equity are part and parcel of building capacity to work effectively with diverse patients. They also highlight the importance of a systems approach to institutionalize these dual imperatives at the center of organizational life. Finally, the examples point to a need for practicing multicultural capacity and equity within the organization. When efforts focus on treating patients and clients well, but ignore these issues among staff, staff resentment, dissatisfaction, and high turnover are likely to result.

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Diagram 1   This diagram shows that multicultural capacity and equitable practices are interconnected as part of a systems approach.
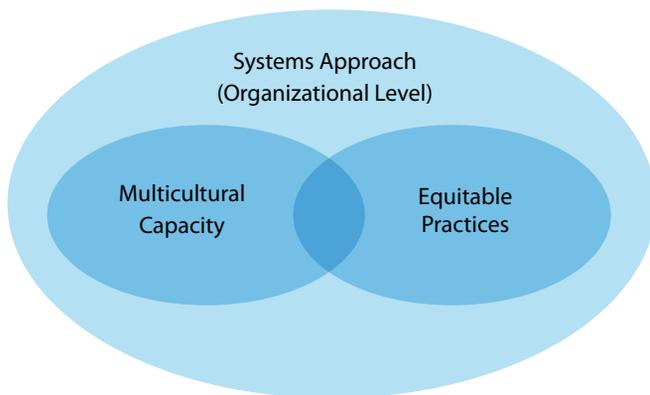
Organizations as Systems – Building multicultural capacity goes beyond having a diverse workforce with knowledge of and sensitivity to the communities served. The organization, as a system, must build and utilize the full potential of its workforce and tap into the strengths of the community. Many past diversity efforts have resulted in disappointment because they have failed to recognize that organizations are social systems with interdependent components (Cox, 2001). From the outset, proponents of cultural competence have stressed the need for a systems approach that includes agency or organizational change in addition to the development of individual provider competencies (Cross et al., 1989; The Lewin Group, 2002; Cohen and Goode, 1999, revised by Good and Dunne 2003). For example, the National Center for Cultural Competence (2004) highlights several organizational characteristics required for serving culturally and linguistically diverse groups in areas such as human resources, fiscal policies, and community engagement. The *National Standards for Culturally and Linguistically Appropriate Services in Health Care* (USD-HHS, 2001) recommends several standards that are directly related to organizational development including staff recruitment, training, and strategic and operational planning.

Gaps exist in the published literature and in resources to support a systems approach to multicultural capacity and equity in health organizations. There is limited information on developing culturally competent organizations (Nybell and Gray, 2004) and a paucity of published information on organizational behavior related to race and ethnicity (Cox, 2004). Few studies have been conducted related to these issues in health organizations (Dreachslin, Weech-Maldonado and Dansky, 2003; Anderson et al., 2003). Health organizations need both the will and the way to address the different levels of change and the power dynamics that can impact organizational change efforts.

- **Different levels of change –** Organizations often focus on changing the characteristics of service delivery without strategies for organizational change. Many health and social services organizations lack values, policies, planning processes, and organizational structures to support culturally competent practice (Cohen and Goode, 1999, revised by Good and Dunne 2003). Scenario 1 shows how staff training aimed at individual awareness and knowledge can be rendered ineffective without an accompanying organizational development strategy. Organizational supports were lacking to help translate ideas from the training into organizational policy and to ensure the participation of key organizational players. Scenario 2 illustrates some of the consequences of changing the composition of the workforce without developing an organizational culture and process that values diversity. Change strategies must take into account individual, interpersonal, and organizational levels of change and how they interact with one another in the change process (Cobbs, 1994). In larger organizations with multiple divisions or sites, these levels must also be considered. Change efforts may focus on a specific entity within a large organization, rather than seeking to impact an entire organization. Furthermore, the broader community, social, and institutional context in which the organization exists must be taken into account.

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Diagram 2 Levels of Change – MCOD processes must take different levels of interaction and change into account.
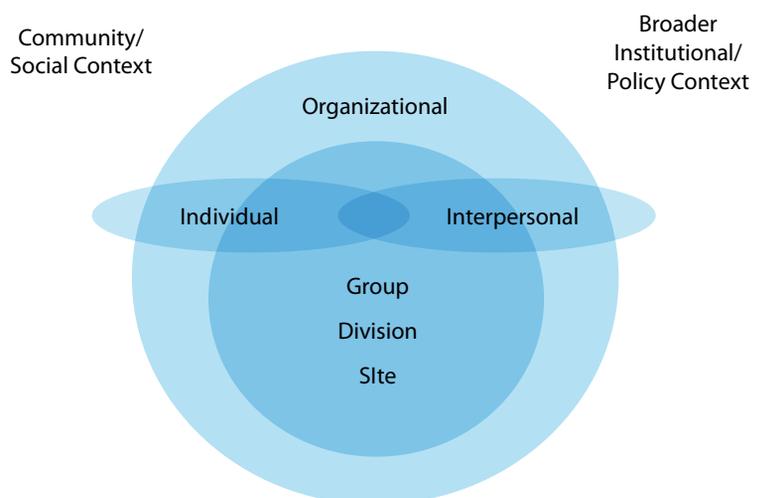
- **Power dynamics -** Formal and informal power dynamics always exist in organizations, yet are seldom openly discussed and addressed. Most organizations lack norms, processes, or structures to discuss and address these factors. Scenario 1 touches on power dynamics related to organizational rank and hierarchy. When managers failed to use their power to support change efforts, the possibilities created by the training could not be realized. This led to skepticism about the potential for change and exacerbated mistrust of management. Scenario 2 illustrates how the dynamics of race, class, gender, and nation (in this case, immigrant status) intersect with organizational rank and hierarchy. In addition, discrimination may have been a factor in dismissing opinions critical of the status quo and limiting employment opportunities. The organization missed valuable opportunities for learning and improving its services by excluding critical voices of staff members of color.

Emergence of MCOD

MCOD developed in response to limitations of traditional organizational development models and diversity initiatives, which organizational change practitioners saw as inadequate to address race, gender, class, and other aspects of discrimination and oppression (Chesler, 1994). In the 1970s, many workplaces became more diverse in response to social movements, civil rights laws, and demographic changes. However, these organizations remained essentially monocultural. Organizational cultures did not change to accommodate increased diversity in staff. Prejudice, discrimination, and institutionalized oppression persisted. In addition to violating civil rights laws and causing pain and suffering, this situation undermined the potential of individuals and organizations (Swanger, 1994).

During the 1970s it became apparent that diversity models focusing on individual consciousness-raising and training did not result in meaningful change because organizational systems reinforced the status quo. As a result, strategies were broadened to encompass entire organizational systems. In the 1980s and 1990s the work of ending discrimination in organizations was reframed to emphasize the potential and promise it offered. Some practitioners argued that organizations which valued diversity and worked to end discrimination could become more effective and gain a competitive advantage by using and valuing diverse talents and perspectives (Swanger, 1994). This argument was later supported by Thomas and Ely (2001) who found that workplace processes and outcomes improved when diversity was viewed as a valuable resource for thinking, strategizing, and advancing the organizational mission.

Multicultural organizational development has been promoted and practiced as a model for social welfare and other human service agencies over the past two decades (Sue, 1995; Gutiérrez and Nagda, 1996; Hyde, 2003; Hyde 2004).[4] Multicultural organizational development offers a theoretical perspective that is useful in helping health organizations to clarify their basic assumptions related to multiculturalism, to understand existing organizational dynamics, and to

develop a vision and strategies for change. Further, MCOD's focus on organizational cultures and systems complements and supports efforts to develop culturally competent and culturally responsive service and programs.

Definition and Aims of MCOD

The following definition of MCOD will be used for the purposes of this article:[5]

Multicultural organizational development (MCOD) is a long-term, complex organizational change process that both values sociocultural similarities and differences and that aims to build equitable relationships to dismantle patterns of oppression based on race, class, gender, nation, sexuality, and other social inequalities. MCOD requires a fundamental transformation of an organization's culture, including its mission, vision, values, implicit and explicit assumptions, policies, structures, practices, people, and relationships.

Two dimensions of organizational change seen as crucial for MCOD relate directly to integrating multicultural capacity and equity into the day-to-day workings of the organization: representation and contributions of diverse social groups in all levels and aspects of the organization and concerted efforts to eliminate social injustices and oppression (Gutiérrez and Nagda, 1996). A multicultural organization has the following characteristics:[6]

1. *It focuses on bringing about social change and providing empowering programs and services;*

2. *Values, encourages, and affirms diverse cultural modes of being and interacting, community strengths, resources, needs, and cultural and social experiences;*

3. *Commits to work for the elimination of sexism, racism, and other forms of oppression;*

4. *Empowers all voices and social groups to participate fully in setting goals and making decisions;*

5. *Reflects the contributions of diverse cultural and social groups in its mission, operations, products, or services;*

6. *Aims to create workplace conditions that reflect multicultural principles, values, and goals, including equitable social and cultural representation on all levels, structures, norms, styles, and values;*

7. *Actively engages in an ongoing process of assessment, planning, and action regarding the impact of culture and difference problem solving on the organization and its work. This includes envisioning, planning, and activities that allow for equal access and opportunities;*

4 MCOD is often seen as an organizational approach to help organizations achieve cultural competence. MCOD and cultural competence may be seen as complementary and are not mutually exclusive. One difference between the two frameworks is in emphasis. The emphasis of cultural competence is on service delivery, while the emphasis of MCOD is organizational culture and systems.

5 Adapted from Hyde (2004), Chesler (1994) and Visions, Inc. (1996).

6 Adapted from Fine (1995, p. 36), Sue (1995, p. 485), Gutiérrez and Nagda (1996 p. 206-207), and Hyde (2004 p. 2).

8. *Is linked and responsive to communities through its mission, programs, services, and involvement in community networks; and*

9. *Sees itself as an active participant in the wider environment, understanding its role and relationship to broader institutional and social factors that impact its mission and constituents.*

At its core, MCOD involves a paradigm shift in organizational assumptions and culture from a monocultural model that devalues difference and reinforces social inequities to a multicultural model that both values diversity and challenges social injustices. This shift is transformational, rather than fine-tuning, because it requires the organization and its participants to think and act in ways that are dramatically different from existing practice (Gutiérrez and Nagda, 1996).

Multicultural organizational development aims to establish a multicultural perspective as a central component of agency functioning (Hyde, 2003). Many organizations operate from the assumption that diversity is important only in the service delivery context. As a result, an awareness of cultural difference is applied to the interface between staff and clients, but not to agency processes and constituents (Nybell and Gray, 2004). In contrast, MCOD assumes that dynamics of difference are constantly in operation and impact organizational interactions, structures, policies, cultures, and practices. In a multicultural organization, multicultural principles are integral to all aspects of the organization, starting from its mission, vision, and values. From this foundation, organizational participants strive to integrate multicultural principles in all aspects of their work. Rather than a sidebar, add-on, or separate initiative, the values and practices of MCOD become part of the organizational norms. Below are some examples of how this principle has been implemented:

- **Basic Assumptions -** Multicultural principles are incorporated into the organization's mission, vision, value, and strategic plan

- **Structures -** Structures and processes are developed for accountable and inclusive decision-making

- **Programs and Services -** Data on different social and economic groups are collected and evaluated to evaluate outcomes and identify disparities in service delivery.

- **Organizational Culture -** Guidelines are utilized for multicultural communication in all staff meetings

- **Personnel Policies -** Multicultural criteria are used for hiring and performance evaluation, and reviewing salary structures to ensure equity in compensation.

Multicultural change must occur on different and inter-related levels, including the individual, interpersonal, and organizational levels (Cobbs, 1994).

Key Values of MCOD

The core of MCOD is the basic assumptions and values that it embodies. The following values have been gleaned from literature related to MCOD:

Inclusivity – Diversity is broadly defined to include multiple differences so that everyone belongs to and has ownership in the process (Hyde 2003). These differences include social categories such as race, ethnicity, class, gender, nationality, culture, sexual orientation, religion, age, and mental and physical ability, as well as differences in beliefs and personality styles.

A multicultural perspective recognizes these multiple differences and the ways that they intersect in society and individual experiences. Human beings are not lumped into distinct and separate groupings, but have multiple identities and social experiences. Virtually everyone is affected by social inequities or targeted by oppression and almost everyone benefits from some form of unearned privilege as a result of their multiple group memberships (Brantley, Frost and Razak, 1996; Vasquez and Femi, 1993).

A multicultural approach also recognizes that issues such as race, class, and gender cannot be addressed in isolation from one another. Dynamics of oppression are interconnected in society and in organizations. For example, if gender is addressed without addressing class or race, the experiences of working class women of color may be ignored (Holvino, 1994).

Divisions between groups create fertile conditions for prejudice, discrimination, and the perpetuation of inequitable policies and practices. A multicultural approach helps to establish connections between people on a human level and to break down these divisions. These connections are crucial for building alliances to create just and equitable ways of working. A multicultural perspective also acknowledges that members of social groups historically excluded from full participation can help an organization to grow as it develops more inclusive practices and norms (Ely, 1999).

Inclusive organizations encourage disagreement in order to develop more effective solutions and adaptations to a changing environment. Rather than pressuring people to leave their differences outside, everyone contributes to the full extent of their being (Miller, 1994).

Equity – Multicultural organizational development addresses issues of bias, discrimination, and social divisions that impact health care and workplace interactions. MCOD starts with the assumption that oppression is institutionalized, systemic, and entrenched in public and private organizations. The separation of diversity and equity is characterized as "akin to trying to cure cancer solely by adopting sound nutritional practices"(Jackson and Hardiman, 1994:252). A key characteristic of MCOD is its focus on structural power or oppression. MCOD involves questioning, and if necessary, dismantling existing patterns of power within the organization (Hyde, 2003).

Although individuals participate in these power dynamics, their ultimate source is institutional. Everyone participates in the system of oppression, often unintentionally.

Social inequities and power differentials are often difficult to discern because they are deeply embedded in the structures of the systems and the ways people see their roles (Fletcher, 1999). Many of the more subtle patterns of inequity have become normalized in society so that people are conditioned to accept them. For example, the scientific method, with its emphasis on objectivity, is often valued over other epistemologies, or ways of knowing (Fine, 1995). In the health industry, this is expressed in valuing western biomedical science over other cultural ways of knowing and an assumption that traditional beliefs should be changed (Tripp-Reimer et al., 2001).

A commitment to equity requires addressing subtle forms of discrimination. For example, Yoshino (2002) discusses *covering*, in which people from many groups tone down their identity to fit into the mainstream. This covering, referred to as "coerced assimilation," is discriminatory because people who are different from the mainstream feel pressure to conform to dominant cultural norms in order to survive in the workplace. Along with negative biases and stereotypes held by individuals, organizations tend to create a distinct and narrow image of what a successful or worthwhile person is like (Paul and Schnidman, 1994). As a consequence, organizations miss out on important contributions of people with diverse life experiences and perspectives. Organizations must examine and make changes in norms, values, and structures so that people can realize their potential in an equitable work environment (Bailyn, 2003).

Multicultural organizational development assumes that a just and equitable environment can be created. Individuals are conditioned by prejudice and oppression and can learn new ways of interacting. People have historically resisted oppression and will continue to do so. Everyone, including people who are privileged by inequities, can benefit from creating a more just and equitable environment (Vasquez and Femi, 1993).

The larger social and institutional context in which an organization exists will continue to foster prejudice, discrimination, and inequity. This makes it necessary to institutionalize active resistance to these external forces and support organizational change agents capable of proactively identifying and addressing these issues on an ongoing basis (Sue, 1995).

Emphasis on Strength and Opportunity – Multicultural organizational development stresses the importance of valuing differences, including cultural strengths, experiences, and ways of knowing and understanding reality (Gutiérrez and Nagda, 1996; Fine, 1995; Sue, 1995). Some models also stress the valuing of *similarities* in order to build bridges based on common experiences (Batts, 2002). An organization can have a diverse workforce and work with a diverse range of people. Yet it is still essentially *monocultural* if it devalues the knowledge and perspectives that all groups bring to the work and will be unable to reap the benefits of its diversity (Ely, 1999). When varied strengths and experiences are respected and valued, the organization and the people in it are enriched, relationships are strengthened and the work is enhanced.

The focus on strengths is also connected with the goal of increasing the capacity of organizations in working with multicultural constituencies (Gutiérrez and Nagda, 1996). Focusing on strength and opportunity requires a paradigm shift from a deficit approach, which focuses primarily on problems and needs. If the insights, skills, and experiences of different groups are viewed as valuable assets to the work process, an organization can realize the benefits of diversity (Thomas and Ely, 2001). Benefits occur on the individual, group, and organizational level and ultimately lead to improved customer service. Examples of these benefits include:

- Individuals recognize and learn from their own biases and develop language to discuss issues of diversity, become more empowered to recognize their own contributions (Cross, 1994).

- Individuals feel respected and valued for their contributions. Individuals assume responsibility for voicing concerns that impact groups other than their own (Thomas and Ely, 2001).

- Groups develop comfort in appreciating cultural differences. Increased confidence leads to less competition and more focus on customers (Cross, 1994).

- Organizations develop improved problem solving, increased creativity, innovation, and flexibility, and improved quality of personnel (Cox, 2001).

- Organizations facilitate client collaboration and partnerships in governance, programs, staffing, and evaluation (Gutiérrez and Nagda, 1996).

Strategies for MCOD: Critical Success Factors

The strategy and approach will vary for each organization and its context. This section discusses "success factors" that may be considered in developing MCOD strategies. These include 1) understanding and working appropriately with organizational forces and players; 2) modeling desired behavior and fostering cultural change; and 3) sustaining an ongoing process with a clear vision and successes along the way.

1 Understand the Cultures and Interests of Organizational Players

Different values and interests motivate different players in the organization. Just as it is incumbent upon organizations to understand the cultures of those they serve, it is incumbent upon change agents to understand the culture of the organization they are seeking to change. Many people choose occupations in health because they want to make a difference in people's lives. These people may be driven by the organization's mission and a commitment to improve quality of care for all. Within organizations, there are certain ways of doing things and professional and personal

identities are often invested in the ways things are done. In addition, organizational players are often concerned with organizational sustainability – they may be compelled to comply with anti-discrimination laws in order to avoid complaints or costly lawsuits. Or they may be driven to improve performance measures to maintain a competitive edge in the market. MCOD processes can be most effective if they acknowledge and work with the different interests and cultural values that exist within the organization.

Assess the forces in the environment that hinder or support change – The success of multicultural initiatives is influenced by a variety of factors in organizations and their broader institutional and social contexts. Some of those factors are driving forces, which can be utilized to move the initiative forward. Restraining forces may create barriers or challenges to the process. Assessing these forces and identifying opportunities to alter them can inform the development of successful strategies. Organizational forces that impact change are discussed in the second paper in this series.

Build individual, group, and organizational readiness for change – The most successful and genuine multicultural initiatives occur when participants are willing and active participants. Resistance is a characteristic of any major organizational change effort and a major reason why organizational change efforts fail (Prochaska, Prochaska and Levesque, 2001). Resistance should be expected in different stages of multicultural organizational change because the topics of prejudice, discrimination, and oppression are controversial and emotionally charged (Brantley, Frost and Razak, 1996*)*. Within organizations there may be enthusiasm, indifference, or resistance to engaging in multicultural initiatives. The third paper in this series discusses the stages and processes of change.

Commit leadership and other key players at all levels – Leadership development is crucial because leaders (both formal and informal) are responsible for guiding the organization to a new vision (Cox, 2001). For example, participation of top management in training activities encourages staff to take the initiative seriously. Opinion leaders at different levels also have an important function in setting the organization's culture (Bendick, Egan and Lofhjelm, 2001). In addition to people in leadership roles, there are other organizational actors whose development is important because they play critical and facilitating roles in the change process. This will be discussed in the second paper of this series. The determination of organizational leaders and change agents is required in order to overcome resistance from staff members and forces in the social, institutional, and organizational environments that reinforce the status quo. Success in multicultural initiatives requires a commitment to resource allocation and adequate training (Griggs, 2005). Practitioners recommend the establishment of a diversity committee or change team to plan and to oversee the multicultural initiative (Jackson and Hardiman, 1994; Cox, 2001; Griggs 2005).

Support and develop change agents – Change often comes about as a result of the persistent advocacy of staff members for attention to issues of culture and race (Nybell and Gray 2004). People who advocate and work for mul-

ticultural change in organizations need support. They are often viewed as "troublemakers" or "aggressive" by others in the organizations. They are often isolated from each other and fear that challenging racism (or other "isms") will put them at risk. They may be accused of imagining the problems (Lopes and Thomas, 2006). Furthermore, they are often faced with the reality that the change they want to see will not happen as quickly as they'd like to see it. They see what needs to happen, but lack strategy for how to effect change. In order for change agents to sustain themselves and to be effective in their efforts, they need to be acknowledged and supported. This should be an explicit part of MCOD, rather than something that is taken for granted.

Establish mechanisms for community involvement and accountability – Community involvement is crucial to ensuring that the process remains vitally connected to the ultimate aim of eliminating health disparities. Further, community engagement is crucial to ensuring that the organization's activities and services are responsive to community concerns and interests, build upon community strengths, and utilize community expertise to solve community problems. This requires the development of policies and structures for community and consumer participation in planning, implementing, and evaluating services. It also requires awareness of and responsiveness to the diverse cultures and languages of the communities served (Goode, 2001).

2 Model Desired Behavior and Foster Cultural Change

Model multicultural values and skills in the process – Multicultural organizational change is a human activity, which requires that people change as they change their organizational environments. It requires new ways of thinking and interacting with others. For Visions, Inc., the core of the multicultural process of change is acceptance, appreciation, utilization, and celebration of similarities and differences at all levels (Batts, 2002). When change agents model multicultural communication skills, the values of multiculturalism are lived within the organization and begin to bring about a shift in organizational culture. Transparency in the process builds trust and allows different constituencies in the organization to remain informed and engaged (Griggs, 2005). Multicultural change encourages individuals and groups to develop reflexivity, the capacity to understand how their own views are shaped and biased by social group membership, experience with privilege and oppression, and professional training. Reflexivity creates the possibility for change by creating awareness of how actions are shaped by institutional practices and are embedded in group processes and structures (Keenan, 2004).

Create a climate that fosters open dialogue and builds trust – Open communication is an essential characteristic of the process and a crucial outcome of a multicultural initiative. A safe environment allows people to voice concerns, even when they are not "politically correct" and encourages group and individual learning (Thomas and Ely, 2001). Open communication also helps to overcome barriers caused by discrimination and social divisions, creating a greater sense of inclusion and equity. (McGee Wanguri, 1996). Conversely,

a shaming, blaming environment can cause a setback to multicultural processes and create further resistance among participants. Collaborative communication skills can foster improved communication and decreased stress in diverse environments (Boyle and Kochinda, 2004).

3 Sustain an Ongoing Process with a Clear Vision and Successes Along the Way

Commit to an ongoing process – Multicultural Organizational Development may seem more like a utopian vision than something that can be actualized. It is best understood as an ongoing process, which can be sustained through achieving and acknowledging outcomes (some tangible and others less so) along the way. Those who are expecting a smooth and linear process will be disappointed to discover that MCOD is more like a roller coaster ride – the process has many ups and downs, twists and turns. Having this perspective from the outset can help to equip change agents to sustain themselves through the process. If organizational players are not ready to commit to an ongoing process, it is important to identify small steps that the organization is willing to take. An ongoing commitment may develop as awareness is raised.

Establish a vision and benchmarks for success – Multicultural processes that focus on fixing problems do not inspire people to be engaged. A shared vision of success can help to inspire and to unify different organizational stakeholders, clarify the direction, and keep the process on track. It can build on the values that exist within the organization so that people understand the process as aligned with existing efforts. It can also provide flexibility for different entities in the organization to work toward the vision in ways that work for them. Determining and measuring benchmarks for success can help the organization to assess its progress and to provide vital information for determining next steps. Small victories should be acknowledged and celebrated. The importance of communicating progress throughout the organization cannot be overstressed. Such communication helps to build confidence and trust that the process is moving forward. A crucial component of this communication is creating and maintaining a feedback loop that demonstrates the connection between employee feedback and action. Follow up is essential for sustaining the results that have been achieved. Recognizing exceptional contributions and the people who make them can strengthen the process (Cox, 2001).

4 Recognize Impact Beyond Organizational Boundaries

Be a responsible community member – Organizational players must also recognize the importance of bringing multicultural principles to their interactions outside of the boundaries of the organization and those it serves. In addition to ensuring that the organization's programs and services are responsive to diverse populations, it is imperative to consider the impact of its institutional practice in communities. For example, the health industry's waste disposal practices adversely affected the health of a low income neighborhood with a large concentration of people of color in Oakland. Community health activists and environmentalists campaigned for years to shut down a medical waste incinerator that was harming people's health through noxious emissions (DeFao, 2001).

Understand broader factors that impact health – Reaching a vision of equitable health and health care will require that efforts extend beyond service delivery. Health organizations must see their work in the context of many factors that impact health inequities, including deteriorated housing, limited employment opportunities and the ready availability of cheap high-fat foods (California Campaign to Eliminate Health Disparities). These community factors are impacted by broad social trends, including demographic changes, economic globalization, social inequality, and war, which call for multifaceted collaborative strategies (Walker, Mays and Warren, 2004).

Work for changes in the broader institutional/policy context – A systems approach extends beyond individual organizations to encompass other partners involved in health and health care, including academia, communities, businesses, and governments (Chrisman, 2007). The Institute of Medicine calls for legal, regulatory and policy changes, health systems changes, patient education and empowerment, cross-cultural education in the health professions, data collection, monitoring, and further research to eliminate health care disparities (Smedley, Stith and Nelson, 2002).

Conclusion

Multicultural organizational development is a framework and approach for organizations working with people from diverse backgrounds. MCOD can help health organizations to increase organizational effectiveness in eliminating inequities in health and health care by creating more equitable and meaningful environments for staff members, for the communities they serve, and for other organizational stakeholders.

The second and third papers of this series will discuss the challenges and opportunities involved in working toward multicultural organizational change and will introduce a framework to identify the tasks involved at different stages in the change process.

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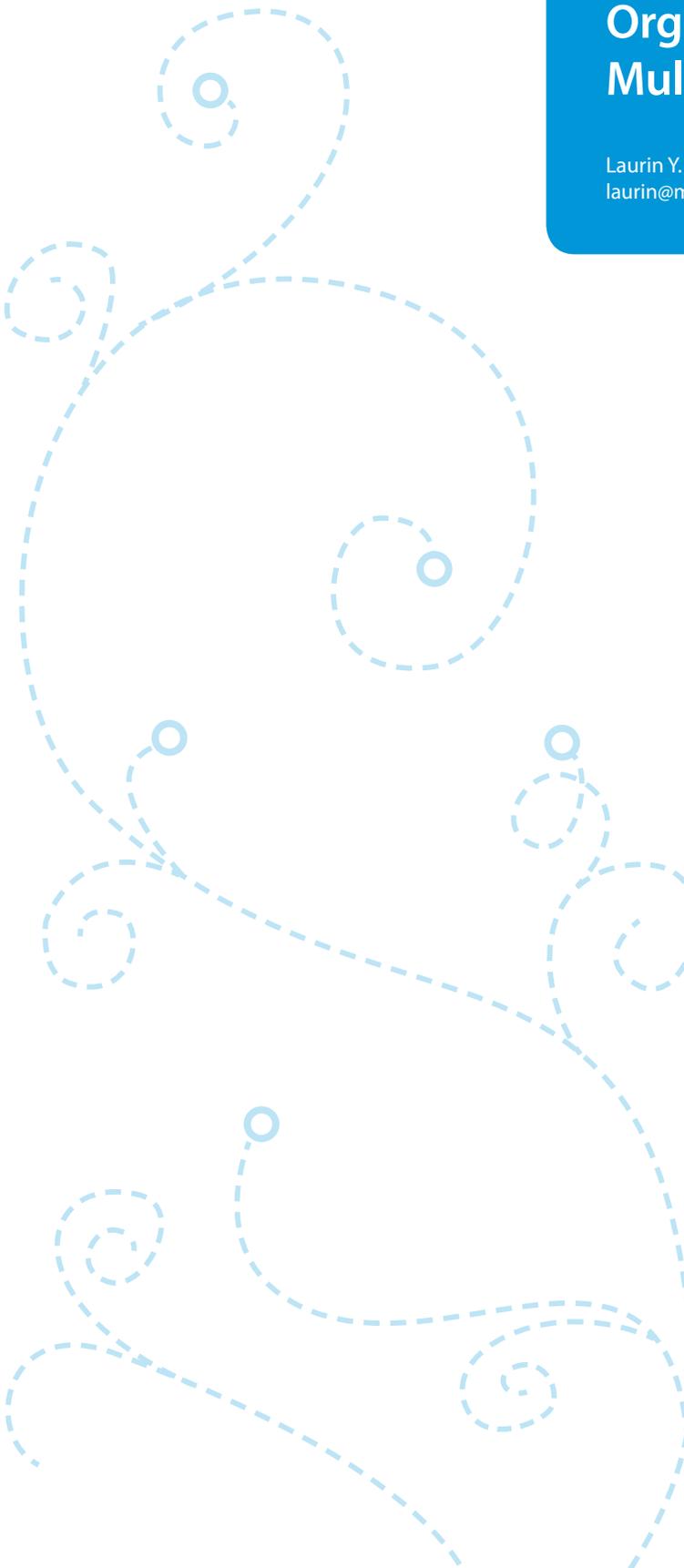
Organizational Forces and Multicultural Change

Laurin Y. Mayeno, MPH
laurin@mayenoconsulting.com

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www.mayenoconsulting.com

Introduction

A colleague who works as the diversity director in a nonprofit organization expressed hopelessness about making change in his organization. His position had been created a few years before to ensure that the organization would be culturally responsive. He conducted an assessment of the organization and proposed several actions. He proposed 1) an analysis of user data by race, ethnicity, and geographic area to explore issues of access and retention, 2) the development and implementation of language access plans, 3) concerted efforts to hire and retain staff from diverse backgrounds, and 4) the creation of forums for staff discussion of multicultural issues. The management team agreed with all of his proposals, but did not allocate human or financial resources to implement them. Management's attention was focused on meeting grant requirements and responding to competing political agendas at the governance level, and my colleague felt that issues of diversity were low on their priority ladder.

My colleague's situation illustrates that the forces at play inside and outside of an organization can make or break multicultural change efforts. Organizational change does not happen just because it is the right thing to do; it is a human process that depends on the motivations and choices of organizational actors, who in turn are affected by a wide range of influences in the organization, community, and larger society. Multicultural initiatives have the greatest chance of success if their strategies take into consideration the interests of organizational players and the broad array of forces that influence their actions. The identification and analysis of these forces is the topic of this paper. Multicultural organizational change strategies should also consider organizational and individual readiness for change, which will be addressed in the third paper in this series.

Field theory, developed by Lewin (1951) over half a century ago, provides a framework for understanding and analyzing behavior change in individuals and groups in the context of their social environment. In this paper, I use the constructs of restraining forces and driving forces from field theory to describe factors that are often at play in multicultural organizational change processes. Next, I introduce field theory

and discuss its potential value for multicultural organizational change. Finally, I present a case example to illustrate how force field analysis, a methodology derived from field theory, can be used as an analytical tool to identify, understand, and work with the forces that impact change.

Factors that Influence Multicultural Organizational Change

According to field theory, organizational stability and change are a result of the interplay between forces working for and against change. Driving forces are those forces that compel organizational actors to make changes. Restraining forces work to maintain the status quo. Organizational stability results from a balance between forces; movement occurs when driving forces are stronger than restraining forces. The factors described below often serve to restrain or drive multicultural organizational change.[1] They include 1) forces in the institutional, political, and social environment; 2) assumptions about multiculturalism, diversity, and change; 3) people and relationships; and 4) individual and organizational responses to change and conflict. These forces may exist to greater or lesser degrees in each organization, but they almost always exert some impact on change efforts.
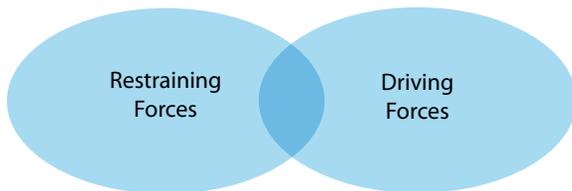
The restraining and driving forces described below were identified by organizational leaders and people who practice, research, and support diversity, cultural competence, and multicultural change in organizations. In addition to published literature, these factors were drawn from a panel of consultants and internal change agents convened for this project (MCOD Review Panel, 2005) and from my own professional experience.

① Forces in the Institutional, Political, and Social Environment

Organizations do not exist in a vacuum, but are influenced and shaped by the political, social, and institutional realities in which they function. Organizations may view these realities as "givens" that dictate the parameters of what they can and cannot do or that drive organizational responses. Organizations may also see themselves as ac-

tive players in working to influence and alter the broader context in which they operate. Demographic changes, the sociopolitical environment, and institutional structures may act to promote or restrain change processes and influence the organization's readiness for change.

Demographic Changes – Growing diversity has often been cited as a driving force for change (Lecca et al, 1998; USDHHS, 2001). Dreachslin, Sprainer and Jimpson (2002) held focus groups with health care managers to explore the intersection of race, ethnicity, and health care management. Managers stated that growing racial and ethnic diversity created a need for culturally sensitive health care. They believed that organizational demographics should mirror community demographics and that responses to these demographic developments require a fundamental cultural modification in health care organizations.

Sociopolitical Environment and Intergroup Tensions – Tensions in the sociopolitical environment can spark more interest in change or impede change efforts. For example, anti-immigration sentiment, outbreaks of overt racism, and highly publicized incidents of domestic violence impact the thoughts, feelings, and actions of organizational players (Brantley, Frost and Razak 1996). Health care managers have also identified backlash and competition among racial and ethnic groups as factors that impact health organizations (Dreachslin, Sprainer and Jimpson 2002). The pattern of social groups being pitted against one another and blaming each other for their problems may be repeated in an organization when actors lack an understanding of the system that creates these divisions (MCOD Review Panel, 2005). The sociopolitical environment within communities also impacts organizational change processes. For example, organizations engaged in MCOD stated that challenges faced by clients were becoming more complex and creating greater demands on staff. Staff members were further challenged by the lack of community resources to support clients (Hyde, 2004). Furthermore, when staff is underpaid and turnover is high, it may be difficult to inspire the additional commitment required of change agents (MCOD Review Panel, 2005).

Economy – Practitioners of multicultural organizational development (MCOD) stated that the volatile economic environment translates into difficulties for organizations in acquiring resources and legitimacy. This situation creates an aversion to risks, which may hinder change processes (Hyde 2003). Economic pressures also create chaotic, crisis-oriented climates in health care agencies. Staff downsizing and low salaries lead to demoralization and anxiety. Multicultural change efforts in human service agencies must also compete with multiple priorities and high work demands on staff with inadequate resources (Hyde 2004).

Legal/Regulatory Environment – Government mandates related to civil rights or cultural competence may help to drive change. For example, civil rights laws mandate the development of language access services in health institutions (USDHHS, 2001, Perkins, 2003) and have stimulated efforts by many organizations to diversify staff (Swanger, 1994). The federal government has also issued standards for culturally and linguistically appropriate services in health care. However, most of these standards are not requirements,

1   I am using the term multicultural organizational change to refer to changes that organizations make to improve the effectiveness of their services to diverse populations and to create organizational policies and cultures that promote equity and value difference. These changes are sometimes referred to as developing Cultural Competence, Diversity Change, or Multicultural Organizational Development.

and serve only as guidelines or recommendations (USDHHS, 2001). Unfortunately, due to inadequate enforcement and health care financing policies, many health institutions do not comply with government mandates or guidelines (Ku and Flores, 2005; Woloshin et al, 1995; ACORN, 2004).

Concerns and misperceptions about the legality of some actions may also impede change processes. For example, organizations may fear negative repercussions for collecting data on the race/ethnicity of their patients. Collection of such data is not only legal, but is encouraged to ensure compliance with civil rights law (Rosenbaum et al, 2006). In the context of rollbacks in affirmative action and fears about "reverse discrimination" there may also be reluctance to undertake efforts to hire, recruit, and retain diverse staff.

Institutional Structures – Organizations function as part of a bigger institutional structure that shapes them. For example, the structure of the health care delivery system forces providers in most settings to limit the time spent with each patient. This pattern, created by the economic incentive to increase productivity, often works against efforts to improve quality of care and to ensure respectful and clear communication between providers and patients (MCOD Review Panel, 2005). Restrictions on use of government funds may restrain organizations from using their resources to support change efforts. Grants are often restricted to support specific program or services. Scant resources are allocated to help organizations to comply with government guidelines and requirements related to language and cultural access (Ku and Flores, 2005).

The nature of the nonprofit human service agency may also restrain change efforts. Nonprofits often have multiple and ambiguous goals, and must respond to multiple stakeholders with competing interests. This makes long-term planning and implementation difficult (Hyde, 2003). Furthermore, nonprofit organizations are often driven by deadlines related to their multiple funding sources. When an organization decides to undertake change, these external deadlines are not usually imposed, or as one panelist put it, "there is no deadline for multicultural change" (MCOD Review Panel, 2005).

② Assumptions about Multiculturalism, Diversity, and Change

Explicit and implicit assumptions that are built into the organization's culture and practices can be both driving and restraining forces for change. Explicit assumptions include the organization's mission, vision, values, and/or philosophy. The overt nature of these assumptions makes them relatively accessible to examination and evaluation. Implicit assumptions are those unspoken assumptions built into the way the organizational members operate and interact. Because they are implicit, and often invisible, they are more difficult to examine and evaluate than explicit assumptions.

Closely connected to the basic assumptions are the ways in which organizational players understand and frame the multicultural challenges and opportunities in the organization and the change process.

Mission, Vision, and Values – The inclusion of multicultural principles as part of the organizational mission, visions, and values can be a driving force for multicultural change. A mission that commits the organization to serving diverse populations or improving health for everyone can be a strong impetus to develop the capacity to work effectively in multicultural communities and ensure equitable access to services. A vision of a healthy multicultural community can also help to spur organizations to pursue actions to move towards that vision. Values that drive multicultural organizational change, described in more detail in the first paper of this series, are 1) inclusivity (everyone belongs and "owns" the effort), 2) building on strengths and normalization (multicultural perspective fully ingrained), and 3) challenging oppression as important for multicultural change (Hyde, 2003). Multicultural change may involve examining or revising the mission, vision, and values so that the explicit assumptions of the organization include a commitment to diversity (Jackson and Hardiman, 1994; Cox, 2001).

Congruence: Alignment of Assumptions and Practice – In many organizations, there is a disjuncture between explicit assumptions and actual practice. Organizational values may remain words with no real substance (Cox, 2001) or with multiple interpretations. Organizational priorities are often driven by survival needs and dictated by funding sources or economic necessity. In these situations, the incongruence between the explicit assumptions and organizational practice may be a restraining force for change. Implicit assumptions in the organizational culture – such as a "deficit" mentality towards consumers and communities (Hyde, 2004) – may be a restraining force for change. Implicit assumptions can also influence how organizational players understand the issues or problems at hand and the need for change. For example, employees are recruited and trained based on the dominant ideas about the traits that valuable employees should possess. Processes for socializing employees to conform to the "right" behavior and appearances are often very subtle because the organizational culture assumes that there is one "right" way to be. This implicit assumption, unless unchallenged, reinforces an organizational preference for preserving similarity (Paul and Schnidman, 1994).

Diversity Mindset – Responses to the change process are heavily influenced by the mindset related to diversity or difference. Individuals often perceive the issues, their impact, and causes very differently, even when there appears to be agreement on the surface. These different perceptions are sometimes based on race (Dreachslin, Sprainer and Jimpson, 2002) or job function (Nybell and Gray 2004). For example, there is often agreement on the need to diversify staff and conflicting perceptions about why past recruitment efforts have failed (Nybell and Gray, 2004).

A lack of diversity is often misdiagnosed as a problem of numbers or individual insensitivity, rather than a matter of organizational culture (Cox, 2001). For example, Hyde (2004) found that some organizations focused their change process on helping white staff to obtain cultural competence skills for work with diverse groups. Misdiagnosis of problems usually leads to inadequate solutions. Some change efforts focus diversity in numbers and utilize strategies to add new people, without changing other elements

of the system (Cox, 2001). Diversity change processes often reflect a lack of understanding about what is required to retain a diverse staff (Hyde, 2004).

The structures and dynamics of health and human service organizations mirror race, gender, and other systems of inequality in society. White men tend to dominate high status positions. Interpersonal discrimination and prejudice operate in the dynamics between organizational actors (Sue, 1995). Awareness of behavior patterns of dominant and subordinant[2] groups operating within the organizational system can help change agents to conceptualize the issues and design appropriate change strategies (Brantley, Frost and Razak, 1996).

The framing of diversity as an opportunity, rather than a problem to be solved, may be a driving force for change. Rather than conceiving of diversity as a problem to be fixed, it may be seen as an opportunity for organizational improvements such as increasing creativity and innovation, increasing organizational flexibility, and improving the quality of personnel and market strategies (Cox, 2001). When diversity is seen as beneficial to the work as a whole, it is most likely to result in improvements in work processes and outcomes (Thomas and Ely, 2001).

Conceptions of the Change Process – Multicultural organizational change processes are often conducted as "quick fixes" to a problem or an immediate response to crisis. This approach may impede efforts to challenge the dominant organizational culture or to integrate multicultural change into a larger strategic planning process (Hyde, 2004).

Change efforts may also fail because of misunderstanding the learning curve. Change is often conceived of as a steep curve, requiring a year of concerted effort, rather than a flatter curve requiring effort over a period of years (Cox, 2001). Change processes often fail to take into account the readiness of the organization for change. This is the topic of the third paper in this series.

Even when broad goals are articulated, the chosen activities may not be designed to help reach these goals. In one study MCOD practitioners identified goals such as increased cultural competencies, development of diverse staff, creation of welcoming environments, and transformation of the agency's culture. These goals encompassed both relations between staff and clients and relations among staff. However, few organizations engaged in activities that resulted in a fundamental shift in power dynamics or agency culture, even though these were deemed important. Long-term planning and evaluation were often neglected (Hyde, 2003).

③ People and Relationships

Organizational stakeholders – staff, managers, clients, board members, community leaders, labor unions, and funders – are the people, both inside and outside an organization,

[2] The term *subordinant* is used here to remain true to the language used by the authors cited in the passage. They use this term in contrast with the term *dominant* and recognize that individuals can belong to both groups simultaneously.

who have an interest or a "stake" in what the organization does. These organizational stakeholders, and their relationships to each other, can drive or restrain change processes.

Relationships with and Accountability to Community – An organization's relationships with the community it serves can have a pivotal impact on change processes. If an organization is connected to and responsive to the community, it is more likely to change to address community concerns and needs. Conversely, a lack of community connection may impede change efforts. For example, MCOD practitioners and consultants observed that many human service agencies lack a community focus and have a deficit approach to the community. This can sabotage multicultural change processes, which require the full involvement of key organizational stakeholders (Hyde 2004).

There are often divisions within organizations created by differences in relationship with and/or physical proximity to the wider community. For example, in some agencies where direct service staff are located in close proximity to communities of color that are served by the organization, those same staff members voiced concern that administrative staff were disconnected from the community (Nybell and Gray 2004).

An agency's historical ties to one community may impede efforts to establish relationships in another. For example, one organization's board and fundraising efforts were rooted in past connections and activities as a predominantly white organization, which came into conflict with the desire to reinvent the agency to make room for more involvement of communities of color (Nybell and Gray 2004).

There is great controversy about why, how, and when organizations should engage with the communities they serve. Programs that reach into communities, while helping to foster community knowledge and access to services, do not ensure that organizations are informed by or responsive to those communities.

People in Leadership Roles – Organizational leadership, both formal and informal, as well as active and effective change agents exert significant influence over the possibilities for change.

Change often comes about as a result of the persistent advocacy of staff members for attention to issues of culture and race (Nybell and Gray 2004). Internal change agents often play a crucial role in catalyzing, supporting, and sustaining change efforts. Change may start with a few individuals who see a need and advocate for change. These change agents often take risks by raising unpopular issues with limited support. They must often persist in this over a period of time before getting a meaningful response from organizational decision-makers.

In my work with organizations, I have observed that internal change agents, such as the diversity coordinator, may feel isolated and alone in their efforts. Their ability to influence change may be strengthened by seeking out and forming alliances with others who share their interests. Some organizations form change teams comprised of individuals from different departments or programs to develop and implement change strategies. It is very important for

change agents to have the opportunity to develop their leadership skills and get on the same page about what they want to see happen and their role in the change process. Divisions among change agents, often representing different interest groups or viewpoints, may hamper their effectiveness.

The role of formal leaders is usually critical in multicultural change. Agency directors may play an important role in contributing to a culturally competent organizational change process (Nybell and Gray, 2004). They may also act as formidable restraining forces. In one study, health care managers cited white health care executives' lack of interest in cultural diversity and the lack of people of color in leadership roles were cited as barriers to change (Dreachslin, Sprainer and Jimpson, 2002). MCOD consultants and practitioners also identified poor agency leadership and a failure to promote a multicultural vision as barriers to change (Hyde, 2004).

Change agents don't always come from within the organization. External change agents are often more effective in catalyzing organizational change. Sometimes this may be the result of a formal complaint. For example, individuals may file complaints with the Office of Civil Rights (OCR) when services are not linguistically accessible. As a result of OCR investigation, organizations have been required to take measures to improve interpretation services and post translated signs (Perkins, 2003).

Consultants are often hired to help guide organizations through change processes. It is often crucial to have an outside consultant who can help organizational players to shift their way of thinking and interacting and reduce fears and anxieties about change. Consultants who are adept at working through resistance, building the capacity of change agents, and helping the organization to conceptualize and to plan the change process can be instrumental in the success of a change effort. Conversely, Hyde (2004) found that consultants cannot be effective if they fail to get to know the organization or are unable to understand and address discomfort or resistance. Both MCOD consultants and practitioners identified consultant incompetence as a hindrance to change.

4. Individual and Organizational Responses to Change, Conflict, and Difference

The responses of individuals within the organization can drive or restrain change processes. The organizational willingness and capacity to address these responses can be decisive in whether a change process moves forward.

Recognition of the Issue, Denial, and Resistance – Organizational actors often have difficulty coming to agreement that there is an issue that requires attention. This is often because different people experience the organization differently. For example, some may believe that they and the organization are doing an excellent job of working with diverse communities. They may be invested in feeling good about themselves as professionals and resistant to hear feedback about shortcomings. They may point to client surveys (usually not broken out by race/ethnicity) that show positive responses to care as evidence. Others may feel that

issues of racism and mistreatment are widespread. Because organizations don't collect data to help substantiate these perceptions, these actors often lack data to back up their claims. Furthermore, when the organization doesn't provide a space for people to share their experiences and perceptions, these differences can turn into divisions between organizational players.

Denial and resistance should be expected and planned for in multicultural change processes (Brantley, Frost and Razak, 1996). Denial, which can exist among members of both privileged and oppressed groups, is the unwillingness or inability to recognize issues that require attention. Because biases and discrimination are often subtle, they can be difficult to name. People may be reluctant to voice their opinions for fear of being discounted or labeled.

Resistance to multicultural change may also be overt or subtle. For example, consultants are sometimes recruited to help organizations to make substantial changes in organizational culture and later discover that organizational leaders "don't really want to make the changes they say they want" (MCOD Review Panel, 2005). This topic is discussed in paper three in this series.

Mistrust/trust of the Process – Organizational players often react to proposed changes with skepticism, distrust, or cynicism about management intentions. Members of dominant groups may feel threatened, be reluctant to acknowledge a problem or fear that they will be blamed. Members of subordinant[3] groups may be skeptical about the intentions of management. They may also be cautious in engaging in dialogue for action and bringing painful issues out into the open (Brantley, Frost and Razak, 1996). Organizational actors may also experience alienation and frustration as a result of earlier efforts with unsatisfactory outcomes that have resulted in alienation and frustration with MCOD (Hyde, 2004).

In my practice I have observed that organizations often operate in highly competitive political environments where it is unsafe to be open about individual struggles with privilege or oppression. Disclosing such challenges may be perceived as a sign of individual weakness, rather than an indication of strength and courage. The alternative, keeping the issues "under the rug," has the effect of reinforcing the status quo. In this context, individual change agents may become isolated and skeptical about the possibilities for change.

Reflexivity – Keenan (2004) describes reflexivity as a continuous process of questioning one's interpretations of experience (of oneself and others) and one's actions, based on the idea that our perspectives are fluid and impacted by relationships, including sociostructural relationships and professional training. Reflexivity can counteract the tendency for individual and organizational behavior to be completely determined by culture-power relations. For example, reflexivity can lead to self-awareness and a critical understanding of how power and cultural legacies can make working across differences difficult (Holvino and Sheridan, 2003).

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3   The term *subordinant* is used here to remain true to the language used by the authors cited in the passage. They use this term in contrast with the term *dominant* and recognize that individuals can belong to both groups simultaneously.

Reflexivity can also create awareness of personal biases and prejudices and help individuals to acknowledge the privilege and disadvantage they experience associated with their own identity group(s). Reflexivity also helps to create awareness among subordinant groups about their collusion in systems of inequality (Brantley, Frost and Razak,1996). Reflexivity creates the possibility for change by creating awareness of how actions are shaped by institutional practices and how they are embedded in group processes and structures.

Organizational Response to Conflict and Difference – Conflict is an inherent part of organizational life and often directly connected to issues of power and privilege. For example, conflicts may arise due to misunderstanding differences in communication styles, or differences in characteristics of people in racial/ethnic minority groups (Sue, 1995).

Fine (1995) offers an interpretive perspective for understanding differences. In the workplace, people from different social-cultural categories have their own set of assumptions, beliefs, expectations, and experiences. Although they are in a common location (the workplace) they do not necessarily experience the same reality, because their interpretations are constructed through their cultural discourses.

When conflicts based on social and cultural differences arise, it is generally unclear where to take them. Organizations often lack open communication around issues of race and other social issues (Nybell and Gray 2004). Conversely, when the organizations learn to respect, value, and reward different cultural modes, and different voices participate in setting goals, multicultural organizations are created. This is both a product and process of multicultural change (Fine, 2005).

Field Theory and Multicultural Organizational Change

Background – Field theory was developed by Lewin (1951) to understand the multiple factors that influence human behavior. Lewin and his colleagues helped to develop the field of social psychology by analyzing human behavior in the context of the social environment (Marrow, 1969). Lewin was committed to developing theories that were relevant to daily practice and driven by a passion for justice, democracy, equality, interdependence, and peace. Field theory has contributed to the exploration of social issues and group, organizational, national, and international relations for half a century (Wheelan, Pepitone and Abt, 1990).

Relevance to Multicultural Organizational Development – Field theory has relevance for both the multicultural and organizational aspects of MCOD. Issues at the heart of multiculturalism, such as intergroup conflict (Bargal and Bar, 1990) and discrimination (Kahn and Hawkinshire, 1990), have been addressed using field theory. In organizational contexts, field theory provides a framework and methodology to understand the forces that influence organizational actors. Field theory goes beyond a focus on service needs or technical aspects of service systems to address concerns that are "political" in nature, including identification of potential opposition and support (Brager and Holloway, 1978).

Field theory has been used in a variety of human service organizations, including community mental health (Richan and Kleiner, 1990) and child welfare programs (DePanfilis, 1996; Wagner, van Reyk and Spence, 2001).

Field theory may be applied to incremental or fundamental change. Fundamental changes are sometimes referred to as core or transformative, because they involve a paradigm shift in the organization (Hyde, 2003). This may include transforming the organizational culture or structure or institutionalizing a commitment to an ongoing MCOD process. If the internal and external conditions do not support fundamental changes, change agents may opt to pursue goals for incremental change, such as providing forums for discussion of multicultural issues or integrating multicultural criteria into hiring and performance review. In MCOD, these incremental changes are seen as part of an ongoing change process.

① Key Constructs of Field Theory in Organizational Contexts

Key constructs of Lewin's model as applied to an organizational context (Brager and Holloway; 1978) are described below.

Organizational Processes as Human Processes – According to field theory, organizations are governed by human activity. Meanings, including definitions and preferences given to the organizational situation, are shaped by the experiences of people and their different ways of viewing the world. Group behavior is a result of the interaction of the individuals and their social environment. Change occurs as a result of choices made by the group in interaction with their environment.

Stability and Change – Forces in the environment impact the organization towards or away from change. Internal structures and processes also impact choices made by the group. Stability in organizations is maintained, not through a lack of conflict but through the equilibrium of opposing forces of change and resistance. These forces, referred to as driving and restraining forces, are in play at all times. Change occurs when the driving forces become stronger than the resistance forces, resulting in an unfreezing of the status quo or a disruption of equilibrium that allows movement. Changes, once made, are sustained by refreezing.

Organizational Actors – Field theory identifies and analyzes key players in the organization whose support and/or participation is relevant to the change process. Critical actors are those who must support the change for it to become a reality. Critical actors will shift depending upon the change being considered and the organizational context, but may include the agency administrator, supervisors, and workers' peer groups. Facilitating Actors are those individuals whose approval must be obtained before reaching the critical actors. The approval, disapproval, or neutrality of facilitating actors has a decisive impact on critical actors. The third paper in this series discusses the assessment of the stage of change of organizational actors in order to plan appropriate interventions.

2 Force Field Analysis as a Tool for Change

Force field analysis applies the concepts of field theory in order to assess prospects for change. The steps in force field analysis include 1) selecting a change goal, 2) identifying critical and facilitating actors, and 3) identifying and evaluating the restraining and driving forces (Brager and Holloway, 1992). In this section, I introduce these steps in force field analysis, using a fictitious case example.

A team of change agents worked together on a multicultural change process in their organization. This organization provides a range of health related services including primary care, health education, outreach, and eligibility screening for public health insurance. The organization has traditionally served and developed cultural competency in relationship to one primary racial and language group and has a staff of 200 people. The change effort came in response to demographic shifts as other groups move into their service area. A few new staff members were hired to reflect the languages and cultures of the new groups being served. This change in patients required new behaviors for many staff members, including those who interacted directly with consumers, those involved in community outreach and education and everyone who interacted with the new staff members. The organization also recognized that a cultural shift was required to make room for new voices, perspectives, and ways of communicating and to establish an image as a multicultural organization. The change team is a mixed group including some managers.

1) Selecting a change goal – The broad goal of the group was to develop incentives for staff to communicate effectively and respectfully in multicultural settings. These incentives were intended to augment other activities including training to raise awareness and the restructuring of staff meetings. Several possible strategies were identified: staff recognition activities, inclusion of multicultural criteria in performance reviews, and tying merit increases and promotions to evaluation of multicultural communication.

2) Identifying critical and facilitating actors – The next step was to identify the organizational actors who were relevant to the change goal. Critical actors, those whose support would be needed to implement the change, included human resource staff members who would have primary responsibility for implementing the policy; supervisors who would be required to evaluate staff performance; and board members who would have to approve any change in personnel policy. The change team also decided that there would need to be support for the goal from the majority of staff who would be affected. Facilitating actors, whose approval must be obtained before reaching the critical actors, included the agency director, the human resources director, and chair of the board personnel committee. Individuals with informal leadership roles were also defined as facilitating actors.

3) Identifying and evaluating driving and restraining forces - The change team generated a lengthy list of driving and restraining forces that they believed would influence the opinions of the critical and facilitating actors. Some of these forces are listed in the chart below.

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Evaluating Driving and Restraining Forces

Potency	Amenability to Change	Consistency
High?	Medium?	Low?
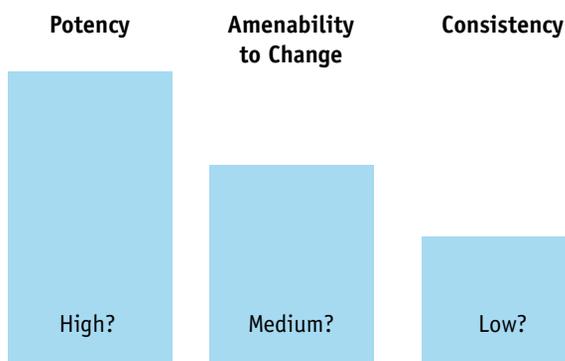
They then evaluated their list of forces to determine which forces to influence. Evaluation of forces includes 1) Potency – To what extent will an increase or decrease in this force contribute to the desired outcome? 2) Amenability to Change – How amenable is this force to change by critical and facilitating actors? And 3) Consistency – How likely is it for this force to remain stable if changed? If unchanged? Designations of H = High, M = Moderate, L = Low are approximate estimates. U = Unknown can be assigned to a force when a reliable estimate cannot be made (Brager and Holloway, 1978). The evaluation of forces is shown in the chart on the next page.

4) Using the analysis to inform strategy – The analysis was then used to develop a strategy. Based on their analysis, the change team concluded that the support of the board and agency director would be relatively easy to gain if they could be convinced that the benefits of the proposed goals outweighed the costs.

The most difficult facilitating actor to win over would be the HR Director. She did not recognize the need for a new practice. Her resistance to the change goals would likely increase if she perceived the proposed changes as being imposed from outside or above. She would also have to place increased demands on her already overtaxed staff.

The change team anticipated general support from the critical actors. They recognized that there needed to be a way to get the agency as a whole to acknowledge the need for improvement in serving multicultural populations. They also anticipated the greatest resistance based on perceptions that a policy rewarding multicultural communication would be unfair or difficult to apply.

Working forces, those that have both high potency and high amenability, were identified to help influence the preferences of organizational actors. The strategy developed involved strengthening driving forces that would weaken the restraining forces. These included

Force Field Analysis (Example)

Pot	Am	Con	Restraining Forces	Driving Forces	Pot	Am	Con
H	L	H	The agency director has limited influence with the HR Director. (People in leadership roles)	The agency director has been supportive of multi-cultural change efforts. (People in leadership roles)	H	M	H
H	M	H	There are differences in the organization regarding how well it works with multicultural populations – and a lack of solid data (Recognition of the Issue, Denial, Resistance)	The organization is in a strategic planning process and is open to developing goals that focus on multicultural populations. (Mission, vision, and values)	H	H	H
H	L	H	The HR Director feels that existing policy is adequate (Recognition of the Issue, Denial, Resistance) and believes that any personnel policy changes should originate from her of-fice. (People in leadership roles)	One of the HR staff members is an active and committed change agent who is well respected by other members of the HR staff, including the director. (People in leadership roles)	H	H	H
H	L	H	The agency is facing a budget crunch and all the change strategies have some associated costs. (Economy)	Some of the possible strategies have little cost associated with them. (Economy)	H	M	H
H	H	H	Some players think that it is difficult to mea-sure staff performance related to multicultural communication, because different functions have different communication requirements. (Mistrust of the process)	A partner agency has already adopted and begun practicing a similar policy, demonstrating that this change is possible. (Trust of the process)	H	H	H
H	M	H	The community advisory committee has no authority and no connection to the governing board. (Relationship with and accountability to community)	A community advisory committee has been formed, including consumers from diverse commu-nities served by the agency. The agency director and staff are committed to responding to the concerns of this committee. (Relationships with and accountability to community)	H	H	H

- The organization is in a strategic planning process and is open to developing goals that focus on multicul-tural populations. The change team decided to use the strategic planning process to strengthen organizational support for services that respond to the demographic shifts in the service population.

- One of the HR staff members is an active and committed change agent who is well respected by other members of the HR staff, including the director. The change team asked this staff member for input on how to get the HR director to buy-in and take ownership of the issue.

- A partner agency has already adopted and begun prac-ticing a similar policy. The HR staff member volunteered to contact this agency and get information about the policy, how it was adopted, and the human and financial costs associated with implementation. It was agreed to use this example to get buy-in and feedback from the HR director and others in the agency.

- A community advisory committee has been formed, in-cluding consumers from diverse communities served by the agency. The agency director and staff are committed to responding to the concerns of this committee. It was agreed to invite key players in leadership roles to meet with community advisory committee members in order to increase recognition of the issue within the agency, and to strengthen agency commitment to responding to their concerns.

The change team continued working with the force field analysis to refine their goals and strategies. They used force field analysis to move the organization through the various stages of change, by working with forces to influence the preferences of organizational actors.

Conclusion

It is much easier for change agents to identify multicultural practices they want to see than to make them happen. Mul-ticultural organizational change efforts are complicated by many factors that interact to support and impede change. These factors come from within the organization and the broader social and institutional context in which organiza-tions function. An understanding of this organizational con-text can help change agents to make a realistic assessment of the possibilities for change. Force field analysis is a tool that may be useful in change processes. Analytical tools are a supplement, not a substitute for the insights, intuition, and creativity of change agents.

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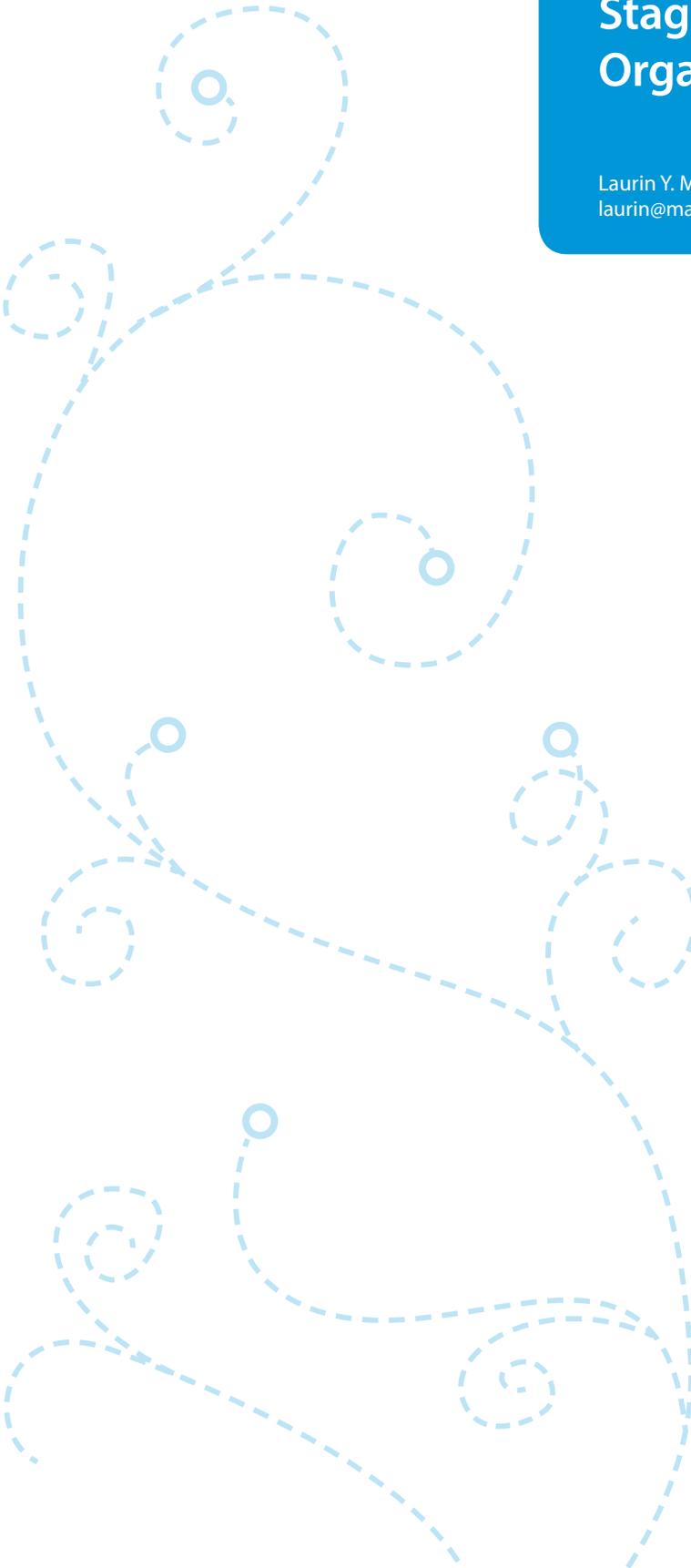
Stages of Multicultural Organizational Change

Laurin Y. Mayeno, MPH
laurin@mayenoconsulting.com

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www.mayenoconsulting.com

One of the key dilemmas facing people working for multicultural organizational change[1] is where to begin. It is relatively easy to identify problems and desired practices. The more perplexing challenge is how to move an organization effectively to action. When new practices are imposed without attention to readiness, resistance may be reinforced and chances for success may be hindered. An essential prerequisite to effective strategy development is an understanding of the readiness of the people in the organization.

The transtheoretical model of change (TTM), which has been used widely for behavior change, offers useful concepts for navigating the complex dynamics involved in multicultural change in organizations. This paper explores two TTM constructs – stages of change and processes of change and how they may be applied for designing multicultural organizational change strategies. The concepts in this paper may be used in conjunction with concepts from field theory, discussed in the second paper of this series.

Overview of TTM and Relevance to Multicultural Organizational Change

The core idea behind TTM, developed by Prochaska and colleagues, is that people change when they are ready. According to this model, social influence, rather than coercion, is most effective in fostering change (Prochaska, Prochaska and Levesque, 2001). Social influence can be used to help the movement of individuals and organizations through change processes.

The transtheoretical model has been used to study change in a range of individual behaviors, such as alcohol and substance abuse, preventive screening, eating disorders and smoking in pregnancy. This model integrates processes and principles of change across major theories of intervention in psychotherapy

1   I am using the term multicultural organizational change to refer to changes that organizations make to improve the effectiveness of their services to diverse populations and to create organizational policies and cultures that promote equity and value difference. These changes are sometimes referred to as developing Cultural Competence, Diversity Change, or Multicultural Organizational Development.

and behavior change (Prochaska, Redding and Evers, 1997). There is evidence that the key concepts of TTM can be applied to understanding and changing organizational behavior in areas such as integrated service delivery (Levesque, Prochaska and Prochaska, 1999), quality improvement in health care (Levesque et al. 2001), and time-limited therapy (Prochaska, 2000).

Cultural Competence, Diversity Change, and Multicultural Organizational Development (MCOD)[2] frameworks assert that organizations must undergo an ongoing developmental change process. They offer a variety of ways to conceptualize this process. Cross and colleagues suggest that an organization moves through a continuum from cultural destructiveness to cultural proficiency (Cross et al., 1989). MCOD has been conceptualized as a movement through three stages from monocultural to nondiscriminatory to multicultural (Foster et al., 1988 as cited in Sue, 1995). These models may be helpful in conceptualizing the "big picture" of organizational change. TTM may complement these broad conceptual models, by helping change agents navigate through resistance and other day-to-day realities; move an organization to readiness and action; and sustain new behaviors.

TTM is based on the understanding that resistance is a characteristic of any major organizational change effort and a major reason why such efforts fail (Prochaska, Prochaska and Levesque, 2001). Resistance should be expected in different stages of multicultural organizational change because the topics of prejudice, discrimination, and oppression are controversial and emotionally charged (Brantley, Frost and Razak, 1996). TTM suggests that it is counterproductive to forge ahead with action without addressing issues such as resistance that stand in the way of individual and organizational readiness.

Stages of Change – TTM's central organizing construct, stages of change (SOC), identifies stages through which individuals and organizations progress in a change process. These stages are defined as 1) precontemplation

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Stages of Change
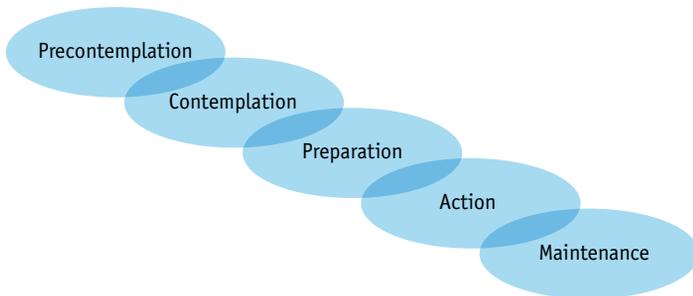
- no intention to take action in the foreseeable future; 2) contemplation - intention to take action in the near future (defined as around six months); 3) preparation - intention to take action in the immediate future (usually one month); 4) action - made overt changes within the past six months; and 5) maintenance - work to prevent relapse into the old behaviors (Prochaska, Redding and Evers, 1997).

2   In the first paper of this series, I described *Multicultural Organizational Development* (MCOD) as an approach that addresses issues in service delivery as well as organizational development.

The SOC construct may be used to assess the stage of multicultural development of both the organization and the individuals within it. In adapting this construct, it may be necessary to be flexible with the time frames that the model associates with each stage. Furthermore, there is a great deal of fluidity in the multicultural change process and organizations may move back and forth between stages or be in more than one stage simultaneously.

Processes of Change and Stage-matched Interventions – Processes of change are the covert and overt activities that people and organizations use to progress through the stages of change. Understanding these processes can help guide the development of appropriate interventions (Prochaska, Prochaska and Levesque, 2001).

The following processes have been identified in both individual and organizational change. (Processes 11-14 refer only to the organizational level.) Examples of interventions are shown in the right hand column (Cancer Prevention Resource Center, 1998; Levesque, Prochaska and Prochaska, 2001). (*See diagram on facing page*).

There is no one-to-one match between processes and stages of change. Rather, TTM researchers find that different processes are given greater emphasis in different stages of change. In the table below, the processes of change identified by TTM researchers are "matched" with the stages that are most emphasized in organizational change (Levesque et al., 1999; Levesque et al, 2001; Prochaska, Prochaska and Levesque, 2001). It should be noted that the processes of change differ in their use and emphasis in different organizations and change processes.

A stage-matched intervention is one that takes into consideration both the stage of change and the processes of change. For example, in the precontemplation stage, interventions might be designed to raise consciousness, while interventions in the maintenance stage may be designed to reinforce new ways of working. Research on the transtheoretical model in organizations has shown that stage-matched interventions, designed to help organizations progress through stages of change, can have greater impact than action-oriented interventions, by increasing participation and the likelihood that individuals will progress to the action stage (Prochaska, Prochaska and Levesque, 2001). Stage-matched intervention involves an appropriate "match" between the process and stage of change and can yield more effective results (Levesque, Prochaska and Prochaska, 1999).

The SOC framework has potential value for MCOD because it allows change agents to plan interventions that are appropriate for the developmental stage of the organization.[3]

3   The published research applying TTM in organizations is often empirical in nature, using statistical measures to ensure reliability and validity (Levesque, Prochaska and Prochaska, 1999; Prochaska, 2000; Levesque et al., 2001). Some multicultural change agents may reject this approach as inaccessible or culturally inappropriate. I am not advocating the use of these quantitative methods, but rather the SOC *concepts*. Qualitative methods and rough estimates can be used to apply the concepts of stages of change. The SOC framework does not provide a precise roadmap, but can be a valuable supplement to the intuition, creativity, and insights of organizational players.

Process of Change	Examples of Interventions
1. Consciousness-raising - Become more aware of a problem and potential solutions	Awareness-raising - Feedback, education, interpretation, memos, newsletters, information about strategies, benefits and goals
2. Dramatic Relief - Emotional arousal, such as fear about failures to change and inspiration for successful change	Techniques to move people emotionally - Personal testimonies, storytelling, role-playing to inspire change, generate anxiety about the status quo
3. Self-reevaluation - Appreciate that the change is important to one's identity, happiness and success	Values and goals clarification, role modeling
4. Self-liberation - Belief that a change can succeed and make a firm commitment to the change	Provide specific choices, encourage involvement, empowerment, and feedback
5. Environmental Reevaluation - Appreciate that the change will have a positive impact on the social and work environment	Empathy training, documentaries, help people to understand how their participation can improve the organizational success and climate
6. Reinforcement Management - Find intrinsic and extrinsic rewards for new ways of working	Overt and covert reinforcements, positive self-statements, and group recognition, disincentives for old behaviors
7. Counter-conditioning - Substitute new behaviors and cognitions for the old ways of working	Provide substitute behaviors through training
8. Helping Relationships - Seek and use social support to facilitate change	Rapport building, buddy systems, trouble-shooters, support, and assistance
9. Stimulus Control - Restructure the environment to elicit new behaviors and inhibit old habits	Align organizational structure and provide resources to support change
10. Social Liberation - Empower people by providing choices, resource, and opportunities	Advocacy, empowerment procedures, appropriate policies to provide access to opportunities, display leadership commitment
11. Thinking About Commitment	
12. Teams	
13. Commitment	
14. Rules and Policies	Align organizational rules and policies to support change

If the intervention and stages are mismatched, organizational change efforts can result in serious setbacks. For example, some organizations lunge head first into discussions of race and power without adequate preparation to establish a common language, create safety, and address fears and resistance. The organization may be in the contemplation stage, while activities are geared toward the preparation or action stages (*see diagram below*). As a result, people sometimes feel attacked and betrayed and the possibilities of creating hope and trust are severely diminished. Understanding SOC can allow change agents to create a process that fosters buy-in to a change process and address issues that might prevent the organization from moving forward.

Similarly, many organizations slide back to old practices after a period of initial energy, enthusiasm, and focus. Without a conscious effort to reinforce new behaviors, organizations may revert to former communication patterns that exclude people based on rank and social group membership. The stages of change perspective helps change agents understand the requirements of maintaining and institutionalizing new practices after they are put into action (*see diagram below*).

TTM complements field theory, discussed in the previous paper, which helps change agents to analyze the wide range of forces that impact change and to "unfreeze" an organization that is stuck in precontemplation or contemplation. Field theory may also be used to identify ways to strengthen forces required to sustain a change in the maintenance phase of the SOC process.

Level of Application – The SOC framework has been applied in organizations using both individuals and organizational entities as the level of analysis and foci of intervention.

Process of Change Emphasized	Precontemplation	Contemplation	Preparation	Action	Maintenance
1) Consciousness-raising	●	●		●	
2) Dramatic Relief	●	●			
3) Environmental Reevaluation	●	●			
4) Self-reevaluation	●	●			
5) Thinking about commitment*	●	●			
6) Self-liberation			●	●	
7) Teams*			●		
8) Commitment*				●	
9) Counter-conditioning				●	●
10) Reinforcement Management				●	●
11) Helping Relationships				●	●
12) Stimulus Control				●	●
13) Rules and Policies*					●

*Applies to organizational level change, rather than individual.

Examples of Mismatches between Stage and Intervention

Process of Change/Intervention	Stage
Commitment – Take action to address issues of race and power (without organizational buy-in).	Contemplation – The organization does not intend to take action in the foreseeable future.
Environmental Reevaluation – Discuss the possible impact of a change on the work environment. (Nothing to reinforce the new behaviors.)	Maintenance – Work to prevent the relapse into old behaviors
Reinforcement Management – Establish a reward system for new behaviors (without raising awareness)	Precontemplation – No intention to take action in the foreseeable future.

TTM researchers suggest that change can be managed most effectively when stage-matched interventions are applied at both individual and organizational levels (Levesque, Prochaska and Prochaska, 1999). The level of intervention may also depend on the change that is desired. For example, if the desired practice is instituting a policy that requires organization-wide buy-in and implementation, an organizational level of intervention may be called for. If there is a policy that impacts only one segment of the organization, such as entry-level staff, the focus may be aimed more appropriately at the group or individual level. At the individual level, assessments are used to identify the stage of readiness and stage-matched interventions are implemented to work with people at different stages. In addition to reducing resistance and stress, stage-matched interventions allow for participation of all staff, whether or not they are ready to take action (Prochaska, Prochaska and Levesque, 2001).

This focus on individuals can be useful for multicultural change processes, which are often characterized by a wide range of individual readiness. Those who are the most convinced of the need for action are often those most negatively impacted by racism, sexism, and other forms of oppression. Conversely, those who resist change are usually those who are most comfortable with the status quo or fear they have the most to lose in a change process (Brantley, Frost and Razak, 1996). People who are most connected to the community through their job functions may also perceive the need for multicultural change differently than those whose work is more removed from the community (Nybell and Gray, 2004). For example, in contrast to administrative staff with no patient contact, language interpreters, and health advocates often have a greater awareness of language and cultural barriers faced by patients.

According to TTM researchers, individualized, stage-matched interventions are more effective in organizational change processes than a one-size-fits-all approach that treats the organization as a monolithic entity (Levesque, Prochaska and Prochaska, 1999). This idea can work well in influencing the readiness of people who are essential to the change process. The concepts of critical and facilitating actors, described in the second paper of this series, can help change agents identify these individuals.

The concept of SOC can also be applied to an organizational entity as a whole. For example, in a study on the implementation of continuous quality improvement in the Veteran's Health Administration, the unit of analysis was the VA (Veteran's Administration) hospital. Teams consisting of administrators and clinical support staff from 120 participating hospitals completed an assessment tool to identify the stage of change that characterized the VA hospital they represented (Levesque et al., 2001).

It is important to recognize that groups (departments, teams, units, sites, etc.) within organizations may be at different stages of change simultaneously. For example, in some organizations entire departments may be in the action or maintenance stages, while the rest of the agency remains in precontemplation. Other groups of stakeholders such as board members, community leaders, or labor unions may also be at different stages of readiness. Differences in readiness may be used strategically to move an organization

forward. For example, rather than waiting to get everyone on board, pockets of readiness in an organization may move forward to model the change and its benefits (Miller, 1994).

Stages and Processes of Change Applied to Multicultural Organizational Development

A fictitious organization, the Community Health Organization (CHO), is used in this paper to illustrate how the SOC may help change agents identify the stage of change and the requirements for moving the organization from one stage of change to the next. The issues and organizational dynamics described are based on experiences with real organizations and are common to many nonprofit and public organizations.

Catalyzing Concerns and Desired Practices – Community Health Organization requested help from a consultant team to address issues of race and hierarchy in the organization. The decision to seek help from consultants was catalyzed by growing tensions among the staff, primarily along racial lines. Several staff members had perceived these issues as important over a number of years, but had been unsuccessful in getting managers to take action. Several staff members perceived a pattern of racial inequity in compensation, leadership development, opportunities for advancement, allocation of office space and recognition. Superficially, the organization looked diverse and its work was heavily concentrated in communities of color, including immigrant communities.

Assessment of Issues and Desired Practices – Through review of organizational documents and interviews with staff and key stakeholders the consultants identified a number of themes. Several of them related to power dynamics among staff, including: 1) many nonmanagement staff members felt that they had no voice in the organization and that managers were not accountable to them in making decisions; 2) several staff people of color felt devalued in the organization and perceived that they were given less opportunity for advancement and growth than their white coworkers; 3) most of the management positions and highest paid positions were held by white people, with white men being disproportionately represented in management; 4) people who had concerns about issues of race, gender, and hierarchy were fearful that voicing their concerns would have negative repercussions; and 5) multicultural concerns were seen as the responsibility of a few staff members and not an organization-wide concern.

Other key themes related to the organization's work in the community: 1) some staff and community members thought that the organization was not doing enough to address health inequities in its programs and services; 2) these people also thought that the programs or services provided were not making genuine change and/or were not sensitive to the realities faced by people in the community; 3) the organization did not have effective methods of measuring how well its work was received by the community it served; and 4) some staff members received informal complaints from community members about the quality of the work.

Some of the desired practices included 1) to openly discuss and plan to address health inequities; 2) to establish and utilize mechanisms for open dialogue around issues of diversity and equity; 3) to develop people of color in the organization in leadership roles; and 4) to establish and implement transparent processes for decision-making and accountability.

Assessment of Stage of Change – The assessment process also included identification of the organization's stage of change. This revealed that there were informal discussions about issues of race, gender, and hierarchy in the organization that had not been brought out in the open. There was no consensus in the organization that there was a need for change.

The consultant team identified three groupings at different stages of change:

- A small group of change agents had catalyzed change by raising their concerns to management. This grouping was ahead of the rest of the organization in their readiness for action but could not move ahead without organizational support. They were engaged in the preparation stage, doing the work required to prepare for action.

- The administrators who made the decision to bring in the consultant team were in the contemplation stage. They were not convinced that any different practices were needed, but were open to considering change depending upon the outcome of the assessment.

- The remaining individuals in the organization were either in precontemplation or contemplation stages. Most of them had not given any serious consideration to the issues that simmered under the surface and had not been openly discussed. A few had participated in informal conversations about the issues and were supportive of the change agents and their concerns.

The consultants also made the assessment that, as an organization, CHO was somewhere between precontemplation and contemplation. The organization had not fully moved out of the precontemplation stage because the issues had not been openly discussed or recognized, and there was both a lack of awareness of the issues and ambivalence about the need for change. The organization was beginning to contemplate the need for change, as reflected in the decision to bring in a consultant team to help address the issues. Based on this assessment, the initial focus of the work was identified: to move the organization through precontemplation and contemplation stages so that it could prepare to make change.

Developing Interventions for Different Stages of Change

Precontemplation – In this stage there is no intention to change behavior in the foreseeable future (Prochaska and Norcross, 2001). On the surface, it may appear that the organization is doing all it can to work effectively with diverse clients. The predominant attitude in the organization may be denial of the need for multicultural change. Issues of race, gender, and power are present, but may not be acknowledged or openly discussed. Many of the dynamics of power and privilege are so deeply embedded in cultural norms that they may be invisible to those who are not aware of their negative effects. For example, the intentions, beliefs, and values of its founders are often woven into the fabric of the organization. In decisions about who will lead, they are more likely to entrust the organization's future to people who share similar beliefs and values (Paul and Schnidman, 1994). There may be active denial about the need for change by those in power. Those who see the need for change may be few in number or lacking in influence within the organization.

A key characteristic of the precontemplation stage is the perception that the benefits of change are outweighed by the costs (Prochaska, Prochaska and Levesque, 2001). For example, organizational leaders may not perceive any serious conflict with maintaining the status quo, and they may believe that MCOD will require a huge investment in money and time. Competing organizational priorities may force issues of diversity to the bottom of the "priority ladder" unless there is a compelling and urgent reason to address them. People who see the need for change may fear that taking risks by raising the issue will have negative consequences. Skepticism may also develop if past multicultural change efforts have failed or had limited or detrimental impact.

Another characteristic of the precontemplation stage is resistance. There is often strong resistance to MCOD for numerous reasons, including fear or discomfort in discussing "undiscussable" issues of race, class, power, and hierarchy. There is often a burnout factor among organizations that have had previous experiences of attacking and blaming approaches to these issues. There may also be resistance by individuals in positions of privilege and power who fear that creating a more equitable work environment will result in a loss of their own power and privilege. Resistance may be active or passive, conscious or unconscious. For example, individuals may express their resistance by scheduling other meetings when the topic is discussed, or being physically present but refusing to engage. Managers may believe that they are committed to change, but be unwilling to consider anything other than superficial changes in the organization's culture.

Moving Beyond Precontemplation – The following processes of change were used to move the organization from precontemplation to contemplation, an intention to take action in the near future. The first task was to get organizational buy-in on the need for and/or benefits of change. Organization-wide consensus was not required. The goal was to build a critical mass of support within the organization that would create momentum for change and be strong

enough to overcome resistance. This included support of the organizational leadership and staff at different levels.

- **Consciousness-raising –** Consultants used a participatory assessment process to gather information about the issues and their impact in the organization. They prepared a summary of the key issues and facilitated a discussion to raise awareness of the issues and to identify potential solutions. All staff members participated in this process, regardless of their readiness for change. Some expressed surprise and felt that those who perceived a problem were overreacting. The consultants worked to help participants to acknowledge that individuals could experience the same organizational reality very differently, depending upon their social and cultural experience and location within the organization structure.

- **Dramatic relief –** Initial efforts were made to address two types of fears. Staff members who wanted the organization to become more multicultural feared that speaking out would result in reprisal from management and would not result in genuine change. The consultants sought to alleviate this fear to some extent through the use of confidential interviews. Managers agreed in open discussions that no action would be taken against staff for voicing their concerns. Some white male staff members feared that the process would provide a forum for them to be attacked as racist and sexist. They also feared that efforts to promote more women of color would result in fewer opportunities for their own advancement. The consultants provided an organizational framework for identifying issues and stressed a non-shaming, non-blaming approach. Multicultural communications guidelines[4] were established to foster a non-blaming environment of open communication.

Contemplation – In this stage, there is awareness that a problem exists and serious thought is being given to addressing it, but there has not been a commitment to action (Prochaska and Norcross, 2001). The contemplation stage may be marked by ambivalence about whether to take action and what type of action to take. As a result, an organization may remain stuck in this stage for long periods. In order to move forward, the benefits of taking action must be perceived as being higher than the costs (Prochaska, Prochaska and Levesque, 2001).

This contemplation stage is crucial in MCOD because it is during this phase that the organizational understanding of the issues and the type of change needed begins to take shape. If the issues are only understood on a superficial level, the organization may consider making changes that don't address the underlying issues, which those who want to see real change will regard as "lip service." The organization may seek a "quick fix," such as one-time diversity training. In the contemplation stage one of the key challenges is to secure full commitment to genuine change.

In the contemplation stage the issues of multiculturalism are openly acknowledged and the organization is considering what, if anything, to do about them. Ambivalence may be expressed as conflict or difference among organizational players who resist or advocate change. Consideration must also be given to the organizational and individual commit-

ments required to make change. Individuals must reflect on what they are willing to bring to the change process. In addition, managers must recognize the need to allocate organizational time and resources to change.[5]

Moving from Contemplation to Preparation – The following processes of change were used to move the Community Health Organization from contemplation (intention to change in the next six months) to preparation, intention to change in the next 30 days.

- **Environmental reevaluation –** The consultants facilitated a process to help staff to identify and to see the positive possibilities associated with multicultural change and to understand ways to use conflict as an opportunity, rather than a threat. This helped staff members to overcome some of their ambivalence about change, and to begin to see the benefits as outweighing the costs. The consultants facilitated a visioning process to help the organization to define how the organization would look and act as a result of change. Examples of what participants envisioned included:

  - All staff members have the opportunity for advancement and growth.

  - The management of the organization reflects the diversity of the community.

  - The organization is accountable to community stakeholders.

A key element of this phase was establishing a shared vision to create a sense of unity within the group. A core aspect of shifting organizational paradigms concerns values. A shared vision also provided a sense of direction so that action planning would be proactive, and not solely a reaction to problems. A strengths-based approach was used so that the organization and individuals within it would build on the strengths that they all brought to the process.

- **Self-reevaluation –** Individuals began to see themselves as change agents who had an active and vital role in the organization. They understood that their engagement in the process was critical in order for change to occur. They began to overcome skepticism and resistance and to see the positive possibilities that change would bring.

- **Thinking about commitment –** During this stage the issue of commitment for individuals and the organization was decisive to moving forward. The change process could have been easily undermined if other pressures on the organization were allowed to keep this issue on the back burner. Therefore, the participation and support of those in management was crucial. The agency director worked with managers to carve out time and resources to allow the

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5   It is crucial to acknowledge that many nonprofit and public organizations are understaffed and their staff is overworked. Managers will need to consider the survival needs of the organization together with the value of organizational development. In times of budget shortfall, it may be critical to establish and reinforce multicultural principles. This can help to ensure that decisions about how to use diminishing resources are made with full consideration of their impact on different groups within the service population and staff.

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4   Guidelines adapted from VISIONS, Inc.

process to move forward. Individuals also assessed their commitment and interest to participating in the process.

Preparation – The key significance of the preparation stage is that it transitions the organization from considering action to taking action. This requires establishing the organizational conditions to make change possible, including staff readiness, resource and time allocation, and organizational structures. At this stage the organization may take steps that are insufficient to bring about effective action (Prochaska and Norcross, 2001). Processes of change used during this period include

- **Self-liberation –** In this stage it was important to build confidence in the possibilities of change and a firm commitment to change. This was done by identifying tangible steps that would help to build enthusiasm and momentum for change. Through a participatory process the staff members identified specific changes to be made, including short-term and long-term action priorities and specific steps, responsibilities, and timelines. Organizational resource and capacity issues were also taken into account to ensure that plans were realistic.

- **Teams –** Cross-functional teams were established, based on the strengths and interest of staff members to work on different issues. In addition to the specific tasks they were assigned, these teams were used as a mechanism to break down compartmentalization between staff in separate units and different functional roles.

Because the organization took the time to develop its readiness for change, it was able to move into action with strong buy-in and participation from the majority of staff as well as support from other key stakeholders, including board members, partner organizations, and funders. A few staff members remained in the precontemplation stage, which was demonstrated through passive resistance in subtle attempts to undermine the process. However, their influence was not sufficient to undermine the commitment to change that had been built within the organization.

Action – This stage involves modifying a behavior, experience, or environment. It requires the most overt behavioral changes and significant investment of time and energy (Prochaska and Norcross, 2001). Multicultural organizational change encompasses more than a specific practice or behavior change. It encompasses changes in organizational culture, policies, and practices. Thus, the action stage may be characterized by several short-term changes occurring simultaneously while initial steps are also taken to plan and implement long-term changes.

In a multicultural change process a crucial change that occurs is in the individuals and their interactions with each other. Through building a greater appreciation of differences and understanding the strengths that each individual brings to the work, the organizational potential to create change is unleashed. Furthermore, the establishment of new patterns of interacting must include the capacity to openly discuss and interrupt patterns of racism, sexism, and other forms of oppression. Organizational actions demonstrate a genuine commitment and result in increased trust.

In the CHO, changes implemented during the action phase included 1) clarifying the organizational decision-making process and accountability mechanisms; 2) strengthening leadership development processes to ensure opportunities for growth and advancement; 3) adapting agreements for ongoing discussion of race, gender, and hierarchy; 4) integrating multicultural issues into the organization's strategic plan; and 5) developing qualitative measures to evaluate community responses to programs and services. All these changes moved the organizational systems into alignment with the new vision of the organization's mission.

During this stage, several processes of change were continued from the preparation stage. In addition, the following processes of change were introduced:

- **Counter-conditioning –** During this stage concerted efforts were made to substitute new behaviors for old ones. The organization made a decision to adopt and practice multicultural communication guidelines that were introduced during the assessment process. This helped to break the silence around issues of racism, sexism, and other social inequalities. Capacity building workshops were held to help staff members to learn and practice skills for collaborative communication. These activities helped to create a cultural shift in the organization to interrupt and transform the prevailing power dynamics.

- **Reinforcement management –** Staff members began to experience the intrinsic rewards of practicing new ways of working, including a stronger sense of community and connection with coworkers, ability to express concerns and have them heard and addressed, the personal growth that accompanies the multicultural change process, and a sense of ownership for the work.

Maintenance – This is the stage in which people work to consolidate the gains made during the action stage and to prevent any relapse to old behaviors (Prochaska and Norcross, 2001). Without attention to this stage, a change process may be regarded as a passing "flavor of the month" and have little hope for sustainability. During this phase it is helpful to establish mechanisms to ensure continuity of the effort. These may include plan review, measuring progress, incentives for positive behavior, and managing knowledge retention and transfer (Cox, 2001). Multicultural organizational change is not a linear process with a fixed endpoint. It is an ongoing process of transformation that includes, but is not limited to, a number of discrete changes along the way. All of these changes are designed to integrate multicultural principles throughout all levels of the organization and its work. Thus, the new practices that are sustained during the maintenance phase contribute to active engagement in an ongoing change process, rather than a specific behavioral change. During the maintenance stage, the CHO continued some of the change processes from the previous stages. In addition, the following processes were emphasized:

- **Reinforcement management –** In addition to the intrinsic rewards, discussed above, extrinsic rewards and accountability mechanisms were established to reinforce the new ways of working. The organization decided

to incorporate multicultural measures into the performance review process for individual staff. Multicultural measures were also incorporated into the evaluation processes for programs and services.

- **Helping relationships –** A process of quarterly plan review was used to create an ongoing support mechanism for change. During this review, a strengths-based approach was used to build social support within the organization for the change efforts of individuals and groups.

Back to Precontemplation – The organization may pass through the stages of change several times to implement and institute additional changes. As a result of sustaining the ongoing change process, the CHO began to consider additional changes in practice and policy. In their return to precontemplation, the following process of change was emphasized:

- **Consciousness-raising –** Building on the foundation created by the change process, the program staff and managers identified the need for a more in-depth exploration of how to integrate multicultural principles within their programs and services and to strengthen the organization's relationship with the community. The organization began to move through the stages of change again to bring its practice into even closer alignment with its mission.

Conclusion

This article explores the possibilities that the stages of change construct offers to multicultural organizational change processes. Change agents who understand the organizational players and the development stage of the organization can develop effective strategies by designing interventions that are appropriate to each stage. This model may be helpful in overcoming resistance that often accompanies change processes and that is intensified in multicultural change. It may also be helpful in achieving genuine participation from organizational players who become active participants in the change process rather than feeling coerced into change they do not support.

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