



Human Rights & Equity: Frequently Asked Questions

As a leader how will I recognize incidents of racial discrimination and harassment?

ONA views all its members as leaders, and as leaders they need to be advocates to end racial discrimination and harassment. In order to do this effectively, members need to understand how racial discrimination and harassment may be manifested, since more often than not, it exists in subtle forms.

ONA members must be able to identify/name the types of behaviours or patterns of behaviour that constitute racial discrimination and harassment so they can effectively support and represent members bringing these issues forward. Sometimes it's difficult for those being subjected to racial discrimination to name what is happening to them. Being able to name the common patterns of behaviour or categories of racial discrimination and harassment will assist those members in bringing their issues forward to the leadership for assistance and support.

As a union, ONA is committed to seeking equality and equity in the workplace for all its members. To that end, in 2003 ONA retained Dr. Tania Das Gupta, Professor of Sociology at York University in Ontario, to conduct a study of racism in nursing. Our goal was to explore the workplace experiences of racialized nurses to uncover common patterns of racial discrimination and harassment.

Racialized nurses are often isolated from each other in their workplaces. Dr. Das Gupta was able to look into a number of workplaces and clearly identify common patterns or categories of racial harassment and discrimination. The 13 categories Dr. Das Gupta describes are most likely to occur in hospital settings, where a number of nurses work together on a unit. They are as follows:

- a) **Targeting:** One worker is singled out for differential treatment, including harsher scrutiny, more severe discipline or undesirable work assignment.
- b) **Scapegoating:** One or more racialized worker is blamed for something in the workplace and then pay the consequences for this. For instance, if there is an error made in the medication of a patient, a black nurse will be blamed for it even though there were others, including the doctor, contributing to the error.
- c) **Excessive monitoring:** A racialized worker is watched, supervised and documented. The documentation is then used against the worker as proof of incompetence.
- d) **Marginalization:** A racialized worker is isolated or excluded from formal and informal workplace networks. This results in a sense of insecurity and exclusion from crucial information sharing at the workplace. For instance, a black nurse is not invited to parties given by colleagues or by her manager.

- e) **Dispersion:** Workers of one ethnic or racial group are assigned to tasks, shifts or break times away from each other in order to break their solidarity. This reduces workers' sense of security and networking capacity.
- f) **Infantilization:** A racialized worker is belittled, put down or given the message he or she is not "good enough." In the process of being infantilized, the worker's dignity, self worth and adulthood are reduced. This often has a negative effect on the worker's ability to perform well.
- g) **Blaming the victim:** A racialized worker is often blamed for being racially harassed or abused. The immediate response of the worker to the racism or abuse, such as a heated exchange of words and the resultant alienation from one's co-workers, are often used for disciplinary purposes. There is an inability to understand it is human to be upset after being racially harassed. The state of being upset and resisting harassment is often interpreted as a "lack of professionalism."
- h) **Bias in work allocation:** Differential workloads or types of work are allocated to workers of colour. In many workplaces, racialized workers are assigned the heaviest, dirtiest, most unsafe, undesirable, poorly paid and insecure jobs. The resulting division of labour perpetuates the marginalization of workers of colour. For example, a black nurse may be consistently assigned to night duties and to patients who need lifting due to chronic illnesses.
- i) **Underemployment and denial of promotions:** A racialized worker is denied access to training for new job openings that are higher in status than her current job. She is refused training, upgrading or mentoring by her manager on subjective grounds while finding that her white co-worker with less qualification and seniority is mentored and eventually promoted. The racialized worker is denied promotions due to lack of adequate training or incompetence.
- j) **Lack of accommodation:** Accommodation of a racialized worker's disability is obstructed or denied due to a judgment made by management that her illness or disability is non-existent. Denial of accommodation may be expressed in a variety of ways, including minimizing workers' complaints or being inflexible regarding sick leave policy. The racialized worker who is denied accommodation is then found to be incompetent or set up for failure.
- k) **Segregation:** Management hires workers of diverse ethnic or racial backgrounds and then channels them to work in homogenous workforces. This results in shifts, task groups and work areas being defined by ethnicity or race.
- l) **Cooptation and selective alliances:** A racialized worker or a white worker is taken on side by management and asked essentially to spy on other racialized workers or to assist in targeting or over-monitoring racialized workers. Allying oneself with management against a co-worker may be motivated by fear of harassment, insecurity due to layoffs or by hopes of getting ahead in a competitive field.
- m) **Tokenism:** It is a common practice for management to deny racism by hiring one or two workers of colour in supervisory positions. Token positions are usually short-term and have limited power. Tokens might also be subjected to harassment such as underemployment, marginalization and cooptation under duress.

What can I do to support ONA members who are subjected to this treatment?

- Be prepared to listen to the member with an open mind.
- Provide support to the member by ensuring any discussion occurs in a safe environment, protecting both privacy and confidentiality.
- Encourage the member to talk to the bargaining unit human rights and equity (HR&E) representative, Grievance Chair and/or the Bargaining Unit President as soon as possible or ask if you can contact them to initiate the contact on their behalf.
- Take detailed notes and gather notes/documentation (journal notes) from the member to provide to the appropriate bargaining unit representative.
- Educate yourself and your colleagues about the common patterns of racial discrimination and the impact they have in the workplace.

It is important to know the limits of your own knowledge about discrimination and harassment, and contact the Bargaining Unit President and or the Grievance Chair, who will contact the Labour Relations Officer (LRO) for assistance and further guidance.

Where do I get more information?

- ONA Constitution and Statement of Beliefs (ONA website: Member Section, Publications).
- Service Delivery Manual/Service Delivery Guidelines (ONA website: Local Executive Section, Manuals).
- ONA Policy Manual (ONA website: Member Section, Forms).
- Bargaining Unit and Local Executive Accountabilities with Role Descriptions (ONA website: Local Executive Section, Manuals).
- Collective Agreement, Central and Local issues (ONA website: Member Section, Publications).
- ONA Human Rights and Equity Guide (ONA website: Member Section, Human Rights & Equity).
- *Ontario Human Rights Code*.
- Employer's Policy Manual.