

**BCNU CV Spring Equity Egg Hunt: A Thematic Analysis of Nursing Perspectives on
Equity, Inclusion, and Cultural Safety**

Event led by: Gurneet K (2SLGBTQ+)

In collaboration with: Simran B (MOC), Khairat M (YNN), and Xavier Y (MIN)

Analysis and synthesis report conducted by: Gurneet K (2SLGBTQ+)

Introduction

Equity, inclusion, and cultural safety are critical determinants of both workforce wellbeing and outcomes in contemporary healthcare systems. Despite increasing institutional emphasis on these principles, gaps persist between policy and lived experience. Equity-oriented workplaces are associated with improved staff engagement, psychological safety, and quality of care delivery (Edmondson, 1999; Woods, 2020).

The Spring Equity Egg Hunt was implemented as an innovative Human Rights and Equity (HRE) engagement initiative across Vancouver General Hospital (VGH) to both increase awareness and capture frontline nursing perspectives. The initiative generated approximately 611 QR code scans and 436 total survey entries, reflecting strong member interest and engagement in equity-related dialogue.

Methods

A qualitative descriptive design was used to analyze open-ended responses to the prompt: *“What does an equitable, inclusive, and culturally safe workplace look like to you? Please share any experiences, ideas, or changes that could help improve nursing workplaces.”*

Data were collected through an anonymous, voluntary survey accessed via QR codes and Google Forms. A total of 436 (BCNU members and non BCNU members) survey entries were received, of which 335 were complete responses from BCNU members containing substantive qualitative data. Following data cleaning (removal of blank, duplicate, and non-substantive entries), 223 responses were included in the final qualitative analysis.

An inductive thematic analysis approach was used to identify patterns and recurring concepts across responses. Additionally, frequency mapping of key terms and concepts was

conducted to support identification of dominant and less prominent themes, enhancing analytic rigor. This staged approach ensured transparency in reporting while maintaining analytic rigor by focusing on substantive qualitative data.

Data Collection

Data collection occurred through an interactive engagement strategy using both physical and digital access points. Flyers were created and distributed across multiple clinical sites, including Segal, Leon Blackmore, and Jim Pattison buildings at VGH.

Approximately 464 QR-coded “eggs” were placed in staff-accessible areas such as nursing stations, staff lounges, and break rooms, with each egg containing a QR code linking directly to the survey. The same QR code was also embedded within distributed flyers to ensure accessibility beyond the physical egg hunt.

This dual approach (eggs and flyers) supported broad visibility and engagement across units. Participation was voluntary and anonymous, allowing respondents to provide candid reflections.

Engagement Overview

Metric	Value
QR Code Scans	611
Total Survey Entries	436
Complete Responses	335
Final Analyzed Responses	223
Engagement Rate (Complete Responses / QR code scans)	55%

Findings

1. Respect as the Foundational Construct (Dominant Theme)

Respect emerged as the most frequently cited element (~80 responses), positioned as the core condition underpinning all other dimensions of equity and inclusion.

Participants described respect as:

- Recognition of identity and individuality
- Equal valuing of all staff regardless of role or background
- Absence of bullying, discrimination, and microaggressions

This suggests that equity is experienced relationally, not just structurally, highlighting that everyday interpersonal interactions are central to how equity is enacted in practice.

2. Cultural Safety as Both Practice and Environment

Cultural considerations (~63 responses) were strongly represented, extending beyond awareness to active cultural responsiveness:

- Respect for traditions, beliefs, and language
- Use of interpreters and inclusive communication
- Celebration of diversity (e.g., cultural events, visibility)

Importantly, respondents linked cultural safety to both patient care and staff experience, reflecting a dual lens of practice and workplace culture. This aligns with evidence that culturally safe care requires both individual competence and organizational support (Browne et al., 2016).

3. Psychological Safety and Voice

Approximately 51 responses emphasized the importance of feeling safe to speak up, particularly in hierarchical environments:

- Ability to ask questions without judgement
- Protection from retaliation
- Safe reporting of concerns

Notably, several responses highlighted power dynamics (e.g., new graduates/ internationally educated nurses versus senior staff), indicating that psychological safety is unevenly distributed. Psychological safety has been identified as a key determinant of team functioning and learning in healthcare environments (Edmondson, 1999).

4. Structural Inequities: Staffing, Workload, and Resources

A considerable proportion (~49 responses) identified system-level barriers:

- Unsafe staffing ratios
- Inequitable workload distribution
- Burnout and resource limitations

These findings demonstrate that equity cannot be separated from working conditions, reinforcing that inclusion is constrained by broader system pressures and resource allocation.

5. Equity as Fairness (Not Sameness)

Approximately 40 responses explicitly differentiated equity from equality, emphasizing:

- Tailored supports (e.g., for new graduates, internationally educated nurses)

- Fair workload based on acuity
- Transparent access to opportunities

This reflects a nuanced understanding among nurses of structural versus superficial fairness and highlights the importance of context-specific approaches to equity.

6. Inclusion and Authentic Belonging

Inclusion (~33 responses) was described as the ability to:

- “Show up as your full self”
- Express identity without fear
- Experience belonging rather than tokenism

This highlights that inclusion is not merely representation, but psychological and social integration within workplace culture.

7. Teamwork and Interpersonal Culture

Team-based dynamics (~33 responses) were identified as key facilitators:

- Mutual support and collaboration
- Peer teaching and mentorship
- Strong interpersonal relationships

Team culture was often framed as the practical expression of equity in daily work, reinforcing the importance of relational environments.

8. Education and Ongoing Learning

Participants (~26 responses) emphasized:

- Need for ongoing cultural safety and anti-racism training
- Desire for continuous learning rather than one-time interventions

This reflects recognition that equity is a developing competency requiring sustained engagement and reinforcement.

9. Communication and Voice

Communication (~22 responses) was identified as a mechanism for equity:

- Open dialogue
- Inclusive language (e.g., pronouns)
- Being heard and taken seriously

These findings reinforce the importance of communication in shaping inclusive workplace environments.

10. Leadership and Accountability (Notably Underrepresented)

Leadership (~18 responses) appeared less frequently but carried significant weight:

- Calls for accountability (not performative actions)
- Need for leaders to actively address inequities
- Desire for responsive and approachable management

The relatively lower frequency suggests possible disengagement or lack of trust in leadership as a driver of equity, highlighting a critical gap between organizational intent and frontline experience.

Discussion

This analysis demonstrates that nurses conceptualize equity, inclusion, and cultural safety as relational, structural, and experiential phenomena. Respect emerged as the entry point to equity, with participants consistently identifying it as foundational to creating inclusive and culturally safe workplaces. This highlights that equity is primarily experienced through everyday interpersonal interactions, rather than policies alone.

However, these relational dynamics are shaped and often constrained by structural conditions. Findings indicate that staffing levels, workload demands, and broader system pressures directly impact the ability of nurses to enact equitable and culturally safe care. This reinforces that equity initiatives must extend beyond education and awareness into resource allocation, staffing models, and system design.

Psychological safety further emerged as unevenly distributed, with responses revealing hierarchical barriers that disproportionately affect newer or less experienced nurses. This suggests ongoing inequities in voice, power, and participation within teams, which can limit both staff wellbeing and quality of care. These findings align with existing evidence highlighting psychological safety as essential for effective team functioning and safety (Edmondson, 1999).

Despite a strong conceptual understanding of equity among participants, a gap between policy and practice was evident. While equity language is widely recognized, respondents emphasized inconsistencies in implementation, leadership accountability, and enforcement. This indicates that current approaches may be perceived as insufficient or inconsistently applied.

Notably, leadership was less frequently identified as a driver of equity, suggesting it may be an underutilized lever for change. This may reflect a lack of visible action, limited trust in

leadership, or a perception that meaningful change occurs primarily at the peer or team level. This represents a critical gap for organizational strategy, as sustained progress in equity, inclusion, and cultural safety requires active, accountable, and visible leadership engagement.

Implications

1. **Practice-Level Implications:** Equity must be operationalized through daily interactions. Promoting inclusive communication, fostering psychological safety, and addressing microaggressions are critical to creating equitable workplace environments.
2. **Organizational-Level Implications:** Equity initiatives must be embedded within structural systems, including staffing models, workload distribution, and ongoing education. Leadership accountability should be measurable, visible, and sustained.
3. **System-Level and Union Implications:** Safe staffing should be recognized as an equity issue, as structural conditions directly impact the ability to provide culturally safe care. Continued engagement initiatives are essential to ensure that member perspectives inform policy and advocacy efforts (Woods, 2020).

Recommendations

1. Integrate Equity into Structural Decision-Making

Incorporate equity considerations into staffing, scheduling, and workload allocation processes, recognizing that structural conditions directly shape equitable care delivery (Woods, 2020).

Examples:

- Implement acuity-based staffing models to ensure fair workload distribution rather than assigning patients evenly by number alone

- Introduce transparent scheduling practices, such as rotating desirable shifts and minimizing favouritism
- Develop equity-informed assignment guidelines that consider experience level, language skills, and patient complexity
- Conduct regular equity audits of workload distribution across units

2. Strengthen Psychological Safety Mechanisms

Implement confidential reporting systems and promote cultures that support speaking up without fear of retaliation, as psychological safety is essential for communication, learning, and safety in healthcare teams (Edmondson, 1999).

Examples:

- Establish anonymous digital reporting platforms for workplace concerns (e.g., bullying, discrimination)
- Incorporate regular team check-ins or debriefs where staff can safely raise concerns
- Train leaders to use “just culture” frameworks when responding to errors or concerns
- Normalize speaking up through practices such as structured safety huddles or “everyone speaks” rounds

3. Establish Continuous Education Models

Transition from one-time training to ongoing, reflective education on cultural safety, anti-racism, and bias, as sustained learning is required to address systemic inequities and support culturally safe care (Browne et al., 2016).

Examples:

- Implement annual refresher sessions on cultural safety and equity
- Integrate case-based learning scenarios reflecting real patient and staff experiences

- Embed equity discussions into existing team meetings or education days
- Encourage reflective practice exercises, such as guided discussions on bias or microaggressions

4. Enhance Leadership Accountability

Develop measurable indicators of equity and inclusion and require leadership reporting on outcomes, ensuring that equity initiatives move beyond policy into sustained and measurable organizational change (Browne et al., 2016).

Examples:

- Track and report equity-related metrics, such as staff retention, promotion rates, and complaints related to discrimination
- Require leaders to include equity goals in performance evaluations
- Conduct regular staff surveys on workplace inclusion and psychological safety, with results shared transparently
- Establish clear escalation pathways when equity concerns are not addressed

5. Foster Inclusive Workplace Culture

Support initiatives that promote belonging, cultural recognition, and team cohesion, as inclusive workplace environments are associated with improved staff engagement and overall health system performance (Woods, 2020).

Examples:

- Organize culturally inclusive events or recognition days that reflect staff diversity
- Create peer support or mentorship programs, particularly for new graduates and internationally educated nurses

- Encourage use of inclusive language practices, including pronouns and respectful communication
- Develop safe spaces or affinity groups for staff to share experiences and build community

Conclusion

The Spring Equity Egg Hunt represents a successful and innovative approach to engaging nurses in meaningful dialogue on equity, inclusion, and cultural safety. The initiative achieved a prominent level of participation, generating approximately 611 QR code scans and 436 survey entries, with 335 complete responses, reflecting an engagement rate of approximately 55%. This level of engagement demonstrates the effectiveness of interactive and accessible strategies in capturing frontline perspectives on complex and sensitive topics.

Findings from this initiative highlight that while nurses possess a strong conceptual understanding of equity, inclusion, and cultural safety, their realization in practice is shaped by interpersonal dynamics, structural constraints, and leadership engagement. Respect, psychological safety, and authentic belonging emerged as key relational components, while staffing, workload, and system pressures were identified as critical structural barriers.

Importantly, the success of the Equity Egg Hunt underscores the value of member-driven engagement initiatives in informing organizational and union priorities. By creating an approachable and inclusive platform for participation, the initiative not only generated rich qualitative insights but also fostered awareness and reflection among participants.

Equity, inclusion, and cultural safety are not standalone initiatives, but system-wide responsibilities requiring alignment between values, policies, leadership, and everyday practice.

Sustained, multi-level efforts across practice, organizational, and system domains are necessary to translate these insights into meaningful and lasting improvements within nursing workplaces.

Ultimately, this initiative demonstrates that when nurses are meaningfully engaged, their voices provide critical insight to drive equitable, inclusive, and culturally safe transformation across healthcare systems.

References

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