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A Preliminary Review of Diversity in the Healthcare Workplace

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

It is estimated that over 80% of those enrolled in medical schools, nursing school, and the allied health programs are Whites, while African Americans, Hispanics, and Native Americans comprise about 7% each. The reason for these devastating numbers is the lack of encouragement in the underserved population in grade school and at home. Most K-12 schools in the U.S. do not require passing math and sciences courses to graduate. In addition, the lack of scholarship and sponsorship for minorities to pay for healthcare programs is immense. As a result, discrepancy of diversity could result. For instance, concerns over a lack of public health opportunities to target rural and underserved populations, communication barriers at the healthcare facilities, and discrimination in the workplace may derive. The aim of this paper is to highlight and review research on the relationship of sociocultural issues affecting diversity and equality in the healthcare workplace. The methodology used to gather information for this paper is by reviewing research papers, census reports and articles from journals and through websites. Improvement in diversity and equality is needed to avoid bias and discrimination at the healthcare workplace College admissions criteria, especially for minorities need to be reviewed, sciences and math subjects need to be implemented and encouraged in the K-12 setting, programs that foster mentorships and

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observer-ships with active physicians in the community needs to be created. If these measures are taken, the healthcare workforce would be one with ample diversity and thus productivity, creativity, and communication would improve.

Keywords: Diversity; underserved populations; minority; healthcare; discrimination; workforce.

1. INTRODUCTION

While the United States regards themselves as a country of multiculturalism, still there is an alarming rate of underrepresentation of diversity within the healthcare field. According to the report *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*, about 50% of all children born by 2020 will belong to an ethnic group or race [1]. Likewise, it is speculated that the growth rate of minority children born by 2060 in the U.S will be over 56% of whom most will be of Hispanic descent. While these numbers seem striking, it is evident that the foreign-born population in the U.S. will be made up mostly of minorities in the years to come. Having said that, the minorities in the U.S. will eventually be classified as majority and take the title of "majority-minority". However, as the number of minorities continue to be on the rise, the number of minorities and other ethnic groups entering the healthcare field remain stagnant or are on the decline. This is not only limiting the diversity in the workplace, it is also affecting the patient population. Research has found that patients feel most comfortable under the care of physicians and nurses of their same genetic makeup and background. While this may sound absurd, it is simply part of human nature. A Hispanic patient will most likely disclose more about their medical background, especially during history taking, to a physician of Hispanic decent that to a White physician and vice-versa. The North Carolina Medical Journal states that the U.S. medical workplace has little to no racial and ethnic equity. As a matter of fact, about 72% of the U.S. population is made up of Whites, however they make up more than 85% of the healthcare employees [2]. The groups least likely represented in healthcare include African Americans, Hispanics, and Native Americans although they represent around 30% of the U.S. population. Fig. 1 depicts the number of underrepresented racial and ethnic minorities in the healthcare profession.

When there is such a discrepancy of diversity in the workforce, several factors could arise. Such issues like a lack of public health opportunities to target rural and underserved populations, communication barriers at the healthcare facilities, and discrimination in the workplace could ensue. Underrepresentation of minorities in the health professions has implications for worsening health disparities. In particular, underrepresentation of diverse workforce is a problem specifically for racial and ethnic groups. In par, African Americans, Hispanics, Native Americans are in deficit in the health professional workforce in the United States compared to their counterpart. According to Jacqueline Wynn with the North Carolina Medical Journal, health care providers of color are more likely than others to address health disparities in a culturally competent manner. In contrast, limited health access could result in worsening disparities and health outcomes for people of color. A diverse workforce will help to expand health care access for underserved communities, promote research regarding health disparities, and increase the number of leaders and policy makers who support diversity in the workforce [3].

While healthcare facilities that are more heterogeneous with language can foster smoother communication among employees, it becomes more complicated and challenging for the patient population. By the same token, these facilities are more prone to discrimination among employees, administration, and the community they serve. Additionally, disparities in health care pose a moral and ethical dilemma for our society and threaten to hamper efforts to improve the nation's health. Also, when disparities in health care result in missed diagnosis and poor management of chronic conditions, it often translates into avoidable, higher costs for health care systems [4].

Why aren't there more minorities entering healthcare professions? That is a question that many ask when topics of healthcare disparities emerge. The U.S. Census Bureau (2016) has found that roughly 80% of those students entering medical school, nursing school, or any of the other allied health training centers have been Whites. On average, only 7% are African American, Hispanic or Native American [5]. The issue that has been found leading to these disparities among healthcare professionals stems back to grade school. Subjects such as

math and sciences in grade school are not enforced equally among all groups. Minorities typically fall behind on standardized tests, specifically in the sciences, and little is done to correct this issue among teachers and schools [6]. In addition, in many school districts in the U.S., students are not required to pass basic math courses or sciences courses to graduate. This in turn, causes minority students to refrain from pushing themselves to excel in science and math courses and provide the motivation to enter the medical or healthcare profession upon graduation. Fig. 2 depicts the racial makeup of the number of medical school applicants between 2013-2016.

From Fig. 2 it is evident that the number of African American and Hispanic applicants compared to the Asians and Whites are extremely low [7]. To put a stop to racial health disparities in the future, there should be more emphasis placed on minorities early in their grade school educational path. Minority students are still lagging academically. Despite the many programs that exist in the high school and college years to help augment the U.S. health care workforce, the data reveal that the increase in the diversity of the health care workforce has been slow. Only 24% of African American, Latinas/os and Native American students complete a science bachelor's degree in six years, compared to 40% of White students. Similarly, the Association of American Medical Colleges reported in 2012 that, in 15 years, the diversity of the applicant pool for health professional schools has not changed significantly. The percentage of medical school applicants who are African Americans, Hispanics and Native Americans are disproportionately below their make-up of the entire population and, combined, are less than fifteen percent [8]. Medical benefits in diversifying the classroom and workforce are clear. Racial diversity among students in the medical education can enhance the educational experience for all students. Racial and ethnic minority health care providers are more likely to serve minority and medically underserved communities, increasing access to care among these populations. According to American Medical Colleges, children as young as six are being encouraged to consider medical school. Getting kids interested early could help medically underserved communities in the future [9].

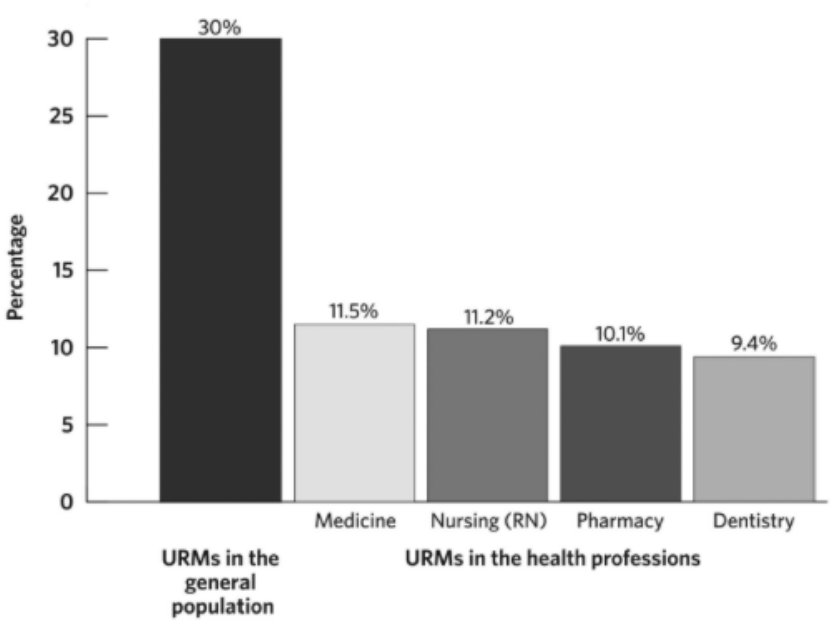

Fig. 1. Underrepresented racial and ethnic minorities (URMs) in the US health professions

Source: Sex, race and ethnic diversity of US health occupations (2010-2012) [2].

Note. Underrepresented racial and ethnic minorities include Hispanics (15.5% of the general population), blacks (13.6% of the general population), Native Americans (0.7% of the general population), and Native Hawaiians (0.2% of the general population). Asians represent 6% of the general population and not classified as underrepresented

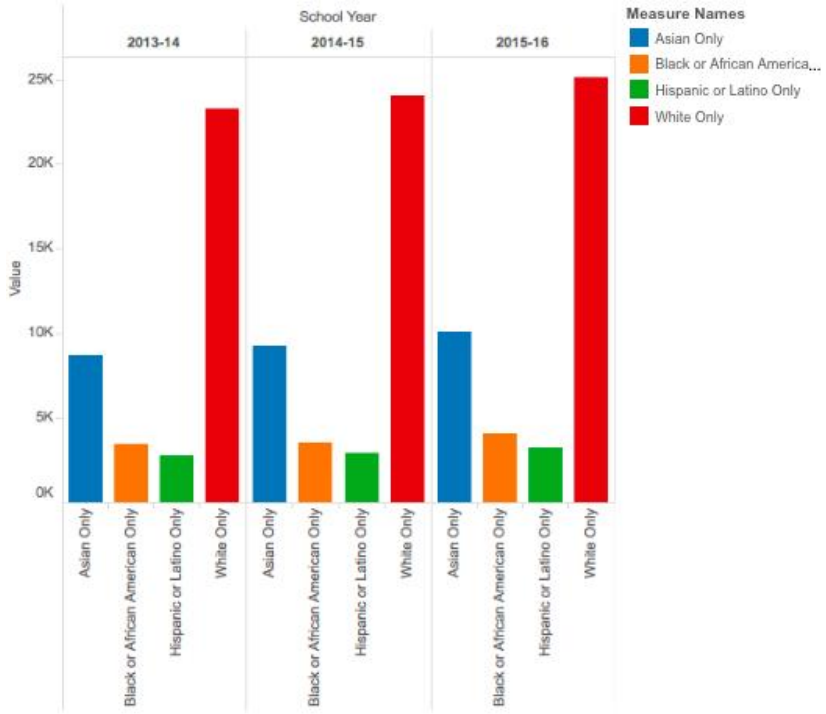

Fig. 2. Number of medical school applicants each year (Source AAMC)

2. DEMOGRAPHIC DIVERSITY

2.1 Age, Gender, Race

As diversity continues to expand in the U.S., the healthcare workforce continues to undergo a lack thereof. The National Center for Biotechnology Information NCBI Journal (2014) state that an increasing number of initiatives have been established to promote diversity in the workplace and to increase the proportions of race, gender and age among departments [10]. The initiative Promotores de Salud, established by the HHS Office of Minority Health, advocates for minority healthcare employees to engage in health education programs and seminars to enhance training and certifications. In addition, they strive to expand the multigenerational workforces to from baby boomers to millennials. Currently, what has been found is that the number of younger and novice minority healthcare professional has been diminishing [11]. The age profile for most healthcare workers are 22-65, however for minorities it is 35-65 creating a lack of demographic diversity. According to the Meredith King with the University of Vermont Continuing and Distant Education (2014), "the average age of nurses has increased over the past 15 years from 30 to 43, but younger people are increasingly joining the profession. Although the number of white, non-Hispanic nurse's hovers around 70 percent, younger graduates of nursing schools are getting plenty of training in learning how to work with patients from a variety of backgrounds" [12]. While there has been an increase in training healthcare professionals on how to deal with patients of different backgrounds, there is still a lack of empathy of someone's culture other than that of the healthcare professional. Moreover, the low numbers of minority millennials entering the healthcare profession is difficult to embrace. The clash of ages among health professionals could potentially cause a strain in healthcare delivery. Additionally, there has been a gender diversity gap in healthcare professions. Fewer African American and Hispanic women are entering the healthcare workforce. This in turn could cause a negative influence on productivity on the unit. According to the article Leadership in Health Services (2017), they are attempting to formulate a model to encourage intercultural collaboration and synergy as a way of increasing gender diversity to increase productivity [13].

3. WAYS TO IMPROVE DIVERSITY IN THE WORKPLACE

As the U.S. becomes more ethically and culturally diverse, so does healthcare needs

which are becoming more varied with the composition of patients. In order to promote more minorities to enter the healthcare workforce, certain measures need to be taken. One of the ways to increase diversity in healthcare would be to have professional schools reexamine their admissions criteria and expand on their underserved population of applicants and acceptance rate [14]. Moreover, K-12 public and private schools across the U.S need to promote minorities to engage in and foster a love for the sciences. They could encourage and promote minorities to participate in science fairs, clubs, and activities for instance. In addition, in partnership with medical schools and hospitals in the area, they can have a "doctor for a day" in which minority students shadow physicians, nurses, and healthcare personnel to learn about the healthcare field [15].

4. DIVERSITY IN WORKPLACE: METHODS FOR DATA COLLECTION AND PERFORMANCE APPRAISAL

Many organizations use a scorecard to assess their performance as well as obtain data about their inclusion/exclusion statistics. Key components of the scorecard are the overall incentives that are tied to strategic objectives and effectively prioritize diversity and inclusion. The Office of Diversity and Inclusion provides ongoing cultural competency training that focuses on unconscious bias, generational differences and talent development.

1. *The Unconscious Bias* workshop examines how unconscious bias develops and in uences staff and efforts to promote diversity and culture change. The workshop combines psychological approaches such as stereotype threat, unintentional blindness and selective attention, along with other diversity approaches.
2. *Fierce Generations* is training to create a culture where employees of all ages are comfortable teaching and learning from each other by focusing on similarities, respecting differences and identifying and leveraging strengths.
3. *The Development Ladder* is an interactive simulation workshop for employees that involves friendly competition and exposure to opportunities, barriers, rewards and consequences typically experienced in career advancement.

Working toward improving the collection and reliability of race, ethnicity, language, gender and geography data, a new system called MIDAS was implemented in 2014 as its clinical data system. MIDAS collects and analyzes race, ethnicity and language (REAL) data in order to generate reports, thereby advancing organizational efforts to better understand the patient population [16].

5. CONCLUSION

A workforce that is diverse creates a tangible environment. Hiring healthcare personnel from all walks of life, with cultural differences, and genders boosts productivity, creativity, and communication to name a few. The advantages of having diversity in the workplace are endless. It is beneficial for both the employees and patients. This also brings about unity and a sense of cohesiveness among employees by enhancing cultural awareness. The rate at which minorities are entering the healthcare field is daunting and changes need to happen to allow those of underserved populations in healthcare thrive in the medical field as well. Programs and initiatives to encourage minorities to enter in the workforce are being established and advocated for. Bringing awareness to underserved areas and to inner city schools could encourage and popularize the healthcare field. It all starts with awareness and mentorship.

It is hoped that the findings from this preliminary study would motivate research and further review on a bigger scale into this important issue.

6. STUDY LIMITATIONS

The authors are aware of the limitations of this study which is it's dependence on pre-existing data which may contain biases in selective memory, telescoping, attribution and exaggeration.
However the authors felt that since research on this topic is lacking, a review of available studies could point researchers in the right direction for further research.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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