

Diversity in Healthcare: Literature Review

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Diversity in Healthcare

The purpose of this literature review is to assess the progress made to diversify the healthcare field ethnically. Having a diverse healthcare team enhances the patient experience and public health; however, ethnic diversity continues to be subpar in the healthcare setting (Poole & Brownlee, 2020). Implementing recruitment strategies is beneficial in diversifying the workforce (Poole & Brownlee, 2020). Exploring the current state of racial and ethnic minorities in healthcare leadership is an important start when researching diversifying healthcare.

Exploring the Current State of Racial and Ethnic Minorities in Healthcare Leadership

The main idea is to reflect on diversity in the healthcare system and how to initiate an increase in ethnic minorities holding leadership positions. African Americans, Latinos, and Native Americans represent only 11% of executive leadership positions in healthcare (Poole & Brownlee, 2020). In addition, minorities are not represented in the healthcare field as much as their Caucasian counterparts. Therefore, this article focuses on critical points to increase diversity in healthcare leadership.

Key Points

The critical points of this article are to provide information and statistics on the lack of diversity in healthcare and provide solutions to the development of a more diverse healthcare field. Increased racial and ethnic diversity, current healthcare leadership environment, trends in academic medicine, benefits of diversity in healthcare leadership, and recommendations for

healthcare firms were the main topics in this article. This article uses facts and statistics to exemplify the positive aspects of diversity and provide a reason for healthcare corporations to implement resources to promote an ethnically diverse workplace. The critical points of this article lead to the assumption that diversity in healthcare has positive outcomes.

Assumptions

The primary assumption of this article is that healthcare organizations implementing ethnic diversity will benefit financially and clinically. More ethnically diverse companies yield above-average positive financial returns and positively correlate to financial performance (Poole & Brownlee, 2020). Diverse leadership in healthcare also benefits patient outreach and the targeting of care (Poole & Brownlee, 2020). Clients benefit from diversifying the healthcare workforce because it promotes trust and compliance while also removing bias (Poole & Brownlee, 2020). Thus, financial and clinical benefits represent positive outcomes from implementing racial diversity important for healthcare companies.

Deficit/Conclusion

This article concludes by recommending steps for healthcare firms to improve ethnic diversity, including mentorship, leadership pipelines, diverse leadership goals, and building relationships with diverse professional organizations. The authors' line of reasoning is understandable as a more ethnically diverse workplace would be beneficial financially and clinically, as shown in the article. In addition, racial diversity could positively change nursing as it would promote cultural competence and acceptance. Failure to accept the authors' line of reasoning would mean no progress made for cultural diversity and minority groups.

The Lack of Diversity in Healthcare: Causes, Consequences, and Solutions

This article strives to distinguish why healthcare lacks diversity in both the hospital and education setting and solutions to combat this issue. Underrepresentation has been a significant problem for years in the workforce and students of healthcare (Goode & Landefeld, 2018). Identifying factors that negatively affect the potential for diversity and acknowledging the consequences of this dilemma are essential parts of developing a solution. Recognizing critical points in this article is vital to grasp the whole meaning of this article.

Key Points

The critical points focus on factors that negatively affect diversity and what should be changed to promote growth in the diversity of healthcare. The author periodically uses the “pipeline” analogy to describe education in the years K-12. “Leaks” in this pipeline include factors such as poor academic preparation, lack of exposure, lack of training, and racist attitudes that can alter a child’s ability to be academically successful (Goode & Landefeld, 2018). Social and psychological issues such as racism also play a role in the lives of minority children (Goode & Landefeld, 2018). This article uses facts, statistics, and tables to exemplify the impact implementing changes to ensure the success of minority children has had in the past and could have in the future.

Assumptions

This article assumes that correcting barriers around educating minority groups will result in minority children becoming more successful as adults, particularly in the medical field. Underrepresentation of ethnic minorities is a significant issue in education, with Black and Hispanics represented in meager numbers in academia (Goode & Landefeld, 2018). By removing educational and psychological barriers, minority groups can make up higher numbers in the

future of healthcare. Solutions to combat these barriers are essential to understand when trying to solve this issue.

Deficit/Conclusion

Changes to the education system are essential, starting as young as preschool in schools with a large minority population. By implementing outreach and recruitment efforts and assisting students in attending, affording, and succeeding in school, minority students will succeed at a higher rate and go on to successful careers in healthcare (Goode & Landefeld, 2018). The author's reasoning is understandable as fixing the issues in the education system would even out the playing field for all students. Failing to accept this line of reasoning would mean minority children are not receiving the education they deserve and an unfair disadvantage for their success. If minority students have a fair chance to succeed, they would be as successful as their white counterparts.

Racism Is Still a Problem in Healthcare's C-Suite: Efforts Aimed at Boosting Diversity in Healthcare Leadership Fail to Make Progress

This article covers minorities in leadership positions and the failure of progress in diversifying the healthcare workforce. Minority representation in hospital leadership has made very little progress in the years between 2011-2015 (Livingston, 2018). Progression needs to happen in the ongoing efforts to diversify the healthcare workforce. However, many significant issues are holding back this progress.

Key Points

The critical point is that although hospitals are claiming they are making efforts to diversify their employees, little progress is evident. Although diversity in healthcare leadership

and the physician workforce has been a topic for decades, there is still a lack of healthcare leadership opportunities for minorities (Livingston, 2018). Although there are pockets of progress, such as Atrium, where the hiring administration looks at the patient population and ensures their staff keeps the same pace, other healthcare facilities are not following in Atrium's shoes (Livingston, 2018). Black professionals do not feel comfortable talking about diversity, inclusion, and race in the workplace out of fear of being labeled angry or difficult (Livingston, 2018). Ethnic representation helps to increase patient trust and eliminate bias (Livingston, 2018). Implementing recruiting programs and allowing minorities to feel comfortable speaking up in the workplace is essential in diversifying healthcare.

Assumptions

The assumption made by this article is that healthcare administrations are not doing enough to enhance the progression of diversity in healthcare leadership positions. There is a lack of healthcare leadership opportunities for minorities (Livingston, 2018). Increasing recruitment programs for minorities is essential, and a significant effort needs to be made for minorities to be in leadership positions in the healthcare field.

Deficit/Conclusion

A fair opportunity for employment regardless of a potential employees' skin color is a reasonable request. Some hospitals have begun implementing training programs to promote cultural competence and eliminate bias (Livingston, 2018). Implementing programs to recruit minorities and eliminate racial or cultural bias is an essential step for diversity in healthcare. The author's line of reasoning is understandable as progress in diversifying healthcare leadership is an imperative factor in implementing inclusivity, eliminating bias, and enhancing patient comfort.

Implementing the ideas in this article would provide a big step into combating the lack of diversity in healthcare leadership. Failure to understand this line of reasoning could mean that minorities do not get the resources needed to obtain a job in the healthcare field at the leadership level as quickly as their white counterparts.

Conclusion

Diversifying the healthcare field is an important topic today that is vital to address. The population in the United States will be more than half of minority ethnic groups by the year 2043 (Persaud, 2020). Diversifying the healthcare workforce benefits patient outcomes because it promotes trust and compliance while also removing bias. The nursing practice benefits financially and clinically by diversifying healthcare. Implementing recruitment programs for minorities and informing hiring staff of the importance of diversity in hiring new employees is an important step many hospitals take to improve ethnic diversity (Poole & Brownlee, 2020). Education systems for minority children need reformation to give children the most significant opportunity for success (Goode & Landefeld, 2018). Healthcare can benefit from diversifying its employees as patients and staff can talk about race issues and combat these issues with an open and unbiased mind (Levingston, 2018).

References

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