

## DIVERSITY AND INCLUSION IN HEALTHCARE WORKFORCE

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### INTRODUCTION

The population of the United States is diverse. The diversity includes race, ethnicity, language, religion, sexual orientation, and immigration status. The diverse population needs healthcare that can be best met and understood by a diverse workforce representing the diversity of the people of the United States<sup>1</sup>. The healthcare workforce, however, has mainly remained homogeneous compared to the American population. The homogeneity in the healthcare workforce has diminished the quality and equitable access to care for some minority groups<sup>3</sup>. Healthcare quality and equitable access are compromised when providers cannot communicate medical advice in a manner that their patients understand. Providers who share similar cultures can better understand the needs of patients.

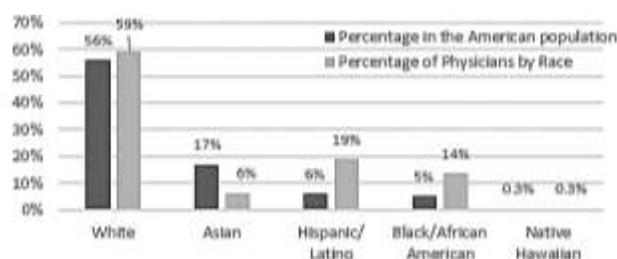
Providers from cultures different from the patient population may not understand a patient's health needs appropriately. As a result, patients' perception of the quality of care reduces when receiving care from a provider with a different cultural background<sup>2</sup>. This affects reimbursements from organizations like the Centers for Medicare and Medicaid (CMS) and insurance companies, which scrutinize the quality of care heavily. As the healthcare workforce diversity promotes quality and equitable access to care, it is beneficial for healthcare organizations to adopt strategies to overcome the imbalanced diversity in the workforce<sup>3</sup>. There needs to be more research to understand the influence of adopting diversity and inclusion strategies in the healthcare workforce.

A study conducted by the Health Administration Research Consortium (HARC) asked executives of various health systems some pressing questions concerning diversity and inclusion (D&I) strategies in the healthcare workforce. The study explored three pathways of improving D&I that organizations would most likely adopt: educating and training existing employees, recruiting new culturally diverse employees using multiple channels, and collaborating with universities to find and train new talent.

The study evaluates which pathway had the most significant influence in improving business and service benefits for a healthcare organization<sup>4</sup>. Next, we discuss why diversity in the healthcare workforce matters, its benefits, and some government-led initiatives that encourage D&I in the healthcare workforce and then elaborate on the context of the study.

### HEALTHCARE WORKFORCE DIVERSITY AND DIVERSITY RELATED TRAINING MATTERS

A healthcare workforce representing the array of communities in the US is vital to providing high-quality care to the American population<sup>1</sup>. Currently, the healthcare workforce is largely alike, dominated by a significantly white population in contrast to the diversity of the American people, as seen in Table 1<sup>5 6</sup>.



**Table 1: Comparison by ethnicity of the US Population to the active physician workforce**

The imbalanced representation of ethnic groups in the healthcare workforce creates challenges for providers attributed to differences in communication styles and culture that often leads to misinterpretation of medical needs and medical advice<sup>7</sup>. Providers must understand a patient's medical needs to provide appropriate treatment. Similarly, patients should realize medical advice given by their provider to achieve the desired outcome of the treatment entirely. When patients cannot understand medical advice, they are less likely to follow medical instructions and, as a result, compromise the desired treatment outcomes<sup>7</sup>.

Providers not understanding how a patient's cultural background influences their perception of health contributes to the non-adherence to medical advice. Cultural beliefs are instrumental in framing one's thought process, decision-making, and perceptions of life. For example, in some cultures, people use herbal remedies shown to them by their elders and Western medications prescribed by their doctors. This may cause harm to the patient because some herbal

<sup>1</sup> Stanford, F. C. (2020). The importance of diversity and inclusion in the healthcare workforce. *Journal of the National Medical Association*, 112(3), 247-249.

<sup>2</sup> Anderson, L. M., Scrimshaw, S. C., Fullilove, M. T., Fielding, J. E., Normand, J., & Task Force on Community Preventive Services. (2003). Culturally competent healthcare systems: A systematic review. *American Journal of Preventive Medicine*, 24(3), 68-79.

<sup>3</sup> Jackson, C. S., & Gracia, J. N. (2014). Addressing health and health-care disparities: the role of a diverse workforce and the social determinants of health. *Public Health Reports*, 129(1.supp2), 57-61.

<sup>4</sup> Khuntia J, Ning X, Cascio W, Stacey R. Valuing Diversity and Inclusion in Health Care to Equip the Workforce: Survey Study and Pathway Analysis JMIR Form Res 2022;6(5): e34808 URL:https://formative. jmir.org/2022/5/e34808 DOI: 10.2196/34808

<sup>5</sup> AAMC. (n.d). Diversity in medicine: Facts and figures 2019. https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018

<sup>6</sup> United States Census Bureau. (2021, July 1). Population estimates (v2021). https://www.census.gov/quickfacts/fact/table/US/PST045221#PST045221

compounds may interact with Western medicines<sup>7</sup>. Some remedies may relieve symptoms but do not eradicate the disease. For example, using clove to alleviate dental pain acts as a pain reliever but does not inhibit disease progression<sup>8</sup>. Patients delay visiting providers when symptoms subside, which could cause more harm to the patient as the infection persists. In this way, when providers do not understand the influence of a patient's cultural beliefs on the continuity of care, the quality and outcomes of the treatment are reduced. Providers from cultures like the patient would understand the patient's beliefs and convey medical instructions in a culturally appropriate manner.

To provide culturally appropriate care, providers from other cultures need cross-cultural knowledge, skill, ongoing education, and culturally diverse experiences to meet the health needs of the various populations<sup>7</sup>. The education and training of health professionals concerning the different cultures of the US patient population should start from the beginning of nursing and medical education, continuing throughout professional practice<sup>7</sup>. When providers understand patient needs and the cultural influence on a patient's perception of health, they can provide medical advice in a way that relates to a patient's beliefs. Hence, physicians will be positioned to treat and instruct patients in a manner that is comprehensible to their patients. Similarly, when patients understand medical advice, they are more likely to comply with instructions, improving outcomes.

#### **A DIVERSE AND DIVERSITY EDUCATED WORKFORCE IS A BOON TO THE HEALTH INDUSTRY**

The value-based reimbursement system currently being followed in the US rewards healthcare organizations on a pay-for-performance basis<sup>13</sup>. A pay-for-performance system promotes patient-centered care—reimbursing organizations such as the CMS and insurance companies set patient-centered care standards. When a healthcare organization fails to meet the standard of care, the organization's financial performance is negatively impacted<sup>9</sup>. The more an organization performs and meets the quality standards set by the reimbursing organization, the better the healthcare organization's reimbursements.

The performance of a healthcare organization improves by creating a better value for care. The value-for-care is influenced by two factors: physicians understanding their patient's health needs to provide appropriate care and a patient's perception of the care they received<sup>10</sup>. A physician

workforce representative of the diverse American population or trained in cross-cultural education provides patient-centered care by understanding a patient's specific health needs. Patient-centered care enhances an organization's performance by improving health outcomes and the quality of care. In essence, patient-centered care improves value which is rewarded financially by the reimbursing organization.

Ethnic and social minorities cumulatively represent 37% of the American population, projected to increase to 57% by 2060. According to 2010 data, only 6.8% of medical school graduates were Black or Hispanic<sup>11</sup>. These statistics indicate that the healthcare workforce is unprepared for the projected diversity demand. When the healthcare workforce fails to meet the population's needs, healthcare organizations encounter challenges associated with favorable health outcomes and quality of care. Subsequently, healthcare organizations face financial repercussions as the value-based reimbursement system penalizes quality shortcomings<sup>13</sup>.

The standard of care set by the reimbursing organizations influences the measures used to determine care quality and outcomes. Treatment outcomes significantly depend on a patient's adherence to medical advice. Compliance with medical advice is improved when it is delivered by physicians who understand or represent the patient's culture. Comprehensive medical advice to patients enhances patient satisfaction and patient-clinician relationships and facilitates better access to care<sup>15</sup>. When physicians understand and respect their patient's culture, patients adhere more to medical advice, enabling favorable health outcomes.

The emphasis on improving workforce diversity and diversity-related training is vital as the physician workforce would leverage the talent that reflects the marketplace. A workforce that reflects the marketplace promotes health equity<sup>12</sup>. When patients have equitable access to care, they are more likely to receive care when needed. Timely access to care improves health outcomes. As previously noted, better health outcomes improve financial performance. Hence, employing a diverse healthcare workforce or improving cross-cultural education will enable providers to

<sup>7</sup> Young, S., & Guo, K. L. (2020). Cultural diversity training: the necessity of cultural competence for health care providers and in nursing practice. *The health care manager, 39*(2), 100-108.

<sup>8</sup> Tripathi, K. D. (2020). *Essentials of pharmacology for dentistry*. Jaypee Brothers Medical Publishers.

<sup>9</sup> Definitive healthcare. (2022). Top 10 hospital performance metrics you need to know. <https://www.definitivehc.com/blog/top-10-hospital-performance-metrics-you-need-to-know>

<sup>10</sup> Kennedy, B. M., Rehman, M., Johnson, W. D., Magee, M. B., Leonard, R., & Katzmarzyk, P. T. (2017). Healthcare Providers versus Patients' Understanding of Health Beliefs and Values. *Patient experience journal, 4*(3), 29-37.

<sup>11</sup> Xierali, I. M., Castillo-Page, L., Zhang, K., Gampfer, K. R., & Nivet, M. A. (2014). AM last page: the urgency of physician workforce diversity. *Academic medicine: journal of the Association of American Medical Colleges, 89*(8), 1192. <https://doi.org/10.1097/ACM.00000000000000375>

<sup>12</sup> Douglas, P. S., Williams, K. A., & Walsh, M. N. (2017). Diversity matters. *Journal of the American College of Cardiology, 70*(12), 1525-1529.

deliver culturally appropriate care and improve financial performance<sup>13</sup>.



**Figure 1: Diversity-Related Training Improves Financial Performance**

Improving the representation of minority physicians in the healthcare workforce will be beneficial in providing improved care quality and access to underserved communities. These providers can understand the health needs of their populations and hence deliver treatments and advice that serves their patients appropriately. Additionally, minority physicians will improve access to care as they are more likely to practice in underserved locations. Thus, providers from minority groups can better deliver primary care, treat indigent and minority populations and reach medical care to the underserved community<sup>11</sup>. These improvements in healthcare services will position healthcare organizations to have an improved financial edge as better quality of care receives better reimbursements in the value-based care system.

In summary, diversity and diversity-related training in the physician workforce is beneficial in several ways. First, better communication allows for culturally sensitive care that strengthens patient-provider relationships. Second, culturally sensitive care increases trust and patient satisfaction. Third, increased patient satisfaction improves adherence to medical advice and promotes equitable access to care. Fourth, minority physicians are more likely to practice in underserved locations will improve geographical access to care. Fifth, expanding access and utilization of care to minority groups ensures they can get the care when needed. Timely care improves the overall quality and health outcomes. Sixth, improved health outcomes reduce the mortality and morbidity of minority groups. Seventh, improved access, quality, and care outcomes enhance the value of care. Finally, the improved value of care increases financial performance<sup>14</sup>.

**GOVERNMENT INITIATIVES TOWARD HEALTHCARE WORKFORCE DIVERSITY**

The imbalanced diversity of the healthcare workforce affects healthcare quality and equitable access, prompting various government-led organizations to initiate improvements to workforce diversity. The efforts to improve workforce diversity included recommendations to increase racial and gender diversity, accreditation standards in medical education, and prioritizing the cultural competence of the healthcare workforce. The Health Resources and Services Administration (HRSA) proposed that strategies to increase healthcare workforce diversity, specifically in terms of male/female and cultural and linguistic representation, will be of value to healthcare organizations<sup>15</sup>. The Liaison Committee on Medical Education (LCME) developed two diversity accreditation standards that mandated medical schools engage in system-level changes to increase and retain students from diverse backgrounds. After implementing the accreditation standards (2012–2017), there was an increase in female, black, and Hispanic enrollees in medical schools in the US<sup>1</sup>. Additionally, the Health and Human Services (HHS) focused on bridging workforce diversity and Social Determinants of Health (SDH) disparities by prioritizing the cultural competence of healthcare providers and supporting initiatives to increase diversity within the workforce<sup>3</sup>. Fundamentally, these organizations emphasize education and training and recruiting culturally diverse practitioners to the workforce to meet the health needs of the various American population.

**BUSINESS AND SERVICE BENEFITS OF DIVERSITY AND INCLUSION STRATEGIES**

Joining the effort to enhance workforce diversity, we review three pathways discussed in a JMIR paper by HARC<sup>4</sup>. 135 out of 624 health systems CEOs that HARC contacted responded to a survey. The health systems represented in this study varied from 1 to 18 hospitals with 176-75,000 employees. The annual revenue 2020 of the health systems ranged from US \$0.7 million to US \$14 billion. The health systems aggregately represented US \$300 billion in revenues and 1.1 million employees across the United States. Upon matching the data set with the Agency for Healthcare Research and Quality (AHRQ) Compendium of the US Health Systems, data was obtained from 124 health systems. The study further examined the associations between D&I practices, three pathways to equip workforces, and their influence on business and service benefits. The pathways evaluated were: (1) IMPROVE: D&I among existing

<sup>13</sup> Gomez, L. E., & Bernet, P. (2019). Diversity improves performance and outcomes. *Journal of the National Medical Association*, 111(4), 383-392.

<sup>14</sup> LaVeist, T. A., & Pierre, G. (2014). Integrating the 3Ds—social determinants, health disparities, and healthcare workforce diversity. *Public Health Reports*, 129(1\_suppl2), 9-14.

<sup>15</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. Sex, race, and ethnic diversity of U.S health occupations (2011-2015). <https://bhwh.hrsa.gov/sites/default/files/bureau-healthworkforce/data-research/diversity-us-health-occupations.pdf>

employees, (2) RECRUIT: find and recruit the workforce using multiple channels, and (3) COLLABORATE: to find new talent and plan to train students by collaborating with universities.



**Figure 2: The JMIR-Published Paper Explores Pathways, Strategies, and Benefits of the Healthcare Workforce Diversity Improvement Efforts.**

First, the IMPROVE pathway focuses on the diversity training of existing employees through returnship programs. Here, experienced professionals intentionally take career breaks for professional and executive development through training programs. Such interventions will promote cultural education and equip the workforce to deliver culturally competent care.

Second, the RECRUIT pathway leverages technology to recruit talented professionals from diverse backgrounds. Online platforms such as LinkedIn offer great insight into the skillsets of applicants, but health systems still use traditional processes in recruitment. This pathway encourages adopting technology into recruitment to help health systems find talented workers from diverse backgrounds.

Third, the collaborative pathway encourages healthcare organizations to collaborate with universities, from medical education to in-curriculum projects and internships. Health systems can collaborate with universities to find and train skilled students they can later employ in their organizations.

The findings of the study are multifold. First, the IMPROVE pathway had the most significant mediating effect on business and service benefits from both Talent and D&I Strategies. Second, small-sized, high-revenue health systems gained the most business and service benefits. Investor-owned health systems with medium revenue (vs. low revenue) and those with at least one high-discharge patient gained more business benefits. Service-oriented benefits were more appreciable with health systems in the Northeast than those in the South and West. Third, large-sized hospitals and health systems with at least one high discharge percentage hospital and low revenue health systems tend to value D&I strategies more than their counterparts. Geographically, health systems in the West were more likely to appreciate D&I strategies. Medium-sized organizations were the least likely to appreciate such a strategy. Fourth, Region and Revenue variables had the most influence on health systems using a talent-acquisition strategy for recruitment. Health systems in the Northeast region emphasize employee skills and capabilities more than those in the Southern and Western US regions. Comparatively, low-revenue health systems emphasize

talent acquisition strategy more than high and middle-revenue health systems. Finally, health systems focusing on Recruit and Collaborate pathways will likely employ the Talent workforce strategy. Health systems that chose the Improve pathway are not likely to use either Talent or D&I Strategy in their employment process.

The implication of the findings suggests that healthcare organizations will benefit most from adopting the IMPROVE pathway. Training and educating existing employees to provide culturally competent care profoundly impact a healthcare organization's business and service benefits. Further, the pathways discussed go hand-in-hand with a talent strategy. Hence, health systems would reap the most benefits when they align talent and diversity strategies. Given the influence that education and training of healthcare providers have on improving performance, adopting diversity improvement strategies will aid healthcare organizations in serving their communities better.

### CONCLUSION

Improving workforce diversity in healthcare to represent minority populations adequately will facilitate providing culturally competent care. Educating healthcare providers through returnship programs as an effort to improve the cultural awareness of healthcare providers will aid in improving competence. Culturally competent care promotes health equity and access to care, positively influencing healthcare quality and health outcomes. The value-based care system rewards organizations that perform well in quality and outcomes. Hence, adopting workforce diversity strategies like cross-cultural education of providers positively impacts the organization's financial performance. It is valuable for healthcare organizations to improve workforce diversity and diversity-related training to provide better care and improve performance.

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