

Workforce Diversity: A Review Of Limitation To Access, Inclusion And A Recommendation For The Healthcare Industry In The United States

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Abstract: Despite its multicultural heritage, the United States is still grappling with the task to build an all-inclusive healthcare workforce that reflects its current demographic reality and cater for the health requirements of its progressively heterogeneous patient population. The nation's colored people are still marginalized in numerous healthcare establishments. Diversity in the healthcare workforce is not just an instrument to make sure there is enough provision of humanly adept care to the nation's flourishing minority population but can serve as a strategic blueprint to ease entry to health services for the underprivileged neighborhood and uplift the standard of care given to race-related minorities/groups. Hence, it has become very necessary to frankly address the anomalies of lack of access/inclusion and reap the benefits of our nation's strength in diversity while solving the distinctive health/economic difficulties of the colored people. The fight to create a culture of equal access, inclusion and utility in the Healthcare sector should be a national project. Therefore, this paper aims to lead the discussion on making a case for an increase in the diversity of our workforce in the healthcare sector in America relying on the equity theory. In conclusion the movement there are more advantages/strengths than weaknesses in the diverseness and heterogeneity of our population. Therefore diverseness in the healthcare workforce is not just a tool to promote the provision of quality care to the nation's flourishing minority population but can serve as a strategic policy to ease entry to health services for the underprivileged, reverse the long stretch of injustice against the colored people, and engender a just/prosperous society.

Index Terms: Colored people; Diversity; Workforce; Healthcare sector

1 INTRODUCTION

The demography of the U.S population has significantly transformed within the last three decades when one looks at peer groups, sex, race, urbanization, socioeconomic features, etc. Many experts have attributed this observation to the effects of globalization, which has ushered in an era of the rapid integration of the world's economies and triggered a massive migration of people with unique cultural values across the globe in search of better lives and opportunities. [1] Social experts have projected that by 2060, the population of America will significantly change that the colored people will become the majority. [2] The number of Latino, Black, Oriental, and Tribal Americans will rise from twenty-one percent documented in 2012 to thirty percent by 2060, on the contrary, the number of White Americans is projected to decrease from seventy-six percent reported in 2012 to sixty-seven by 2060. [2] These social dynamics should be taken into perspective while designing population and public health projects to uplift the health of every American and reduce disparities in the healthcare sector. [3] Diversity encompasses the entire scope of likeness and polarities that distinguish an individual in a particular group, it comprises sex, tribal backgrounds, etc. On the other hand, diversity in a workplace touches on a firm's conscious capacity to recruit a heterogeneous team. [4] Health inequality by ethnicity, race, income and education, disability status, etc still exists in the U.S, and this has profound health implications for people of color. [5] Many scientific studies have consistently revealed that colored people in comparison with the general populace receive inferior healthcare services across every sphere. [6] Also, they accounted for a significant number of people living with chronic conditions like human immunodeficiency virus infections, diabetes mellitus, and hypertensive disorder. [5] The Medical Institute recently outlined new data that showed worsening healthcare challenges facing the colored people and advocated for more colored people to be recruited into the health-care workforce and for the introduction of multiracialism

education into the medical curriculum. Thereby equipping the students and future healthcare managers with skills that will enable them to excel in a heterogenous work environment. [7] Also, data has shown that healthcare practitioners from a heterogeneous root communicate and relate better with their minority patients, while patients with healthcare practitioners of the same race do even finer by contrast with patients with a practitioner from a different tribe. [8] Despite the call for the health administrators to improve on the services given to the colored people as well as increase their employment opportunities in the healthcare sector. They are still marginalized in many health establishments due to long-entrenched prejudice. [9] Therefore, increasing diversity in the healthcare workforce is not just an instrument to curb prejudice and bias in healthcare, [10] but will be a blueprint to provide more healthcare services to underprivileged neighborhoods and uplift the level of care given to the ethnic minorities/groups. [11] This paper, therefore, sets out to look at limitations facing the colored people as well as the challenges preventing diversity, and advocate for an increase in the diversity of the workforce in the healthcare sector in America relying on the Equity theory of motivation.

2. LITERATURE REVIEW

2.1 RACIAL AND ETHNIC INEQUALITY AMONG HEALTH PROFESSIONALS

Race-related bias entails mistreating a job seeker or a worker due to their ethnicity, or personal features related to their ethnicity for instance their pigmentation, linguistics, etc. [12] Most experts believe that the problem of racism is widely spread and yet it is very underreported. [13] Even though few recent publications have shown an increasingly diverse workforce in the U.S health sector, nevertheless the majority of these jobs require very minimal expertise, pay less, and have a high turnover rate. Most people find it very difficult to plan their lives and meet their basic obligations

with these jobs. [14] Colored people are conspicuously high in these low-paying jobs and low in high paying ones, even when compared to the highly skilled professionals registered in healthcare they are highly disadvantaged in numbers. [15]

2.2 THE EQUITY THEORY

This theory postulates that an individual is motivated to pursue his belief in fairness. [16] Workers assess their Inputs (contributions) and Outputs (awards) in their firm and compare them with those of their colleagues, who is their reference. This theory plays out in virtually every human endeavor/interaction, in private and public, business, or social lives, as humans are uniquely sensitive to issues of equity, fair treatment, and justice. Additionally, when there is equality between contributions and awards there will be fulfillment in the association, but if inequality is sensed, dis-fulfillment will result and will cause inner agitation. [17] The contributions are things like hours a worker puts in as well as his/her expertise, while awards are remuneration, promotions, etc. Equity is therefore said to have been achieved when the input/output (contributions/awards) fraction of the worker is equal to the fraction of the reference's contributions and awards. [18] The crux of this theory is that equity is ascertained through an individual's cognizance of his/her contributions and awards in comparison to another coworker(reference) which may be illogical. This is more subjective than objective and therefore unlikely to be a true gauge of equity. [19] Because as insomuch as the reference has a similar fraction there is equity, but if the fraction of the reference is higher than that of the worker's fraction then there is inequity. If a worker assesses that they are over-awarded, their efficiency will rise, on the contrary when a worker is under-awarded, they will agitate and may develop behavioral adaptation to reduce their conceptual distress. This can be achieved in the following ways:

1. Modify their contributions to reduce the efficiency
2. Modify rewards to increase gains/rank or turn to pilfer
3. Consciously disfiguring contributions and gains eg. recount how excellently they are working.
4. Quit from the department and transfer to another
5. Disfiguring the contributions and gains of the reference coworker by looking down on them.
6. Replace the reference coworker by choosing someone like them or a high performer.

Any option the worker chooses from the aforementioned options will be incumbent on the one which will give him or her maximum satisfaction. [18] In trying to address some unpredictable observations noticed in some workers in their responses to over-award and under-award, self-esteem was introduced into the equity theory to help shed light on the workers who are referred to as Equity sensitives. [19] The concept of equity sensitivity asserts that certain individualistic distinctive features affect his/her polar inclination to contribution/award fraction. The employees who are reasonable about equity are referred to as Equity sensitives. These employees prefer that their own contribution/award fraction be equal to those of their reference partner, they are sad when they are under-awarded and culpable anytime they are over-awarded.

These persons are eccentric because they feel both sad and culpable. [19] On the two contradictory orbits of equity-sensitives are the Benevolent and the Entitled. The Benevolent are those who prefer their contributions/awards fraction to be less than those of their reference partner. These employees are agreeable and are not agitated staying in a situation of under-award inequity. [20], whereas, the Entitled workers are those who prefer their contributions/awards to exceed those of their reference partner. The entitled prefers to be over-benefited. [20] The theory has drawn criticism because the majority of the scientist's work done to brace the core hypothesis of equity was carried out in the workroom and therefore has dubious germaneness to real-life circumstances. [19] Additionally, criticisms have been aimed at both the presumptions and empirical implementation of equity theory. Researchers, in a similar vein, have raised concerns on the intelligibility model of the theory, maintaining that several population-related and cognitive variables influence people's discernment of fairness and relationship with other individuals. [21] However, some proponents of the theory have maintained that despite its limitations it has offered a logical substructure to comprehend the human mind's drives and incentives. [22] Besides, the theory can be used in virtually all human relationships and one can make various prognostications using the theory. The drawback of the equity theory is that it was unsuccessful in considering individual variations and ethnic polarities. However, It is all-embracing, reproducible, and widely applicable both in our private and public interactions.

2.3 APPLICATION OF THE THEORY TO A WORKPLACE EXPERIENCE

An employee of color who works hard and meets targets but fails to get promotions or a pay raise due to race-related biases when he/ she compares his/her self to a colleague who probably puts in less effort but gets all the praises and promotion will feel unfairly treated. Internal stress/agitations will build up and he or she will be motivated to relieve this discomfort. The theory propounds that he or she may modify their behavior to contribute less or decide to contribute more by working assiduously if he or she consciously disfigures his or her contributions. The employee may decide to subsequently pursue any of the six behavioral modifications depending on which gives them significant satisfaction.

2.4 COPYRIGHT FORM

3 TABLE 1: FORMULA FOR EQUITY THEORY

	Individual		Compared with others
Equity	Output/Input	=	Output/Input
Negative Inequity	Output/Input	<	Output/Input
Positive Inequity	Output/Input	>	Output/Input

3.1 DISCUSSION

Ethnic-related bias can appear in the form of restricted entry into an academic and vocational establishment due to guidelines and operations for instance entry tests and established protocols that make colored people feel unwanted. [23] The beliefs of fair play, impartiality, and justice are the foundations of an egalitarian nation. The current agitations by colored people and other minority groups like disabled persons, women groups, people of different sexual orientations, etc. underscore the need for equitable treatment by formal institutions. [24] Hence, this manuscript aimed to review the limitations of race-related bias against colored people in the healthcare industry and to make a case for an increase in diversity to favor them in our healthcare facility. The equity theory postulates that an individual is stimulated to pursue his belief in fairness. [16] Workers assess their contributions and awards in their firm and compare them with those of their colleagues, who are their references. [18] The reason for choosing this theory is that it is relatable to nearly all human interactions. Syner has extensively reported worrying data which showed that the census of colored students has persistently remained low in the United States healthcare academics institutions, [14], notwithstanding recent increases in postsecondary enrollment recorded over the last twenty years. [25] The American Association of Medical Colleges 2016 data showed the number of medical school applicants, acceptance rates and attrition rates differed significantly against colored students. Unlike their white colleagues whose application and acceptance rates stood at forty-eight and fifty percent, their number fell short by twenty percent in both the application and acceptance rates. [26] Similar observations were also noted in other healthcare training institutions. This staggering number explains in part the low census of highly skilled colored people working in the healthcare sector. Therefore, this underlines the concerns regarding inclusion and access. Likewise, when one considers the census of the instructors who are colored people in the healthcare teaching institutions, they are unduly low. They accounted for just four percent of medical school professors, eight percent in physician assistant schools, and thirteen percent of professors in the schools of public health. [27] The significance of this reality is far-reaching. Students who are being trained in this monocultural academic environment are unlikely to possess the cultural poise to thrive well in a heterogeneous environment or to relate well with their future patients and colleagues who are from diverse populations. This may also explain the low census of colored students in these training institutions due to a lack of mentors and role models to inspire and guide them in their communities. [28] This highlights the concerns on inclusion and utility. Furthermore, for the colored people who have beat all odds to gain entry into the healthcare workforce, they still face restrictions in their abilities to progress in their careers despite hard work and dedication. In comparison with their white colleagues, male-colored workers have less than twenty percent odd of becoming team heads or supervisors in the healthcare establishment, while the female colored worker has less than thirty percent chance of becoming team leaders and supervisors when compared to their white colleagues. [29] The application of equity theory in this scenario states these workers will feel unfairly treated.

Internal stress will develop which in turn leads the worker to take agitations to address this discerned inequality. It is unlikely that these workers will be well motivated in their jobs and this doesn't promote a good organizational culture which is a major driver of efficiency and productivity. Even though, recent papers have reported a modest rise in workplace diverseness in the Healthcare sector. This does not move a needle because most of those job positions are unskilled, low paying, and one has little or no chance to make progress on them. [14] Based on the equity theory this situation will be sensed as unfair when these employees compare themselves with coworkers who have better job security and remuneration. Also, they are unlikely to be well motivated to put in their best and are likely to quit on the job. This underscores the concerns on equity in the healthcare sector. Therefore, to ameliorate issues of unfairness against the colored people, diverseness in the health institutions should be adopted as a national project. Increasing diversity in the healthcare sector has a lot of associated advantages. Observational evidence has been shown that employees who work in a heterogeneous workplace appeared more to be more fulfilled and committed to their patients/jobs when compared to those whose workplaces have little or no diverseness. [30] Furthermore, healthcare facilities with a heterogeneous workforce ranked high on quality care and provision of respectful and responsive care amidst ethnic minority patient populations. [31]

4. CONCLUSION:

In conclusion, the movement to build a culture of equal access, inclusion, and utility in the healthcare sector should be a duty to all Americans, because an injustice to one is an injustice to all. There are many advantages/strengths than weaknesses in the diverseness and heterogeneity of our population. Therefore diverseness in the healthcare workforce is not just a tool to promote the provision of quality care to the nation's flourishing minority population but can serve as a strategic policy to ease entry to health services for the underprivileged, reverse the long stretch of injustice against the colored people, and engender a just/prosperous society. Healthcare administrators desirous of improved efficiency and productivity must understand that justice, fairness, and equity are the cardinal foundation to increase and build a cohesive workforce. The degree of the diversity of their workforce will draw these aspirations closer or farther.

5. RECOMMENDATION

To increase the workforce diversity in the U.S Healthcare sector America, the outlined steps below should be considered for implementation:

1.0 Culture of inclusion: It has become necessary to build and develop an inclusive environment in which all workers have the freedom to speak freely, share their views and opinions without fear of repercussion. Employees should be free to make their voices heard, and as well as feel safe to share their perspectives. The leadership team should be open to new ideas and listen to these perspectives as well as and provide quality leadership.

2.0 Continuous focus on organizational culture: Frantic efforts should be made to promote the culture of inclusion

and any attempts to divide workers making some feel unwanted should be eschewed. Convincing arguments and initiatives that will end up dividing the workforce, making some groups feel unwelcome should be promptly addressed. These will need to be addressed to maintain diversity in the workforce. Consideration should be given to utilizing employee surveys intermittently to gauge how employees feel on a broad range of issues as a means to identify areas that require prompt attention.

3.0 Cultivate diversity at all levels: Diversity should be retained at all levels even at the management board. If employees don't see a clear pathway to progress in their careers they will quit.

4.0 Resolution of misunderstanding and tension: Matters of misunderstanding and tensions should receive prompts attention and be addressed openly. There shouldn't be any form of fear of repercussions.

5.0 Encourage Diverse Applicants to apply for job positions. More opportunities should be given to the racial/ethnic minority group without sacrificing competence.

6.0 Selection of a diverse recruitment team: The recruitment team should be diverse and measurable targets should be given to them.

7.0 Diversity meetings. Regular organizational meetings on diversity and obtaining feedback have been shown to smoothen interactions between team members and create a cohesive environment.

8.0 Appointment into leadership positions: The standard for selecting a person for a senior position should include competencies in diversity leadership, strategic human resource management, organizational culture, diversity culture. The individual should be deeply rooted in the knowledge and culture of the organization.

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