

Why Diversity Matters in Health Care

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The focus of affirmative action, codified in Civil Rights legislation over forty years ago, was to correct discrimination by requiring organizations filling positions to search for and consider for hiring candidates with diverse racial, ethnic and cultural backgrounds. This approach assumed that diversity would over time be assimilated, and there was no recognition then that diversity itself was a valuable asset. As the workplace experienced an influx of diversity, organizations soon realized that the fresh perspectives, differing backgrounds, and alternative skills brought by diverse employees had a bottom line benefit for their businesses—a value added. The focus of employers in this area has now been to equip themselves with tools for managing the new diversity they have sought.

The Case for Diversity in Healthcare: A Changing Patient Base

The U.S. Census projects that by 2050, the Hispanic and Asian populations will both triple, the black population will almost double, and the white population will barely hold its own. As the U.S. becomes more ethnically and racially diverse, there is a need for healthcare systems and providers that can reflect and respond to an increasingly heterogeneous patient base. Knowing how to serve people with different values, health beliefs and alternative perspectives about health and wellness is a business imperative in the most diverse regions of the U.S.

Certain areas of California, such as San Jose, Los Angeles, Riverside and Fresno, already have become “majority/minority” areas. In Miami and San Antonio, more than three of every five patients already are from multicultural backgrounds—that is, people with different ethnicities, nationalities, races, religions, and so forth, who have lived in more than one culture. Moreover, growth projections over the next five years for these cities indicate that they will be 100 percent multicultural! Even in some of the least ethnically or racially diverse sections of the U.S., demographers expect that an increasing number of people served by healthcare systems over the next five years will be from multicultural backgrounds. Even states like Idaho, Utah, Nevada, Oregon and Washington are experiencing rapid changes in their ethnic and racial demographics, with some communities now serving as many as 40 percent of patients from multicultural backgrounds.

Workforce Changes

Although minorities continue to be underrepresented within the healthcare workforce, healthcare systems have continued to diversify with an increased number of ethnic and racial employees. Minorities and women will continue to comprise the highest percentage of new entrants into the labor force. These trends, coupled with the fact that white baby boomers are beginning to retire, will significantly alter the demographic composition of the future healthcare workforce and provide a compelling argument for developing cultural competency (see below) in healthcare. Successful healthcare systems understand that it is crucial to recruit and retain a diversity of employees that better reflect and meet the healthcare needs of the diverse communities that they are increasingly called upon to serve.

Innovation and Productivity

Workforce cultures that are inclusive and value diversity, contrasted with more homogeneous ones, enhance productivity and innovation. Of course, synergy from differences is not automatic. It is also true that diversity can cause discomfort, conflict and even chaos. Yet, if the workforce culture allows the different voices—be they ethnic, racial, socioeconomic and/or generational—to be heard and integrated, then the needs of patients are more effectively addressed. Avoiding costly litigation is another organizational benefit.

Diversity is More Than You See

“Diversity” often is used in the context of legal requirements as mandated by discrimination and harassment laws, and in the past has referred to “protected classes,” such as gender, race, color and religion. In fact, diversity encompasses all of the potential differences that affect how we interpret and behave, differences that are so commonly encountered that we might fail to understand their power.

Four “layers” of diversity have been described: 1) personality; 2) internal dimensions (e.g., gender, country of origin, race, physical ability); 3) external dimensions (e.g., religion, parental status, recreational habits, geographical location); and 4) organizational dimensions (e.g., management occupation, department, specialty). This paradigm brings our attention to the less visible aspects of diversity, as each layer of diversity is salient for how we approach our healthcare practices. For example, a patient who, as a result of his or her ethnicity, culture and/or religion, believes that death is just another spiritual journey, may find the conversation about informed consent less stressful than one who fears death and believes modern medicine should alleviate all risks.

Putting aside our inherent egocentricity, acknowledging the inherent diversity within our practices and workplace will help us understand how others interpret how we interact with them.

Developing Cultural Competency in Healthcare

The process of developing cultural competence is a means of responding effectively to the huge ethnic and racial demographic shifts and changes that are confronting our country’s healthcare system. Cultural competence is a defined set of policies, behaviors, attitudes and practices that enable individuals and organizations to work effectively in cross-cultural situations. Cultural competence is the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of delivery to meet patients’ social, cultural and linguistic needs.

The process of achieving organizational cross-cultural competence is not a short-term commitment or an “add-on” politically correct exercise that begins and ends with several training sessions per year. To become culturally adept both personally and organizationally requires a well-planned and sustained integrated multicultural approach that includes the following components:

- A genuine commitment to diversity from organizational leaders, including boards of trustees and senior leadership staff
- Inclusive policies and practices that promote and support cultural competence at all levels of the organization
- The mission, goals, personnel policies/practices, and reward structure clearly define and communicate a commitment to diversity
- Hiring and promoting employees from culturally diverse communities at all levels of the system
- Active involvement of representative multicultural communities in all aspects of the healthcare organization’s planning and delivery processes
- Systematically conducting community needs assessments, collecting demographic data and language preference information to make decisions regarding appropriate interventions and services

- Learning more about the influence that socio-cultural factors may have on health beliefs and behaviors of the individuals being served
- Investing fiscal resources into developing culturally relevant interventions, services and supports to meet the identified needs of culturally diverse communities
- Asking patients and leaders from diverse communities to evaluate the effectiveness and appropriateness of your efforts

Clearly, going beyond awareness—or what might be dubbed “drive-by diversity work” or “diversity light”—requires more than knowing about individual differences and is key for overcoming cross-cultural barriers. By requiring the conscientious integration of inclusive practices, supports and services throughout the system, cultural competence will achieve higher levels of quality of care to diverse patients affected by more productive and creative employees.

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In 2004, she coauthored a book entitled Investigating Harassment and Discrimination: A Practical Guide.

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