DEI and Ethics in Healthcare

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Evolution of DEI in Healthcare and Influence on Patient Care

Diversity, equity, and inclusion (DEI) have transformed over the recent decades into tangible priorities in healthcare institutions. The first attempts to address cultural competence

and workforce diversity to decrease disparity were reported by the Institute of Medicine. Currently, DEI is integrated in leadership, policies, and training in healthcare organizations. A diverse healthcare workforce can facilitate culturally competent care and enhance the ability to understand the reasoning of the patients to provide better treatment outcomes (Buh et al., 2024). As an illustration, a recent systematic review points out that a diverse workforce is the path to culturally sensitive care, health equity, and better patient outcomes. Other studies indicate that increased workforce diversity can decrease care barriers: patients are more likely to access care and receive high-quality care once they encounter providers familiar with their culture or speaking their language (Khuntia et al., 2021). As a nursing professional, I have noticed that some DEI efforts like unconscious bias training and race/ethnicity data collection are routine. The goal of these initiatives is to match care with a more diverse patient population. The inclusion of DEI has redirected patient care to become more personal and equitable, enhancing communication and trust between providers and patients.

Unconscious Bias and Microaggressions

Unconscious (implicit) biases are shortcuts or connections in our mind that happen without us knowing they happen. The biases can have an unintended effect on the perceptions and choices of clinicians in healthcare. The providers, who mean well, might have stereotypes that influence their actions. Such unconscious prejudices when they manifest in dealings may form microaggressions, which are subtle, frequently unwitting insults or remarks that are painful to others. Indeed, microaggressions are widespread in healthcare and tend to be subconscious prejudices that build over time to leave the recipient feeling unworthy or unwanted (Macintosh et al., 2022). Examples of such micro aggressive acts are assuming that a patient of a specific background will be non-compliant with the medical procedures or always pronounce the name of a colleague incorrectly without trying to memorize it. The biases are subconscious, so people might not even realize that they are

biased or even indicate their bias through seemingly minor behaviours (such as body language or use of words). According to one review, unconscious biases change the process of clinical decision-making even without their prior intention (Rauf et al., 2022). When giving preferential attention or appearing impatient with some individuals without realizing it, providers tend to unconsciously favor those who are like them. All these microaggressions eventually develop a culture, in which the patients and staff perceive that they are not respected or even misunderstood, and this corrodes trust and collaboration.

Strategies for Overcoming Bias and Shaping Future DEI Practices

Unconscious bias must be addressed with proactive tactics to implement successful DEI practice. The first steps are education and awareness: numerous healthcare institutions induce implicit bias and cultural humility education to ensure that providers are aware of their educated guesses. Reviewed studies also indicate multiple bias-mitigating strategies, such as self-awareness training in providers, continuing education, policy change, and commitment of leadership (King et al., 2023). As an example, hospitals can conduct simulations or workshops to make their staff aware of stereotype replacement and perspective-taking approaches. Individual bias can be curbed at a systemic level with policies including use of standard clinical protocols in decision making, varying hiring practices so that collectively there is no bias, etc. Notably, DEI is strengthened by constant training and accountability. Implicit training on bias has become a license requirement in several U.S. states to clinicians. An example of DEI movement into policy is a 2021 bill in Michigan requiring universal implicit bias training by licensed providers, as a requirement to renew their licenses. As a practitioner, I have also experienced structured mentorship and committee assembly such as DEI councils as a part of bias reduction. These strategies not only limit microaggressions in the present but also influence the future culture of healthcare, where equity is a top priority, and where constant improvement of DEI practices is operationalized.

Impact of DEI on Health Outcomes and Patient Satisfaction

Committed DEI culture in healthcare has a direct connection to better results and customer satisfaction. Culturally competent care guarantees respect and responsiveness of providers to elements like beliefs and preferences of patients, and this promotes trust and treatment compliance. Research indicates that patients view higher quality care when they observe representation (in language, culture, or background) of themselves in the care team. According to one recent survey, patients reported having been treated with higher quality by physicians of the same race or ethnicity (Khuntia et al., 2021). In a broader perspective, studies also suggest that diversity- and inclusion-focused systems are more inclined to provide effective care: knowing the social and cultural aspects, the provider is better able to diagnose and design plans, leading to adherence of the patient.

As an example, a systematic review mentions that a diverse healthcare workforce fosters health equity and the efficient provision of patient care (Buh et al., 2024). Practically, DEI efforts such as gathering information about the preferred language and cultural norms training enhance communication and patient comfort. Inclusive setting will make the patient feel understood, respected and trust their care givers. As a nurse, I have witnessed patients become more active in their treatment when there is a presence of translators, a culturally sensitive teaching material, or workforce diversity to fill language and cross-cultural gaps. In general, hospitals that inculcate DEI experience a decline in disparities and improvement in patient satisfaction: DEI policies and cross-cultural staff members provide a more inclusive healthcare experience where minority patients feel heard, cared about, and appreciated.

Conclusion

Diversity, equity, and inclusion have progressively become the main pillars of quality care. It is important to recognize and treat unconscious bias because unregulated bias can

become microaggressions, which is as harmful to patients and staff as it is to employees. Healthcare organizations can address these harms by adopting an inclusive hiring and culture policy, bias training, and other harm-reduction strategies. Finally, care based on DEI leads to better patient outcomes and satisfaction: the more patients observe their identities being respected and reflected by the care they receive, the more they would trust the personnel and increase health outcomes. Maintaining a focus on DEI via educational investment, leadership support, and sustained assessment will further entrench inclusive practices and guarantee that healthcare is truly serving our communities.

References

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