A Diverse Workforce

Improving Care and Enriching Health Care

By Rio M. Guerrero

The face of our country is changing and will continue to change. Walk into any U.S. health care facility today and you encounter patients and their families, with a cross-section of ethnicities as diverse as the world. Certainly this was the case 20 years ago if you walked into any emergency room of a major U.S. city hospital such as New York or Los Angeles. But today you may commonly observe similar patient demographics at facilities in suburbs and even in some of the most remote rural areas – particularly because of the diversity boom that occurred in those areas during this century.[1] Not only do you hear different languages and dialects in health care facilities today, but patients and their families cherish and perform their unique customs and possess various needs, expectations, and concerns. According to 2011 U.S. Census Bureau statistics, for the first time – as of July 2010 – births of minority babies now outnumber births of non-Hispanic whites in the U.S.[2] Empirically, this evidences how multicultural America has already become. Moreover, the U.S. Census Bureau projects non-Hispanic whites will be outnumbered in the U.S. by 2042.

Let us consider the health care facility professional staff entrusted with caring for our multicultural patient population – from doctors to therapists, and nurses to administrators. While successful strides have been made over the past several decades to build health care professional staff that better reflects the multicultural population they serve, still more work must be done – in particular, due to the quickly shifting ethnic demographics of our country.

Why Diversity?

Diversity of our health care workforce is integral not only to sufficiently serving the American people but also to the overall development of public health. The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions has long maintained that "[g]reater health professions diversity will likely lead to improved public health by increasing access to care for underserved populations, and by increasing opportunities for minority patients to see practitioners with whom they share a common race, ethnicity, or language. Race, ethnicity, and language concordance, which is associated with better patient-practitioner relationships and communication, may increase patients' likelihood of receiving and accepting appropriate medical care."[3] But the American Association of Colleges of Nursing, in its report titled, *Missing Persons: Minorities in the Health Professions*, found "[t]he fact that the nation's health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans. Today's physicians, nurses, and dentists have too little resemblance to the diverse populations they serve, leaving many Americans feeling excluded by a system that seems distant and uncaring. … Failure to reverse these trends could place the health of at least one-third of the nation's citizens at risk."[4] Therein lies a considerable and long-standing concern: How may the U.S. health care industry properly address and meet the needs of its ever more diverse patient community?

There is little doubt today that diversity and cultural competency in the workplace benefits a health care facility community and its patients. The greater empathy our health care professionals deliver to their patients and their families, and the heightened understanding of the unique cultural relationships between patients, family members, and health care professionals themselves, the better our public health system is. Moreover, diversity not only delivers direct benefits to the patient community, but also assists colleagues to better understand one another, the communities they come from, as well as those they serve.

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Demand Cannot be Met Domestically

The 2010 Patient Protection and Affordable Care Act (commonly known as Obamacare) is projected to bring over 32 million new persons into the U.S. health care system within only a few short years. In addition, it is well-documented that the great baby-boomer population is dramatically increasing the need for elder care services across the U.S. A dramatic shortage in qualified health care professionals to absorb this patient population explosion looms. Ominously, the Association of American Medical Colleges projects that by 2015, in just three years, the U.S. will be 63,000 doctors short of the number needed – and that number could double by 2025.[5] According to the American Journal of Medical Quality, in its January 2012 *United States Registered Nurse Workforce Report Card and Shortage Forecast*, there will be "a total national deficit of 918,232 [registered nurse] jobs" by 2030.[6]

While there has been an increase in U.S. higher education enrollments for certain health care professions in recent years, there is widespread concern within the health care industry that the overall demand for increased health care services, and the professionals delivering that care, will not be met in time. In addition, even with thousands of existing U.S. health care professionals going back to school to meet increased education requirements from employers, U.S. colleges and universities continue to face an uphill battle with respect to producing enough qualified health care professionals to satisfy the explosion in demand.[7] In fact, today, so much of the valuable diversity in our national health care professional workforce is provided by foreign-trained professionals.[8]

Foreign Professionals Benefit Everyone

It is estimated that as of 2010, 16 percent of all health care workers in the U.S. are foreign-born.[9] Of these foreign-born professionals, many are (or were at one time) first-generation immigrants who view their opportunity in the U.S. to practice the profession they studied and trained for abroad as an invaluable blessing. They bring a multicultural perspective and deliver exceptional care to their patients. In fact, at least one study suggests that the U.S. – specifically its primary care patient population – benefits greatly from the best-of-the-best immigrating to the U.S. to perform their professional services.[10] While U.S. colleges and universities continue to increase enrollment and improve the education of our U.S. workforce, our public health system must continue to leverage the finest talent from overseas to help solve its professional labor shortage and considerable lack of diversity.

Current and Proposed Immigration Options

There are various temporary visa options (e.g., H-1B and O-1) as well as permanent "green card" options (e.g., EB-1, EB-2, and EB-3) available to foreign-trained physicians, dentists, nurses, therapists, and other health care professionals seeking to fill vital roles in our public health care system. Oftentimes the challenge is not the identification of foreign talent, but instead the crafting and execution of the appropriate immigration strategy to facilitate the successful movement and employment of the qualified foreign professionals.

In the wake of the 2012 presidential election, the debate in Washington D.C. over how to repair our broken immigration system has heated up to a degree higher than at any time during the past decade. Significantly, the discussion has been dominated by talk of comprehensive immigration reform (CIR) that would address many areas of concern within our immigration system – from visa procurement to law enforcement. Importantly, changes to employment-based immigration laws, such as those affecting the immigration of foreign-trained health care professionals, may see dramatic improvement. Such CIR may occur as soon as within the next year.

Conclusion

The diversity of America's health care professional workforce is vital to meet the needs of our ever-growing multiethnic society. It is proven that diversity in the workforce improves care and enriches a health care facility's work environment. The U.S. health care industry faces a watershed moment in its history. A tremendous shortage in the number of qualified health care service professionals is upon it. A pragmatic solution to this looming problem is to increase the number of foreign-trained health care professionals employed in the U.S. These dedicated physicians, dentists, specialists, nurses, therapists, and other health care professionals bring the diversity and cultural competency lacking in so many of our health care facility workforces and will help ease the overall deficiency in numbers of qualified health staff serving the American people. ■

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