

Perceptions of Diversity and Representation in the US Healthcare Workforce: A National Survey of Young Adults

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Background

The United States continues to become demographically heterogeneous, creating a greater need for healthcare that reflects the populations it serves. Studies have shown that culturally competent healthcare providers can improve communication, patient trust, and health outcomes. Despite these benefits, disparities remain in workforce representation and access to healthcare careers. Understanding how young adults and different demographics perceive diversity in healthcare can help guide future initiatives and workforce policies.

Aims

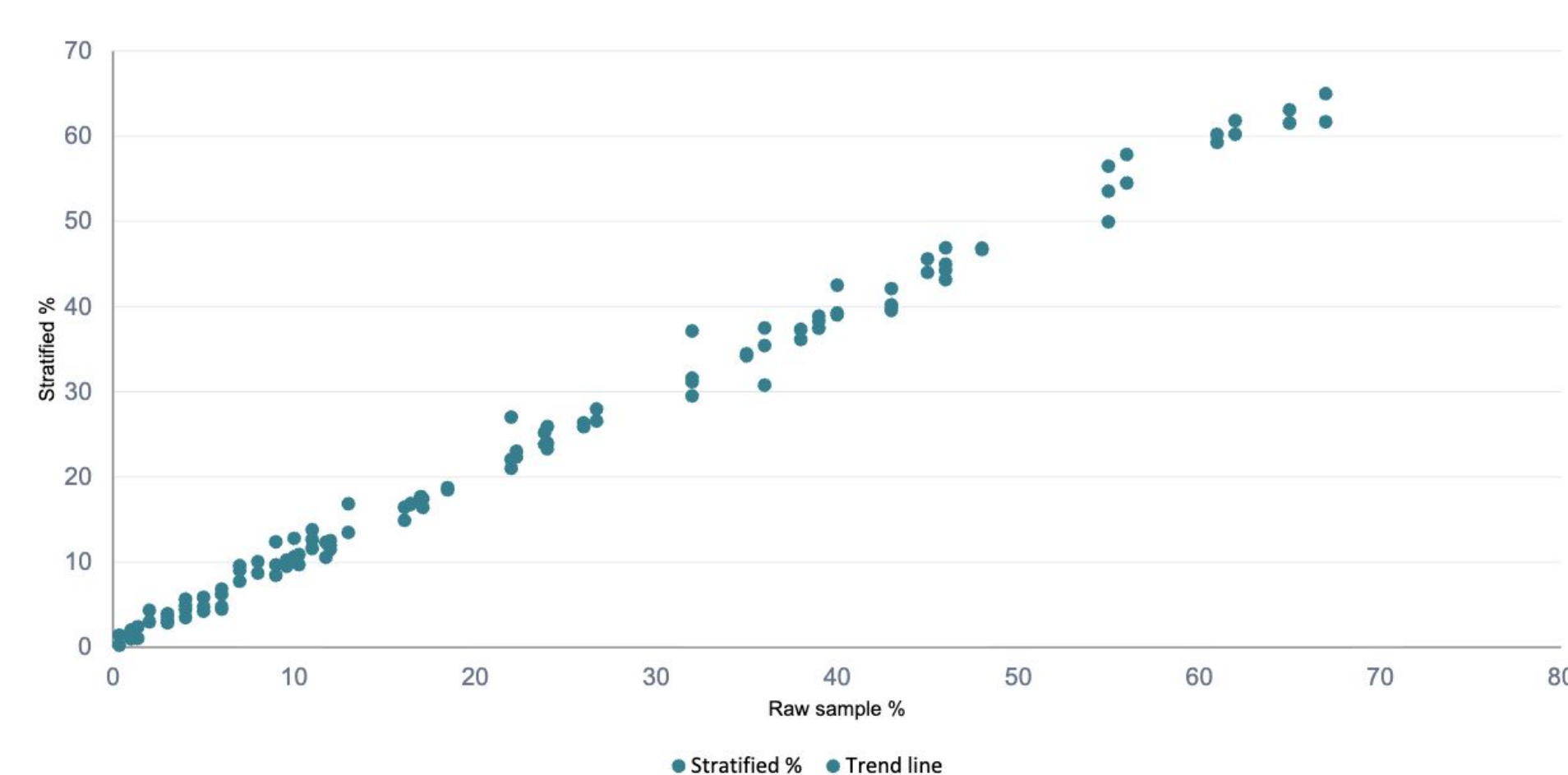
- Assess young adults' perceptions of diversity and representation in the U.S. healthcare workforce.
- Identify patterns across race/ethnicity, age, gender, region, household income, etc.
- Examine attitudes toward workforce diversity initiatives and which aspects of diversity are perceived to have the greatest impact on patient care.

Methods

- National cross-sectional survey of 100 young adults (ages 18–25).
- Anonymous online questionnaire containing 18 multiple-choice, select-all-that-apply, and open-ended questions
- Survey topics included: importance of workforce diversity, patient-provider relationships, trust in healthcare professionals, barriers to healthcare careers, support for diversity initiatives
- Results were analyzed using descriptive statistics and reported as frequencies and percentages.

Does Weighting Change the Story?

Raw sample % vs. demographically-stratified % across every answer option in the survey



Across all 64 answer options, slope = 0.95 and intercept = 1.1 — stratification barely shifts the raw results.

Results

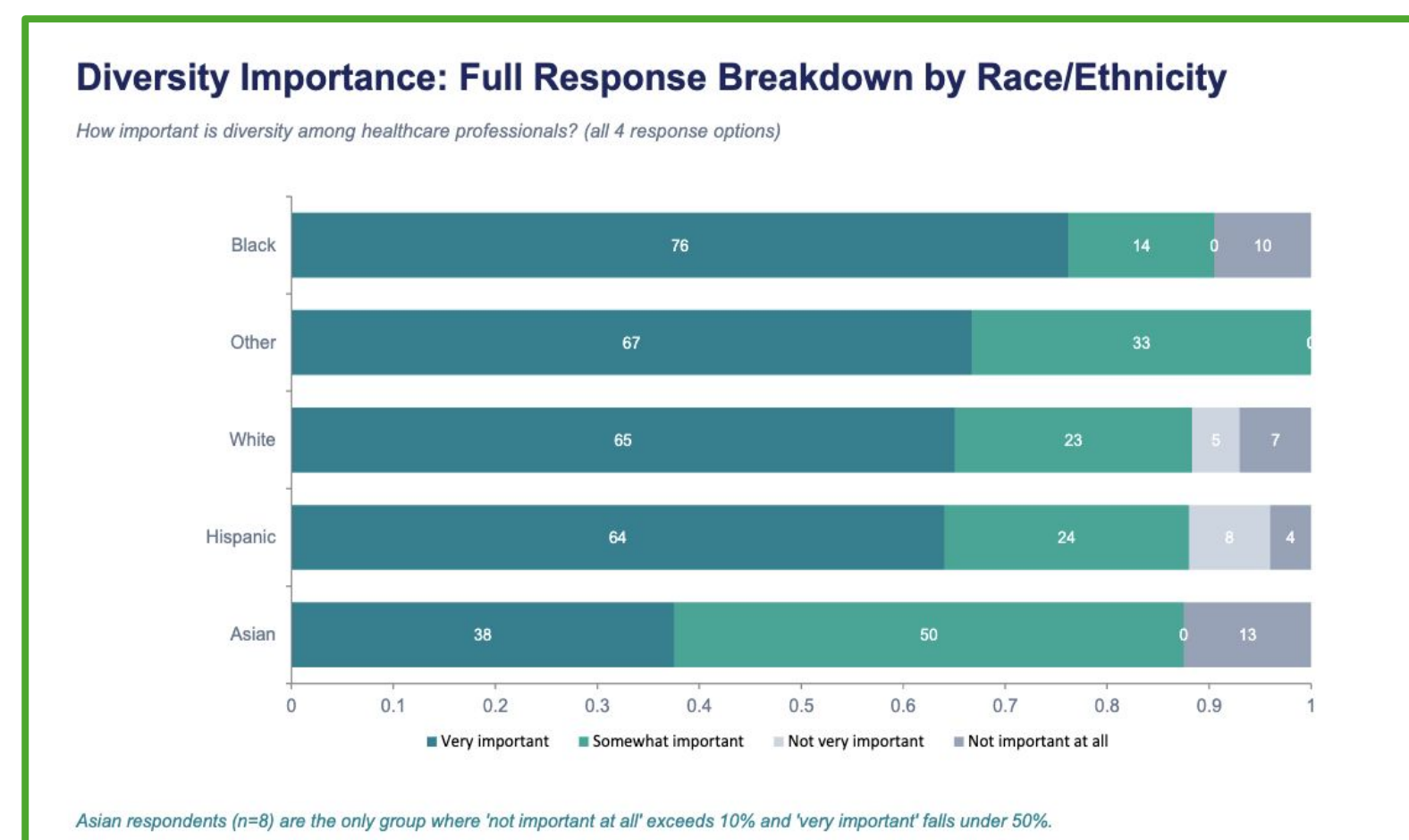


Figure 1. Diversity Importance by Race/Ethnicity

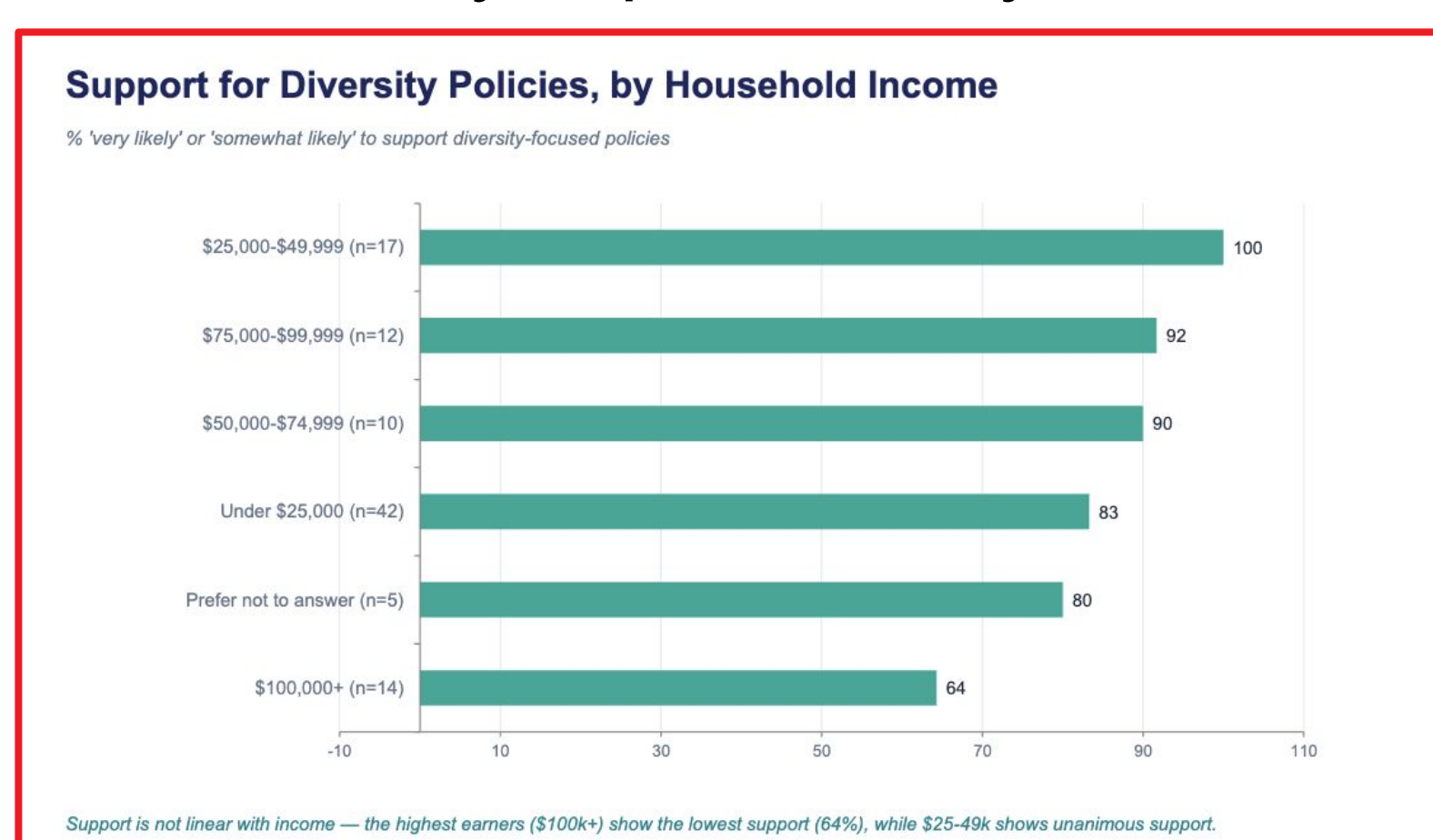


Figure 2. Support for Diversity Policies by Household Income

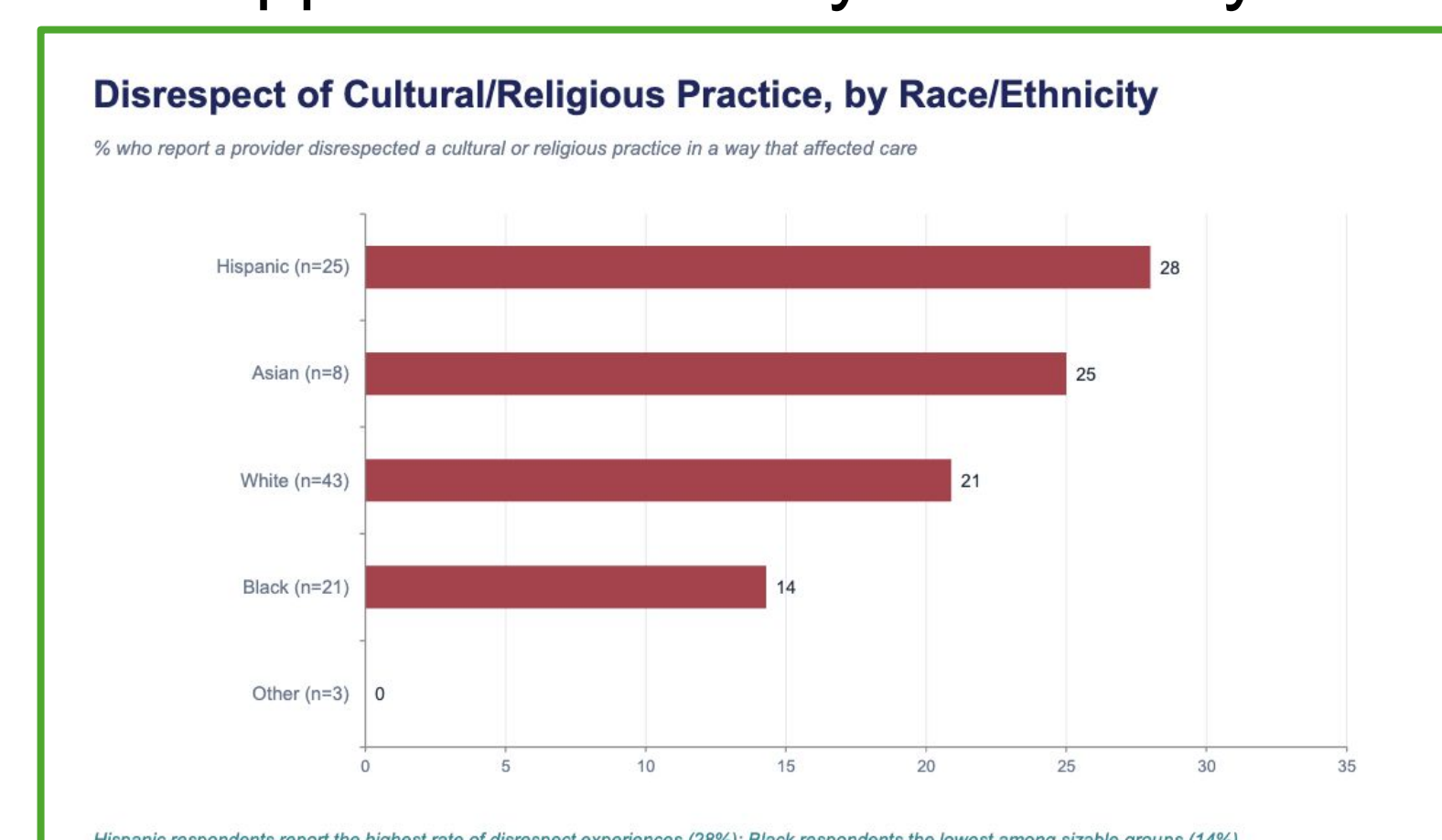


Figure 3. Disrespect of Cultural/Religious Practice by Race/Ethnicity

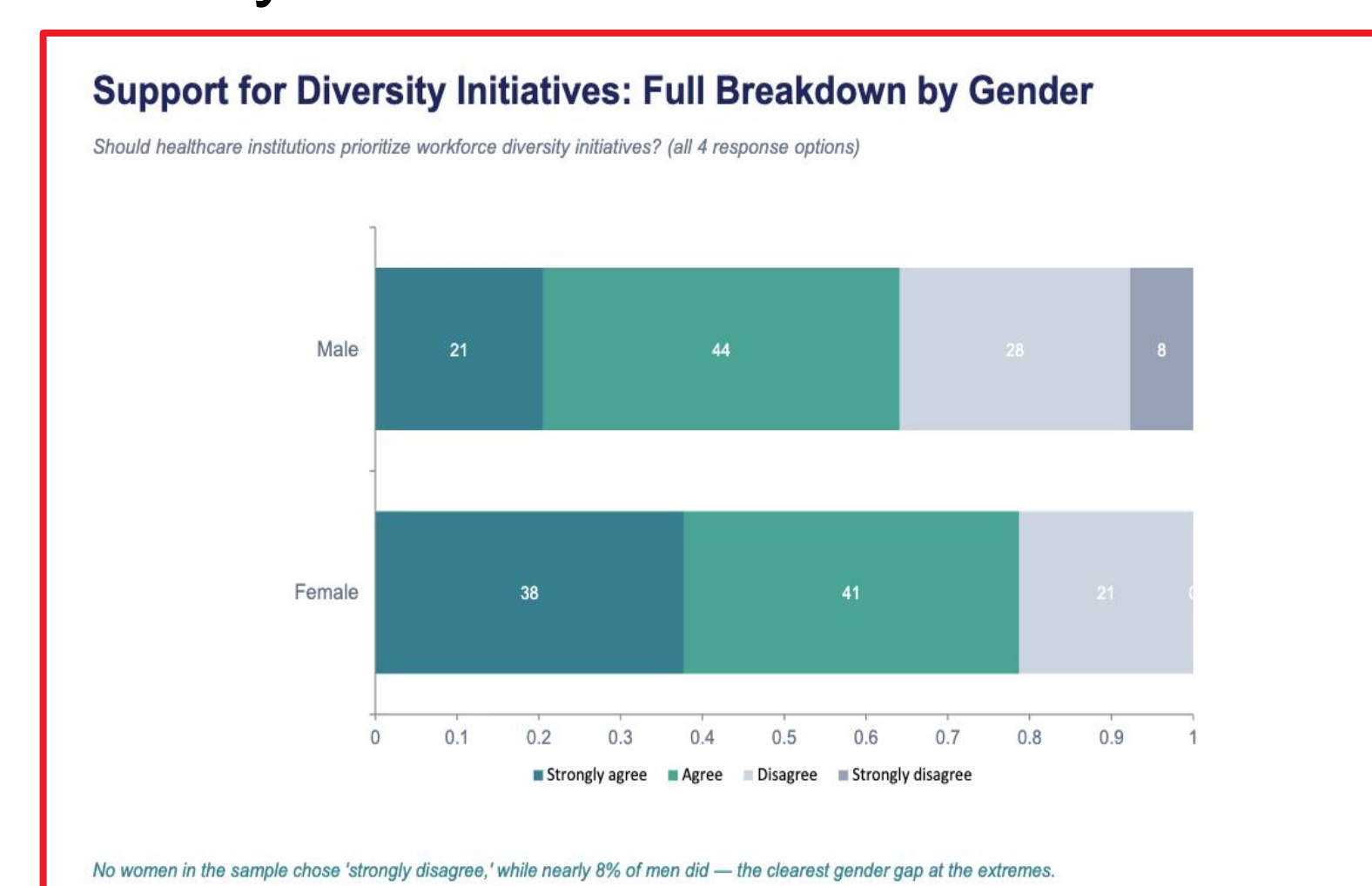


Figure 4. Support for Diversity Initiatives by Gender

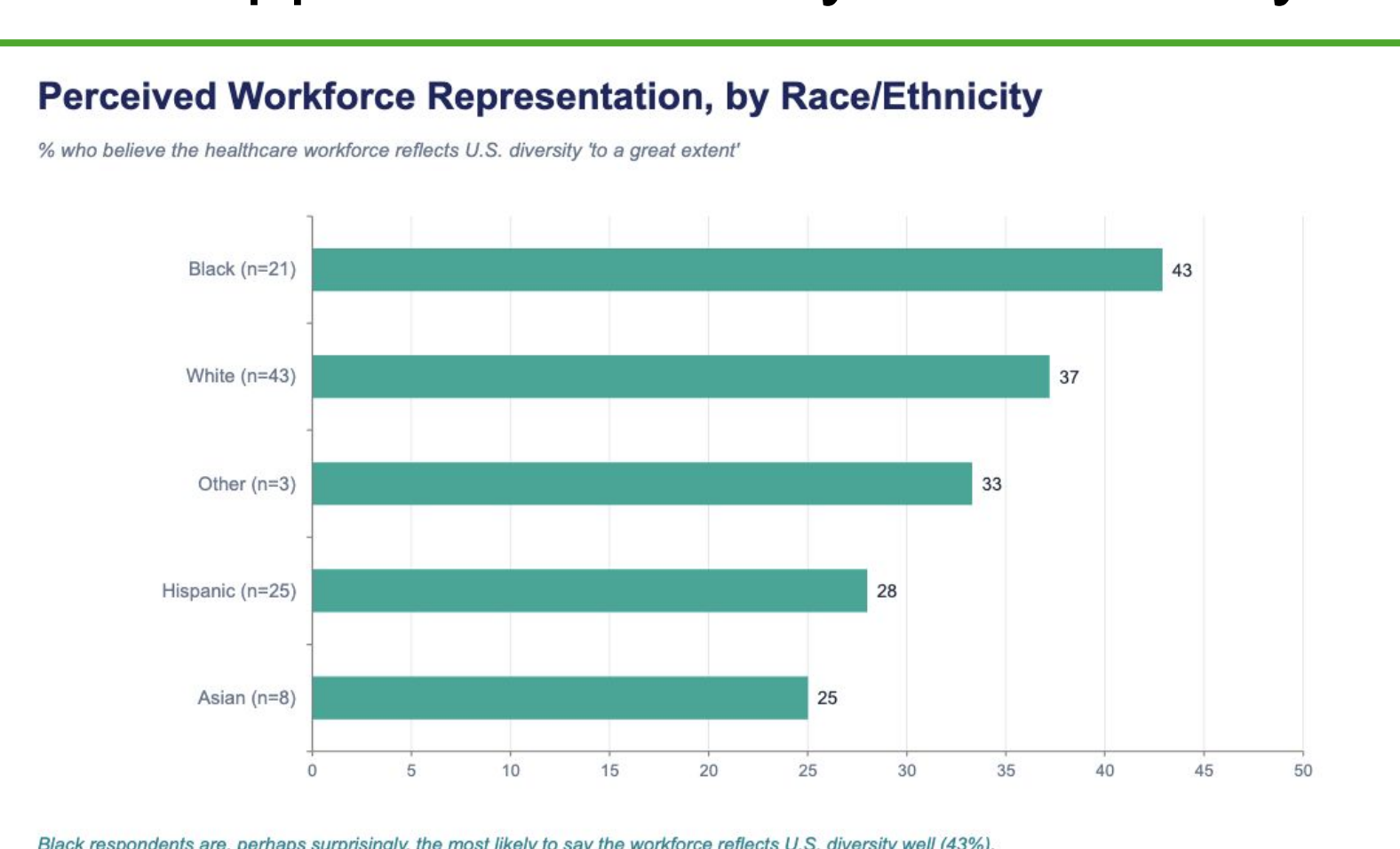


Figure 5. Perceived Workforce Representation by Race/Ethnicity

Discussion

- Race/ethnicity is the largest driving factor of any variation in the dataset. This makes sense for many different reasons: groups of people from different backgrounds that have been historically discriminated against will support increased diversity in healthcare and will be more willing to address such problems
- Younger respondents ages 18-20 care more about training than older respondents ages 24-25. Younger participants could encounter more DEI programs and be more aware of diversity issues throughout their schooling, while older participants may view training as less important due to other tradeoffs such as cost of training and staffing.
- Women tend to rate diversity questions higher than men. This is very common in sampling for things specifically related to equality and diversity, which is why similar to race/ethnicity, women have gone through historically underrepresented challenges which will cause more support for diversity initiatives in healthcare.

Limitations

- Low sample size of 100 people can cause lower cell counts for items like race/ethnicity that may not be entirely reliable
- Short age range from 18-25 that makes it more difficult to track findings and make generalizations based on a participants age
- Voluntary response sample that would receive answers from participants who have stronger feelings and opinions towards the given topic
- Social desirability bias may shade participants to answer questions with the choice that is most socially acceptable

Conclusion

- Race and ethnicity proved the strongest predictor of attitude differences, with Black and Hispanic respondents consistently showing the strongest support and White respondents notably less likely to call cultural competency training "very important"
- Gender contributed a smaller but steadier effect, with women rating diversity importance and policy support 9 to 15 points higher than men throughout
- Age, income, and region showed real but more modest trends that likely reflect underlying demographic composition as much as any direct causal effect
- Mutual understanding through all race/ethnicity, age, and gender groups that diversity within healthcare is important, therefore, this survey provides evidence for continued research and the development of initiatives within the topic