

The correlation between DEI, EI, and health care outcomes: intent and discontent

Abstract

One of the primary goals of Diversity, Equity, and Inclusion (DEI) Programs is to increase representation of minority groups in the workplace and educational environment. Another goal is to gain a better understanding of the values, preferences, and cultural traits of different populations in order to improve work relationships. Recently there has been a significant amount of resistance to the implementation of DEI programs to the point that many organizations (including healthcare) have cancelled or curtailed their DEI initiatives. What they fail to recognize is how this can have a negative impact on care relationships that affect patient outcomes of care.

Keywords: diversity, implicit bias, health equity, bias in healthcare, medical staff training, cultural competence, healthcare policy, patient outcomes, health workforce diversity

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Background

Diversity, Inclusion, and Equity Programs (DEI) were designed to help improve the representation and treatment of minority classes in the work, education, and health care environment. In recent years there has been a significant amount of pushback to these initiatives. A recent article published in the New England Journal of Medicine described the growing political attacks on healthcare DEI initiatives.¹ In 2024 there was a lawsuit filed in California in an attempt to prevent mandatory medical staff training in Implicit Bias.² These efforts have been accelerated under the current administration.³ Besides legality, rationale for termination includes the perception that these programs aren't effective and/ or that they may further aggravate discriminatory feelings. What these critics fail to realize is that these programs actually do some good.^{4,5} This is particularly true in the health care environment where effective communication and understanding set the stage for efficient care relationships that enhance outcomes of care.⁶

Discriminatory behaviors

Several recent studies have described the prevalence and impact of discriminatory behaviors that have adversely affected access, quality, and satisfaction with care.⁷⁻⁹ Many of these behaviors are influenced by implicit biases that subconsciously lead to discriminatory behaviors that affect overall patient management.¹⁰⁻¹³ There are numerous articles in the medical literature attesting to the value of support programs that help caregivers recognize and address the impact of implicit bias on decision making behaviors.¹⁴⁻¹⁷

Gaining a better understanding of the needs, values, and perceptions of minority groups will improve work relationships. This is particularly true in the health care environment where relationship building, trust, and respect are a key part of the management process. Rather than focusing on achieving population metrics, Emotional Intelligence (EI) is a process geared to improve care relationships by gaining a better understanding of your own individual values, biases, and perceptions coupled with gaining a better understanding of your counterparts' wants and needs.¹⁸ In this context DEI and EI initiatives should be viewed as a complimentary rather than antagonistic service focusing on the advantages of improving expectations and outcomes of care.

Call to action

The goal of the physician is to provide the best possible care for their patients. Best patient outcomes are related to a combination of clinical expertise, experience, technical proficiency, and the dynamics of the health care relationship involving effective communication, information flow, and a mutual goal of improving understanding, setting expectations, and enhancing satisfaction with the health care intervention. A key part of the EI process is to improve cultural competency and respect.

Before we discuss the merits of improving Emotional Intelligence we need to gain a better understanding of the forces shaping our own biases, perceptions, values and behaviors. In a precious article I described the influence of Internal and External factors that shape our behavior (Table 1).¹⁹ Internal Factors include Age (Generation), Gender (Sexual preferences), Culture (Ethnicity/ Spiritual beliefs), Socio-economic factors, Geography, and early life experiences all of which help to shape one's personality. External factors include Education (Training), Work environment, Stress (Burnout), Environmental Influencers (social media), and later life experiences all of which affect mood and disposition. All these factors combine to influence one's thoughts, perceptions, values, and behaviors. Many of these influences are deep seated and hidden from consciousness and are referred to as Implicit Biases. As mentioned previously, these biases can lead to discriminatory behaviors that adversely affect the health care relationship. These discriminatory behaviors may be based on issues related to age, race, ethnicity, religion, gender, socioeconomics, political beliefs, or physical appearance (Table 2). Recognizing and addressing these issues is a critical part of proving fair and equitable care.

Table 1 Factors affecting attitudes and behaviors

Internal	External
Age/ generation	Education/ training
Gender/ Sexual identity	Work environment
Culture/ ethnicity	Stress/ burnout
Socioeconomic factors	Social media/ False information
Early life experiences	Late life experiences
Biases/ personality	Mood/ disposition

Table 2 Discriminatory behaviors

-	Race/ ethnicity
-	Gender/ sexual identity
-	Socioeconomic (SDOH- Social determinants of health)
-	Age
-	Substance abuse/ smoking
-	Physical appearance/ weight/ disability
-	Nationality/ place of birth

Emotional Intelligence is a four-part process. The first part is to get a better understanding of yourself. Become more aware of your values, preferences, and hidden biases. Think about your reactions, your trigger points, be open to self-introspection and modification. The second part is social awareness which teaches individuals how to become more aware of your counterparts' needs, wants, and priorities. The third part is self-management gained by learning how to modify and control your reactions and behaviors. The fourth component is relationship management learning how to enhance trust and understanding and be better able to set mutually understood expectations. Many of these activities may be further advanced through appropriate communication skills training, diversity management, stress management, harassment, anger management, or other related Diversity, Equity, and Inclusion programs (Table 3).

Table 3 Recommended strategies

1.	Raise levels of awareness/ internal assessment/ Organizational commitment
2.	Raise awareness/ Motivation
3.	Internal assessment/ Address barriers and resistance
4.	Provide education and diversity training/ role play
5.	Communication skills training/ relationship building
6.	Enhance Emotional Intelligence
7.	Focus on stress management and well-being
8.	Offer Individualized coaching and counseling
9.	Personalized intervention/ behavioral modification
10.	Compliance with training mandates/ Joint commission

Conclusion

Effective and efficient care relationships will help improve outcomes of care. One of the key components of an effective relationship is to gain a better understanding of the factors influencing thoughts, perceptions, and hidden biases that shape individual thoughts and behaviors and then taking the necessary steps to modify reactions to help set expectations and achieve mutual goals. Many of these values are influenced by implicit biases. One advantage of DEI programs is to gain a better understanding of minority populations' values, wants and needs. Offering Emotional Intelligence training backed up by appropriate support programs will enhance understanding and appreciation of individual perceptions, improve lines of communication and decision making, and set expectations for care. It's not about achieving a metric. It's about establishing trust, comfort, and respect that drive the health care decision process.

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None.

Conflicts of interest

The author declares that there is no conflicts of interest.

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