# An Overview Diversity In Caregiving Ensured By Nursing Staff

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**Abstract:**
The phrases "diversity" and "inclusion" have been utilized extensively in a wide range of settings; however, the incorporation of these ideas into the discourse around healthcare has only occurred in the recent past. In order to provide the highest possible level of care to our various patient populations, it is essential to have a workforce in the healthcare industry that is representative of the fabric of our communities in terms of factors such as race or ethnicity, gender, sexual orientation, immigrant status, physical handicap status, and socioeconomic level.

**Introduction:**
The nursing profession has the potential to become the driving force behind the elimination of health disparities. A large approach to introduce equality into health care access and delivery has been advocated, and there is good evidence across the United States to support this argument. Increasing the racial and ethnic diversity of the nursing workforce has been proposed as a key tactic. There is still a need for a nursing workforce that is varied in terms of both race and ethnicity, despite the fact that cultural competence is something that every nurse should strive to achieve. It is more probable that members of racial and ethnic minorities will return to their underrepresented areas and serve them. They will also help bridge the cultural and language barriers that exist in the field of inpatient education and bring a diverse and unique cultural perspective to all interactions that take place within the nursing profession. In the fields of education, research, and clinical practice, the positive effects of expanding the diversity of the nursing profession are felt throughout the whole field [1].
Healthcare services are required to be culturally suitable and acceptable, as stated by the Office of the High Commissioner for Human Rights (OHCHR) of the United Nations. It is stated in the Code of Ethics of the International Council of Nurses (ICN) that "respect for human rights, especially cultural rights, is inherent in nursing." It is [2]. Due to the fact that nursing care is provided within a social setting, it is influenced by the policies and frameworks that govern healthcare. Because of the growing plurality, variety, and complexity of different ethnic and cultural groups, the significance of healthcare that is culturally suitable and acceptable is constantly growing [3].
The elimination of inequities and the attainment of optimal health are the goals of health equity. The existing rules make reference to the prejudice that occurs against those who do not have access to health care services on a territorial or social level. In this particular setting, the notion of access that is considered culturally acceptable is still up for dispute [4]. In addition to socioeconomic position, geography, race, and gender all have a role in determining access to healthcare services. Growing diversity is a result of in-country mobility and migratory patterns between rural and urban areas on a global scale. As a result, the availability of healthcare is a problem that is not just present among indigenous communities but also among individuals who have various migratory patterns and their descendants. Within the realm of healthcare, subpopulations are subject to certain dangers and exposures that need to be addressed. The National Institutes of Health (NIH) in the United States of America created criteria to improve culturally and linguistically suitable services (CLAS) that may be adapted to any healthcare environment in order to increase fairness and eradicate inequities in healthcare [5].

Despite the fact that there are cultural safety accreditation criteria and procedures in place in certain countries, it is possible that they are not necessarily applied [7]. During the clinical assessment of patients who come from culturally and linguistically diverse backgrounds, nurses frequently rely on patients' poor language skills, use family members or friends of patients as interpreters, and/or do not discuss the cultural aspects of health for fear of offending patients [8]. This is

something that has been demonstrated by Perry et al. (2015). Interventions are developed by healthcare practitioners in accordance with their own personal and professional views of what constitutes "acceptable" treatment. As a result of their competence, there is a deeply engrained belief that healthcare experts are entirely accountable for this matter. Continually continuing conversations are taking place around patient autonomy, collaboration, and informed consent. On the other hand, the assumption that all patients should be treated in the same manner is inadequate since it merely disregards the inequalities that already exist [9]. Detailed biographies and assessments of the patient's requirements and resources are essential in order to provide high-quality care. Patients require a place in which they may define themselves, taking into account their own life experiences as well as their encounters with the treatment process [10]. Therefore, governments have made a commitment to enhancing access to healthcare, enhancing the delivery of health services, enhancing the quality of services and the safety of patients, and boosting the efficiency and coordination of treatment [11].

Services in the healthcare industry that are safe should be adequate in a number of areas, including culture. The idea of culture is very reliant on the context in which it is understood. According to one definition, culture is "a predictable behavioral reaction that develops over time as a result of imprinting the mind through social and religious institutions as well as intellectual and creative representations [12].

**Review:**
Similar to how the field of medicine has attempted to assess diversity, the field of nursing has also attempted to do so. The Institute of Medicine published a historic study titled "The Future of Nursing: Leading Change, Advancing Health, " in which it advocated for increased diversity among nurses in terms of race, ethnicity, and gender in order to enhance the quality of treatment and minimize health inequalities [10]. As a result of Villaruel and his colleagues' evaluation of the impact of the report from 2010, they came to the conclusion that there has been improvement, but that there are also obstacles that continue to exist. Although there has been a rise in the number of racial and ethnic groups working in nursing to twenty percent, this figure is still lower than the thirty-seven percent of the population in the United States that is regarded to be racial and ethnic minorities. Unfortunately, there are still obstacles that prevent diversity from being included into nursing education [13].
In addition, professional nursing organizations have an important part to play in the formulation of policies that assist in fostering diversity within the nursing workforce. Not only have initiatives to diversify the workforce in the health care industry been ineffective in the past, but they have also been failed when resources or enforcement were inadequate, and when racial and ethnic minority groups were not centered in the endeavor [14]. It would be beneficial to spend the time to gain an understanding of how these groups see racially based issues and potential solutions within the profession in order to prioritize these groups as potential leaders. Organizations such as the National Black Nurses Association and the National Association of Hispanic Nurses, as well as coalitions of these groups, such as the National Coalition of Ethnic Minority Nurses Association, can be utilized for leadership in these endeavors. These organizations can also be utilized to shape specific guidance in the process of recruiting and retaining their nurses, organize more formal student–nurse mentorship programs, and secure racially and ethnically diverse nursing leaders in professional associations and health care organizations. In the field of nursing in general and midwifery in particular, it is of the utmost importance for broad professional organizations such as the American Nurses Association, the American College of Nurse Midwives, and the Association of Women's Health, Obstetric, and Neonatal Nurses to reflect, evaluate, and think about their role in promoting structural racism and implicit bias. This is done to ensure that these influential associations are welcoming, open, and supportive of diversity in the workforce. However, to this day, many of these efforts have a clinical focus and limited attention to self-reflective assumption of responsibility and commitment to through enhancing workforce diversity [14]. The American College of Nurses (ACNM) and the Association of Women's Health, Obstetric, and Neonatal Nurses (AWNHN) have both initiated dialogue exploring their organizational roles and responsibilities to improve racial equity.

**Conclusion:**
An all-encompassing strategy is required at the federal, state, and institutional levels, as well as by professional groups, in order to improve the racial diversity that exists within the nursing profession. In general, the default position must be shifted from that of a majority group to that of the marginalized group or groups, or center in the periphery, in order for policy initiatives to enhance racial diversity to be successful. It will be necessary to reanchor academic and health care delivery systems in order to successfully center nursing care and research on the edges. More specifically, it will be necessary to build and support community-driven initiatives in order to guarantee that individuals who are underresourced are able to achieve positions of power and opportunity.

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