



Diversity, equity and inclusion in hospital organizations and the role of the manager: scoping review

Diversidade, equidade e inclusão nas organizações hospitalares e o papel do gestor: revisão de escopo

Diversidad, equidad e inclusión en las organizaciones hospitalarias y el papel del gestor: una revisión de ámbito

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Abstract:

Objective: to investigate the diversity, equity, and inclusion practices implemented for workers in hospital organizations, focusing on the role of the manager. **Methods:** this is a scoping review, using five databases: Nursing Database; Cumulative Index to Nursing and Allied; Latin American and Caribbean Health Sciences Literature, PubMed, and SCOPUS, with no language restrictions, from 2019 to February 2024. **Results:** 13 studies were considered, of which eight articles came from the United States (61.53%). From the studies, three categories were constructed: *Inclusive Leadership and Management Strategies*; *Capacity Building and Training*; and *Organizational Policies and Structures*. A growing trend was observed in organizations and managers towards diversity, equity, and inclusion of hospital workers, as part of their administrative practices. **Conclusion:** the incorporation of educational strategies until the creation of solid policies enables awareness on the topic, with a view to more fair, inclusive, productive and harmonious work environments, which consequently reflects on the quality of assistance provided to users.

Keywords: Diversity, equity, inclusion; Hospitals; Health personnel; Health manager; Leadership.

Resumo:

Objetivo: investigar as práticas de diversidade, equidade e inclusão implementadas para os trabalhadores nas organizações hospitalares, com foco no papel do gestor. **Método:** trata-se de uma revisão de escopo, utilizando cinco bases de dados: Base de Dados da Enfermagem; *Cumulative Index to Nursing and Allied*; Literatura Latino-Americana e do Caribe em Ciências da Saúde, PubMed e SCOPUS, sem restrição de idioma, no período de 2019 a fevereiro de 2024. **Resultados:** considerou-se 13 estudos, todos internacionais, dos quais oito artigos são oriundos dos Estados Unidos (61,53%). A partir dos estudos, três categorias foram construídas: *Estratégias de Liderança e Gestão Inclusiva*; *Capacitação e Treinamento*; e *Políticas e Estruturas Organizacionais*. Verificou-se uma tendência crescente nas organizações e gestores para a diversidade, equidade e inclusão dos trabalhadores hospitalares, como parte das suas práticas administrativas. **Conclusão:** a incorporação de estratégias educacionais até a criação de políticas sólidas possibilitam a consciência sobre o tema, com vistas a ambientes de trabalho mais justos, inclusivos, produtivos e harmônicos, que consequentemente reflete na qualidade da assistência prestada aos usuários.

Palavras-chave: Diversidade, equidade, inclusão; Hospitais; Pessoal de saúde; Gestor de saúde; Liderança.

Resumen:

Objetivo: Investigar las prácticas de diversidad, equidad e inclusión implementadas para los trabajadores en las organizaciones hospitalarias, con especial atención al papel del gestor. **Método:** Se trata de una revisión de alcance, utilizando cinco bases de datos: Base de Datos de Enfermería; *Cumulative Index to Nursing and Allied*; Literatura Latinoamericana y del Caribe en Ciencias de la Salud, PubMed y SCOPUS, sin restricción de idioma, desde 2019 hasta febrero de 2024. **Resultados:** Se consideraron 13 estudios, todos internacionales, de los cuales ocho artículos procedían de Estados Unidos (61,53%). Se construyeron tres categorías a partir de los estudios: *Estrategias de Liderazgo y Gestión Inclusiva*; *Capacitación y Entrenamiento*; y *Políticas y Estructuras Organizativas*. Se observó una tendencia creciente entre las organizaciones y los gestores hacia la diversidad, la equidad y la inclusión de los trabajadores hospitalarios como parte de sus prácticas administrativas. **Conclusión:** La incorporación de estrategias educativas y la creación de políticas sólidas permiten la concienciación sobre el tema, con vistas a entornos laborales más justos, inclusivos, productivos y armoniosos, lo que en consecuencia se refleja en la calidad de la atención prestada a los usuarios.

Palabras clave: Diversidad, equidad e inclusión; Hospitales; Personal de salud; Gestor de salud; Liderazgo.

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INTRODUCTION

In an increasingly competitive and dynamic context, organizations must adapt to the new realities and demands of the labor market, particularly concerning social justice¹. Thus, diversity, equity, and inclusion are becoming more widely discussed and recognized in the workplace, including in hospital organizations. A solid understanding of these principles helps identifying the causes of inequalities in this context, leading to strategic interventions and more effective results², with an emphasis on the workers involved. The concept of diversity, at its core, is associated with respecting and recognizing uniqueness³. Equity involves promoting justice and impartiality to ensure that everyone has fair access to opportunities and resources, according to individual needs, compensating for inequalities to achieve equitable outcomes⁴. In turn, inclusion refers to the act of including or being included in a group, creating a sense of belonging, and enabling individuals to contribute in an authentic and meaningful way⁵. The principles of diversity, equity, and inclusion are essential for balancing individual and collective needs in a work team. Establishing support agreements and fostering an inclusive culture play a crucial roles in promoting these values and retaining the top talent⁶.

In this context, a hospital environment that fosters diversity, equity, and inclusion also requires a manager's role in supporting this social justice framework. Leaders in the health sector have an ethical obligation to promote positive health, human, and social outcomes for the people they serve, regardless of their social group or their diversity determinants. Addressing social justice, inclusion, and equity as fundamental ethical principles in hospital management is vital, as managers are responsible for leading the professionals with whom they interact¹.

A diverse workforce brings significant benefits, such as enhanced creativity, complex problem-solving, and innovation through varied perspectives. However, despite these advantages, many professionals still feel excluded. Therefore, managers must go beyond merely acknowledging the work of minority groups, and actively implement organizational strategies that promote social justice⁷.

A recent study conducted in Finland revealed that culturally and linguistically diverse professionals are essential for delivering healthcare. They bring additional experiences and knowledge, contributing to the organization's cultural capital. In this sense, leaders must possess the skills to manage a diverse team effectively, using their competencies to address the team's needs and support continuous development. Additionally, leadership educators can foster diversity, equity, and inclusion in the workplace through curricula designed to strengthen social capital, aiming for a multicultural, cohesive, and competent workforce⁸.

However, contributions from minorities are often undervalued, reflecting a persistent traditionalism, particularly within hospital management⁷. Thus, organizational strategies within the hospital environment are relevant for implementing inclusive management models that embrace social justice and ethical work practices⁹. Mapping the theme of diversity, equity, and inclusion in hospital organizations through publications is relevant, as these elements impact the effectiveness and efficiency of health operations.

Diversity enriches decision-making and fosters innovative work environments by considering different perspectives and experiences. Equity ensures that all team members have access to fair opportunities, regardless of individual characteristics. Inclusion, on the other hand, goes beyond mere representation, ensuring that each individual feels valued and contributes fully to their work. Thus, this study aims to explore the diversity, equity, and inclusion practices implemented for workers in hospital organizations, with a focus on the role of the manager.

METHODS

This is a scoping review, a methodology designed to identify the gaps in scientific production. Its technique involves mapping relevant studies in the field of interest, which is significantly useful for synthesizing research evidence¹⁰. The review was constructed following the steps recommended by the Joanna Briggs Institute (JBI)¹¹ and the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)¹² checklist. The review process consisted of five steps: identification of the research problem; survey of relevant studies; selection of studies; data mapping; and presentation of results¹³.

To carry out this study, five databases were used to recruit articles: Nursing Database (*Base de Dados de Enfermagem* - BDENF); Cumulative Index to Nursing and Allied (CINAHL); Latin American and Caribbean Health Sciences Literature (LILACS), PubMed and Scopus. Studies of various research types and documents were included based on the objectives and guiding questions: “*What are the diversity, equity, and inclusion practices implemented in the hospital context for workers?*”; and “*What is the role of the manager in relation to such practices?*”.

No language restrictions were applied, but the publication limit was set from 2019 to February 2024, in order to map the most recent evidence on the subject. Thus, studies focusing on hospital across different professional categories were included. To exclude studies, the criteria adopted were that they did not address the population, concept, and context of interest for this investigation.

To ensure the reliability of the data and the methodological transparency of this review, the protocol was submitted to the Open Science Framework (OF/Center for Open Science/USA), under DOI: 10.17605/OSF.IO/HPQT7 registration. The research was developed using the mnemonic PCC framework (Population, Concept and Context)¹³, with Population (Health Manager(s)); Concept (Diversity, Equity, and Inclusion); Context (Hospital(s)). The searches were conducted via remote access to the databases through the journal portal of the Brazilian Federal Agency for Support and Evaluation of Graduate Education (*Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - CAPES*), using the Federated Academic Community (*Comunidade Acadêmica Federada - CAFE*) with the login of the Universidade de São Paulo and the Portal of the Integrated Library System of the Universidade de São Paulo (*Portal do Sistema Integrado de Bibliotecas da Universidade de São Paulo - SIBiUSP*). The search strategy, implemented independently by three researchers following the JBI guidelines¹¹, began with identifying specific indexes in each database, such as MeSH terms, CINAHL Headings, and DeCS, along with their synonyms and keywords. The search terms were then combined using the Boolean operators "AND" and "OR". The search strategy for PubMed was adapted for other electronic databases, and included descriptors/keywords and database-specific terms: *Diversidade Cultural, Diversidade, Equidade, Inclusão, Inclusão Social, Diversidade da Força de Trabalho, Diversidade no Local de Trabalho, Força de Trabalho Diversificada, Local de Trabalho Diversificado, Gestor de Saúde, Gestão de Recursos Humanos, Administradores Hospitalares, Líder, Administração de Serviços de Saúde, Administração e Hospitais*. These were translated into English (Cultural Diversity, Diversity, Equity, Inclusion, Social Inclusion, Workforce Diversity, Workplace Diversity, Diverse Workforce, Diverse Workplace, Healthcare Manager, Human Resource Management, Hospital Administrators, Leader, Healthcare Services Administration, Administration and Hospitals), and Spanish in the case of Latin American databases.

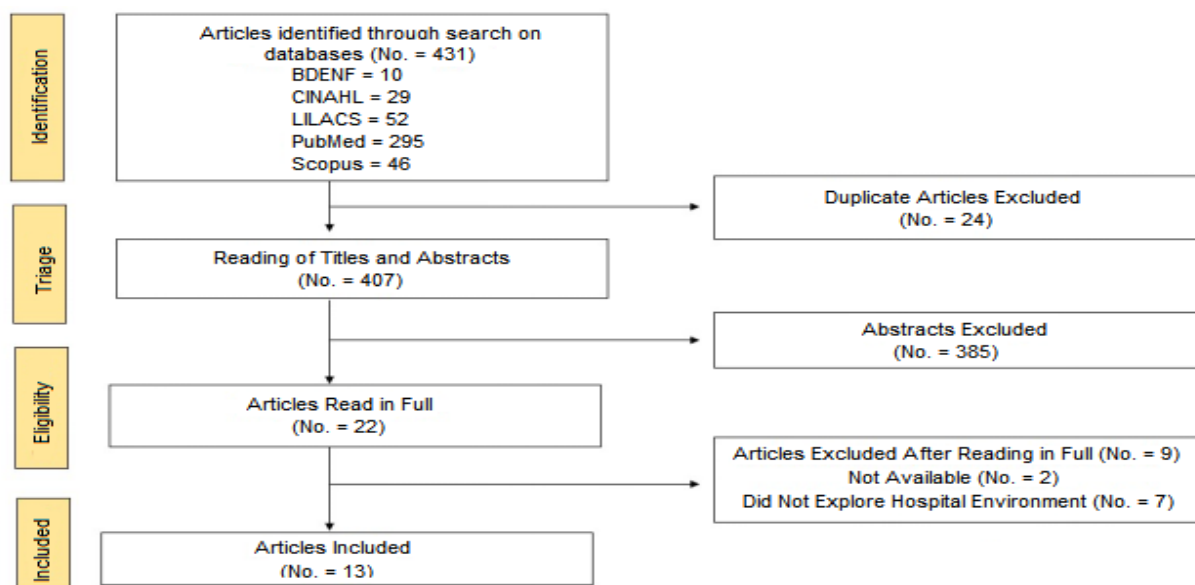
Results from the databases were transferred to the Rayyan reference management software, developed by the Qatar Computing Research Institute (QCRI)¹⁴. Duplicates were removed, and the studies were selected and evaluated independently and blindly by two researchers, with a third examiner mediating to resolve discrepancies.

The analysis followed the data reduction method to conceptually classify the results after a critical reading¹⁵. Categorization was also performed based on this reduction to broaden the interpretation.

RESULTS

Initially, 431 articles were retrieved through database searches. After removing 24 duplicate publications, 407 unique articles remained. These were then screened, leading to the exclusion of 385 articles whose titles and abstracts did not meet the research criteria. Consequently, 22 articles remained. Of these, nine were excluded based on eligibility criteria, seven because they were not related to the hospital context, and two because they were not available. Thus, the final sample of this scoping review consisted of 13 articles, as shown in Figure 1.

Figure 1. PRISMA¹¹ flowchart of the search process. Ribeirão Preto, São Paulo, Brazil, 2024.



Of the 13 articles included, all were published in English¹⁶⁻²⁸ (100%) and the publication years ranged from 2019 to 2023. The majority of these studies were published in the United States, with eight^{16-20,22,26-27} (61.53%), followed by two from Canada^{21,25} (15.38%). There was one article (7.69%) from each of the following countries: Australia²⁴, Great Britain²³, Netherlands²⁵, Italy²³, Poland²³, Sweden²⁸ and Switzerland²³.

Regarding indexes, all the studies analyzed (100%) are published in international journals¹⁶⁻²⁸. The selected studies included three (23.07%) review articles^{19,24,27}, two (15.38%) author analyses^{16,26}, two (15.38%) qualitative studies^{23,28}, and one (7.69%) of each following type: newspaper article²², commentary²⁵, short communication¹⁷, perspective²⁰, quantitative study¹⁸ and report²¹.

Among the empirical studies, which included quantitative¹⁸ and qualitative approaches^{23,28}, a total of 178 participants were involved. These empirical studies reveal a multidimensional approach to the theme, integrating both quantifiable and subjective data from participants.

Despite the relevance of the topic, all publications are international. Brazilian studies were not included, based on the search strategy and research question. The characteristics of the studies are presented in Chart 1, including the first author, year of publication, country, journal, study design, and participants.

Chart 2 provides a summary of the main results from each study. Key findings include: organizational commitment, appreciation of heterogeneity in the hospital environment and across various health specialties, financial and social capital, hiring committees, diversified recruitment, and in-service education actions.

From this summary of publications, three categories emerged that encompass diversity, equity, and inclusion practices and the role of the manager in the hospital organization, shown in Figure 2, namely: *Inclusive Leadership and Management Strategies*; *Training and Qualification*; and *Organizational Policies and Structures*.

Chart 1. Characteristics of the studies that made up the scoping review sample, according to first author, year, country, journal, study design, participants, Ribeirão Preto, São Paulo, Brazil, 2024.

First Author/Year of Publication/Country	Journal	Study Design	Participants
Mcintosh-Clarke ¹⁶ 2019, United States	Journal of the American College of Radiology	Author's Analysis	Does not apply
Jacobs ¹⁷ 2020, United States	Nurse Leader	Short Communication	Does not apply
Pagali ¹⁸ 2021, United States	Hospital Practice	Quantitative Study	135 members of hospital team
Purtell ¹⁹ 2021, United States	Hospital Practice	Article Review	Does not apply
Rotenstein ²⁰ 2021, United States	New England Journal of Medicine	Perspective	Does not apply
Liu ²¹ 2022, Canada	Psychiatric Clinics of North America	Report	Does not apply
Williams ²² 2022, United States	Tennessee Nurse	Newspaper Article	Does not apply
Abravan ²³ 2023, Great Britain, Italy, Poland and Switzerland	International Journal of Radiation Oncology, Biology and Physic	Qualitative Study	26 qualitative health researchers and Radiation Oncology professionals
Bird ²⁴ 2023, Australia	Journal of Medical Imaging and Radiation Oncology (Online)	Article Review	Does not apply
Meckler ²⁵ 2023, Canada and Netherlands	CJEM. Canadian Journal of Emergency Medical Care	Commentary	Does not apply
Tjoeng ²⁶ 2023, United States	Critical Care Clinics	Author's Analysis	Does not apply
Tomblinson ²⁷ 2023, United States	AJR: American Journal of Roentgenology	Article Review	Does not apply
Uman ²⁸ 2023, Sweden	Nordic Journal of Nursing Research	Qualitative Study	17 health professionals

Chart 2. Summary of the main results found, Ribeirão Preto, São Paulo, 2024.

Author/ Year	Main Findings (Diversity, equity and inclusion practices and the role of the manager)
Mcintosh-Clarke <i>et al.</i> , 2019 ¹⁶	<ul style="list-style-type: none"> - Understand and value diversity; - Use financial and social capital to improve representation; - Financial incentives provided by legislation.
Jacobs <i>et al.</i> , 2020 ¹⁷	<ul style="list-style-type: none"> - Foster cultural dialogue and combat biases; - Ensure equity and increase workforce diversity; - Cultivate an inclusive culture and eliminate disparities in care; - Promote the participation of minority providers; - Become an inclusive employer and a diverse leader in healthcare.
Pagali <i>et al.</i> , 2021 ¹⁸	<ul style="list-style-type: none"> - Committees for additional cultural education and social events; - Institutional policies on visitor conduct.
Purtell <i>et al.</i> , 2021 ¹⁹	<ul style="list-style-type: none"> - Provide anti-bias training and implement implicit bias reduction; - Offer high-quality training for all employees; - Use advocacy metrics aligned with the mission of diversity, equity, and inclusion; - Use academic projects to understand and address health inequities, transforming hospitals and communities to improve children's health.
Rotenstein <i>et al.</i> , 2021 ²⁰	<ul style="list-style-type: none"> - Regularly review metrics for team composition and retention of marginalized groups; - Link structural, process, and outcome measures to evaluation and compensation; - Create dedicated diversity positions and support programs for underrepresented individuals; - Diverse recruitment strategies and publicly disclose team diversity.
Liu <i>et al.</i> , 2022 ²¹	<ul style="list-style-type: none"> - Leaders must take personal responsibility for their actions; - Support and promote female colleagues; - View alliances as a mechanism against injustice.
Williams <i>et al.</i> , 2022 ²²	<ul style="list-style-type: none"> - Commit to organization diversity and inclusion, modeling best practices; - Set clear expectations on metrics and ensure adequate resources for impact; - Inspire confidence in the diversity of capabilities and actively listen to employees; - Provide anonymous forms of expression for feedback.
Abravan <i>et al.</i> , 2023 ²³	<ul style="list-style-type: none"> - Socialization and networking among colleagues; - Open and horizontal communication promotes a learning environment; - Integrate diversity into organizational practices to recruit and retain qualified professionals; - Organize workshops on bias; - Conflicts between individual and organizational values and ways to manage them.
Bird <i>et al.</i> , 2023 ²⁴	<ul style="list-style-type: none"> - Establish rules against discrimination based on sexual orientation and gender identity; - Ensure fair leave for LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual) members, with the "+" symbol encompassing plurality; - Data representation: include LGBTQIA+ individuals in data representation and decision-making processes; - Ensure safe access to facilities, including bathrooms and locker rooms; - Awareness and training: provide training on LGBTQIA+ diversity; - Support resources: offer support resources through groups and hotlines.
Meckler <i>et al.</i> , 2023 ²⁵	<ul style="list-style-type: none"> - Form a hiring committee dedicated to diversity, equity, and inclusion; - Implement inclusive marketing and consider virtual interviews; - Establish a non-punitive reporting process for harassment; - Develop parental leave and breastfeeding policies; - Address pay gaps and promote career equity.
Tjoeng <i>et al.</i> , 2023 ²⁶	<ul style="list-style-type: none"> - Recognize the need for increased diversity in nursing; - Include people of color and underrepresented groups in programming, curricula, and decision-making; - Prioritize racial/ethnic, gender, and thought diversity; - Support programs that increase the number of diverse candidates; - Address the lack of diversity in healthcare institutions, training programs, and hospitals; - Create a welcoming, safe, and inclusive work environment for underrepresented groups.
Tomblinson <i>et al.</i> , 2023 ²⁷	<ul style="list-style-type: none"> - Ongoing education and training to support individuals and safe spaces for discussion; - Practical measures, such as gender-neutral bathrooms and eliminating gender titles in leadership; - Access to affordable health care and correction of errors; - Promote diverse representation and best practices in gender data collection; - Strategic vision to create an inclusive work environment.
Uman, 2023 ²⁸	<ul style="list-style-type: none"> - Value uniqueness beyond cultural differences, promoting mutual support and interactions; - Establish structures for diversity-aware leadership; - Support an inclusive environment, highlight professional values, and encourage interactions.

Figure 2. Diversity, Equity and Inclusion Practices and the Role of the Manager based on the studies considered. Ribeirão Preto, São Paulo, Brazil, 2024.



DISCUSSION

The lack of national studies highlight a gap in Brazilian scientific production, underscoring the need for research, including empirical studies, on diversity, equity, and inclusion practices in the hospital environment and the role of managers.

Among the selected studies, there was a notable emphasis on the need to increase diversity in specific areas, such as Nursing, and adopting practical measures to include underrepresented groups²⁶. Additionally, fostering interaction among workers, regardless of category or hierarchical level^{23,28} was highlighted as a means to combat injustices²¹.

These efforts reflect a growing trend in organizations to promote diversity, equity, and inclusion of health workers as part of their administrative practices. Recognizing and addressing these aspects helps us strengthen team cohesion and contribute to a fairer, more inclusive, and productive work environment. The summary of the results indicates several practices related to diversity, equity, and inclusion and the role of the manager, with a focus on organizational commitment²² to value heterogeneity within the hospital environment and in different health specialties.

The importance of understanding, valuing, and promoting diversity is highlighted, with strategies such leveraging financial and social capital¹⁶, and positioning oneself as an inclusive employer¹⁷. Furthermore, the establishment of concrete policies and practices for diversity and inclusion²⁵ is necessary, including the formation of hiring committees dedicated to these principles and implementing non-punitive processes to address aggression²⁵. Efforts to ensure

diverse recruitment²⁰ and the development of committees and events¹⁸ are also highlighted. The implementation of training and education^{19,24,27} for diverse professionals, including leaders, managers, technical-administrative, and/or care professionals, was also emphasized.

The articles reveal that diversity, equity, and inclusion practices are essential to creating fairer, more innovative, and productive work environments. The role of the manager is of utmost importance in this context, as managers are responsible for leading with sensitivity and strategy, fostering an organizational culture that values diversity in all its forms. This involves adopting inclusive policies, creating structures and processes that ensure equitable opportunities for all hospital employees, and investing in ongoing training and development for both themselves and their teams. By embracing a proactive and engaged approach, managers can cultivate more inclusive work environments and enhance the identity and success of their teams and organizations.

The categories that emerged from the collected articles include: *Inclusive Leadership and Management Strategies*; *Training and Qualification*; and *Organizational Policies and Structures*.

Inclusive Leadership and Management Strategies

To enable inclusive management, it is essential to establish structures for diversity-conscious leadership. This includes supporting and providing an inclusive environment, emphasizing professional values, and encouraging interactions among all members of the organization²⁸. Prioritizing diversity across all hierarchical levels is crucial, as it involves updating of organizational policies to align with these values, ensuring that every individual has access to a dignified work environment. Regularly reviewing team composition metrics and monitoring the retention of marginalized groups are fundamental to fostering inclusion²⁰. Including individuals of various ethnicities, races, and underrepresented groups in programming, curricula, and decision-making reflects the diversity of the Brazilian population, and addresses issues related to race, ethnicity, gender, and belief.²⁶ Additionally, considering anonymous forms of feedback are significant steps in improving these processes²².

Training and Qualification

To promote inclusion and combat prejudice, organizations have adopted several strategies, such as providing anti-bias training and adopting measures to reduce implicit judgments and misconceptions about professionals¹⁹. Ongoing training at all hierarchical levels within a hospital organization is a decisive tool to ensuring a comprehensive understanding of these issues²⁷. Workshops on prejudice and the integration of diversity into organizational practices are crucial for recruiting and retaining qualified professionals, who play a key

leadership role. Training for cultural dialogue and combating prejudice is essential for fostering an inclusive culture of mutual respect.

Organizational Policies and Structures

To promote inclusion, such as the protection of LGBTQIA+ rights, organizations have implemented several strategies. These include establishing anti-discrimination rules related to sexual orientation and gender identity²⁴, establishing parental leave and breastfeeding policies, and addressing pay gaps to promote career equality²⁵. Such initiatives are essential to guarantee equal opportunities, especially from a gender perspective, and for supporting women²¹. Furthermore, gender-neutral bathrooms are also an important practice for creating an inclusive and welcoming environment for individuals regardless of their sexual orientation or gender identity²⁷.

Establishing committees focused on additional cultural education, which address social issues, is relevant for personal and collective development¹⁸. However, implementing these practices requires leveraging financial and social capital to improve and sustain these strategies¹⁶.

Promoting diversity, equity, and inclusion in hospital organizations is important to ensure a healthy and effective work environment that meets the diverse needs of both patients and employees. Managers play a crucial role in this context, as they are responsible for leading initiatives that recognize and value individual differences, fostering a culture that respects ethnic, cultural, and gender diversity, among others. The concepts of diversity, equity, and inclusion have gained prominence in several areas, including healthcare. The healthcare workforce must reflect the diversity of the communities it serves, across race/ethnicity, gender, sexual orientation, immigration status, physical ability, and socioeconomic status, in order to provide the best care possible²⁹. Increasing diversity in healthcare teams is both a moral and a practical need⁶.

Exploring diversity and inclusion involves a range of experiences, understanding disparities, and promoting equity and social justice. However, there is currently a lack of empirical research on these issues in Brazilian healthcare institutions.³⁰ The debate on diversity in the hospital context is still developing and often superficial, hindering the progress of a healthcare system that prioritizes the comprehensive well-being of both patients and professionals³⁰.

Despite efforts, full implementation of diversity, equity, and inclusion in healthcare remains a challenge, with ongoing disparities among underrepresented professional groups³¹. Women, despite their numerical presence in the hospital workforce, face a scarcity of

racial/ethnic diversity, particularly in leadership roles, which are still predominantly occupied by men. Additionally, there are gaps in publications on the representation of LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual) healthcare providers and individuals with physical disabilities. Salary disparities persist even in predominantly female professions, like nursing²⁶.

Increasing racial and ethnic diversity among nursing professionals can significantly benefit the social context and the population at large. A diverse nursing workforce positively impacts education, research, and clinical practice³². This argument can also be expanded to other healthcare professionals. A study³³ conducted in the United States proposes the creation of a clinical ethics consultancy service to address health equity and promote anti-racism, including through the formulation of institutional policies³³. This points that managers are also responsible for consolidating the implementation of these measures.

A qualitative study³⁴ with Muslim doctors revealed experiences of religious discrimination, but also identified practical measures adopted by healthcare environments to accommodate religious requirements and combat discrimination. To enhance diversity, equity, and inclusion in the medical workforce, it is essential to establish educational spaces and policies that support the religious practices of healthcare professionals³⁴.

Another study³⁵, conducted in Turkey, found that as nurses developed greater intercultural sensitivity, their xenophobic attitudes decreased³⁵. This highlights the importance of understanding and valuing diverse cultures and perspectives in mitigating prejudice and discrimination.

Institutional policies and capacity-building programs implemented by hospital managers are crucial. This approach should extend to all professional categories within hospital organizations and various healthcare sectors. Another study³⁶ in the United States demonstrated that racial diversity in the workforce positively correlates with operational efficiency in healthcare organization, including metrics like occupancy rate, workforce productivity and individual capacity productivity. Additionally, investors are increasingly interested in companies that promote ethical and socially conscious work environments, such as diversity and inclusion³⁶.

These findings suggest that diversity practices among employees can enhance the efficiency of professionals in the hospital environment. Thus, stakeholders, policy makers, and managers should undertake appropriate organizational restructuring to increase racial diversity in the workforce.

Diversity, as revealed in this review, is associated with a series of benefits, such as increased innovation, faster problem-solving, more effective decision-making, greater profitability, improved reputation and enhanced hiring opportunities, in addition to greater organizational and academic impact³⁷. However, simply increasing diversity without ensuring equity and inclusion may lead to disengagement, exclusion, and poor cooperation among team members³⁸.

Effective leadership requires diverse teams, where everyone is treated equally and feels included. Progress of healthcare teams toward diversity, equity, and inclusion is reflected in the variety of perspectives and experiences that are present, heard, and valued³⁹. Furthermore, leaders can foster in-service education, which are capable of intervening in the knowledge and behavior of individuals in the workplace, preparing them for inclusive coexistence. Skills improvement can provide workers with a safe environment for discussions and learning focused on the culture of diversity, equity, and inclusion²⁷ for learning, improving care and health equity. In an inclusive and equitable environment, team members feel equally respected, valued and heard, and leaders can ensure that their hospital organizations better meet the needs of diverse patient groups³⁹. Therefore, not only do workers build a sense of belonging in the work organization, but care also benefits from these practices of diversity, equity and inclusion in the hospital environment.

Introducing themes of diversity, equality, and integration is also crucial in the education of health professionals, as outlined by the Brazilian National Curricular Guidelines (*Diretrizes Curriculares Nacionais - DCNs*)⁴⁰. These guidelines provide principles and methods necessary for developing and evaluating professional training. Intersectionality, as a theoretical framework, helps understand the connections between various discrepancies and disparities within communities, which operate dynamically in specific historical and social contexts.

The analysis of variations between individuals is essential, as it proposes an analytical model within organizations that aims to unify discourses with practices and forms of personal identification with social interactions⁴⁰, with an emphasis on hospital organizations. Managers are responsible for leading initiatives that foster an inclusive and equitable hospital environment. This not only benefits healthcare professionals but also positively impacts the quality of care provided to patients. Specifically, managers and their organizations must assess their own beliefs, biases, and privileges. They are tasked with developing and implementing a strategic plan to support diversity, equity, and inclusion, recruiting and retaining a diverse leadership team and workforce, and investing time and resources in the systems, processes, and culture needed to sustain these values and facilitate organizational learning. This involves

conducting surveys, focus groups, or interviews to understand which team members should be prioritized by the organization. Managers must also determine how to communicate mission, vision, and values statements and engage staff to achieve them³⁹. Hospitals have a responsibility to provide educational programs focused on social justice and health equity for trainees, faculty, and staff, as indicated in the training and education category. These educational activities should provide the necessary knowledge about the factors that drive health inequities and the steps needed for transformative change.

When managers create environments where diversity is valued, they can leverage each individual's unique experiences, talents, and perspectives to learn, improve care, and achieve health equity. In an inclusive and equitable environment, team members feel equally respected, valued, and heard, enabling leaders to better meet the needs of diverse patient groups³⁹. Therefore, not only do employees develop a sense of belonging within the organization, but care also benefits from these practices of diversity, equity, and inclusion in the hospital setting.

Introducing themes of variety, equality, and integration is also crucial in the education of health professionals, as established by the Brazilian National Curricular Guidelines (*Diretrizes Curriculares Nacionais - DCNs*)⁴⁰. These guidelines provide instructions regarding the principles, bases, and methods necessary for developing, implementing, and evaluating the training of these professionals. Another essential aspect to consider in professional training is intersectionality, which is seen as a theoretical-political reference point for understanding the connection between various discrepancies and disparities in communities, operating in a dynamic, fluid, and adaptable manner within specific historical and social contexts.

The analysis of individual variation is essential, as it proposes an analytical model within organizations aimed at aligning discourses with practices and personal identification in social interactions⁴⁰, particularly in hospital settings.

CONCLUSION

The findings addressed strategies such as prioritizing diversity, equity, and inclusion within the hospital context, incorporating educational strategies, and establishing solid policies. These measures aim to raise awareness of the issue, leading to a fairer, more inclusive, productive, and harmonious work environment, which, in turn, enhances the quality of care provided to users.

Organizational policies should reflect a commitment to diversity and inclusion by setting clear guidelines to ensure equal opportunities, combat discrimination, and foster an inclusive daily work environment. Organizational structures should be designed to facilitate the

participation and development of a diverse workforce, offering growth and career advancement opportunities accessible to all employees. This may include recruitment and selection programs that actively seek diversity, equitable compensation policies, and professional development programs tailored to various groups.

When organizational policies and structures align with the principles of diversity, equity, and inclusion, they create an environment that supports the personal and professional growth of all employees, while strengthening the organization's capacity to deliver quality health services that are responsive to the diversity of its clientele.

This study was limited by the scarcity of Brazilian research and its focus on publications from the last five years, potentially excluding relevant work from previous years. However, it presents a more recent look at diversity, equity, and inclusion practices and the role of the manager in the hospital setting. At the same time, this research contributes by bringing diversity, equity, and inclusion practices, as well as the role of the manager in the hospital organization, as a true driver of satisfactory health results, and we suggest exploring this theme in future empirical studies, especially in the Brazilian scientific reality.

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