

VIEWPOINTS

Diversity: A Missing Link to Professionalism

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INTRODUCTION

In a recent issue of the *Journal*, Hammer and colleagues described how students develop professionalism through a multitude of sources throughout the pharmacy curriculum, and that one source is the school's culture and environment.¹ Although rarely discussed, one of the missing links to professionalism is ethnically and culturally diverse student and faculty bodies within colleges of pharmacy. This paper identifies and addresses the link between professionalism and diversity, not with the intention of criticizing colleges of pharmacy that lack diversity, but rather to further validate the necessity for increasing ethnic diversity within colleges of pharmacy.

How does diversity enhance professionalism? To provide an evidence-based answer, it is first important to examine the objective of our profession, which is to serve patients—not just selected groups of patients, but all patients. Therefore, as educators of health care professionals, increasing access to health care for all people is an essential part of achieving our core objective. Specifically, pharmacists must be able to interact effectively with and provide care for patients whose ethnic or cultural background differs from their own.² The American Board of Internal Medicine stated that a necessary element of professionalism is a commitment to be responsive to the health needs of society.³ As indicated by a recent report from the Institute of Medicine (IOM), “evidence demonstrates that greater diversity among health professionals is associated with improved access to care for racial and ethnic patients, greater patient choice and satisfaction, and better patient-provider communication.”⁴ Racial and ethnic minority health care professionals are significantly more likely than nonminorities to serve minority and medically underserved communities, thereby helping to improve access to care.⁵⁻⁹ Furthermore, minority patients' ratings of the quality of their health care are generally higher in racial-

ly concordant settings than in racially discordant settings.¹⁰

Other than evidence from patient populations, are there any other data suggesting that diversity promotes professionalism? Diversity enhances learning and knowledge, which are essential to professionalism. Learning is enhanced in environments where individuals are part of a mix of people who are not like themselves.¹¹ In particular, diversity in health professions' training environments improves the cross-cultural training and cultural competencies of all participants.¹² Furthermore, interaction among students from diverse backgrounds helps to challenge assumptions and broaden perspectives regarding racial, ethnic, and cultural differences,^{12,13} thus facilitating professionalism.

How does lack of a diversified environment affect professionalism? Lack of a diversified academic environment leads to a pharmacy education that is “culturally repetitive” and likely to foster development of narrow values and beliefs. Furthermore, pharmacy students without exposure to others who are different may later not be able as pharmacists to effectively communicate, understand, empathize, and perform pharmaceutical care services (pharmacy services designed to increase health) for all people, regardless of their culture, ethnicity, insurance coverage, geographical location, and income. This deficit may limit their professionalism. For example, the pharmacist who does not understand the importance to some populations of using traditional home remedies may perform an inadequate evaluation of a patient who highly values home remedies. This contributes to non-professionalism and can adversely impact the quality of care provided to many patients. A diversified environment not only imparts knowledge concerning different cultures and lifestyles, but facilitates effective communication for providing optimal patient care, and promotes empathy and understanding for others who are different,¹⁴⁻¹⁷ thereby, promoting professionalism.

How diversified are colleges of pharmacy? Despite data verifying the observation that adequate representation of minority health care professionals results in increased patient access and better care for all patients

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and that greater knowledge is gained from diversified environments, the number of minority pharmacy students, faculty members, and practicing pharmacists is disproportionately lower than the growing minority population in the United States. Even in a state such as Georgia, where African Americans comprise approximately 30% of the population,¹⁸ the number of African Americans at the state's only public school of pharmacy comprise less than 5% of the faculty and 5% of the student body (unpublished data, College of Pharmacy, University of Georgia, February 2004).

Nationwide, less than 37% of doctor of pharmacy graduates are under-represented minorities, and more than half of those are Asian/Pacific Islanders.¹⁹ Similarly, approximately 20% of faculty members at colleges of pharmacy within the United States are members of an ethnic minority.²⁰ Undoubtedly, low numbers of minority pharmacy students lead to few minority faculty members and practitioners who can serve as role models for minorities. The converse is also true. For example, the low number of minority pharmacy faculty members and practitioners who are available to serve as role models and encourage minority students to pursue careers in pharmacy contributes to the low numbers of minority students seen in colleges of pharmacy.

Whose responsibility is it? Everyone shares in this responsibility. As pharmacy educators, we should help our students develop into pharmacists who are the advocates of all patients—not only of those who are most like them, but of those who are underserved, poor, aged, terminally ill, and under-represented. To prepare pharmacy students to interact effectively with and provide care for patients whose ethnic or cultural background may differ from their own, colleges of pharmacy should offer cultural competency training. However, cultural competency training is not enough. While cultural training may raise awareness of diversity and provide basic knowledge pertaining to cultural competency and communication,² it does not address the root of the problem, which is the lack of ethnic and cultural diversification within health care professional schools and among health care professionals. Thus, colleges of pharmacy should not settle for cultural competency training as the solution to the lack of diversity and professionalism, because it is not. Furthermore, colleges of pharmacy should make increasing diversity a college-wide campaign and not simply hire a minority recruiter or develop an office of minority affairs. Without making diversification a college priority and allocating resources and support to increasing diversity, while simultaneously holding everyone in the college responsible for the outcomes of

this effort (including administrators and all faculty members and staff), isolated individual efforts are going to result in less than optimal results. To increase diversity among pharmacy faculties and student bodies, it is essential that colleges of pharmacy receive a “bolus” and “continuous infusion” of qualified minority recruits from undergraduate postsecondary feeder schools. Reviewing the IOM report may increase enthusiasm and ideas for colleges of pharmacy to consider for enhancing student and faculty diversity.⁴ At the very least, colleges of pharmacy should critically examine and reconstruct their admissions policies to reflect the Oath of a Pharmacist, which begins “I vow to devote my professional life to the service of all humankind through the profession of pharmacy....”²¹ Increasing diversity among our profession needs to occur not only because it is the right thing to do, but because it is also the smart thing to do.²² Now is the time for us to diversify for the sake of our commitment to society and professionalism.

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