



From Inclusion to Performance: Examining the Effects of Diversity, Equity, and Inclusion Initiatives on Job Performance of Healthcare Professionals

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ABSTRACT

The need to transition from representational diversity to meaningful diversity, equity, and inclusion (DEI) efforts that improve employee performance has increased due to the expanding diversity of the healthcare workforce. This study investigates the effects of Health Professions Education–DEI (HPE-DEI) programs on healthcare professionals’ job performance using Social Identity Theory. A quantitative, cross-sectional strategy was used to gather information from 300 medical professionals employed by public and commercial healthcare organizations in Punjab, India. Data analysis was done using SmartPLS 4.0 and partial least squares structural equation modeling (PLS-SEM). The results show that DEI efforts significantly improve job performance. In particular, task and contextual performance are strongly influenced by self-awareness and beliefs, environmental awareness and context, and self-efficacy for action; the best predictor is self-efficacy for action. By offering empirical proof that inclusive and equity-oriented practices are important factors influencing workforce performance in healthcare settings, the study adds to the literature on DEI and healthcare professionalism.

Keywords: Diversity, Equity, and Inclusion, Healthcare Professionals, Job Performance, Health Professions Education, Social Identity Theory

JEL Classifications: J24, M12, M14, J16, J71

1. INTRODUCTION

According to the studies conducted by Doussard et al. (2024), Rahman et al. (2023) and others, increased workplace diversity is one of several elements resulting from recent changes to our workplaces. Many social movements have facilitated the discussion regarding diversity, equity and inclusion, including, Black Lives Matter, March for Our Lives, #MeToo, Climate Strikes, Standing Rock, The Women’s March and Marriage Equality. Businesses are realising that having diverse teams with different perspectives and approaches is important to compete effectively in the rapidly changing global marketplace. On the

other hand, inadequate management of workplace diversity can lead to conflict and poor workplace performance while also providing an opportunity for new perspectives and ideas to emerge. Recent research has indicated that there is a strong correlation between workplace diversity and business success.

For companies that utilize a growth approach, having racially diverse employees has been shown to be a successful tool. This increase in racially diverse employees is beneficial because it allows businesses to reach out to more customers with different cultural backgrounds (Roh and Sung, 2024; Richard et al., 2021). Zhang (2020) and Brahma et al. (2021) reported that when

companies also have greater gender and ethnic diversity at the executive level, these companies have greater net income than those that do not. Park et al. (2023) and Awaworyi Churchill and Valenzuela (2019) both reported that companies that have leaders of different ethnic backgrounds tend to have higher profits. The growth in workplace diversity continues to be associated with improved overall business success and profitability.

Many times research on diversity, equity, and inclusion (DEI) takes a fragmented view by examining a narrow range of DEI issues or drawing inferences from anecdotes rather than rigorous research studies. For example, previous studies investigated only LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer) indicators (Pichler et al., 2018) and did not consider the entire picture of DEI through an integrative analysis (Awaworyi Churchill and Valenzuela 2019). The integration of all the DEI domains into a single comprehensive and inclusive measure is diminished by the manner in which researchers currently study DEI.

Professionalism has frequently been extensively defined in the literature on healthcare pedagogy as a collection of traits, skills, and attitudes that are expected of a healthcare professional or trainee (Lashkari and Beigzadeh, 2014). According to a paper that was published in the American Medical Association Journal of Ethics, “Organizational, system, and policy reform demand that professionalism be redefined in terms of its capacity to motivate equity in health professions education and clinical practice” (Chen and Anderson, 2021). This suggests that maintaining equity is one of a doctor’s most important responsibilities. However, notions of EDI, cultural humility, and advocacy are frequently left out of healthcare organizations’ professionalism frameworks, despite their attempts to identify specific domains and competencies (Chen and Anderson, 2021).

EDI, cultural humility, and advocacy are advantageous for patients and healthcare teams, according to a number of studies. According to a review paper, a number of research indicate that more diverse teams improve patient outcomes and that varied healthcare environments are less likely to have conflicts during periods of change (Gomez and Bernet, 2019). Furthermore, discriminatory behaviors and the ensuing healthcare disparities continue to exist despite the efforts of healthcare organizations to educate, evaluate, and uphold professionalism standards from their trainees. For example, when accessing healthcare services in Canada, Black and Indigenous populations still face discrimination (Browne et al., 2011).

According to an ethnographic study carried out in an emergency department (ED) of a sizable teaching hospital in a Western Canadian city, many Indigenous patients felt that they were being judged based on their identity and that it was assumed that their ED visits were the result of inappropriate or illegitimate pain issues (Browne et al., 2011). Joyce Echaquan, an Indigenous patient at a Quebec hospital, is a prime example of discriminatory healthcare practices against Indigenous communities. Shortly before she passed away, she recorded a video of herself screaming in agony while her medical staff made offensive comments about her based on racially charged stereotypes (Shaheen-Hussain et al., 2023).

Furthermore, a qualitative study on self-identified Black residents of Montréal during the COVID-19 pandemic revealed a number of themes pertaining to internalized anti-Black racism among healthcare professionals, including the existence of some providers’ insensitivity to racial discrimination (Williams et al., 2024).

Redefining expectations of professionalism from healthcare professionals and trainees to include concepts of cultural humility and advocacy is strongly encouraged by the discriminatory practices and healthcare disparities among patients of equity-deserving backgrounds mentioned above (Browne et al., 2011) and the lack of emphasis on EDI in healthcare professionalism definitions (Chen and Anderson, 2021). This study focuses on how cultural intelligence and DEI training might improve the performance of healthcare workers.

2. REVIEW OF LITERATURE

Businesses must prioritize improving employee performance if they want to become leaders in the global marketplace (Chang and Pak, 2024). Previous research has shown that a variety of diversity factors, including age, gender, ethnicity, and industry experience, have an impact on employees’ performance, and companies with a high level of ethnic diversity are more likely to be innovative and creative (Maley et al., 2021; Webber and Donahue, 2001). Innovation and creativity in decision making will be created by companies that have diverse workforces who provide a wide array of different perspectives and specializations. These diverse workforces allow for innovation and creativity in decision making which ultimately leads to creating a better work environment overall for employees (De Dreu and West, 2001). Organizations that support inclusivity by allowing employees to participate in decisions, and increasing access to resources offered by the organization create more opportunities for employee rewards, as well as to help bring creative ideas to fruition (Hollander, 2012). In addition to increasing employee work-related goal attainment, supporting inclusivity increases employee engagement in their organizations (Hossain et al., 2020). Studies show that employee perception of inclusivity in the workplace is a major contributor to employee’s overall performance in the workplace and their level of attraction towards their organization (Leslie and Flynn, 2024).

Following SIT, we propose that DEI views relate to a person’s DEI in terms of relevance for creating worker identity. Specifically, when an organisation supports DEI (and equally provides support for, respects, and values the Perspective, Beliefs and Values of all employees regardless of the employee’s majority/minority status) Então, as a result of belonging to the organisation, employees would create a worker identity towards their employer, and this is greater than the creation of an identity based mostly on the sub-group (Fein et al., 2023).

In the literature there are numerous research studies that analyze relevant aspects such as Job Performance, Cultural Intelligence, financial inclusion or Job Satisfaction (Ashraf et al., 2025a; Shetty et al., 2023; Ashraf et al., 2025).

According to Ashforth and Mael (1989), “Organisational Identification widens the Social Identification frame.” Hofhuis et al. (2012) stated that DEI Initiatives are designed to build an inclusive workplace free from discrimination and bias by fostering an inclusive workplace environment whereby Minority Workers are viewed as part of the fundamental makeup of the organisation.

According to McKay et al. (2008), it also cultivates a strong sense of belonging among employees by embracing and valuing people from diverse backgrounds. Fein et al. (2023) and Hogg and Terry (2000) claim that this encourages employees to participate in their work and put forth greater effort to achieve the company’s objectives. Being a part of an inclusive workplace creates a good psychological experience that inspires employees to do their tasks exceptionally effectively.

Chen and Tang (2018) claim that when workers feel appreciated, recognized, and like they belong in the organization, they perform better. Strong self-esteem makes employees more aware of the importance of their particular tasks within the organization, according to Magni et al. (2009). This increased self-confidence is expected to promote their willingness to use their valuable energy—obtained through fair organizational principles—to engage in impromptu and innovative activities (De Clercq et al., 2021).

Diversity, equality, and inclusion (DEI) initiatives boost organizational commitment, work satisfaction, and employee retention, all of which lead to better performance. When workers experience equitable treatment, clear career pathways, and a sense of belonging, they report higher job satisfaction and are less inclined to quit. This reduces the disruption and productivity loss caused by turnover. Programs addressing career development, mentoring, and structural barriers are linked to improvements in career outcomes and employee experience when they are implemented as part of a sustained strategy rather than as one-time activities, according to systematic syntheses of DEI efforts in health research and healthcare institutions (Wang et al., 2024).

DEI also enhances clinical decision-making and team dynamics because diverse teams offer a greater variety of viewpoints and approaches to problem-solving. Hospitals that reached a critical mass of about 35% female anesthesiologists and surgeons experienced lower odds of major 90-day morbidity. This suggests that representative teams can translate diversity into safer patient care through improved teamwork and fewer blind spots in clinical reasoning. Recent large observational work demonstrates a measurable association between sex diversity in surgical and anesthesia teams and improved postoperative outcome, therefore we hypothesize that

- H_1 : Diversity, Equity and Inclusion initiatives have a positive significant impact on Job Performance of healthcare professionals.
- H_{1a} : Self Awareness and Beliefs have a positive significant impact on job performance of healthcare professionals.
- H_{1b} : Environmental Awareness and context has a positive significant impact on job performance of healthcare professionals.
- H_{1c} : Self Efficacy for Action has a positive significant impact on job performance of healthcare professionals.

3. EMPIRICAL SETTING AND PROCEDURE OF TESTING

The healthcare industry, which includes both public and private hospitals as well as related healthcare facilities where Health, Protection, and Diversity, Equity, and Inclusion (DEI) initiatives are actively carried out, serves as the study’s empirical setting. The study uses a quantitative, cross-sectional research design and uses a structured questionnaire to gather primary data from healthcare professionals in a variety of roles and hierarchical levels. A five-point Likert scale was used to measure employee job performance and HPE-DEI initiatives using validated multi-item scales. The impact of HPE-DEI initiatives on job performance in the healthcare context was empirically examined by screening data for validity and reliability, then testing hypotheses using correlation and regression/structural equation modeling techniques while controlling for important demographic variables.

3.1. Sample and Data Description

Every study requires a current, accurate, and comprehensive sample frame. This type of sampling was used in the absence of a sampling frame for convenience. By carefully choosing samples with consistent attributes and maintaining an audit record of the data collection procedure, care has been taken to guarantee representativeness and minimize bias. 300 healthcare professionals from the state of Punjab were given a well-structured questionnaire to complete over the course of 6 months, from June 2025 to November 2025, in order to collect the primary data. Depending on the type of question, the tool uses a five-point Likert scale where five represents “strongly agree” and one represents “strongly disagree.” This ranking system is comprehensive and non-comparative. The cross-sectional technique is the basis for the data collection process, and Smart PLS-4.0, a second-generation data analysis program, is used.

3.2. Measures

The independent variable, which is Health Professions Educators Diversity, Equity, and Inclusion, was measured using the 13-item Gesing et al. (2024) scale. The dependent variable, job performance, was assessed using a 13-item measure created and validated by Koopmans (2015).

3.3. Research Design and Analysis

The relationship between HPE-DEI and employee job performance was assessed in this descriptive analysis. SmartPLS Version 4.0 was used in the study to assess the measurement and structural models. Assessing measurement models’ discriminant and convergent validity. While discriminant validity compares items across conceptions, convergent validity compares items within them. Construct relationships were examined in order to evaluate the structural model. The significance, applicability, and collinearity of structural models were investigated. We examined the effect size (f^2) and coefficient of determination (R^2) of the model.

4. FINDINGS

4.1. Measurement Model Assessment

The metrics used to assess the measurement model, such as factor loading, composite reliability (CR), and average extracted variance

(AVE), are listed in Table 1. A factor loading of 0.700 is typically considered average, although values as low as 0.4, 0.5, and 0.6 may be suitable in some circumstances (Ramayah et al., 2018). Due to negative factor loadings, one item from the HPE-DEI scale (EA&C1) was removed. This item was not considered for further analysis. All conditions have been met, according to Table 1's data, with AVE and CR standards of 0.5 and 0.7, respectively. This implies that the measurement model is appropriate in terms of convergent validity. Figure 1 displays the measuring model for the SmartPLS output.

Table 1: Factor loading, composite reliability and average variance extracted

Items	Item Code	Factor Loadings	Composite Reliability (CR)	Average Variance Extracted (AVE)
Environmental Awareness and Content	EA&C2	0.786	0.829	0.618
	EA&C3	0.803		
	EA&C4	0.769		
	EA&C1	0.797		
Self Awareness and Beliefs	SA&B1	0.797	0.878	0.590
	SA&B2	0.793		
	SA&B3	0.784		
	SA&B4	0.734		
	SA&B5	0.730		
Self Efficacy for Action	SFA1	0.828	0.863	0.611
	SFA2	0.766		
	SFA3	0.739		
	SFA4	0.791		
Contextual Performance	CP1	0.702	0.905	0.544
	CP2	0.730		
	CP3	0.722		
	CP4	0.772		
	CP5	0.754		
	CP6	0.754		
	CP7	0.766		
	CP8	0.694		
Task Performance	TP1	0.730	0.849	0.531
	TP2	0.769		
	TP3	0.720		
	TP4	0.676		
	TP5	0.744		

Henseler et al. (2015) presented HTMT (Heterotrait–Monotrait Ratio) as a reliable criterion for evaluating discriminant validity in structural equation modeling. They suggested that in order to verify that constructs are empirically distinct, HTMT values should be considerably less than 1. Building on this, threshold limits of HTMT < 0.85 for conceptually distinct constructs and HTMT < 0.90 for theoretically related constructs are frequently applied in subsequent methodological literature. This is supported by guidelines proposed by Kline (2011) and empirical validation by Henseler et al. (2015). As shown in Table 2, the measurement model satisfied each of these requirements for discriminant validity.

The Variance Inflation Factor (VIF) was utilized to determine whether multicollinearity existed in the model. According to Diamantopoulos and Sigauw (2006), the model had no multicollinearity problems because every VIF value was comfortably below 3.3. The findings of bootstrapping the structural model analysis, shown in Table 3, indicate that the hypotheses are supported when $P < 0.001$ ($t > 1.645$), $P < 0.05$ ($t > 1.96$), or $P < 0.001$ ($t > 2.58$). The outcomes clearly show that every hypothesis has been verified. Furthermore, Cohen (1988) states that R^2 must be at least 0.35 for significance; the computed model for this study has an R^2 of 0.535, which is considered significant. Effect size is the measure of how much an endogenous variable affects an exogenous variable. Cohen (1988) defined a substantial influence as a f^2 value of 0.35 or above, a moderate effect as $0.15 < f^2 \leq 0.349$, and a slight effect as $f^2 \leq 0.03$. Based on the findings displayed in Table 3, each relationship exhibits either a modest or moderate effect size.

5. DISCUSSION

The results of this study offer compelling empirical evidence for the favorable and noteworthy effects of Diversity, Equity, and Inclusion (DEI) initiatives on healthcare workers' job performance. According to Ashforth and Mael (1989) and Fein et al. (2023), the results support Social Identity Theory (SIT) by demonstrating

Figure 1: SmartPLS output of the measurement model

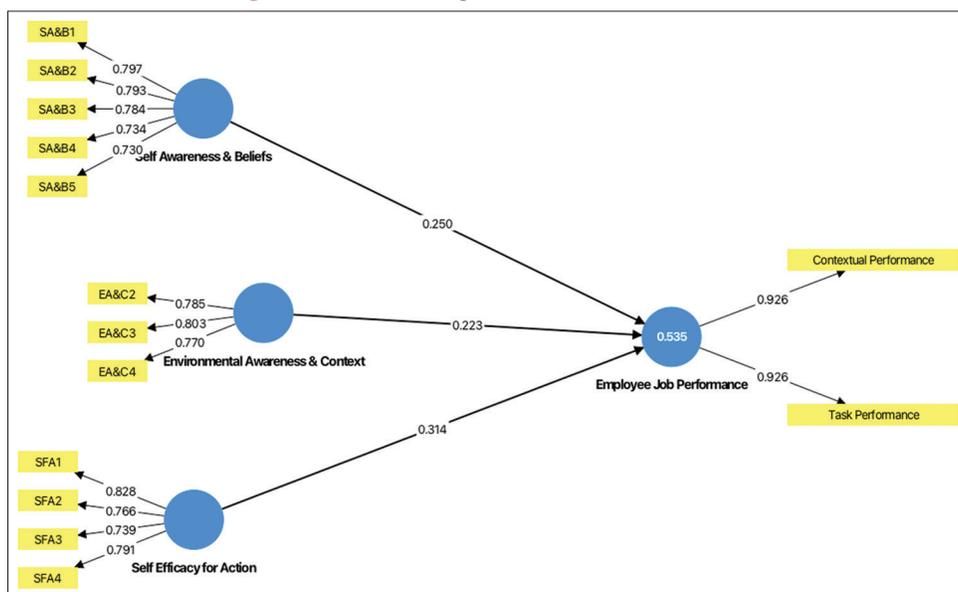


Table 2: HTMT assessment of discriminant validity

	Contextual performance	Environmental awareness and context	Self awareness and beliefs	Self efficacy for action	Task performance
Contextual Performance					
Environmental Awareness and Context	0.783				
Self Awareness and Beliefs	0.724	0.604			
Self Efficacy for Action	0.775	0.543	0.871		
Task Performance	0.868	0.852	0.795	0.781	

Table 3: Results of path analysis, VIF, f², R²

Column1	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values	VIF	f-Square	R-Square	Hypotheses Accepted/Rejected
Environmental Awareness and Context -> Employee Job Performance	0.223	0.222	0.087	2.555	0.011	1	0.03	0.535	Accepted
Self Awareness and Beliefs -> Employee Job Performance	0.25	0.253	0.093	2.68	0.007	1	0.035		Accepted
Self Efficacy for Action -> Employee Job Performance	0.314	0.314	0.068	4.627	0	1	0.073		Accepted

that employees are more likely to identify with the organization as a whole rather than with more particular subgroup identities when healthcare organizations foster inclusive environments. This organizational identification enhances motivation, engagement, and discretionary effort—all of which are necessary for high performance in complex healthcare situations.

According to the study’s results, statistically significant effects can be observed on how well an employee performs in his/her job from three particular dimensions of HPE-DEI, namely self-awareness and beliefs, environmental awareness and context, and self-efficacy for action. Prior research indicates (Chen and Tang, 2018; De Clercq et al., 2021) that when an employee perceives that he/she receives Fairness, Respect, and Psychological safety, they are much more likely to invest time, energy, and emotional commitment into doing what they do.

Action self-efficacy had the strongest influence on job performance out of the three factors. This indicates that in order to apply the principles of DEI to actual measurable job performance, one needs to feel efficacious about taking actions that include not only shedding awareness but also taking on actions that include challenging discriminatory behaviors and being proactive about patient support and inclusion. This is in line with other research that discovered that DEI initiatives are most effective if they do not only make promises but also equip employees with skills (Gichane et al., 2025).

In sum, the data supports that DEI can be looked at as a way to improve teamwork performance, employee performance, and ultimately result in improved patient outcomes within a health care institution.

6. CONCLUSION

The present study offers empirical confirmation that diversity, equity, and inclusion (DEI) can make a critical difference in the performance level of healthcare professionals. It argues the need to move beyond performative DEI actions to more substantive ones, discussing the critical role that self-knowledge, as well

as knowledge of one’s environment, has to play in this regard. Incorporating DEI into healthcare professionalism discourse, education, and operations is therefore key to creating more inclusive environments, better patient health services, as well as organization-effectiveness in healthcare.

6.1. Implications

By bringing empirical evidence on the impact of Diversity, Equity, and Inclusion (DEI) initiatives on organizational identification and job performance in the healthcare industry, this research work can be seen as contributing to the area of Social Identity Theory. It fills the research gap because it considers DEI in an integrated manner. Secondly, it supports an ideal that the concept of professionalism needs to be extended in the healthcare industry to include equity and advocacy.

The findings underscore the need for administrators in the healthcare setting and policymakers to incorporate Diversity, Equity, and Inclusion (DEI) into their plans and training. DEI initiatives need to be designed to create skills to improve self-efficacy beliefs related to inclusive behavior. Techniques like learning by reflection, leadership accountability, or formal mentorship can be of assistance in making DEI a mainstream performance driver rather than a distinct initiative.

Thus, DEI competencies have to be integrated in faculty development, curricula, and assessment in health professions education to overcome the disparities in healthcare, which have long persisted, by encouraging self-reflection, awareness, and activist initiatives by medical professionals.

6.2. Limitations and Directions for Future Research

Several weaknesses provide the limitation to this study. First, the cross-sectional design of this study provides less capability for developing causal links between the DEI projects and job performance compared to longitudinal studies that are sensitive to temporal impacts. Further, reliance on self-reported data can lead to biases due to social desirability. Moreover, the study focused only on healthcare professionals in Punjab, India, based on convenience

sampling. Thus, generalization of the findings would probably not be possible. Finally, even though job performance was treated as a composite construct, future studies would gain from examining more detailed analyses of specific performance dimensions, such as patient safety and teamwork quality.

Future research concerning the impact of DEI efforts on performance outcomes should employ experimental or longitudinal methods. Comparative studies of public and private healthcare facilities or nations may be particularly valuable in providing cross-cultural insights. Further, the mediating and moderating factors that can further elucidate how DEI initiatives influence performance outcomes include psychological safety, burnout, leadership support, or cultural intelligence.

Qualitative or mixed-methods research would provide greater insight into the experiences of healthcare practitioners concerning DEI initiatives. Looking into patient outcomes in addition to staff performance would enrich the evidence base linking DEI to the quality and safety of healthcare.

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