Occupational Therapy Capstone Projects   Department of Occupational Therapy

5-10-2024

Navigating Diversity: A Thorough Review of the Barriers and Facilitators for Retention of Minority Clinicians in the Healthcare System

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NAVIGATING DIVERSITY: A THOROUGH REVIEW OF THE BARRIERS AND

FACILITATORS FOR RETENTION OF UNDERREPRESENTED HEALTHCARE

PROFESSIONALS IN THE HEALTHCARE SYSTEM

by

Jadia Leanne Bullock

A Capstone Project Presented to the
FACULTY OF OCCUPATIONAL THERAPY
GEORGIA STATE UNIVERSITY

In Partial Fulfillment of the
Requirements for the Degree
OCCUPATIONAL THERAPY DOCTORATE

April 2024

Capstone Final Paper Approval Form

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The Capstone Final Paper is the final product that the OTD students need to complete to report his/her Capstone Project and his/her Capstone Experience.

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Acknowledgments

Foremost, I give thanks to God for carrying me through this journey and giving me strength and guidance through my experience at Georgia State University.

I would like to express my sincere gratitude to the Georgia State University Occupational Therapy program and my capstone team, Dr. Carolyn Podolski & Dr. Kinsuk Maitra for their support. I would also like to thank my advisor Dr. Emily Buchman for her support and contribution during my experience.

Thank you to my niece Jayla, for being a motivating force in my life, our long walks and talks kept me in high spirits despite challenging times. I love you and I will always be there for you.

Thank you to Kevin for always being there as my little brother, through each adversity we have faced you have been an invaluable support. I love you and I will always be there for you.

Thank you to my grandparents Maxine & Charlie for their prayers and support. Thank you to my grandfather Charlie for being a role model in what it means to never give up. Your steadfast encouragement, often echoed through the words "practice, practice, practice" instilled in me the belief that no challenge is insurmountable and that with dedication, I can achieve anything. Thank you to my grandmother Maxine for always encouraging me and being there for the many long conversations and difficult nights.

Thank you to Jasmin, my beloved big sister, you were always a huge support to me, and without your influence in my life- I would never have made it to this point. I miss you every day. I always look back fondly on when mom used to dress us as twins, the memories of you fill me with joy and laughter. You will forever be my big sister.

Thank you to my mother Crystal for always supporting me, believing in me, and being my first teacher. You taught me to be resourceful, how to be kind, and how to have compassion. I miss you every day and I will always carry you within my heart.

I also want to thank Jamie Hamilton. You have been an inspiration and my anchor through this program. Even through adversity, you are a beacon of light that reminds me that "*God is within her, she will not fail".* I cherish your love and unwavering support, always.

Thank you.

Abstract

The presence of minority healthcare professionals is crucial in addressing barriers to healthcare access and disparities in health outcomes experienced by underrepresented populations. Despite some progress, African Americans, Latinos, Asians, and Native Americans continue to be underrepresented in healthcare professions. Lacking diversity contributes to challenges in providing equitable healthcare services, as patients are more likely to delay or avoid care when they cannot find providers who understand their beliefs, culture, or life circumstances. About 60% of the largest healthcare professions are dominated by White individuals, concerns persist regarding equitable access to healthcare services and the need to promote diversity and inclusion within the profession. This study aims to address the gap in comprehensive research on the retention of minority healthcare professionals by investigating key factors influencing retention through a targeted literature review. By identifying and leveraging these factors, tailored strategies and interventions can be developed to foster a more inclusive and supportive environment within healthcare systems, ultimately improving healthcare outcomes for marginalized communities and retention rates in the United States. **Conclusion**: Limited research in healthcare retention, specifically in minority healthcare workers, decreases the ability to promote a positive work environment, reduced turnover, and job satisfaction.

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Summary

Underrepresented populations often face barriers to healthcare access and experiencing disparities in health outcomes, the presence of minority healthcare professionals is essential to overcome these barriers. These professionals can better understand and address the unique needs of diverse patient populations, ultimately improving healthcare delivery and outcomes for marginalized communities. Patients are more prone to delay or avoid care when they cannot find providers, approaches, or treatments that align with their beliefs, culture, or life circumstances (Khuntia et al., 2022). A lack of diversity among healthcare workers contributes to these barriers. "Despite some gains over the last few decades, African Americans, Latinos, and Native Americans remain underrepresented in the health profession relative to their proportion of the U.S. population" (Laurencin & Murray, 2017). In 2022, about 60% across each of the 25 largest healthcare professions are represented by White individuals (Smith & Blank, 2023). These professions include Speech-Language Pathologist (91.2%), Occupational Therapy (79.9), Physical Therapy (78.8%), and Nurse Practitioner (75.3%). Considering the underrepresentation of minorities in the healthcare workforce, there are concerns about equitable access to healthcare services and the importance of promoting diversity and inclusion within the profession. Given these challenges, there is a pressing need to prioritize retention strategies for healthcare workers, particularly in light of projected shortages and the persistence of health disparities.

There remains a noticeable gap in comprehensive research addressing the retention of minority clinicians and administrators within the healthcare field. Considering the unique challenges and factors that may influence minority healthcare retention, it becomes evident that a focused and targeted investigation is essential. In this study, the aim is to delineate the key factors influencing the retention of minority healthcare professionals through a literature review and how

these factors can be leveraged into effective retention. By delving into this underexplored area, this review aims to uncover tailored strategies and interventions that address the specific needs of minority healthcare professionals, ultimately fostering a more inclusive and supportive environment within healthcare systems.

Specific aims and Outputs:

Capstone goal 1: The student will conduct a comprehensive literature review of findings to contribute to evidence-based solutions for improving healthcare retention among minority healthcare workers.

Capstone goal 2: The student will present insights gained from the literature review to stakeholders of the agency which will inform healthcare organizations on retention strategies for minority healthcare workers.

Capstone goal 3: The student will conduct a scientometric analysis to understand the trends within the topic of minority healthcare retention.

Short-term and Long-term Impact

The short-term impact of this capstone project is to provide an understanding of the barriers and facilitating factors that have the potential to impact minority healthcare workers. Additionally, this project will have the potential to influence minority healthcare retention strategies that will inform healthcare organizations. The long-term impact of this project is to increase retention rates among minority healthcare professionals. In the long term, this capstone project will advocate for ongoing research to gain deeper insights into the complex needs of minority healthcare workers.

CHAPTER 1
Literature Review

Healthcare worker retention will decrease globally by 2030 (Boniol et al., 2022). This is striking due to the critical role healthcare workers will play in treating the United States' growing and aging population (de Vries, Boone, et al., 2023). The 2019 coronavirus pandemic (COVID-19) caused higher rates of infection in minority communities, which resulted in a lower level of healthcare access (Miu & Moore, 2021). In addition, recent reports include health disparities among racial and ethnic minorities during COVID-19 revealing decades of evidence of unequal healthcare access and outcomes confirming that Black, Hispanic, and Native American health workers bear a disproportionate impact from the pandemic (Salsberg et al., 2021). This raises concerns about equitable access and the need for targeted efforts to address diversity and inclusion within the healthcare system. In light of these factors, there is a compelling need to focus on healthcare worker retention strategies, considering the projected shortages, health disparities, and underrepresentation of minority healthcare practitioners.

A study investigating the influence of race and ethnicity in clients' experiences of mental health treatment found that ethnic minorities felt a "racial/ethnic match" (clients and providers share the same race or ethnicity) combined with provider knowledge of discrimination was significant in their treatment, underlining the importance of representation within healthcare professions (Meyer & Zane, 2013). This need is particularly poignant for minority healthcare practitioners, for whom there is limited research regarding retention strategies for this population. This study aims to delineate the facilitating and inhibitory factors surrounding the retention of minority healthcare professionals and how these factors can be leveraged into effective retention strategies.

Across the literature, there are a limited number of studies that can comprehensively query the retention dynamics for healthcare workers. It should be noted that an area of severe need, in light of the increasingly aged population, is within the rehabilitation clinical space, wherein there exists a low number of employee retention studies. A 2008 study on occupational therapists (OT) in mental health service highlighted several positive aspects of their positions that may increase retention including: social/emotional environment, aspects/nature of their roles, and using occupational therapy skills, as well as dynamics that are challenging to retention, were insufficient time with a high workload (Hayes et al., 2008). Furthermore, a 2013 study on occupational therapists in mental health aimed to delineate the relationship between well-being at work and turnover intention. In this study they found that 33% of the cause of turnover intention was predicted by job satisfaction; highlighting that retention dynamics are complex and multivariable, a key consideration for this proposal (Scanlan & Still, 2013).

Notably, in 2021, Alesia Ford conducted a qualitative study on recruitment and retention strategies identifying five themes; lack of representation and knowledge about occupational therapy, feeling like an outsider, need for financial support, individualized mentor-mentee relationships, and connections with national organizations for people of color (Ford et al., 2021). This was one of the few articles found during this literature search that solely focused on the minority healthcare practitioner population; however, it should be noted that Ford et al. used 12 participants, emphasizing the need for more comprehensive studies in this area. These studies underscore the persistent need to delineate the key factors that impact the retention of minority healthcare practitioners. In this study, the aim is to delineate the key factors influencing the retention of healthcare practitioners and how these factors can be leveraged into effective retention.

strategies to improve the retention of healthcare practitioners as our population grows and becomes increasingly diverse.

Other healthcare professions, such as nursing, benefited from onboarding programs, mentorship programs, stress coping, job satisfaction, work-life balance, social support, organizational barriers, and transitioning from school to work (De Vries, Lavreysen, et al., 2023). There remains a noticeable gap in comprehensive research specifically addressing the retention of minority healthcare practitioners. Considering the complex challenges and factors that may influence minority healthcare practitioner retention, it becomes evident that a focused and targeted investigation is essential. By delving into this underexplored area, one can uncover tailored strategies and interventions that address the specific needs of minority healthcare practitioners, ultimately fostering a more inclusive and supportive environment within healthcare professions. Hence, there is a compelling need for dedicated research on minority healthcare practitioner retention to ensure equitable and sustainable workforce practices.

The importance of diversity in the healthcare workforce is multidimensional. The healthcare workforce should represent "the tapestry of our communities as it relates to race/ethnicity, gender, sexual orientation…to render the best possible care to our diverse patient populations" (Stanford, 2020). In 2022 the *US Bureau of Labor Statistics* highlights the significant disparities in racial demographics across various healthcare occupations (Smith & Blank, 2023). Notably, white healthcare workers are prominently represented in all 25 occupations shown in Figure 1. The lack of diversity in healthcare occupations due to the overwhelming representation of white healthcare workers undermines the profession's ability to provide optimal care to diverse patient populations. Patients are

more prone to delay or avoid care when they cannot find providers, approaches, or treatments that align with their beliefs, culture, or life circumstances (Khuntia et al., 2022). A lack of diversity among healthcare workers contributes to these barriers. In addition to these factors, a diverse healthcare workforce brings different perspectives and experiences that can enhance problem-solving and overall quality of care. Therefore, addressing these disparities and promoting diversity in healthcare is a matter of social justice, essential for improving health outcomes and fostering inclusive healthcare environments.

Needs Assessment

Conducted within a California-based non-profit organization that provides community-based services to youth brought to light a concern among stakeholders regarding the intricate dynamics of minority healthcare practitioner retention. During a focus group, stakeholders consistently expressed a keen interest in understanding how these dynamics could impact the continuity of care for the organization's clients, shedding light on their broader apprehensions of practitioner burnout and communication within the organization. These shared concerns were not confined to a specific organizational level, as insights were gathered from both leadership and on-the-ground fieldwork stakeholders, highlighting the significance of the issue across the entire organization.

In response to these concerns, a collaborative effort unfolded, engaging stakeholders in a dialogue to delineate the most effective path forward. The aim was to identify key barriers and facilitators, allowing for a comprehensive understanding of the challenges at hand. This collaborative process, in turn, paved the way for the initiation of the current study, ensuring that it was strategically aligned with the expressed needs and

priorities of the organization. This organization has requested to be anonymized within this study.
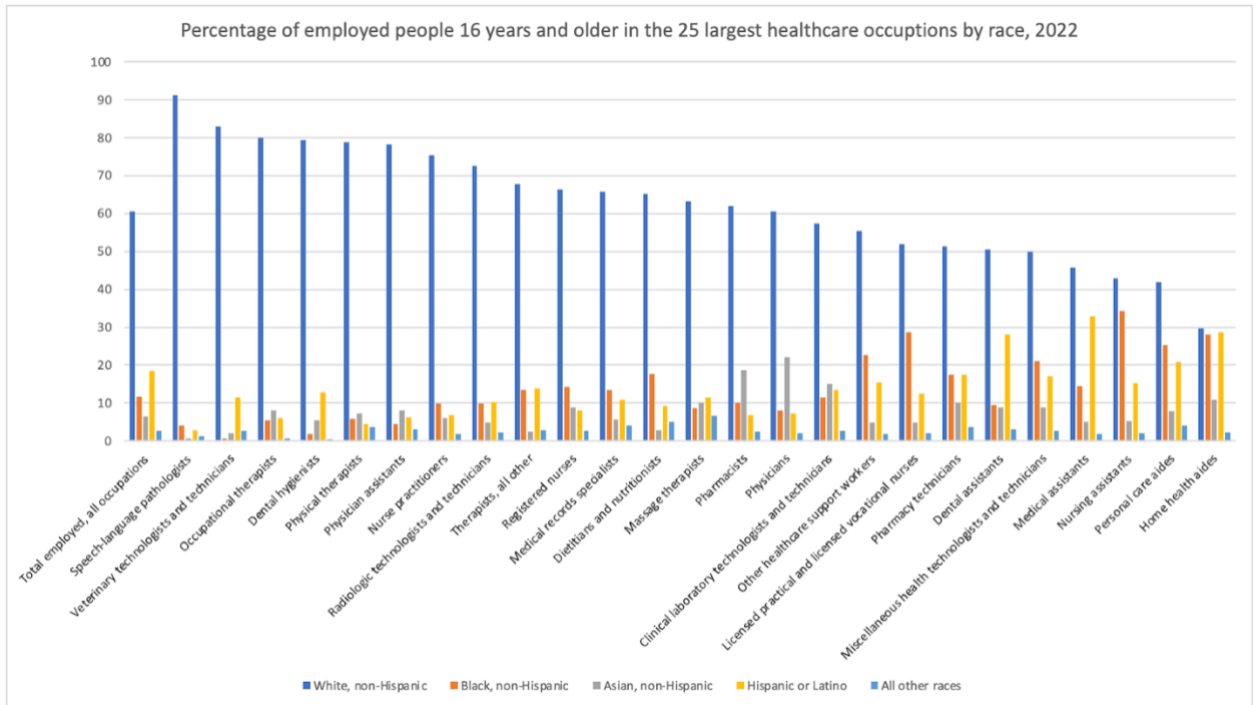
Figure 1: Percentage of employed people 16 years and older in the 25 largest healthcare occupations by race, 2022. (Smith & Blank, 2023)

CHAPTER 2

Capstone Experience Protocol

Administration

The author intends to develop a deeper understanding of the complex systems that involve healthcare administration increasing a collaborative environment and efficacy of minority healthcare workers. This capstone project is a literature review examining key retention challenges for underrepresented healthcare professionals that will benefit administration across 3 dimensions: workplace culture, current retention policies, and leadership development programs.

Workplace Culture

Workplace culture incorporates the shared values, beliefs, attitudes, and behaviors that define the environment within an organization. It sets the tone for interactions among employees, management, and clients, shaping the overall workplace experience. The impact of workplace culture on employee morale, satisfaction, and performance is complex. A positive workplace culture fosters a sense of belonging, trust, and collaboration, leading to higher morale, increased job satisfaction, and enhanced performance levels (Zhang et al., 2022). Conversely, a negative or "toxic" culture can erode morale, diminish satisfaction, and impair performance, ultimately affecting the organization's success, turnover intention, and bottom line (Ofei et al., 2023; Zhang et al., 2022). Therefore, fostering a healthy and inclusive culture is crucial for nurturing a productive and engaged workforce.

The role of workplace culture in retention, particularly among healthcare professionals cannot be understated. A positive workplace culture is essential in retaining

these professionals as it indirectly impacts their job satisfaction and overall experience within the organization. Research shows a clear link between workplace culture, job satisfaction, and retention (Williams & Beidas,2018). This study found that effective work culture, using evidence-based practices that understand the factors that support clinician retention, is related to higher levels of job satisfaction, which also decreases turnover in clinicians. A study focusing on workplace discrimination and burnout among Asian nurses in the US, Jun et al. (2023) found that nurses felt frequent and infrequent job harassment (including racial slurs used by supervisors or coworkers) 65% and 35%, unfair treatment at work (being watched closely, humiliated, and felt treated unfairly compared to others at work) 66% and 34%, and felt invisible at work (being ignored, assumed to be lower status, or denied promotions) 57% and 43%, respectively (Jun et al., 2023). Despite these challenges, 56% of Asian nurses expressed no intention of leaving their positions while 22% remained undecided.

The importance of fostering an inclusive culture becomes even more evident when considering the retention challenges faced by minority healthcare professionals. Fostering an inclusive culture becomes paramount in mitigating these challenges, providing an environment where underrepresented professionals feel valued, supported, and empowered to thrive. By actively promoting diversity, equity, and inclusion initiatives, organizations can create a welcoming workplace culture and improve retention among minority healthcare professionals. This inclusive workplace culture enhances both the diversity and the quality of patient care, benefiting the organization as well as the clients and clinicians.

The Creation or Review of Current Retention Policies

The creation or retention of current retention policies is crucial for organizations aiming to manage their workforce and talent pool effectively. In this effort, administrators should propose pertinent questions to assess the existing framework and its alignment with the organizations' objectives. Here, the student outlines five questions designed to guide administrators in assessing and refining their retention policies. By addressing these questions, organizations can develop a deeper understanding of their retention policies/ or retention goals and make informed decisions to enhance retention, particularly in minority healthcare professionals, who warrant specific attention and tailored strategies.

Below the author outlines five key questions for administrators to ask their organization regarding the creation and review of current retention policies. These questions are supported by the *Society for Human Resource Management* and acknowledging the answers to these questions can assist in guiding the development of a comprehensive understanding of the retention policy and efforts regarding minority healthcare professionals (Daniel, 2012).

1. How does our organization effectively manage employee retention, considering the significance of retaining quality employees over recruitment and training costs, and how does this align with our overall business strategy?

2. In what ways are our retention policies tailored to address the specific factors influencing both voluntary and involuntary turnover within our workforce, such as job satisfaction, compensation, trust, career development opportunities, and work environment?

3. What mechanisms are in place to regularly review and update our retention policies and strategies, ensuring they remain responsive to evolving employee needs, industry trends, and organizational objectives?

4. How do our retention initiatives integrate with broader organizational strategies, such as talent acquisition, succession planning, diversity and inclusion efforts, and organizational culture enhancement?

5. What metrics and methods do we utilize to assess the effectiveness of our retention efforts, and how do we leverage this data to identify areas for improvement and drive strategic

   decision-making regarding talent management and employee engagement initiatives? (Daniel, 2012)

Promoting Leadership Development Programs

Healthcare organizations need to consider implementing effective communication practices among employees. The key to finding the right approach to understanding how employees prefer to provide and receive feedback is by identifying methods that would work best for the organization. The organization should then consider surveying the staff for a consensus, based on the provided feedback options. Using surveys as a way to understand the needs of employees is considered an evidence-based approach to understanding engagement and performance (Judd et al., 2018). Through active listening and addressing employee feedback, healthcare organizations can create a supportive work environment where employees, specifically minority healthcare professionals, feel valued and uplifted. In 2023, research discovered a correlation between perceiving a greater level of influence in patient care decisions and experiencing high levels of job satisfaction from

home health aides (Bensson-Ravunniarath et al., 2023). In addition, feeling valued and recognized by their organization or supervisors. These findings support a positive effect on retention and the work environment (Aiken et al., 2023; Jang et al., 2017; Stone et al., 2017).

Surveys can be given to understand the best pathways for employees to provide feedback, receive feedback, and evaluate supervisor retention efforts. In some instances, the use of assessments like a SWOT (strengths, weaknesses, opportunities, and threats) analysis can be a tool to evaluate the organization's effectiveness. Additionally, the inclusion of a post-evaluation survey a week or two weeks after the evaluation meeting can be beneficial to understanding what gaps and inefficiencies arise. These post-evaluation surveys are usually conducted as a portion of an exit interview; however, these can be limited due to the heightened emotions and frustrations around the employee exit that may lead to inaccurate or skewed results regarding perceptions of company culture and key retention dynamics. To mitigate these challenges, the inclusion of regular post-evaluation surveys will allow teams to gain insight into key retention dynamics and identify faulty mechanisms far in advance of failure (Rosen et al., 2018).

Culture Engagement Council

Once the organization has established the objective of retaining talented yet unengaged employees, the formation of an internal council becomes imperative. The council will allow the organization to centralize and optimize the flow of key information regarding company culture and develop a team that has an intimate understanding of the pivotal dynamics that impact the retention of healthcare professionals.

This culture council will facilitate the process of gathering information regarding

the needs of the workforce population and ensure minority healthcare professionals are included and fairly represented in surveys and initiatives. The information-gathering process involves monitoring through the aforementioned post-evaluation surveys, which should be conducted on a consistent and regular basis, as well as in separate surveys and one-on-one meetings. The committee will be responsible for understanding the barriers and challenges to their "intention to leave" and job satisfaction factors that are impacting this workforce population. Following this, the council will be tasked with problem-solving and finding strategies that will directly impact and improve the challenges found in the feedback.

Supervisors by definition, are individuals whose goal is to uphold the values and mission of the organization at each level that they manage. If an organization is clear in its intent to uphold

equity and inclusion of diverse individuals, then the feedback from the culture committee will be invaluable in developing training for supervisors.

In the literature, there is a plethora of training tools for supervisors available. In this literature review, the author will focus on those deemed most efficacious for this study. Notably, the multitude of available training options and tools highlight how concerned companies are with ensuring that supervisor training is effective and beneficial to the organization.

The Red/Green tool from the National Commission on Correctional Healthcare (NCCHC) is designed to improve the leadership team's ability to improve the retention of nurses (Burns, 2023). The key steps of the Red/Green tool exercise are: *(The following 4*

steps are directly from Sheila Burns, MS, BSN, RN, is an accreditation facilitator with NaphCare, Inc)

1. "Get two pieces of paper and write "Red" at the top on one and "Green" on the other. First, think about a negative, miserable workplace. What does it look, feel, and sound like? Brainstorm if you are working with others. Record what you come up with on the "Red" piece of paper. Examples could include silence, staff in silos, conflict, and high sick rate.

2. Then think about how a happy, productive workplace looks, feels, and sounds. Examples might be laughter, helping each other, and covering for each other. List those on the "Green" sheet.

3. Sit back and assess where your team is in relation to what you've written. Circle the words on the sheets that are seen in your department. Be honest. You can bet that there will be a mixture of both.

4. With that information, create a plan for managing any "Red" aspects – there are bound to be some – so that you are moving toward the "Green." The key to success is for the leaders to behave in a "Green" way every day; people who are positive will start to follow."

- Sheila Burns, MS, BSN, RN, is an accreditation facilitator with NaphCare, Inc

Tools like the Red/Green tool will not help to improve retention and workplace culture overnight, however, over time these tools can be effective in helping a culture committee reach its goals- and effectively train supervisors (Burns, 2023).

Program Development

  This capstone student is interested in the growth of both OT clinics and healthcare clinics across the United States. The healthcare sector has experienced challenges with retention, and in order for the field to grow and become more widespread, retention of underrepresented healthcare workers is of key importance. In conclusion, this capstone project will allow the student to provide an outline of key retention strategies that an organization can utilize to improve the retention of underrepresented clinicians. Within each section below the student outlines how this project can impact the different programs across the healthcare spectrum.

Small clinics & retention

  Small clinics are often met with unique challenges stemming from limited resources including fewer professional development opportunities for employees and potentially high caseloads with fewer hands available. This literature review delves into critical retention factors affecting underrepresented healthcare workers shedding light on how small clinics can transform these unique challenges into opportunities for growth and development. Understanding and addressing these challenges can lead to tailored retention strategies promoting a more stable workforce and enhancing the quality of care within healthcare settings (De Vries, Lavreysen, et al., 2023). The challenges faced by smaller clinics are multifaceted and can be quite strenuous to the clinic if not properly managed including; staffing, finances, documentation, insurance claims, and audits (*Navigating private practice business challenges*, 2023). Therefore, this paper will

provide a brief explanation of the different challenges that small clinics face including limited resources, high caseloads with fewer employees, and a lack of professional development opportunities.

Healthcare is a high-cost business, thus the author will focus on the cost-component/fiscal resource challenges for small clinics. The financial health of a small clinic, unlike large hospital systems, can be impacted by reputation, infrastructure cost, physician priority alignment, and debt management (Becker & Dunn, 2010; Cosgrove, 2018). The most impactful of the financial limitations of smaller clinics involves the dominant payment model, in a "fee-for-service" model, small clinics are at a disadvantage due to both limited staff numbers (Vaughan & Edwards, 2020).

The staffing challenges for small clinics, particularly those in rural environments can be significant. This is notable as the population continues to grow in both metropolitan and rural regions- these individuals will need access to quality healthcare and small clinics are perfectly positioned to help these patients. Smaller clinics have challenged both recruiting and retaining healthcare professionals, with many rural sites, in particular, struggling to retain qualified healthcare professionals (Pinidiyapathirage et al., 2023; Yang et al., 2019). The staffing challenges faced by small clinics also can exacerbate the other difficulty faced by small clinics: high caseloads with fewer employees. These challenges highlight the importance of studies that are featured in this review and the development of a committee to delineate best practices to retain clinicians and healthcare professionals who work at small clinics. This can create a level of organizational challenge that can be challenging to overcome, this capstone will provide a path forward for these organizations to develop and improve their retention practices.

Below is a brief description of the types of evaluations and approaches for smaller clinics to potentially use to integrate and improve retention of underrepresented healthcare workers:

Strategies for Small Clinics	Actions/Key Considerations	Goal
Focus Groups	Each focus group can be conducted in conjunction with a staff meeting and/or Google doc where individuals can write their ideas freely or anonymously.	To collaborate and facilitate communication with healthcare professionals in sharing personal experiences and concerns within the clinic.
Quarterly Surveys	During, or as a part of, quarterly evaluations supervisors and/or managers will provide an open-door policy to understand the barriers and facilitators of job satisfaction and burnout contributing factors.	To create a systematic approach to understanding the personal factors impacting turnover and retention.

Table 1: Types of evaluation strategies for small clinics to consider to enhance retention.

Large clinics & retention

This capstone project could potentially benefit large clinics and hospital systems as well by highlighting how their organizational complexity and potential for professional development are affecting their retention dynamics. By identifying and reviewing these factors, this capstone project can contribute to the development of scalable retention solutions, fostering a positive and inclusive workplace culture while minimizing turnover in larger healthcare institutions. Within large clinics, one typically observes teams such as acute care units, and rehabilitation units, including varying administrative rules within healthcare. This can create a level of organizational challenge that can be challenging to

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overcome, this capstone will provide a path forward for these organizations to develop and improve their retention practices.

Below is a brief description of the types of evaluations and approaches for larger clinics to potentially use to integrate and improve retention of underrepresented healthcare workers:

Strategies for Large Clinics	Actions/Key Considerations	Goal
Managerial Training	Supervisors and/or managers will undergo training in understanding retention factors including barriers and facilitators.	To support and improve the ability of supervisors to engage and support minority healthcare practitioners.
Team- centered Focus Groups	Each focus group can be conducted in conjunction with a staff meeting and/or Google doc where individuals can write their ideas freely and anonymously. Due to the larger size of the organization, there should be a focus on ensuring the focus group is small enough for dynamic and productive discussions.	To collaborate and facilitate communication with healthcare professionals in sharing personal experiences and concerns within the clinic.
Quarterly Surveys	During, or as a part of, quarterly evaluations supervisors and/or managers will provide an open-door policy to understand the barriers and facilitators of job satisfaction and burnout contributing factors.	To create a systematic approach to understanding the personal factors impacting turnover and retention.

Table 2: Types of evaluation strategies for large clinics to consider to enhance retention.

Focus groups serve as a platform for individuals to share their ideas, perspectives, and experiences within a discussion, facilitated by both participants and moderators. Organizations can effectively use this strategy to gain insights into the unique needs and

concerns of minority healthcare workers. Focus groups can take various forms, such as a structured discussion by a moderator or anonymous online platforms like Google Docs, allowing participants to freely express their opinions without fear of repercussions. This approach fosters a conducive environment for gathering valuable feedback and understanding how employees prefer to communicate their thoughts and perspectives. For instance, clinics may administer surveys to gauge comfort levels with sharing personal perspectives in group settings or preferences for anonymous feedback mechanisms. Alternatively, clinics may administer surveys to gauge comfort levels with sharing personal perspectives in group settings or preferences for anonymous feedback mechanisms.

The second recommended approach involves conducting quarterly surveys, which can be administered either in a one-on-one or team-based setting depending on the clinic's objectives. These surveys serve as periodic evaluations where employees discuss challenges, successes, and various aspects of their healthcare work, including productivity, performance, feedback, recognition, teamwork, and patient safety concerns. Understanding the multifaceted factors affecting productivity, efficacy, and quality in healthcare professionals is crucial, making this approach valuable for clinics and organizations. Additionally, exit interviews conducted when an employee resigns or is terminated provide opportunities to gather feedback on company experiences, reasons for departure, and suggestions for improvement which ultimately contributes to enhanced employee satisfaction, retention, patient outcomes, and safety. While exit interviews offer valuable insights, their effectiveness may be compromised if departing employees harbor negative feelings, potentially skewing the feedback. Thus, integrating quarterly surveys

into regular evaluations can provide a more comprehensive understanding of factors influencing various areas, including retention, and help organizations address potential issues proactively.

As a third approach, clinics can implement specialized managerial training sessions. These sessions can be designed to equip supervisors and managers with the necessary skills and understanding of retention factors, including both barriers and facilitators, with a specific focus on supporting minority healthcare practitioners. By investing in this training, clinics can empower their leadership team to effectively engage with and advocate for minority healthcare professionals, ultimately fostering a more inclusive and supportive work environment conducive to long-term retention and professional development. Once training is complete, a post-survey can be provided to unveil hidden factors that might be contributing to the barriers impacting the intent to stay for employees.

Site Description

The organization for this capstone was originally developed for wishes to remain anonymous. However, their paraphrased mission is: To provide children and young adults with opportunities for personal growth and development. This site's location lies within a region with a population between 7-10 million, specifics are not used here to protect the requested anonymity. The size of the site would identify as a "small clinic" without a current retention policy.

This organization reported the demographics of their clients to be approximately 45% Latinx/ Hispanic, 16% Black/African American, 16% Asian, and 7% White/Caucasian. The

clients this site serves are around 1,000 youths every year and range from about 4 to 24 years of age. A team of healthcare workers including social workers, marriage and family therapists, psychotherapists, and occupational therapists, which are all specialized in multiple areas of mental health, in which 57% identify as black, indigenous, and person of color (BIPOC) and 42% identify as White. According to the stakeholders, employees remain at the organization for approximately 4 years on average. The site offers over 30 programs serving youth within schools and the community where; one program offers collaborative support within kindergarten classrooms, focusing on social-emotional development through various activities. Another program provides therapy groups for adolescents, aiming to increase independent living skills and enhance self-efficacy. A third program offers comprehensive services including therapy and employment support for youth with mental health diagnoses, prioritizing stability and preventing out-of-home placement.

This project aligns closely with the site's programs by addressing the critical issue of minority healthcare worker retention. Considering the demographic makeup of the organization's client base, which includes a significant proportion of minority populations, understanding and addressing retention dynamics for minority healthcare practitioners becomes paramount. By focusing on strategies to retain diverse healthcare professionals, the project aims to ensure that the organization can continue to provide culturally competent and inclusive services, thus meeting the needs of its diverse clientele effectively.

CHAPTER 3

Results

In this review, the author conducted a thorough examination of 15 articles on the factors influencing minority healthcare retention. The analysis has identified three distinct categories that encapsulate the findings of this literature review on minority healthcare retention. The initial category outlines the demographic characteristics of the studies, providing detailed information on their geographical locations, sites, and participant populations. The following category delves into the racial/ethnic and gender demographics of the studies, revealing patterns and underserved groups. This section offers valuable insights into participant gender distribution and highlights disparities among racial groups, contributing to a deeper understanding of diversity within the study samples. The third category presents a comprehensive analysis of the prevalence of themes related to retention barriers and facilitators. The author will also provide a scientometric analysis overview, revealing key connections among retention-focused keywords in healthcare literature. Strategies will be addressed based on key themes identified in this literature review. By elucidating the most cited obstacles to retention and frequently mentioned facilitators across the studies, this category enables a nuanced exploration of trends in these factors and facilitates comparisons with existing literature. Finally, the author collaborated with the site used for this project to provide a clear and concise presentation of the results found during the literature review (Appendix 3).

Demographics

The demographic analysis of the articles discussed uncovers essential insights into the geographic distribution, study participants, and research focus areas. All of the studies were within the United States spanning a range of geographic regions including the West, Midwest, Northeast, South, Southwest, and Southeast. The location of the study sites can be seen in Table 3. Findings

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show that studies were conducted nationwide across different regions of the United States using national surveys. Six of the studies in this review utilized national surveys including the 2008 National Sample Survey of Registered Nurses (NSSRN), Outcomes Research in Nursing Administration Project (ORNA II), 2007 National Home and Hospice Care Survey (NHHCS)/National Home Health Aide Survey (NHHAS), 2017 Massachusetts Home Care Aide Survey, 2016 Massachusetts State Home Care Program Home Care Agency Survey (Agency Survey) and the Notice of Intent (NOI) to Contract Application.

The site settings examined in this review include a diverse outlook of the healthcare system. Studies in this review examined a variation of sites ranging from hospitals, outpatient care, nursing homes, academia, community/ public health, long-term care, Skilled Nursing Facility (SNF), Assisted Living Facility (ALF), school-based, home health, hospice, immediate care centers, and a variation of patient care units. The majority of the studies were conducted in hospitals, including acute care and medical centers, which account for 47% of the studies in this review.

Participant Population

In this review, a variety of healthcare disciplines within the articles are included. Within the articles discussed, three participant populations were analyzed such as sex, race/ethnicity, and factors that contribute to retention. Shown in Table 4 are the participating populations of these studies including physicians, Registered Nurses (RN), Administration roles, Occupational Therapists (OT), students of color, Licensed Practical Nurses (LPNs), Pharmacists, Speech-Language Pathologists (SLPs), Home Health aides, Hospice aides, etc. Registered Nurses were included in 47% of studies, Home health aides (33%), and Physicians (27%) of studies included

in this review. Within each of the populations each study describes the racial and ethnic characteristics.

PMID	Title	Year	Location of Study
38224353	Practitioner Burnout and Productivity Levels in Skilled Nursing and Assisted Living Facilities, Part 1: A Descriptive Quantitative Account	2024	US (West, Midwest, Northeast, and South)
37418269	Physician and Nurse Well-Being and Preferred Interventions to Address Burnout in Hospital Practice	2023	United States
36716449	School-Based Speech-Language Pathologists' Stress and Burnout: A Cross-Sectional Survey at the Height of the COVID-19 Pandemic	2023	US (West, Midwest, Northeast, Southwest, and Southeast) - West (AK, CA, OR, WA, ID, MT, WY, UT, CO, HI, NV), Midwest (ND, SD, NE, KS, MN, IA, MO, WI, IL, MI, IN, OH), Northeast (ME, VT, NH, MA, CT, RI, NY, PA, NJ, MD, DE, DC), Southwest (AZ, NM, TX, OK), Southeast (AR, MS, GA, LA, AL, KY, VA, NC, SC, WV, TN, FL). Urban, Suburban, and Rural
37705993	Having a Say Matters: The Association Between Home Health Aides' Voice and Job Satisfaction	2023	New York, NY
35809050	The impact of professional role and demographic characteristics on job satisfaction and retention among healthcare professionals in a military hospital	2022	Military medical center in the Southeastern United States
35849398	Childcare Stress, Burnout, and Intent to Reduce Hours or Leave the Job During the COVID-19 Pandemic Among US Health Care Workers	2022	United States
33989239	Disparities in Nurse Job Dissatisfaction and Intent to Leave: Implications for Retaining a Diverse Workforce	2021	Pennsylvania, New Jersey, California, and Florida 2016 through the RN4CAST-US
33399063	Recruitment and Retention of Occupational Therapy Practitioners and Students of Color: A Qualitative Study	2021	US: (AOTA Conference & Expo)
33423049	Maximizing Home Health Aide Retention: The Impact of Control and Support on the Job	2021	2017 Massachusetts Home Care Aide Survey, 2016 Massachusetts State Home Care Program Home Care Agency Survey (Agency Survey) and the Notice of Intent (NOI) to Contract Application
28127813	Race as a predictor of job satisfaction and turnover in US nurses	2017	United States: 2008 National Sample Survey of Registered Nurses(NSSRN)
25956445	Determinants of Job Satisfaction and Turnover Intent in Home Health Workers: The Role of Job Demands and Resources	2017	US: 2007 National Home and Hospice Care Survey (NHHCS)/National Home Health Aide Survey (NHHAS)
27106825	Predictors of Intent to Leave the Job Among Home Health Workers: Analysis of the National Home Health Aide Survey	2016	US: 2007 National Home and Hospice Care Survey (NHHCS)/National Home Health Aide Survey (NHHAS)
25457875	Racial and ethnic minority nurses' job satisfaction in the U.S.	2015	United States 2008 National Sample Survey of Registered Nurses(NSSRN)
22377771	Demographic diversity, value congruence, and workplace outcomes in acute care	2012	US (multi-site): Outcomes Research in Nursing Administration Project (ORNA II)
18302591	Job satisfaction and acculturation among Filipino registered nurses	2008	Philippine Nurses Association of America (PNAA) Eastern Regional Conference in Baltimore, Maryland in September 2006

Table 3: Study site locations and year of each studies publication, PMID: Pubmed ID.

PMID	Year	Population
37418269	2023	Physicians and Registered nurses
33989239	2021	Licensed nurses
33399063	2021	OTPs and students of color
35809050	2022	LPNs, RNs, and physicians (resident physicians, and physicians) licensed practical nurses (LPNs), registered nurses (RNs)
35849398	2022	Physician, Advanced practice practitioner, nurse, pharmacist, nursing assistant, housekeeping, respiratory therapist, physical therapist, occupational therapist, speech therapist, administrative, medical assistant, receptionist or scheduler, resident or fellow, social worker, laboratory or radiology technician, finance, and food service
28127813	2017	Registered nurses
22377771	2012	Registered nurses
25457875	2015	Registered nurses
38224353	2024	Licensed occupational therapy practitioner, Occupational therapy assistant, physical therapy practitioner, Physical therapy assistant, and speech-language pathologist
36716449	2023	Speech-language pathologist (SLP)
27106825	2016	Home health aides, Home care aides(HHAs), and hospice aides
25956445	2017	Home health aides
33423049	2021	Home care aides, including Home health aides (HHAs) and other levels of personal care workers
37705993	2023	Home health aides (HHAs)
18302591	2008	Registered nurses

Table 4: **Demographics of each population studied in this review.**

Racial/Ethnic Demographics

The racial/ethnic demographics of the participant population describes each study's trends. The white/Caucasian group has the highest number of participants in 13 studies included in this analysis as shown in Table 5. This was followed by Asian/Pacific Islanders who made up the second largest group, Black/African American with the third largest group, and Hispanic /Latino/a with the smallest population represented. Figure 2 outlines the percentage of racial/ethnic groups from each study. Ford et al. (2021) only included individuals who identified as a person of color (POC) in their study and Ea et al. (2008) study researching Philippine Nurses only included Filipino nurses as part of their study, in which are the only articles included in this review that primarily focus on minority healthcare workers.
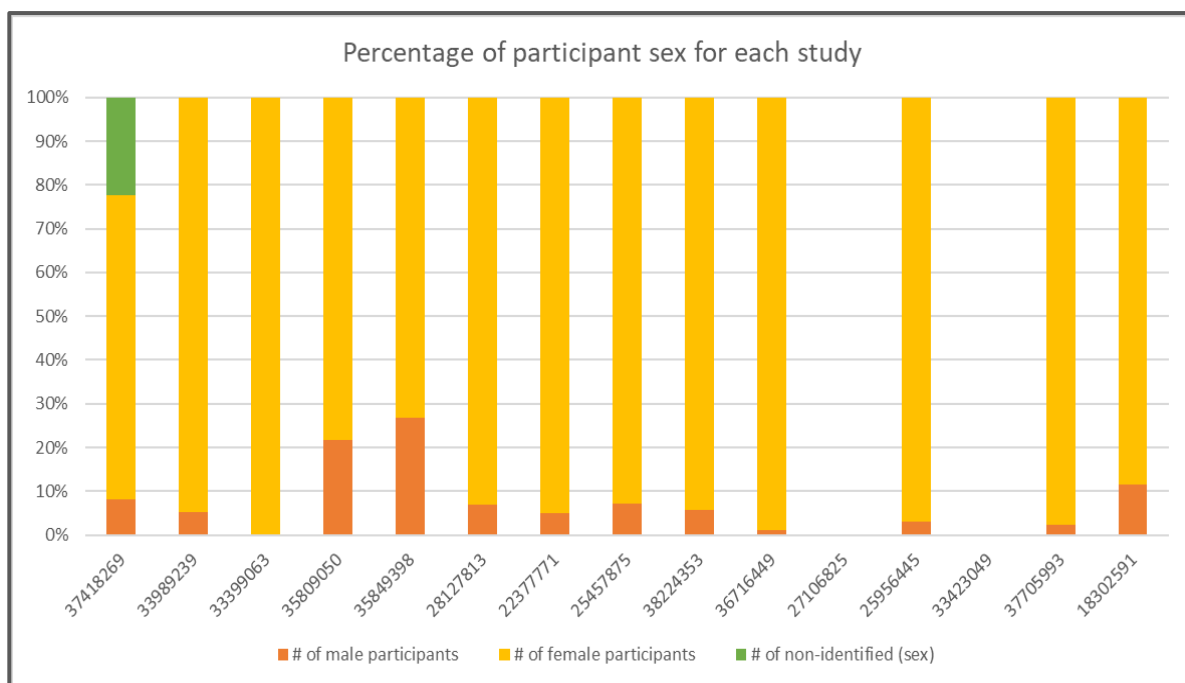
Participant Sex

Further characteristics of the participant population encompass sexual identity. Eleven out of 13 studies had female participants as the majority and males being less than 25% of the population in 12 studies. Two studies omitted the description of gender among their participants. One study, Ford et al. (2021), only had female participation due to their inclusion criteria. These results are shown in tabular form in Table 6 and graphically in Figure 3. These results align with the current literature that denotes that most healthcare workers in the U.S. are of the female sex, with the U.S. Census Bureau highlighting 76% of women holding all healthcare jobs. Researchers, Gleason et al. and Stone et al. did not report the breakdown of sex in their studies.

PMID	# of Participants Total	# of African American/ Black	# of Caucasian/ White	# of Hispanic /Latino/a	# of Asian/Pacific Islander	# of Native Hawaiian/Pacific Islander	# of American Indian/Alaska Native	Haitian Non-Hispanic	# of Non-identified (race)
37418269	21,050	842	11,157	1,053	2,316	–	–		842 (other or multiracial)
33989239	14,778	836	13,303	552	–	–	–	–	–
33399063	12	11	–	1	–	–	–	–	–
35809050	289	51	171	–	–	–	–	–	60
35849398	58,408	3,462	33, 817	3,222	4,803	–	–	–	Missing (5,191) Multiracial (947) Prefer not to answer (6,847)
28127813	27,953	1,622	23,533	1,091	1,707	–	–	–	–
22377771	1,450	65	1,251	77	4	–	–	–	31
25457875	28,554	1,510	24,237	830	1,269	84	122	–	502 (multiracial)
38224353	366	12	322	7	19	–	–	–	6
36716449	453	8	400	23	10	–	–	–	5 (multiracial)
27106825	119,500	41,825	64,530	9,560	–	–	–	–	13,145 (other)
25956445	3,354	725	2,247	124	–	–	–	–	262 (other)
33423049	512	63	152	108	–	–	–	62	127
37705993	413	87	31	248	7	–	–	–	39
18302591	96	–	–	–	96	–	–	–	–

Table 5: **Racial demographics from each study. PMID: Pubmed ID.**
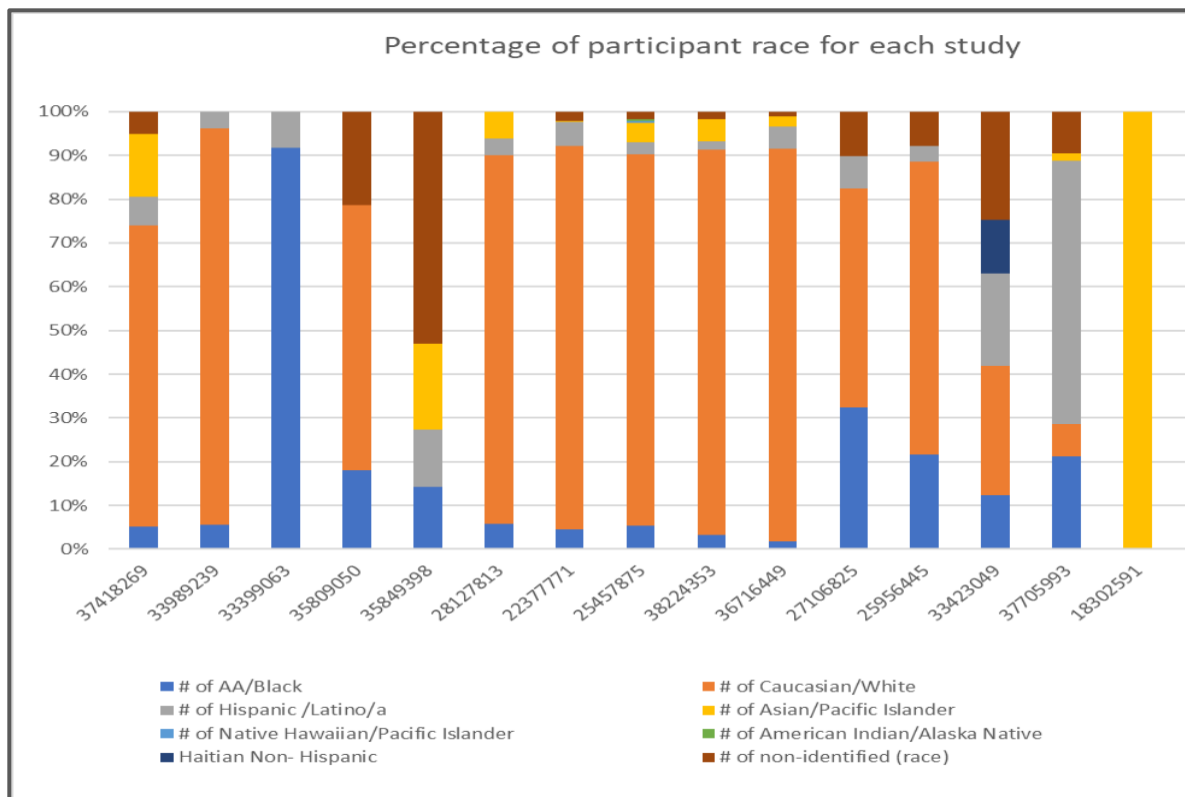
Figure 2: **Percentages of participant race for each study in this review. The X-axis corresponds to the PMID for each article.**

Figure 3: Percentage of participant sex for each study in this review.

PMID	# of Male Participants	# of Female Participants	# of Non-identified (sex)
37418269	1,684	14,525	4,631
33989239	782	13,952	—
33399063	—	12	—
35809050	60	216	—
35849398	14,377	39,218	Nonbinary or third gender (158) Prefer not to answer (4651)
28127813	1,950	26,003	—
22377771	71	1,379	—
25457875	2,022	26,532	—
38224353	21	342	1 (other) and 1 (transgender)
36716449	5	448	—
27106825	—	—	—
25956445	104	3,250	—
33423049	—	—	—
37705993	10	403	—
18302591	11	85	—

Table 6: Demographic breakdown of participant sex for each study.

Retention Factors

There were several barriers and facilitators to retention that were presented by the studies in this review collated in Table 5 with the most frequently mentioned noted in Figures 4A and 4B. It is noteworthy that retention barriers widely range in variability based on study design, profession, life stage, personal circumstances, and the regional cost of living. Within this review, three categories of barriers were the most frequently cited as barriers to the retention of healthcare workers including: work environment, salary/tuition reimbursement, and job satisfaction respectively (FIG 4A).

Conversely, the most frequently cited facilitators of retention fell into three categories including: job satisfaction, support (social and administrative), and recognition (FIG 4B). The facilitators of retention also had a variability of responses based on study design, profession,

personal circumstances, and life stage. These results highlight the dual nature of retention factors such as job satisfaction, the impact that negative experiences with the work environment can have on retention, and the importance of sufficient compensation for the retention of healthcare workers.
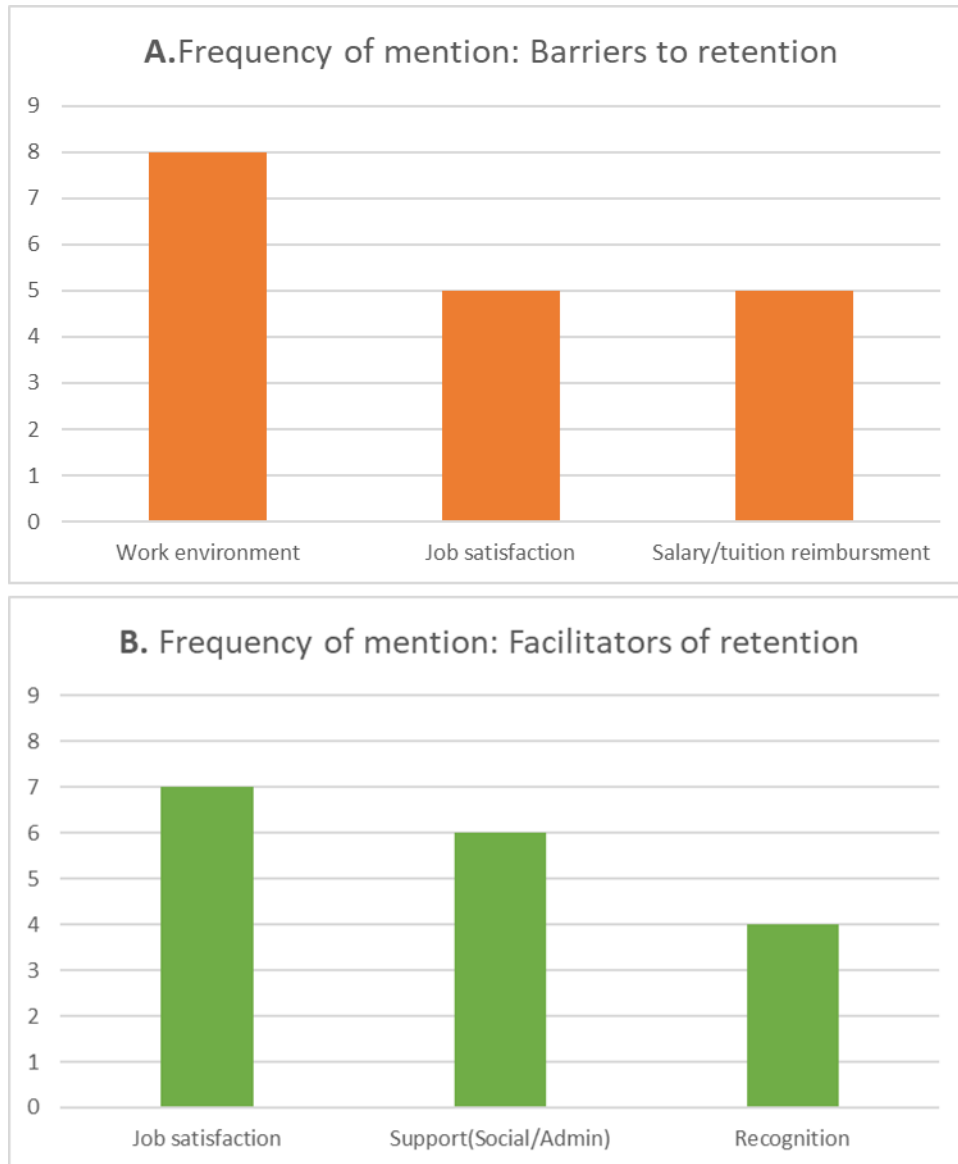
Figure 4A, 4B: A- Frequency of mention: Barriers to retention, B- Facilitators of retention. No duplicate mentions are included. These are the top results across all studies in this review

PMID	Title	Key retention barriers	Key retention facilitators
37418269	Physician and Nurse Well-Being and Preferred Interventions to Address Burnout in Hospital Practice	•High burnout rates •Intent to leave •Chaotic work environments •Lack of involvement in decision-making •Spending too much time on Electronic Health Records (EHRs) •Patient safety concerns •Stressful job environment •Work-life balance	•Supportive work environment •Adequate staffing levels •Breaks without interruption •Reduced documentation burden •Flexible scheduling •Resources for "new-to-practice" clinicians •Addressing quality metrics •Addressing patient safety concerns •Collaboration in decision making •Good professional relations
33989239	Disparities in Nurse Job Dissatisfaction and Intent to Leave: Implications for Retaining a Diverse Workforce	•Not enough independence at work •Limited advancement opportunities •Salary below expectations •Dissatisfaction with tuition benefits	•Satisfactory retirement income •Addressing job dissatisfaction
33399063	Recruitment and Retention of Occupational Therapy Practitioners and Students of Color: A Qualitative Study	•Lack of representation in and knowledge about occupational therapy •Feeling like an outsider •Need for financial support	•Connections with national organizations specifically for people of color •Individualized mentor-mentee relationships
35809050	The impact of professional role and demographic characteristics on job satisfaction and retention among healthcare professionals in a military hospital	•Educational attainment •Mission-first culture	•Enhanced career opportunities •Support for diversity and inclusion •Education and training support •Recognition of contributions
35849398	Childcare Stress, Burnout, and Intent to Reduce Hours or Leave the Job During the COVID-19 Pandemic Among US Health Care Workers	•Childcare Stress (CCS) oYears of practice (higher in those practicing longer) oProfessional role (most often seen in SLPs, nursing and medical assistants, and pharmacists vs physicians) oGreater odds of burnout with CCS oCCS is more frequent among racial and ethnic minority groups vs white individuals •High workload	•No facilitators specified

PMID	Title	Key retention barriers	Key retention facilitators
28127813	Race as a predictor of job satisfaction and turnover in US nurses	• Salary • Workplace environment • Job dissatisfaction with current position • Insufficient support for dependents at home • Working in a nursing home	• Having a graduate degree post RN was correlated to lower job dissatisfaction. • Job satisfaction
22377771	Demographic diversity, value congruence, and workplace outcomes in acute care	• Increased education diversity was significantly correlated with lower levels of intent to stay predominantly among younger nurses • Perceived value diversity: when nurses feel their values are very different from their colleagues', they're less likely to be happy with their job and less likely to want to stay. This was found to be true and significant for both younger and older nurses.	• Race/Ethnicity diversity was significantly associated with higher levels of job satisfaction particularly among the older nursing cohort. • Increased age diversity was significantly correlated with higher levels of intent to stay.

25457875	Racial and ethnic minority nurses' job satisfaction in the U.S.	• Job dissatisfaction
		• Negative work environment with a specific clinical specialty
		• "Working in a long-term care facility, working in a clinical specialty of cardiac care, chronic care, emergency/trauma, psychiatric/mental health, renal dialysis or orthopedics"
			• Being Married
			• Having a baccalaureate or higher degree in nursing
			• Type of clinical setting ("being employed in settings other than hospitals or long-term care facilities")
			  o "Worked in a clinical specialty of occupational health, oncology or radiology were more likely to be satisfied"
			  o "Being in the cohort of Veterans"

38224353	Practitioner Burnout and Productivity Levels in Skilled Nursing and Assisted Living Facilities, Part 1: A Descriptive Quantitative Account	• Unreasonable productivity expectations
		• Increasing session length
		• Perceived pressure in keeping patients on caseload longer
		• Unethical behaviors
		  o Billing for patients who refuse therapy
		  o Falsify documentation
		  o Change billing codes
		  o Emotional Exhaustion
			• Managing levels of stress and change

36716449	School-Based Speech-Language Pathologists' Stress and Burnout: A Cross-Sectional Survey at the Height of the COVID-19 Pandemic	• High caseload • Time demands exceeding 40-hour work week • Low salary • Lack of support • Low work-life balance • Unmet career needs • Retirement • High Emotional Exhaustion- high burnout • Limited access to mentorship • Satisfaction administrative support • Satisfaction with coworker interactions • Lack of administration support • "Feeling ineffective and overextended" • Increased depersonalization	• Variety of caseload disorders • Flexibility in workload management • Balanced work model • Manageable planning time for interventions, IEP meetings, and collaboration • Positive feelings about students • Sense of personal accomplishment • Having access to social support (at least one SLP, teacher, or administrator) • Coworker engagement

PMID	Title	Key retention barriers	Key retention facilitators
27106825	Predictors of Intent to Leave the Job Among Home Health Workers: Analysis of the National Home Health Aide Survey	• Job dissatisfaction • Age 30 or younger • Agency Structure and Policies • Job Stressors or Demands • Hourly wages • Part time workers, wanting more hours • Work related injury • Working in for-profit- chain-owned agencies • Not enough time for ADLs • "Job satisfaction was strongly inversely correlated with intent to leave the job"	• Job satisfaction • Compensation - household income between 100%-299% of the federal poverty level • Consistent patient assignment • Provision of health insurance • Part-time/fewer hours OR full-time/more hours • Worker feels involved in challenging work • Worker feeling valued by the organization
25956445	Determinants of Job Satisfaction and Turnover Intent in Home Health Workers: The Role of Job Demands and Resources	• Fewer weekly work hours and affiliation with for-profit agencies • Experience of physical injury • Experiences of discrimination	• High self-confidence in job performance • Recognition by supervisor or organization
33423049	Maximizing Home Health Aide Retention: The Impact of Control and Support on the Job	• Access to disability benefits, job satisfaction was 73% lower with aides having access • Client load with higher caseloads and more likely to intend to leave • Injuries	• Support index was a positive predictor of satisfaction • Difficult but engaging clients • Wages • Access to retirement benefits (satisfaction, and intent to leave) • Opportunities for promotion
37705993	Having a Say Matters: The Association Between Home Health Aides' Voice and Job Satisfaction	• Low levels of "voice" in caring for their patient • "Higher proportion of HHAs with low voice had lower HF knowledge than those with high voice" • Not being asked for their opinion regarding patient care issues	• Strong correlation between HHA who had a higher level of voice and experienced higher satisfaction with their work. • Having a "high voice" ("the ability or opportunity to provide input regarding patient care") • "They had a voice in the quality of patient care at their agency." • "Supervisors asked for their input about important patient care"
18302591	Job satisfaction and acculturation among Filipino registered nurses	• No clear barriers defined in this study	• Length of U.S. residency • Age significantly predicted the perception of job satisfaction for this group of nurses

Table 7: Key retention barriers & facilitators for all studies in this review.

Retention strategies

The suggested strategies highlight the importance of proactive measures to address retention challenges while considering minority healthcare workers. Six themes were identified by the author including: improve work environment, empowerment and support, diversity and inclusion, training and development, communication and feedback, and cultural competence and adaption. Each theme outlines specific facets of retention issues ranging from implementing formal mentorship programs to addressing racial and ethnic disparities. Table 6 describes various strategies from the articles included in this literature review.

Theme	Strategy
Improve work environment	. Ensure adequate nurse staffing (Aiken et al., 2023) . Cultivate a culture of patient safety (Aiken et al., 2023) . Improve workplace environment (Aiken et al., 2023; Ford et al., 2021; Harry et al., 2022; Xue, 2015) . Rebalance resources and demands (Coleman et al., 2024) . Maintain work-life balance (Coleman et al., 2024) . Addressing job dissatisfaction among Black nurses (Carthon et al., 2021)
Empowerment and support	. Empower clinicians with workload control (Aiken et al., 2023; Marante et al., 2023) . Invest in new-to-practice clinicians (Aiken et al., 2023) . Implement a mentoring program (Ford et al., 2021) . Formal Mentorship Programs (Gates & Mark, 2012; House et al., 2022) . Enhance social support (Marante et al., 2023) . Maximize aides' ability to work independently (Gleason & Miller, 2021) . Incorporating career advancement opportunities (Carthon et al., 2021; Gleason & Miller, 2021; House et al., 2022) . Invest further in supervisory staff (Gleason & Miller, 2021)

|	
	. Invest in ensuring a satisfied workforce (Gleason & Miller, 2021) . Provide one-on-one meetings, focus group discussion sessions, and suggestion boxes for feedback (House et al., 2022) . Address occupational stress and burnout (Marante et al., 2023; Xue, 2015) . Maximize recovery and promote coping skills (Coleman et al., 2024) . Inspire passion and innovation in students and clinicians (Coleman et al., 2024) . Improve compensation and benefits (Doede, 2017) . Childcare Support (Harry et al., 2022) . Mental Health Support (Harry et al., 2022) . Education and training support (House et al., 2022) . Recognition and appreciation (House et al., 2022) . Fostering a participative management style (Carthon et al., 2021) . Support mental health and well-being (Doede, 2017)
Diversity and inclusion	. Foster positive clinician-management relations (Aiken et al., 2023) . Increase diversity on boards and committees (Carthon et al., 2021) . Address barriers to recruitment (Ford et al., 2021) . Target recruitment efforts (Ford et al., 2021) . Highlight diverse role models (Ford et al., 2021) . Address racism and discrimination (Ford et al., 2021) . Create clear career pathways (Doede, 2017; Marante et al., 2023) . Manage value diversity (Gates & Mark, 2012) . Policy initiatives that focus on increasing racial, gender, and age diversity (Gates & Mark, 2012) . Address racial and ethnic disparities (Doede, 2017; Gates & Mark, 2012; Harry et al., 2022; Stone et al., 2017; Xue, 2015) . Establish policies to address discriminatory patient requests (Doede, 2017) . Acknowledge diversity and inclusion (Xue, 2015) . Gender Equity (Harry et al., 2022) . Improving workplace conditions and policies in healthcare settings to retain minority nurses (Carthon et al., 2021)

Training and development	. Improve Electronic Health Record (EHR) usability (Aiken et al., 2023) . Providing training opportunities (Xue, 2015) . Improve the quality of training for home health workers (Jang et al., 2017) . Professional Development Programs (House et al., 2022)
Communication and feedback	. Advocate for systemic change (Ford et al., 2021) . Enhance job satisfaction (Doede, 2017; Stone et al., 2017; Xue, 2015) . Improve communication and Feedback Channels (House et al., 2022) . Understand supervisor perception impacts (Stone et al., 2017) . Maintain consistent assignments (Stone et al., 2017) . Advocate for professional respect and patient interests (Coleman et al., 2024) . Defining the mechanisms underlying 'voice' and job satisfaction (Bensson-Ravunniarath et al., 2023)
Cultural competence and adaptation	. Inclusion of cultural competence in training standards (Stone et al., 2017) . Recognize and adapt to cultural differences (Ea et al., 2008)

Table 8: Potential retention strategies discussed in each article within this review.

Scientometric Analysis: Retention Overview

This review includes a bibliometric-scientometric analysis of the articles, a novel technique that allows researchers to view key links and correlations from a macro perspective. In this review, the author has included the keyword co-occurrence network from the scientometric analysis (Figure 5). Within this keyword network, the terms highlighted occurred at least twice and are 34 out of 111 keywords used in all articles for this analysis. The VOSviewer analysis highlights highly related terms as colors and creates clusters on how similar and connected each keyword is, furthermore, the distance between two objects can be considered a measure of their similarity within the dataset (van Eck & Waltman, 2010). Link strength can be considered a "weight"

attribute, the terms with larger size circles have a higher link strength and thus a larger weight attribute. In Figure 5, excluding keywords that appeared due to the type of study (human, adult, male, cross-sectional studies), the highest link strength items are retention-centered keywords including job satisfaction, surveys and questionnaires, and personnel turnover. Additionally, key terms such as *"burnout professional"* are linked with *job satisfaction, health personnel,* and *nursing staff.* The stratification of centers across the 4 colors highlights there are differences in the level of similarity calculated for these keywords, *Covid-19* (red) vs. *home health aides* (blue), however, despite these differences, these two concepts are still linked through *Job satisfaction* indirectly and *surveys and questionnaires* directly. These results demonstrate an effective use of scientometric analysis to visualize a macro perspective of retention-centered keywords within the articles in this review.
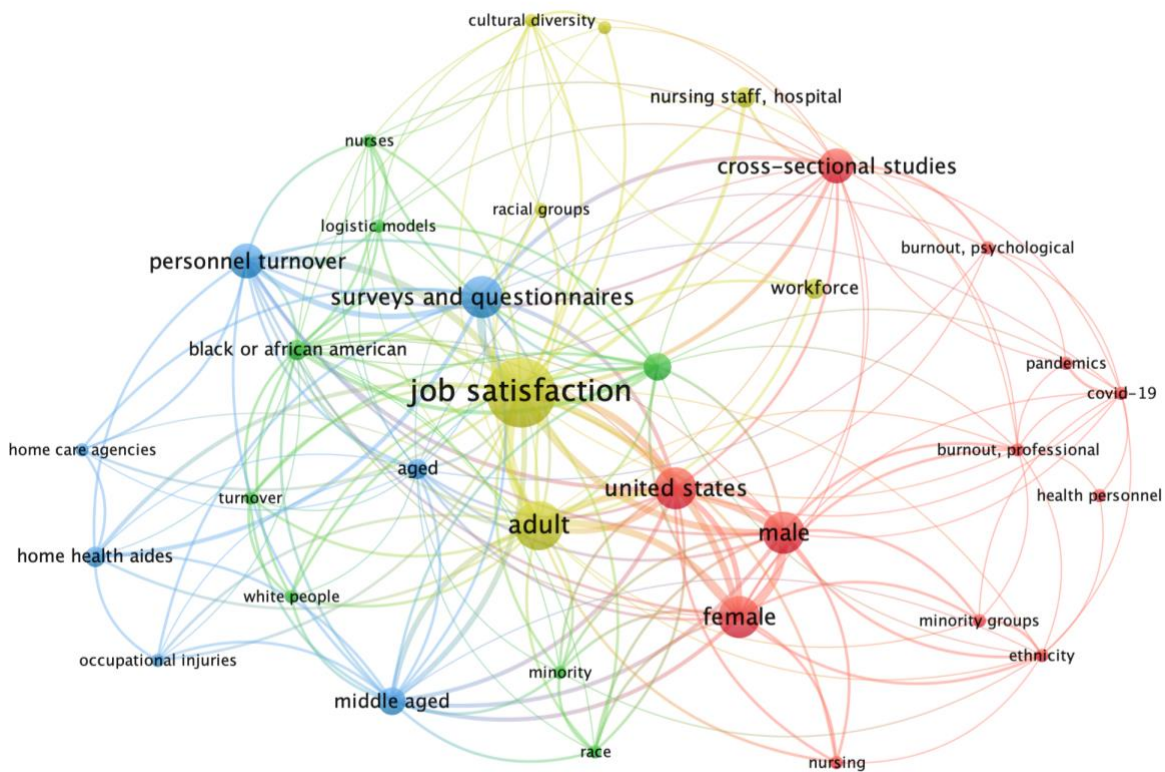
Figure 5: Co-occurrence network of keywords visualized using VOSviewer

CHAPTER 4

Discussion and Impact

The purpose of this capstone project was to identify the facilitators and barriers and explore strategies for the retention of minority healthcare professionals. Given the lack of knowledge on this matter the top factors were identified through a comprehensive review of the literature.

The need for this study is imperative as the population steadily increases and healthcare worker retention is decreasing (Boniol et al., 2022; de Vries, Boone, et al., 2023). Furthermore, during the COVID-19 pandemic, wherein "The Great Resignation" occurred and many clinics experienced understaffing problems due to healthcare workers either resigning or transferring, wherein some cases 46% of physicians transferred to a different healthcare career (Saley, 2022). Covid-19 has highlighted the need for a strong robust healthcare workforce that can respond to a variety of challenges, so when the next pandemic occurs- the US healthcare system and its dedicated workers will be ready. Despite the COVID-19 pandemic, there is still a limited understanding of interventions for healthcare workers to aid their mental health and well-being. Unfortunately, "solid evidence on the effectiveness of interventions to support mental well-being during stressful situations is available only from previous healthcare crises and general contexts"(Leo et al., 2021), which highlights that this problem of healthcare worker retention may end up being a canary in the coal mine. If clear steps are not taken to improve healthcare worker retention, then the United States may be caught unprepared, when the next healthcare crisis occurs.

This study aimed to discover retention factors of minority healthcare workers, however, it is important to mention the role of recruitment. Recruitment is a vital component of any healthcare clinic or system, however, there are significant costs associated with recruiting and training a new employee. Improving the retention of employees is directly related to the reduction of recruitment

costs (Navarra, 2022). A 2023 study in the journal *Healthcare* highlighted that "In the United States, the recruitment cost per nurse vacancy has been estimated between USD 10,000 to USD 88,000, while costs for physician recruitment are even higher, ranging from USD 88,000 to USD 1,000,000 per physician" (De Vries, Lavreysen, et al., 2023). This is noteworthy for clinics of all sizes particularly those that may have tighter profit margins or limited financial resources, reduction of these recruitment costs is imperative.

Nearly 47% of studies in this review took place in a hospital setting. This is expected since hospitals are teaching institutions and are usually sought after for research purposes (Institute of Medicine Committee on Health & the Privacy of Health Information: The, 2009). Hospitals have varying sizes, depending on the bed count, which presents an opportunity for researchers as they typically handle complex cases. Shortages in healthcare workers impact both the quality of care patients receive and the healthcare workers themselves (Institute of Medicine Committee on Health & the Privacy of Health Information: The, 2009). High caseloads are directly related to healthcare shortages, especially among nurses. Patients in hospitals that have fewer staffed nurses stay longer in the hospital and are more prone to suffer medical complications. It is widely recognized that the longer a patient stays, the higher the cost to the hospital (Dorch et al., 2008; Graef & Hill, 2000). Results in this review showed that nurses were included in almost half of the studies, highlighting their significant role in healthcare research. As the population ages and retention rates decrease, the quality of patient care could also decrease due to high caseloads for nursing staff (Dorch et al., 2008). If nurses are dealing with high levels of burnout and higher caseloads, then patients could have compromised care outcomes without an equitable number of nurses present to share the caseload.

Although other professions were included in the studies for this review, only home health aides and nurses were included in studies where they utilized data from specific sources, for example, the 2007 National Home and Hospice Care Survey (NHHCS) / National Home Health Aide Survey (NHHAS) and 2008 National Sample Survey of Registered Nurses (NSSRN). The NHHCS and the NSSRN are national surveys used to gather data on aspects regarding the healthcare workforce, within their respective professions. These surveys help inform policymakers and healthcare systems to understand the dynamics and characteristics of the individuals in the professions (Werrlein, 2018). Professions like occupational therapy should consider collaborating with governmental agencies to create a task force that will provide further insight into specific worker characteristics. The expansion of federal surveys across various healthcare professions can yield a deeper insight into the overall stability and well-being of the workforce, particularly concerning the retention of minority healthcare workers (de Vries, Boone, et al., 2023; National Academies of Sciences et al., 2021).

Occupational therapy is a profession that focuses on a patient's everyday activities (occupations) to encourage better health, well-being, and participation in meaningful activities (Mack et al., 2023). This literature review included three studies including occupational therapists. Their expertise contributes significantly to the quality of care provided to patients across diverse healthcare settings. By considering the perspectives and experiences of occupational therapists, healthcare organizations can better understand the factors that impact patient outcomes, satisfaction, and overall healthcare delivery. Furthermore, occupational therapists often work collaboratively with other healthcare professionals, including nurses and physicians, ensuring the delivery of high-quality and patient-centered care (Reed, 1984; Rosen et al., 2018). "Quality" care involves making certain that health care is safe, effective, timely, efficient, equitable, and person-

centered (Singh & Boyle, 2020). Evidence suggests that quality of care is also intertwined with the concept of "racial match", as interactions between providers and patients who share racial, cultural, ethnic, or linguistic backgrounds are associated with higher perceived quality of care, satisfaction, and improved medical communication (Kruk et al., 2018; Meyer & Zane, 2013; Zephyrin, 2023). The link between quality of care and "racial match" underscores the importance of diversity and inclusivity in the healthcare setting. Inclusivity is crucial for retaining minority healthcare workers, as fostering environments where providers from diverse backgrounds feel valued and supported can contribute to higher job satisfaction and retention rates among minority healthcare professionals (Aiken et al., 2023; Gates & Mark, 2012; House et al., 2022; Marante et al., 2023; Stone et al., 2017).

Organizations such as the California-based site the author collaborated with for this capstone project should consider implementing an approach that will identify potential issues impacting the retention of their minority clinicians. The importance of cultural contexts is evident, as medical interventions may have different effects based on cultural backgrounds. For instance, Avedia Donabedian mentions that medical interventions, such as fixing a congenitally dislocated hip joint in a specific position, may be beneficial for certain demographics but detrimental for others (Donabedian, 2005). Donabedian addresses two approaches that tackle this issue: 'troubleshooting', where problems are identified and addressed immediately, and 'planned reconnaissance', where proactive steps are used to uncover and document potential issues (Perides, 2003). Healthcare worker retention is a multifactorial problem, and both small clinics and hospital systems will have to choose strategies that are optimized to suit their specific needs.

Limitations

This review aimed to prioritize retention strategies for underrepresented healthcare workers, particularly considering projected shortages and continued health disparities. Primarily this study wrestles with the inherent limitation of its sample size, which is constrained by the available literature in this research area. This limited number of comprehensive articles available in the retention literature restricts potential insights and conclusions that could be drawn if more literature were available. Additionally, selection bias is a potential limitation here as well; given the inherent subjective nature of article inclusion criteria.

Furthermore, there was a clear limitation in the representation of healthcare workers with some professions being overrepresented compared to others. This introduces the risk of inadvertently emphasizing the impact of retention dynamics and policies on certain overrepresented groups. This inherent variability in the study is also a limitation to consider, each study utilizes a different methodology, study goals, and techniques, which can make concluding challenging.

Implementation Plan

In order for the recommendations that were disseminated to be sustainable, an implementation plan was created during the twelfth week of the project. Through discussion with the site mentor, a relevant stakeholder of the anonymous site, we decided that the deliverable, the minority healthcare retention strategies found in this review, would be translated into a one-sheet handout for a presentation. This handout would be used during the presentation and as a keepsake for the managerial staff as it will contain barriers, facilitators, and strategies for minority retention. The presentation will also foster collaboration across stakeholders to devise the initial steps toward creating minority healthcare retention goals specific to their organization.

Conclusions

This capstone project underscores the critical need to address the facilitators and barriers to the retention of minority healthcare professionals. The findings highlight the crucial need for healthcare systems to prioritize the well-being and retention of their workforce, especially considering events like the COVID-19 pandemic, which exposed vulnerabilities within the healthcare system. Strategies to enhance retention, such as fostering inclusive environments, addressing culture, and reducing recruitment costs, present as important considerations for healthcare organizations aiming to maintain a robust and resilient workforce capable of responding effectively to future challenges.

Moreover, the findings emphasize the importance of fostering inclusive environments within healthcare organizations to promote job satisfaction and retention among minority healthcare professionals. OT practitioners can contribute to this effort by advocating for diversity and inclusivity initiatives and actively participating in interdisciplinary teams aimed at addressing systemic barriers to retention. Future research in this area should consider the intersectionality of factors affecting retention, such as cultural contexts and the quality of patient care, to develop targeted interventions that prioritize the well-being of minority healthcare workers. Additionally, adopting proactive approaches to identify potential issues and implementing strategies that prioritize job satisfaction and inclusivity, will be crucial for ensuring the stability and resilience of the healthcare workforce in the face of evolving challenges including the growing population and future pandemics.

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Appendix 1: Learning Objectives

1. **Learning objective 1:** The student will conduct a comprehensive literature review of findings to contribute to evidence-based solutions for improving healthcare retention among minority populations.

    1. **Short-term goal 1:** Build a comprehensive database of literature ensuring proper documentation of sources and relevant information.

        1. **Learning activity:** Use the databases CINAHL, PubMed, Web Science, and Cochrane to search and retrieve articles containing potential retention strategies.

            1. **Outcome measure:** Development of a comprehensive document synthesizing key findings and insights obtained from the research literature, with appropriate citation and documentation.

    2. **Short-term goal 2:** Create a system for organizing and filing data using key terms such as; barriers, facilitators, strategies, etc.

        1. **Learning activity:** Find and read 15 articles that support and suggest potential retention strategies.

            1. **Outcome measure:** The student will have an understanding of the potential retention strategies to inform the site in use of minority healthcare professionals retention which will be shared with and presented to the organization.

    3. **Short-term goal 3:** Search and retrieve relevant literature from databases, journals, and reputable sources.

        1. **Learning activity:** The student will retrieve relevant literature from databases, journals, and reputable sources

1. **Outcome measure:** The student effectively locates and retrieves relevant literature from various sources, facilitating comprehensive research on healthcare retention trends.

2. **Learning objective 2:** The student will present insights gained from the literature review to stakeholders of the agency which will inform the organization on retention strategies for minority healthcare workers.

   1. **Short-term goal 1:** Prepare a visually engaging and informative presentation on the results gathered from evidence-based recommendations. Compile results into a document.

      1. **Learning activity:** Organize presentation content ensuring a clear flow of information. Disseminate results in a compiled document.

         1. **Outcome measure:** Visual presentation of retention strategy results

   2. **Short-term goal 2:** Schedule with the organization date and location of the presentation

      1. **Learning activity:** Initiate communication with relevant stakeholders to discuss and confirm presentation details.

         1. **Outcome measure:** Date and location of presentation

   3. **Short-term goal 3:** Provide a hard and digital copy of the presentation for use and record-keeping.

      1. **Learning activity:** Create both hard and digital copies of the presentation materials, ensuring consistency across formats.

         1. **Outcome measure:** The student will produce a one-sheet handout on the suggested minority healthcare retention factors and strategies.

3. **Learning objective 3:** The student will conduct a scientometric analysis to understand the trends within the topic of minority healthcare retention.

   1. **Short-term goal 1:** The students will familiarize themselves with the VOSviewer software for implementation.

      1. **Learning activity:** The student will understand and engage in guided exercises to learn the functionalities of VOSviewer software, including data importing, network visualization, and analysis interpretation.

         1. **Outcome measure:** The student gains proficiency in VOSviewer software by participating in guided exercises, and mastering tasks such as data importing, network visualization, and analysis interpretation.

   2. **Short-term goal 2:** The student will conduct preliminary literature reviews and gather relevant data sources for the scientometric analysis of healthcare retention trends.

      1. **Learning activity:** The student will begin by identifying key databases and sources relevant to healthcare retention trends, such as PubMed, Scopus, and Google Scholar.

         1. **Outcome measure:** The student locates essential databases like PubMed, Scopus, and Google Scholar, crucial for researching healthcare retention trends.

      2. **Learning activity:** The student will analyze the data computed by the VOSviewer software, based on the articles used in the literature review, to

understand the links between the keywords and trends associated with minority healthcare retention.

1. **Outcome measure:** The student gains insights into keyword relationships and trends related to minority healthcare retention through data analysis using VOSviewer software and develops a scientometric map as a visual presentation.

Appendix 2: Supervision Plan

Responsibility	Capstone Student	Site Mentor	Faculty Mentor
Scheduling meetings	The student will facilitate and initiate faculty and site mentor meetings. The student will schedule a 1-hour virtual meeting with her faculty mentor every week to ensure that objectives are met to aid in any necessary adjustments to goals. The student will schedule a virtual 1-hour meeting with her site mentor every 2 weeks to track progress toward goals and objectives.	The site mentor will attend capstone meetings that will be scheduled weekly, primarily conducted via Zoom.	The faculty mentor will attend capstone meetings that will be scheduled weekly, primarily conducted via Webex.
Communication	The student will schedule both meetings for the site mentor and the faculty mentor, and the specifics of those meetings are in the adjacent column.	The site mentor will communicate with capstone student every week, primarily via Slack.	The site mentor will communicate with capstone student every week, primarily via email.

Specific requirements of the project	The capstone student will correspond with site mentor pertaining to the specific strategies that will serve as a resource to the site for the deliverable.	Provide feedback and direction throughout Capstone project development. Provide capstone student with broad project information or site-specific information to support the project development.	Review and provide feedback throughout the Capstone paper development and final presentation.
Timeline of deliverables	By the end of the 14-week capstone experience, the student will submit the completed. Capstone project and one sheet handout to the mentor(s).	The site mentor will review the completed handout be delivered to site mentor upon. Project completion, after the 14 weeks of the capstone project.	The faculty mentor will receive the final capstone project paper. After final presentation for OT program.

Appendix 3: Deliverable 1 – Site Presentation Handout