

Ethnic Minorities and Women are underrepresented in Anaesthesia

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Introduction

Ethnic minorities and women have historically faced discrimination and unequal access to resources and opportunities in many societies around the world. This has had significant impacts on their social, economic, and health outcomes. In recent years, efforts have been made to address these disparities and promote greater equality and inclusion for these groups. In this article, we will discuss the challenges faced by ethnic minorities and women, as well as some of the strategies that have been implemented to address these challenges [1].

Challenges faced by ethnic minorities

Ethnic minorities face a range of challenges that can impact their social, economic, and health outcomes. Some of these challenges include: Discrimination: Ethnic minorities may experience discrimination in areas such as employment, education, housing, and healthcare, which can limit their opportunities and negatively impact their wellbeing. Language barriers: Ethnic minorities who speak languages other than the dominant language in their society may face challenges in accessing resources and services, as well as in communicating with others. Cultural barriers: Differences in cultural norms and values can create barriers to social integration and limit opportunities for ethnic minorities. Socioeconomic disparities: Ethnic minorities are more likely to experience poverty, unemployment, and low educational attainment, which can impact their access to resources and opportunities. Health disparities: Ethnic minorities are more likely to experience health disparities, including higher rates of certain chronic diseases, lower life expectancy, and poorer health outcomes [2].

Challenges faced by women

Women also face a range of challenges that can impact their social, economic, and health outcomes. Some of these challenges include: Gender discrimination: Women may face discrimination in areas such as employment, education, and healthcare, which can limit their opportunities and negatively impact their wellbeing. Gender-based violence: Women are more likely to experience gender-based violence, including domestic violence and sexual assault, which can have long-lasting impacts on their mental and physical health. Unequal pay: Women often earn less than men for the same work, which can limit their economic opportunities and contribute to poverty and financial insecurity. Limited access to healthcare: Women may face barriers to accessing healthcare services, including lack of insurance coverage, inadequate reproductive healthcare services, and stigma around certain health issues. Lack of representation: Women are often underrepresented in political

and leadership positions, which can limit their ability to advocate for their rights and interests.

Strategies for addressing challenges faced by ethnic minorities and women

Efforts have been made to address the challenges faced by ethnic minorities and women and promote greater equality and inclusion. Some of the strategies that have been implemented include: Anti-discrimination policies: Laws and policies that prohibit discrimination on the basis of race, ethnicity, and gender can help to promote greater equality and reduce discrimination. Language support services: Providing language support services, such as translation and interpretation services, can help to overcome language barriers and improve access to resources and services for ethnic minorities. Cultural competency training: Providing cultural competency training to healthcare providers, educators, and other professionals can help to promote greater understanding and respect for different cultures and reduce cultural barriers.

Economic empowerment programs: Economic empowerment programs, such as job training and microfinance programs can help to address socioeconomic disparities and promote greater economic opportunities for ethnic minorities and women. Healthcare access initiatives: Initiatives to improve access to healthcare services, such as expanding insurance coverage and increasing availability of reproductive healthcare services, can help to address health disparities faced by ethnic minorities and women. Political representation initiatives: Efforts to increase representation of women and ethnic minorities in political and leadership positions can help to promote greater representation and advocacy for their rights and interests. Education initiatives: Education initiatives that focus on improving educational outcomes for ethnic minorities and women can help to address socioeconomic disparities and promote [3].

Anaesthesiology is a medical specialty that deals with the administration of anaesthetics and perioperative care of patients. It is an important aspect of modern medicine and is used in various surgical procedures. Despite its importance, anaesthesiology remains an underrepresented field for certain groups, including women and ethnic minorities. In this article, we will discuss the reasons for underrepresentation in anaesthesia and the efforts being made to address this issue.

Reasons for underrepresentation

There are various reasons for underrepresentation of certain groups in anaesthesia, including: Unconscious bias: Unconscious bias refers to the attitudes and stereotypes that individuals hold about certain groups, which can affect their decisions and behaviour towards those groups. Unconscious bias can lead to discriminatory behaviour, such as overlooking or undervaluing the contributions of women and ethnic minorities. Lack of role models: The lack of role models in anaesthesiology who are women or from ethnic minorities can make it difficult for these groups to envision themselves in the field. This lack of representation can also make it difficult for these groups to find mentors and supportive networks. Limited access to educational opportunities: Women and ethnic minorities may have limited access to educational opportunities in anaesthesiology, which can make it more difficult for them to enter and advance in the field. Stereotypes and cultural beliefs: Stereotypes and cultural beliefs about certain groups may lead to biases that affect how women and ethnic minorities are perceived in the workplace. This can lead to negative experiences, such as discrimination, harassment, or a lack of support. Systemic

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barriers: There may be systemic barriers within the field of anaesthesiology that prevent women and ethnic minorities from advancing in their careers, such as a lack of diversity in leadership positions or policies that are not inclusive.

Description

Efforts to address underrepresentation

There are various efforts being made to address underrepresentation in anaesthesia, including:

- Addressing unconscious bias:** Efforts are being made to address unconscious bias in anaesthesiology through educational programmes and training for healthcare professionals. This includes initiatives such as diversity and inclusion training and cultural competency training.
- Increasing representation:** Efforts are being made to increase representation of women and ethnic minorities in anaesthesiology. This includes initiatives such as outreach programmes to schools and communities to encourage individuals from underrepresented groups to pursue careers in anaesthesiology, and support for mentorship and networking opportunities.
- Improving access to educational opportunities:** Efforts are being made to improve access to educational opportunities in anaesthesiology for women and ethnic minorities. This includes initiatives such as scholarships and funding opportunities for underrepresented groups, as well as programmes that provide mentorship and support for individuals pursuing careers in anaesthesiology [4].

Addressing stereotypes and cultural beliefs: Efforts are being made to address stereotypes and cultural beliefs that may affect how women and ethnic minorities are perceived in the workplace. This includes initiatives such as training for healthcare professionals on unconscious bias and cultural competence, as well as initiatives to promote diversity and inclusivity in the workplace.

Addressing systemic barriers: Efforts are being made to address systemic barriers within the field of anaesthesiology that prevent women and ethnic minorities from advancing in their careers. This includes initiatives

such as creating policies that promote inclusivity and diversity, and increasing representation of women and ethnic minorities in leadership positions [5].

Conclusion

Increasing diversity in anaesthesiology can have various benefits, including:

- Improving patient care:** A diverse workforce in anaesthesiology can help to better serve patients from diverse backgrounds, as healthcare professionals with diverse backgrounds may have a better understanding of the needs and perspectives of these patients.
- Promoting innovation:** A diverse workforce can bring new ideas and perspectives to the field, which can lead to innovation and new approaches to patient care.

References

1. Purdon, Patrick L., K. J. Pavone, O. Akeju and A. C. Smith, et al. "The ageing brain: age-dependent changes in the electroencephalogram during propofol and sevoflurane general anaesthesia." *Br J Anaesth* 115 (2015): i46-i57.
2. Brandt, Steven P., Elisa C. Walsh, Laura Cornelissen and Johanna M. Lee, et al. "Case studies using the electroencephalogram to monitor anesthesia-induced brain states in children." *Anesth Analg* 131 (2020): 1043.
3. Akeju, O., K. J. Pavone, J. A. Thum and P. G. Firth, et al. "Age-dependency of sevoflurane-induced electroencephalogram dynamics in children." *Br J Anaesth* 115 (2015): i66-i76.
4. Saby, Joni N., and Peter J. Marshall. "The utility of EEG band power analysis in the study of infancy and early childhood." *Dev Neuropsychol* 37 (2012): 253-273.
5. Cornelissen, Laura, Seong-Eun Kim, Johanna M. Lee and Emery N. Brown, et al. "Electroencephalographic markers of brain development during sevoflurane anaesthesia in children up to 3 years old." *Br J Anaesth* 120 (2018): 1274-1286.

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