Evaluating Diversity, Equity, and Inclusion (DEI) Practices in Addressing Structural Barriers in Medical Social Work Practice: Evidence from Ibadan, Nigeria

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Abstract

Promoting diversity, equity, and inclusion (DEI) in medical social work is essential for reducing systemic inequalities and ensuring fair care for all patients. This study examined how DEI initiatives can improve cultural competence among medical social workers in community health centres. A workshop-based DEI training was implemented, and participants' competence was measured using the Cultural Competence Self-Assessment Questionnaire (CCSAQ). The study used a pretest–posttest design, with participants completing the CCSAQ before and after the training. Data were analyzed with paired-samples *t*-tests. Some participants could not complete the posttest due to a strike at the study site, resulting in 11 matched cases for analysis. The findings showed significant improvement in two areas of cultural competence: Organizational Policies and Procedures ($t(10) = -5.64$, $p < .001$, $d = -1.70$) and Reaching Out to Communities ($t(10) = -2.86$, $p = .017$, $d = -0.86$). These results suggest that the DEI workshops were effective in strengthening institutional policies and community engagement. Positive, though not significant, improvements were also seen in Knowledge of Communities, Personal Involvement, and Resources and Linkages. The study concludes that DEI initiatives can enhance the cultural competence of medical social workers and help promote more inclusive and equitable care. It recommends continuous DEI training for social workers, regular policy reviews to support fairness and inclusion, and stronger community partnerships to sustain and expand these outcomes.

Keywords: Diversity, Equity, Inclusion, Cultural Competence, and Community Outreach

Word Count: 225

Introduction

In recent years, the principles of Diversity, Equity, and Inclusion (DEI) have gained prominence as frameworks for addressing such inequities in healthcare delivery. Diversity recognizes and respects differences in race, gender, culture, religion, and ability among patients; equity ensures that resources and opportunities are distributed fairly according to individual needs; and inclusion promotes a care environment where every patient feels respected, heard, and valued. When applied effectively in medical social work, DEI practices can reduce bias, improve the quality of client–professional relationships, and enhance patients' total healthcare experiences (Davenport, et al., 2022; Heidari, et al., 2024).

Nevertheless, the implementation of diversity, equity, and inclusion (DEI) principles in healthcare systems across Nigeria remains limited and inconsistent. Recent evidence highlights that while Nigerian health institutions serve highly diverse populations, equity-oriented practices and inclusive frameworks are still evolving, with many facilities struggling to meet the needs of patients from different cultural and socioeconomic backgrounds (Ibidunni et al., 2019). Persistent structural barriers such as resource inequities, gender disparities, and lack of institutionalized DEI strategies continue to limit equitable access to quality care (Banjo & Akinyemi, 2023). These gaps reflect broader systemic challenges within Nigeria's health sector, where social workers and healthcare providers often lack organizational support and policy frameworks necessary to advocate effectively for fairness and inclusion in patient care (Piotrowski et al., 2023)

While international evidence highlights the value of DEI initiatives in improving healthcare access and patient satisfaction (Peek et al., 2023; Presnell & Keesler, 2022), their measurable outcomes remain underexplored in the Nigerian context. Some patients encounter unequal treatment, communication barriers, or lack of representation in care planning and policy decisions. Some patients encounter unequal treatment, communication barriers, or lack of representation in care planning and policy decisions. Empirical studies on Nigerian healthcare delivery continue to reveal inequalities that are founded on systemic and cultural hierarchies (Ezeaka, Ochuba, & Bartholomew 2025). This can be viewed in light of Porterfield et al. (2025) who found that social care interventions in low-resource settings often fail to reach marginalized populations due to structural barriers and inconsistent policy enforcement.

This study therefore seeks to evaluate the effectiveness of diversity, equity, and inclusion (DEI) practices addressing structural barriers in medical social work practice in Ibadan, Nigeria. By examining how DEI principles inform professional knowledge, engagement with communities, and organizational responsiveness, the research aims to provide insights that can strengthen client-focused service delivery, inform institutional reform, and promote fairness within Nigeria's healthcare system.

Strategies for Promoting Diversity, Equity and Inclusion

Several strategies have been identified to strengthen equity and inclusion in medical social work. These approaches address challenges at the workforce, client, and systemic levels, ensuring that social workers deliver culturally responsive and socially just care.

1. Cultural Competence Training: Educational reforms that integrate cultural perspectives improve responsiveness to patients' needs. Importantly, training should be socio-culturally tailored, treating race as a proxy for exposure to racism and addressing the lived realities of minoritized populations (Peek et al., 2023).

2. Inclusive Recruitment and Mentorship: Structured mentorship programs such as the NRMN improve satisfaction and retention among underrepresented professionals, demonstrating how inclusion initiatives enhance workforce diversity (Hill, Austin & Enders, 2025; Sorkness et al., 2017).

3. Community Engagement and Advocacy: Meaningful community engagement fosters trust and addresses systemic inequities in healthcare. Long-term partnerships with racialized and minoritized communities ensure that interventions incorporate local knowledge and lived experience (Hassen, Lofters, Michael, Mall, Pinto, & Rackal, 2021). Initiatives such as the **CARE (Culturally Attuned and Responsive Engagement)** Model have improved participation in health research among Black Americans, Hispanics/Latinos, and Africans by emphasizing culturally appropriate outreach (Moise, Cai, Hamilton-Nelson, Adams, Rajabli, Cuccaro, & Blanton, 2025).

4. Policy and Systemic Reforms: Anti-racism and anti-discrimination policies are vital for lasting equity. Integrating DEI principles into healthcare and social-work education fosters social accountability and systemic fairness (Hassen et al., 2021; Heidari et al., 2024).

5. Technology-Based Interventions: Technology offers practical means to enhance accessibility and equity. Telehealth platforms, electronic case management, and digital communication tools reduce physical and geographic barriers to care, especially for rural or mobility-limited clients (Peek et al., 2023). Data analytics can also identify health disparities and social determinants affecting racialized groups, guiding targeted interventions. However, successful implementation depends on adequate infrastructure, staff training, and cultural sensitivity in technological design (Woodside & Hardy, 2020).

6. Organizational Commitment: Sustained diversity, equity and inclusion require visible organizational commitment. Leadership must champion diversity through public pledges, inclusive mission statements, and ongoing staff development. Regular evaluation of DEI progress, coupled with transparent communication, helps maintain accountability (Davenport et al., 2022).

Strategies for Evaluating Diversity, Equity and Inclusion Initiatives in medical social work practices

Improving data collection within electronic health records (EHRs) is crucial for accurate evaluation. High-quality demographic data on ethnicity, language, disability, and socioeconomic status allow social workers to identify disparities in service delivery, such as barriers to mental health support or case management for underserved groups (Gedela, K., Wong, R., Balendra, S., et al, 2025). By enhancing the completeness of EHR data, social workers can assess whether DEI initiatives effectively address these disparities, ensuring interventions are targeted and impactful (Ward, Garvin, Tartarilla, Whitley, Grice, Melvin, Shah, Katz-Wise, Lee, Rufo, Thiagarajan, Laussen, Fenwick, & Churchwell, 2023).

Similarly, another essential way to evaluate DEI initiatives' strategies is to develop and track metrics to measure disparities and ensure accountability. In medical social work, creating dashboards that stratify patient data by race, ethnicity, language, insurance status, and missed appointments enables social workers to identify underserved populations facing inequities in care

access or outcomes (Ward, Garvin, Tartarilla, Whitley, Grice, Melvin, Shah, Katz-Wise, Lee, Rufo, Thiagarajan, Laussen, Fenwick, & Churchwell, 2023). Social workers can use these metrics to evaluate whether interventions reduce missed appointments among racialized patients, thereby improving equitable access to services. Regular monitoring of these dashboards provides data-driven insights into the effectiveness of DEI initiatives, allowing social workers to adjust strategies to serve diverse communities better (Gedela, K., Wong, R., Balendra, S., et al, 2025).

Also, collaboration across disciplines is another vital approach to evaluating DEI initiatives. By engaging departments such as Health Equity and Inclusion, Human Resources, and clinical operations, medical social workers can incorporate diverse perspectives into their evaluations (Ward et al., 2023). This multidisciplinary approach ensures comprehensive assessments of bias, racism, or discrimination in patient care or workplace practices. Social workers can collaborate with clinical teams to evaluate how DEI training impacts client-provider relationships, ensuring interventions foster trust and inclusivity among diverse patients (Kokorelias, Chau, Wijekoon, Singh, & Harris, 2024)

In addition, integrating DEI reviews into existing processes, such as case reviews or policy assessments, provides a way to evaluate initiatives without creating standalone workflows. Social workers can assess whether policies governing patient advocacy or resource allocation perpetuate structural barriers, such as racism or ableism, and propose changes to promote equity (Ward et al., 2023). Embedding DEI considerations into routine care coordination processes allows social workers to evaluate how adequately initiatives address systemic inequities, ensuring practices align with inclusivity goals (Ward et al., 2023).

Furthermore, educational initiatives offer a valuable avenue for evaluation through feedback mechanisms. Training on unconscious bias, structural racism, and cultural competence equips social workers with skills to serve diverse populations effectively (Gedela et al., 2025). Using tools like the CCSAQ, social workers can assess improvements in their cultural humility and ability to manage clinical complexity, ensuring training translates into better patient care (Gedela et al., 2025). Also, feedback from trainees and patients can highlight strengths and weaknesses in these programs, guiding continuous improvement in DEI efforts (Kokorelias et al., 2024).

In the same vein, leadership accountability is essential for sustaining DEI initiatives. Regular reporting to hospital leadership, utilizing frameworks such as Simon Sinek's Golden

Circle, ensures that DEI goals align with organizational priorities (Ward et al., 2023). Social workers can contribute to reports that track progress in reducing health disparities or improving workforce diversity, fostering transparency and accountability (Ward et al., 2023). Likewise, updating incident reporting procedures provides critical data for evaluating workplace climate and inclusion. Social workers can analyze reports of bias or discrimination incidents, such as micro-aggressions experienced by patients or staff, to assess the impact of DEI interventions (Ward et al., 2023).

Finally, engaging diverse stakeholders is crucial for comprehensive evaluation. Including perspectives from equity-deserving groups, such as racialized patients or trainees from underrepresented backgrounds. This ensures evaluations reflect lived experiences (Kokorelias et al., 2024). Social workers can use qualitative methods, such as interviews or focus groups, to gather patient feedback on care experiences, assessing whether DEI initiatives foster inclusion and belonging (Barnabe et al., 2023). This approach ensures evaluations are responsive and suited to the needs of diverse communities. Similarly, systematically mapping DEI strategies within medical social work practices provides a foundation for evaluation. By collecting descriptions of initiatives, such as mentorship programs or community outreach efforts, social workers can assess the DEI initiatives' outcomes and effectiveness (Kokorelias et al., 2024).

Aim of the Study

The study aims to examine the influence of diversity, equity, and inclusion (DEI) practices on the cultural competence of medical social workers in Ibadan, Oyo State.

Objective of the Study

To determine whether DEI practices significantly improve the cultural competence (Knowledge of Communities, Personal Involvement, Resources and Linkages, Organizational Policies and Procedures, and Reaching Out to Communities) of medical social workers in Ibadan, Oyo State.

Hypothesis

H_0: Diversity, equity, and inclusion (DEI) practices have no significant influence on the cultural competence (Knowledge of Communities, Personal Involvement, Resources and Linkages,

Organizational Policies and Procedures, and Reaching Out to Communities) of medical social workers in Ibadan, Oyo State.

Methodology

In this study, cultural competence serves as the operational expression of diversity, equity, and inclusion (DEI) practices. This shows how these principles manifest in medical social work through awareness, equitable policies, and inclusive engagement. This study adopted a quantitative one-group pretest–posttest experimental design to evaluate the effectiveness of a training intervention aimed at improving diversity, equity and inclusion in medical social work practice. The design enabled direct comparison of participants' cultural competence before and after exposure to the intervention. The population consisted of medical social workers from Adeoyo Community Health Centre in Ibadan, Oyo State. Purposive sampling was first employed to identify medical social workers who are specifically involved in community-based client care and with at least one year of professional experience. The sample size (n = 20) was determined based on the small population of qualified medical social workers available at the selected health centre and aligns with prior pilot and exploratory studies using similar pretest–posttest designs in healthcare training contexts (e.g. Woodside & Hardy, 2020)

An accessible pre-recorded training module was developed to enhance participants' understanding of culturally competent practice. The intervention lasted for two weeks and consisted of three training modules totaling approximately six instructional hours. Each module covered a specific theme: (1) *Understanding Cultural Competence and Implicit Bias,* (2) *Equity and Inclusion in Patient Advocacy,* and (3) *Community Outreach and Policy Engagement*. The modules were delivered via pre-recorded video lectures supplemented with digital reading materials and reflective exercises.

The Cultural Competence Self-Assessment Questionnaire (CCSAQ), Service Provider Version, was used to measure the effectiveness of the intervention. The CCSAQ is a standardized tool designed to help practitioners evaluate their level of cultural competence in service delivery. It assesses five domains including knowledge of communities, personal involvement, resources and linkages, organizational policies and procedures, and outreach to communities. Participants completed the questionnaire before and after the training, and responses were aggregated for the three core dimensions of awareness, knowledge, and skills.

Data were analyzed using paired-samples t-tests to determine statistically significant differences between pre- and post-intervention mean scores. The results were interpreted at the 0.05 level of significance. Evaluation was based on the Cultural Competence Self-Assessment Questionnaire (CCSAQ), which assesses five domains: Knowledge of Communities, Personal Involvement, Resources and Linkages, Organizational Policies and Procedures, and Reaching Out to Communities. Pre- and post-test data were matched by anonymous codes to ensure participant confidentiality and reliable comparison. Howevr, during data collection, an unforeseen industrial strike in the public health sector disrupted the study timeline and reduced the number of participants who could complete both the pretest and posttest phases. Out of the 20 initially recruited medical social workers, only 11 were able to complete the full training module and submit posttest responses. The attrition was therefore due to external institutional factors rather than withdrawal or non-compliance.

Results

Descriptive Statistics for Pre- and Post-Test Scores on CCSAQ Subscales

Subscale	**Pre-test M (SD)**	**Post-test M (SD)**	**Cohen's d**	**Effect Size Interpretation**
Knowledge of Communities	2.61 (0.29)	2.70 (0.47)	-0.16	Negligible
Personal Involvement	2.71 (0.71)	2.88 (0.35)	-0.21	Small
Resources & Linkages	2.57 (0.57)	2.86 (0.31)	-0.53	Medium
Organizational Policies & Procedures	2.24 (0.34)	2.85 (0.33)	-1.70	Very large
Reaching Out to Communities	2.16 (0.35)	2.70 (0.47)	-0.86	Large

The final analysis was based on 11 matched cases due to disruptions caused by the industrial strike during the intervention period. The table presents the descriptive statistics and effect sizes for CCSAQ subscale scores before and after the intervention. Mean scores increased across all domains, with the largest gains observed in *Organizational Policies & Procedures* (M_pre = 2.24, SD = 0.34; M_post = 2.85, SD = 0.33; *d* = -1.70, very large effect) and *Reaching Out to*

Communities (M_pre = 2.16, SD = 0.35; M_post = 2.70, SD = 0.47; *d* = -0.86, large effect). Moderate improvement was found in *Resources & Linkages* (M_pre = 2.57, SD = 0.57; M_post = 2.86, SD = 0.31; *d* = -0.53, medium effect). In contrast, *Knowledge of Communities* (M_pre = 2.61, SD = 0.29; M_post = 2.70, SD = 0.47; *d* = -0.16, negligible effect) and *Personal Involvement* (M_pre = 2.71, SD = 0.71; M_post = 2.88, SD = 0.35; *d* = -0.21, small effect) showed only minor changes.

Subscale	**Pre M (SD)**	**Post M (SD)**	**Mean Diff.**	**t(df)**	**p-value**	**Interpretation**
Knowledge of Communities	2.61 (.29)	2.70 (.47)	-0.10	-0.54(10)	.600	Not significant
Personal Involvement	2.71 (.71)	2.88 (.35)	-0.17	-0.71(10)	.497	Not significant
Resources & Linkages	2.57 (.57)	2.86 (.31)	-0.29	-1.74(10)	.112	Not significant
Organizational Policies & Procedures	2.24 (.34)	2.85 (.33)	-0.61	-5.64(10)	.000	Significant improvement
Reaching Out to Communities	2.16 (.35)	2.70 (.47)	-0.55	-2.86(10)	.017	Significant improvement

Paired-samples t-tests were conducted to evaluate differences between pre- and post-test scores for each subscale (Table 2). The results indicated no significant differences for Knowledge of Communities, $t(10) = -0.54$, $p = .600$, $d = -0.16$, Personal Involvement, $t(10) = -0.71$, $p = .497$, $d = -0.21$, or Resources & Linkages, $t(10) = -1.74$, $p = .112$, $d = -0.53$. However, significant improvements were observed in Organizational Policies & Procedures, $t(10) = -5.64$, $p < .001$, $d = -1.70$, and Reaching Out to Communities, $t(10) = -2.86$, $p = .017$, $d = -0.86$.

Discussion of Findings

The study tested the null hypothesis that diversity, equity, and inclusion (DEI) practices have no significant influence on the cultural competence of medical social workers in Ibadan, Oyo State. Although the analytic sample was reduced due to an industrial strike that affected participant

availability, the results still provide meaningful insight into the intervention's impact. Importantly, the consistency in direction and magnitude of changes across subscales suggests that the observed improvements are large. The results partially rejected this hypothesis. Significant improvements were found in two subscales of the Cultural Competence Self-Assessment Questionnaire (CCSAQ): Organizational Policies and Procedures ($t(10) = -5.64$, $p < .001$, $d = -1.70$) and Reaching Out to Communities ($t(10) = -2.86$, $p = .017$, $d = -0.86$). These findings show that the workshops were effective in strengthening system-level aspects of cultural competence, particularly in relation to institutional policies that promote inclusion and outreach to diverse communities (Osborn & Karandikar, 2022). From a *social justice theoretical perspective*, these improvements reflect more than individual competence, they signify progress toward institutional equity and fairness. Social justice theory which is a foundational perspective in social work emphasizes dismantling structural barriers that perpetuate inequality within systems of care. In this light, the significant gains in "Organizational Policies and Procedures" represent early indicators of systemic reform, aligning with calls for structural transformation rather than isolated professional development (Brinkerhoff, 2024; Hill et al., 2025). Similarly, a *structural functionalist* interpretation suggests that enhancing institutional policies and outreach mechanisms contributes to the stability and adaptive functioning of the healthcare system, enabling it to better meet the needs of diverse populations.

The significant improvement in Organizational Policies and Procedures supports the CCSAQ's view of this subscale as reflecting organizational practices that includes cultural competence in service delivery (Mason, 1995). This suggests that the initiative helped social workers identify and address structural barriers by advancing policies that foster ethical, equitable, and culturally responsive standards. These changes are essential for reducing health disparities and improving outcomes in medical social work practice. Previous studies have also demonstrated that cultural competence training can enhance professionals' ability to engage with underserved communities and advocate for systemic change (McGregor et al., 2019).

In contrast, the subscales Knowledge of Communities, 'Personal Involvement, and Resources and Linkages did not show significant changes, although mean scores increased. Knowledge of Communities, which measures awareness of cultural beliefs and demographics, showed only a small effect ($d = -0.16$).

Sustaining DEI outcomes requires embedding policy audits, mentorship frameworks, and accountability metrics into institutional structures to ensure long-term inclusion (Gedela et al., 2025; Ward et al., 2023).

Conclusion

This study evaluated the influence of diversity, equity, and inclusion (DEI) workshops on cultural competence among medical social workers. The findings revealed that the intervention was most effective in enhancing Organizational Policies and Procedures and Reaching Out to Communities. This indicates a significant system-level progress toward inclusive practice. Although smaller, statistically non-significant gains were observed in Knowledge of Communities, Personal Involvement, and Resources and Linkages, these upward trends suggest gradual improvement in cultural awareness and engagement.

From a social justice perspective, these outcomes reflect early institutional shifts toward equity and fairness in healthcare delivery. Sustaining these improvements will require ongoing organizational commitment, policy reinforcement, and regular evaluation to ensure DEI principles are fully embedded in medical social work practice.

Limitations and Suggestions for Future Research

A major limitation of this study was the reduced sample size (n = 11) due to an industrial strike, which constrained generalizability. In addition, the study was limited to a single health centre, which may not reflect all institutional contexts in Nigeria. Future research should employ larger, multi-site samples and longitudinal designs to track sustained DEI impacts over time. Incorporating qualitative methods, such as focus groups or interviews, could also enrich understanding of how DEI initiatives influence organizational culture and client outcomes.

Recommendations

Based on the empirical findings, the following prioritized recommendations are made:

1. Given the significant improvement in Organizational Policies and Procedures, healthcare institutions should institutionalize periodic DEI policy reviews to ensure continued fairness, inclusivity, and accountability.
2. The substantial gain in Reaching Out to Communities suggests the value of sustained community engagement. Social workers should expand culturally tailored outreach and partnership initiatives to strengthen community trust and participation in healthcare services.
3. Although smaller, the positive changes in Knowledge of Communities and Personal Involvement identify the need for regular professional development sessions focusing on empathy, self-reflection, and cultural humility.
4. The moderate improvement in Resources and Linkages suggests a need for stronger inter-agency collaboration and referral systems to improve client access to comprehensive care.

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