Sustained Care: The Impact of DEI and Diversity Committee Work on Academic Healthcare Faculty and Staff

A thesis submitted by

Brooks A. Bigart

in partial fulfillment of the requirements for the degree of

Master of Arts

in

Diversity, Equity, Inclusion, and Justice Leadership

Tufts University

May 2024

Adviser: Dr. André Harper

Abstract

This study examines the impact of DEI and diversity committee work on faculty and staff in academic medicine, focusing on professional development and work-life balance. While the establishment of such committees demonstrate tangible value, lack of funding, structure, and compensation plagues the health of these bodies of equity innovation. Existing literature has documented both the detrimental cost of cultural taxation and benefit of diverse employee engagement. 71.1% of participants indicted positive impact of committee membership on professional development, with 88.89% appreciating an expanded professional network. Nearly two-thirds (64.44%) indicated that committee work provided a sense of belonging at work. More than half (58.3%) of participants, however, relayed that they received no compensation for committee work, with 48.8% reporting a negative impact on work-life balance. While academic medicine faculty and staff invest time and experience in diversity and DEI committee work, institutional infrastructure may fail to recognize, compensate, and fund adequately.

Acknowledgments

I am deeply appreciative for the opportunity to engage in scholarship of equity and justice, especially as it relates to the pursuit of innovation in academics, research, and healthcare.

I am grateful to the faculty and staff who engaged as participants in this research, sharing their time, energy, and voices. The importance of starting with the person, centering research in community, and honoring participants as primary cannot be underestimated or over celebrated.

Thank you to so many people who have supported my journey in this project and as a student.

Thank you to the entire committee – Dr. Cheryl Jamison, Dr. Shameka Powell, and Dr. Alejandra Rincón – for your experience and time. Thank you to Dr. André Harper for sharing such exceptional generosity of time, encouragement, and thought as thesis committee chair.

Thank you to Dr. Reneé Navarro, Dr. LaMisha Hill Weller, Dr. Neil Powe, Dr. Stanley Prusiner, and Professor Cheryl Jamison (yes, again!) for your support in my applying to the Tufts DEIJ-L program. I am grateful to the entire Tufts DEIJ-L faculty and staff, especially to Dr. Silas Pinto for serving as my advisor. I am grateful to the programs of learning that first carried me onto the seas of equity scholarship – Tongo Eisen-Martin and his "We Charge Genocide Again!" learning series and the Office of Diversity and Outreach Diversity and Inclusion Certificate Program, especially Dr. Hill Weller and Melisa Bautista for leading our cohort. Thank you to Dr. Alejandra Rincón (yes, again!) for your mentorship and understanding.

Thank you to Regina, Erin, and Jessie for sharing songs and videocalls tucked in between east and west coasts, and Creni for backyard visits, and Molly for such true, encompassing friendship across so many years.

Thank you to Bethany Padrón for long conversations and deep friendship and encouraging mama scholarship for one another. Thank you to Gil Lorenzo for supporting one another as working students and friends, Alexandra Velasquez for steadfast support, and Barbara Sanchez for encouragement.

Thank you to my mom for teaching me to whisper to myself in brave moments: I am powerful and loving and have nothing to fear. And thank you to Tesia Lily and Lori for family.

Most of all, thank you to Ronin. You are everything. I listen and learn from you every day and am honored to share guidance as your mama in your own discovery of this wide-open world.

TABLE OF CONTENTS

LIST OF FIGURES

POSITIONALITY

"Would you like to give your hair to the birds?" I suggested to my daughter, Ronin, then two years old as she gathered the strands curving in question marks on her pillow, as if lost in slumber. "They can build a nest." She collected them carefully, laying them onto a square of toilet paper spread across her small, rounded palm. Toilet paper, plentiful and free, served every purpose then – braided into hair bows and bracelets, folded into ballet tutus and action figure costumes, wrapped into gift making and pocket snack packaging. We were a child with cancer and a single mother living in a 12' x 12' room in a group home for families with life-threatening pediatric disease.

The hair did not fall out in masses or in one dramatic night, as TV movies had led me to believe. Since the start of chemo and a league of antibiotics and steroids, I had waited, not knowing I was waiting, for it to fall out, to confirm more than the blood draw reports or doctors' diagnosis that Ronin had ALL Leukemia. And as it did, I wrapped it carefully, like a gift, that we would take to Golden Gate Park after clinic visits. Ronin would place it gently next to her and release its contents – a sharing to the crows and robins to build their own homes.

I guided my daughter to know that she could be a source of giving, not only receiving, and an active agent of connection, not solely an object of passivity and study. We learned to reach out and create community. We grew a family in the park over that first most intense year of her three-year treatment, with the pick-up musicians near the crumbling bandstand and the roller skaters at the 6th Avenue Skate Place and the dahlia tenders at the Conservatory of Flowers.

Beyond even the constellation of components that form my identity - gender, sexuality, race, education, social and economic status – the experience of living in cancer informs my commitment to both equitable healthcare and advocacy in action. Guiding my daughter through

pediatric cancer as her sole caregiver laid a deeper understanding of access and disability, health, and economic equity, and how easy the blocks of survival are tumbled. Over the course of four years of treatment, I practiced the art of advocacy and learned the strength of consistent resiliency. I also experienced the insurmountable power dynamics within healthcare and intentionally constructed barriers to agency. I valued the strength of care when offered by someone without judgement and with empathy, by employees in roles far outside of MDs with an impact of even greater resonance. I held close the importance of the entirety of healthcare and how power and status can filter through an institution of science and research.

Ultimately the experience of safeguarding health for my daughter led me to work in academic medicine, securing an administrative position at the same institution that partnered in saving her life. While pediatric cancer is rare, I don't believe my experience and what drew me to this work is. In faculty, staff, and learners alike, a grounding of illness and wellness, triumph, and loss, is woven into many of our histories and provides a cornerstone for committing to years of school, long hours onsite or online, and work of tedium or physical exhaustion, depending on our individual job functions.

The commitment to this center of healing and care is real – it is the foundation of life and death for many who work here, creating a stronger bond than exists in many environments. Employees in many workplaces rightfully hold pride in their place of employment; we are a society focused on work and production. Faculty and staff in academic healthcare labor in a nexus of exquisite research and human touch that administer virus-blocking vaccines, sight-granting tools, or disease-busting therapeutics. The stakes of work are high, garnering proportional dedication.

Over the past nine years in a large public academic healthcare institution, I have worked across a range of focus areas, from a neurodegenerative research institute to public trauma hospital to diversity and outreach administration. More informatively, I have reported to, worked alongside, and commiserated with people who operate in roles from Nobel laureate researcher to union environmental service worker, public hospital medical chief to restorative justice counselor, administrative assistant to chief health officer. I mention this as it informs my understanding of both the unique and shared opportunities and challenges, as well as diverse identities, across the highly stratified realm of academic medicine.

I have served on multiple committees centering diversity and equity in my academic medicine institution, including co-chairing a campus-side staff equity committee, and serving on leadership for a diversity and inclusion certificate alum organization. In this capacity, I have worked in partnership with diversity and DEI committees that center communities based on race, gender, sexuality and gender identity, and disability. I share intersecting identities with some of these groups while outside of others and recognize that my own identity affects my circles of both privilege and exclusion. In planning awareness campaigns and educational webinars or advocating for policy changes together, I have shared in the joy of coalition and community building – the feeling of finding home – and the frustration in seeing recommendations ignored and efforts devalued – the recognizing of losing space.

I am conscious and cautious of the peril of interpretation of stories that are not my own. Even when pulled from a similar weft, each one of our strands of narrative weave together a new pattern. Stereotypes and broad characterizations may loom more now than ever. In this socialized media age, acronyms compress identities to tweetable bits, and we rely on searchable terms to winnow down the rush of information. Having one's life experiences folded and bent into

serviceable shape can wear down and fray the whole to fibers. Our stories and identities may become commodities for trade or taking, at best kept wholly intact or, at worse, ripped from context, and pinned for decoration. I have experienced this range of impact, diminished to see my experiences repackaged to prompt $10,000 bids at fundraising galas, and strengthened to hear my words kept whole and safe in the armor of my own voice.

As noted previously, I am not just a learner but a worker in higher education. In addition to the last nine years in academic healthcare, I hold prior experience in non-medical academic settings. While a campus worker throughout my undergraduate studies, I led a strike of student-owned businesses to protest pay and demand autonomy in decision-making. Post-graduation, I worked for the same university, first in facilities, unplugging toilets, patching leaky roofs with emergency tar, and painting over graffiti in student housing, and then managing an aging yet grand theatre. I taught theatre lighting at an alternative learning high school in the mountains of Colorado as a seasonal faculty member. Years later, after careers in bars and arts and advertising and ethics (which are more intertwined than might be realized), and in the midst of my daughter's treatment, I found my way back to institutional learning. This work as well grounds my approach to examining labor, particularly in higher education, in considering how power and positionality bends the experience of employment across personal identities.

I've included this to acknowledge my own background as a staff person in academic medicine as well as an understanding of the deep value that both draws and holds both faculty and staff. My experience serving on DEI and diversity committees allows a commonality of language and access, while I must note that my reason and history for activism and advocacy cannot stand in for others. I believe that my orientation adds to the ability to comprehend the

research and consider equitable labor rights and wellness as both a priority and in alignment with goals.

INTRODUCTION

Nine minutes and 29 seconds of murder on May 25, 2020, cut through the global isolation of a pandemic to lay bare the roots of systemic oppression, sanctioned discrimination, and calculated racism from which the US and its institutions arose (McLaughlin, 2020). For many people, these were known lived truths; for others, the murder of George Floyd and these revelations interrupted what had been a cloistered routine of COVID bread-baking and safe circles (The Economist, 2020; Thompson, 2020). These realizations wound from person to person and into organizations and bodies of government and education, leading to what some have called a reckoning of conscience (Jacobs et al., 2022)

Following the police murder of George Floyd, many U.S. colleges and universities released statements to incorporate principles and initiatives of diversity, equity, inclusion (DEI) and anti-racism (Chamberlain et al, 2021). Professional organizations and governing bodies for both education and healthcare urged a renewed, although tellingly delayed, orientation to DEI efforts (*AMA, 2021; Del Pino-Jones et al, 2021*). Although institutions of post-secondary learning have benefitted from the cultivation of diverse ideas and cultural activism since the Civil Rights movement of the 1960's, many did not establish formal administrative bodies related to DEI until far more recently (Charles, 2023).

DEI committee work in universities and medicine has been praised as a key step of evolution and is seen by many administrators as an essential partner to the establishment of DEI leadership roles. (*Kolluru et al, 2022*) Additionally, the creation of these committees has also been viewed as a tool to dismantle the inequity of representation of race, gender, sexuality, national origin/status in student and employee populations caused by the historic and purposeful barriers to access by many institutions (*Race and Ethnic Equity in US Higher Education, 2022).*

Increased diversity in workplaces overall has been shown consistently to increase both innovation in outcomes and employee engagement (Miller, 2023).

Within US colleges and universities, the burden of requesting time and energy of members from historically excluded identities to serve on general committees or volunteer for projects – cultural taxation - has been effectively studied and recognized (Padilla, 1994). Research on the impact on members of diversity and DEI committee work, particularly work groups that may have been codified in the past five or even 20 years, has been less apparent. As Lingras et al. (2021) confirms, existing research on DEI committees in academic medicine have focused primarily on DEI processes, needs and areas for improvement, strategic planning, and institutional models.

In considering diversity and DEI committee work in academic medicine, an area of focus for exploration is to assess the impact of the work upon faculty and staff members on their professional development and work-life balance.

EVIDENCE FROM LITERATURE JUSTIFYING THE PROBLEM

Research focusing on employee DEI committee work in post-secondary institutions and healthcare have focused primarily on the perceived value of the work by and for the institution and its policies. Researchers have noted that such work holds value across a range of areas including recruitment and retention of diverse workforces (Ajayi et al, 2021), increasing representation among student populations (Gonzaga et al, 2020; Kamceva et al, 2022), and development of innovative and creative scientific research (Freeman & Huang, 2014).

Additional research has emerged in recent years positing how to best establish and compose DEI committees (Lingras et al, 2021). Best practices have been researched to evaluate

guidelines ranging from size and composition of committees to training components to duration of tenure (Bersted et al, 2022).

Meaningful research dedicated to the experience of historically underrepresented faculty and researchers has exposed the detrimental effects of the minority tax, such as the draining of temporal and emotional reserves, as well as more positive, such as career fulfillment and honorifics (Trejo, 2020).

DEFICIENCIES IN EVIDENCE

Research regarding the value of DEI committee work to the institution confirms the necessity for such programs as well as the complexity in establishing and maintaining (Kolluru et al., 2022). Likewise, the exploration of how to establish such committees reflects an understanding that the charges for action and scope of work hold special consideration (Narayan et al., 2021). Far less research is available that moves the lens closer to the experience of employees engaged in this work in universities and colleges, and especially, the impact on both personal and professional areas of their lives (Lingras et al., 2021)

Investigation of the cost of the minority tax for employees, as well, highlights the detrimental effects of DEI work across a range of industries (Ng, 2023). While this last area of research centers the experience of labor, extensive research that examines the effects of members of specific DEI committees has not been found in abundance. DEI committees hold a relatively recent space in post-secondary education and academic medicine (Yepes-Rios et al., 2023). As such, the issues that affect committee members may have not been robustly considered.

Research inquiries that have not emerged include focusing specifically on academic healthcare DEI committee member experiences and disparity in compensation, recognition, and leadership access in relation to position of faculty compared to staff.

IMPORTANCE OF THE PROBLEM

While both educational and healthcare institutions have publicly committed to DEI initiatives, the effort to recognize, support and compensate employees for this work has received less leadership investment. This dynamic may magnify harm to employees as those of historically underrepresented identities may be encouraged to allot additional hours to DEI committee work, encounter negative emotional impact with no institutional wellness support, and receive little or no full time equivalent (FTE) or compensation. At best, this approach may result in a churning through of employees on DEI committees, ultimately negatively splintering initiative viability and sustainability. At worst, employees may opt to leave the institution further divesting the university of vibrant talent and pruning away future leadership in equity and belonging work.

LITERATURE REVIEW

IMPETUS FOR EQUITY ACTION

As noted previously, the murder of George Floyd by police in 2020, broadcast into homes and across screens in hand, cracked open a moment of clarity and overdue recognition of the systemic racism, anti-Blackness, and determined discrimination that both founded and sustained the majority of institutional power in the United States. In response to national Black Lives Matter and social justice protests, and calls for action from faculty, staff, and students, institutions of post-secondary education scrambled to issue statements of reaction (Chamberlain,

2021). In June of 2020, Black scientific researchers across the country engaged in a strike (Subbaraman, 2020). Organizing group, Particles of Justice, wrote in an open letter:

> We are conscious of the ways in which Black students and scholars, including two authors of this letter to the community, are expected to do the heavy lifting to advocate for and support justice and representation in academia. We know that this burden functions as an unfair and unevenly distributed barrier to their ability to thrive in academia. (*A Strike for Black Lives*, 2020, para 5)

Universities and colleges, both public and private, sought to establish task forces to study racial inequities in admissions, policies, and procedures (Ebbinghaus & Huang, 2022). In many institutions, a foundational element of this new attention to equity action involved the origination of diversity, equity, and inclusion (DEI) committees composed of faculty, staff, and students. As Esparza et al. (2022) relays, while the creation of initiatives and DEI committees in medical schools and academic medicine centers holds value, lack of funding and strong executive structure may result in the work being shouldered by a small percentage of employees.

DEI COMMITTEE ORIGINS AND GOALS

DEI committees formed on academic healthcare campuses and in universities have been created to serve multiple goals including leadership support, advancing recruitment and retention of underrepresented in medicine/historically excluded (UiM/HE) identities, formation of guidelines, development of training and hosting of educational events and outreach (Lingras et al., 2021). Diversity in workforces and areas of expertise is recognized as a driver of innovation across industries (McKinsey and Company, 2020). The positive effects of initiatives to increase diversity in workforce and learner representation in universities, medicine, and the research

fields of science, technology, and mathematics (STEM) have been reflected in multiple studies (Ely and Thomas, 2001; Gómez and Bernet, 2019; Hong and Page, 2004).

Within medical education specifically, diversity in medical faculty affects retention of medical students through graduation which further broadens the identity of healthcare providers. As patient outcomes are positively affected when seen by providers of similar cultural or racial background (Takeshita et al., 2020), the ramifications for expanding diversity of both medical school personnel and graduates are magnified.

COMPOSITION OF DEI COMMITTEES

Consideration of the formulation and composition of DEI committees and understanding of best practices for use in academic healthcare has increased in the past three years since 2020. Lingras et al. (2021) identifies six stages of committee creation – leadership support, recruitment and membership, purpose and guidelines, short and long-term goal setting, communication and collaboration, and ongoing evaluation – while emphasizing an open-call for membership. Orientating around strategic process first for forming an academic departmental DEI committee is described in Narayan et al. (2022), with the steps of vision, mission, goals, strategies, and tactics given precedent before composition. A structure of faculty committee co-chair recruitment, followed by establishment of subcommittees of additional faculty, learners, and staff is described by Bersted et al. (2023), while noting a progression of allotment of 0.1 FTE (full-time equivalent) for co-chair to 1.0 FTE over the course of three years.

RECENT HISTORY OF DEI IN ACADEMIC MEDICINE

Diversity as a goal in academic medicine has proceeded with the understanding that

diversity in physician and provider identity improve patient outcomes and attract medical students from a range of backgrounds (Rosencranz et al., 2021). In a survey of best practices to improve diversity, equity, and inclusion in graduate medical education, Boatright et al. (2023) summarized strong a history of strategies in use:

> Foundational strategies included working with schools, community colleges, and 4-year college campuses; providing structured support for visiting students; mission-driven holistic review for admissions and selection; interviewer trainings on implicit bias mitigation and on how racism and discrimination impact admission processes and advancement; interview-day DEI strategies; inclusive selection and DEI committees; mission statements that include DEI; and retention efforts to improve faculty diversity. (p. 1)

In recent years, academic medical associations have identified diversity, equity, and inclusion in mission statements and goals. The Association of American Medical Colleges (AAMC) called DEI a "strategic priority," writing that "the DEI efforts in action at your institutions positively impact the health of communities across the country" ("DEI: A Strategic Priority for the AAMC and Academic Medicine," 2023, p. 1).

The AAMC reported in 2019 that 89.4% of reporting medical colleges incorporated DEI into institutional mission, vision, and values statements, however, only 64.2% reported DEI strategic planning and accountability and 65.5% included equitable practices. 69.5% reported "diverse inclusive, and equitable faculty recruitment," and 65.5% reported "diverse, inclusive, and equitable staff recruitment and development" ("The Power of Collective Action: Assessing and Advancing Diversity, Equity, and Inclusion Efforts at AAMC Medical Schools," 2022).

ASSESSMENT OF DEI COMMITTEE WORK

The external assessment of DEI committee work varies greatly from generating real change in policy to effecting little to no tangible outcomes. Recent overviews of DEI committees in medical colleges highlight benefits including development of curriculum changes (Harpe et al, 2021); recruitment and retention of UiM/HE faculty (South-Paul et al., 2013); and broadening of mentorship programs (Beech et al., 2013)

Lack of both accountability measures for progress made via diversity and equity metrics at an institutional level and diminishing rewards for FTE devoted to DEI work for individuals may affect committee morale and longevity. In 2022, while 89% of U.S. medical schools include DEI in mission or vision statements, just 36.5% incentivize meeting DEI metrics, with less than half incorporating DEI work into faculty advancement policies. (American Association of Medical Colleges, 2022) “Despite these efforts, students, faculty and academic on-lookers continue to discuss the underwhelming substantive impact of DEI commitments,” writes Hattery et al (2022, p. 506).

REPRESENTATION OF MEDICAL SCHOOL FACULTY, STAFF, AND LEARNERS

While institutions of post-secondary education have accelerated strategic planning and initiative design to incorporate principles of DEI, this surge of reaction may further drain the very groups of employees and community members it seeks to serve. Padilla (1994) named the burden of time, effort, and emotional work requested of underrepresented faculty and scholars by education administrators as “cultural taxation (Padilla, 1994, p. 26). This term has evolved into the reference of a “minority tax” with aligned meaning. Kamceva et al (2022) concluded that “minoritized medical students in the U.S. experience a minority tax that stems from an

underappreciation of excess time and effort they invest in DEI initiatives at their medical schools" (p. 8). Similarly, UiM medical school faculty report disparities in encountering racism, isolation, mentorship, clinical opportunities, and promotion, amounting to what Rodriguez et al (2015) identify as "URMM (underrepresented minority in medicine) responsibility disparity" (p.3).

A product of compounded and systemic discrimination and bias, medical schools in the U.S. hold low levels of diversity both in overall demographics and leadership roles. While recent efforts to address have resulted in increases in UiM/HE students and faculty, disparity in representation persists, especially regarding race. Workforce diversity in academic medicine, while experiencing some gains since 2020, continues to lag and fails to reflect the composition of the United States and, often, the population that an institution serves. Among medical school matriculants in 2022, race was self-identified as 52% white, 28.7% Asian, 12.3% Hispanic, Latino or of Spanish Origin, 10.2% Black or African American, 4.1% other race, 2.8% unknown, 1.0% American Indian or Alaska Native, 0.4% Native Hawaiian or other Pacific Islander (Association of American Medical Colleges, 2022). Likewise, Kamran et al (2022) concluded that while diversity among faculty had increased over the past forty years regarding race and gender, major disparities continue to exist, and are heightened when considering intersectional identities.

Notably, while non-academic/professional staff in medical schools may comprise the majority of the employee workforce in numbers, attention to diversity has not been robustly studied or surveyed on a national scale. Individual reports from large elite medical universities indicate that staff may hold more diversity than faculty overall, especially in lower-paid roles, with diversity in race and gender diminishing dramatically in management and administrative

roles (University of California San Francisco, 2022) Beyond affecting the overall composition of medical universities, staff engagement with both faculty and learners can enhance the overall climate and satisfaction for all (Richardson & Radloff, 2014).

DISCRIMINATION IN ACADEMIC MEDICINE

In reviewing the disparity of representation of race and gender identities among academic medicine faculty and staff, it then is relevant to consider prevalence of discrimination and perceived bias as well. Peterson et al. (2004) surveyed 1,979 full-time medical school faculty to report instances of discrimination and bias related to race and/or ethnicity. "Nearly half (48%) of URM and 26% of NURM (nonunderrepresented minority) reported experiencing racial/ethnic discrimination by a superior or colleague." (Peterson, et al., 2004, p. 263) While Peterson et al. relied on survey, Pololi et al. (2010) conducted a large-scale interview process across multiple regions and faculty ladders to contribute qualitative data to the body of research. In analyzing data, the researchers confirmed both male and female URM faculty as experiencing: difficulty in cross-cultural communication; feeling isolated and invisible; lack of mentoring, role models and social capital; disrespect, overt and covert bias and racism; devaluing of professional interests; being identified with affirmative action programs and diversity responsibilities; and financial hardship. (Polili et al., 2010, p. 1). Using a third method of research, Nivet (2010) conducted a literature review to assess barriers and beneficial actions for faculty in academic medicine, arriving that the "accumulative disadvantaged position in which minority faculty members find themselves compared with whites has developed through years of systematic segregation, discrimination, tradition, culture, and elitism in academic medicine." (Nivet, 2010, p.55S).

IMPACT OF POSITION ON COMMITTEE EXPERIENCE

When considering the impact of any collective labor on its participants, it is necessary to include the demographics of the population as factors. Race, gender, sexuality, religion, and representation within the institution all may affect participants' experience. As Hattery et al (2020) points out, positionality or the privilege of power, is traced to feminist standpoint epistemology and primarily Black feminist scholars (Collins & Bilge, 2020; Harding 1991, 2004; hooks, 1984)

The official employment capacity of committee members can be examined to discover if power and privilege of position affect self-valuation of participation. Students on a learner-faculty dyad DEI committee reported the positive effect of gaining leadership opportunities, better understanding around institutional vision, and expansion of knowledge. (Wofford et al, 2022) The research, however, did not disclose the racial or gender identity of members although it did report a majority white and majority women-gendered composition of the field of study, speech pathology, overall. While the acknowledgement of the benefit of committee work is helpful, without demographic information, the findings may be questioned to be lacking scope of experience. Additional research has provided the voices of students in relaying recommendations for action, but not their experience as members of the committee itself (Pilgrim et al., 2022).

Faculty members may gain benefits from leadership-level DEI committee work with heightened visibility in some cases, however, research also illustrates the detrimental effect such involvement may have on clinical or research career progression. In examining the experience of health researchers, Kelly et al. (2020) notes that "women of colour and Black women in the academy who undertake significant often-invisible labour of advancing EDI, while their white colleagues continue to advance their research, thereby perpetuating the very inequities EDI

means to address" (p. 6). Benefits of participation may include career advancement via promotion into equity-related leadership roles and funding via recently created National Institutes for Health (NIH) grants. Additionally, more universities, including academic healthcare centers, have included statements of DEI involvement as part of the tenure or advancement process (Soucek, 2022). Proposed solutions to detrimental effect of DEI work on faculty includes "regenerative gatekeeping" as proposed by Lewis et al. (2022).

The impact of DEI committee work on staff in university or academic medicine settings remains relatively understudied. Demographics for non-academic staff are not always published. Non-administrative staff may be the most racially diverse (Burke, 2020). This area of staffing, including health care support and service, remain the most vulnerable in terms of pay, benefits, and job security (Kinder, 2020). "Over 80% of health care support, service, and direct care workers are women. They are also disproportionately people of color. Like other low-wage jobs where women and people of color are concentrated, many of these positions are plagued by underinvestment and a lack of benefits" (Kinder, 2020, para 11). (Experiences of staff in healthcare education may mirror those in broader industry with little reward for DEI work. In a 2023 McKinsey and Company national survey, "although 61 percent of companies point to DEI as a top manager capability, only 28 percent of people managers say their company recognizes DEI in performance reviews" (Field et al., 2023). Investigation of staff experience, especially in recognizing intersectionality of identities, indicates that positionality and power may be under-developed in assessing equity in academic healthcare and medical school setting. In one large, top-rated public academic healthcare institution's climate survey findings, while 30% of exclusionary behavior self-reported by staff was due to race/ethnicity and 22% due to gender, even more – 51% - was due to position or role (UCSF, 2021). Samra and Hankivsky (2020)

confirm the need for an intersectional lens in addressing experience in academic healthcare and medicine as "dismantling the power structures in medicine, however, requires complex thinking that goes beyond focusing on one dimension at a time—e.g., patriarchy or racism."

IMPORTANCE OF MENTORSHIP FOR UNDERREPRESENTED IN MEDICINE (URM) FACULTY

In considering retention of URM faculty, Ajaya et al identify ongoing discrimination, minority tax, lower rates of mentorship, and less frequency of promotion (Ajaya et al, 2021). The authors note that mentorship "could serve as an avenue for feeling connected, supported, and having a sense of belonging to an institution." (Ajaya et al, 2021). Mentorship was specifically focused on as a theme of discussion among URM faculty in a one-site study, with the summary that "Study participants noted the importance of minority mentors for providing cultural and emotional support and navigating social conventions." (Mahoney et al., 2008)

COMPARISON EXPERIENCES IN ACADEMIC MEDICINE

Previous research explores comparisons of experience in assessing work-life balance and wellbeing in identity groups including role, race, and gender. Academic medicine faculty assessing work-life balance before and since the COVID-19 pandemic showed differences of staying in employment or leaving along gender and caregiving roles, with women considering leaving or reducing employment at 28% compared to men at 12% (Matulevicius et al., 2021).

In studying professional development and needs fulfillment of faculty, staff, and trainees during the first year of the COVID-19 pandemic, Connolly et al. (2021) compared experiences across several demographic categories including race, gender, role, age, and marital status. The

research reflected that while all experienced stress during the pandemic, “experiences were exacerbated for workers who provide clinical care, those with children at home, women, and people of color—especially those who identify as a belonging to a racial/ethnic group that is underrepresented among medical professionals, academics, and trainees.” (Connolly et al., 2021, p. 7)

Additional research dedicated to exploration of the impact of COVID-19 on academic medicine employees sought to understand the impact across categories of employment or function. “For women, faculty or trainee job role was associated with increased worry about the impact of COVID-19 on their career development and greater consideration for reducing hours compared with men in similar roles and women in staff positions,” wrote Delaney et al. (2021, p. 5).

Research found prior to the COVID-19 pandemic evaluating work-life balance and professional development focused more specifically on comparison factors within faculty. Baptiste found a lower ranking for female trainees compared to male in ranking their work life but no statistical difference regarding gender in ranking work-life balance and personal life as defined by the study. (Baptiste, et al., 2017).

BELONGING IN ACADEMIC MEDICINE

In a 2023 study by Schaechter et al (2023), a correlation between workplace belonging and reduction in planning to leave the healthcare institution was shown via survey results. Demographic data was collected with 63% identifying as faculty and 41% as URM. (Schaechter et al., 2023). Previous research of self-assessment of belonging in academic medicine focused on experience by gender and race in faculty. Pololi & Jones (2010) interviewed 96 faculty with

analysis by race and gender, noting that experiences reflected a "complexity of intersecting identities" and the prevalence of some faculty to feel that they held "double minority" status. (Pololi & Jones, 2010, p. 441). Additional research assessed feelings of value as well as professional satisfaction among faculty in one Department of Medicine, considering race/ethnicity, rank, and gender. (Simpkin, et al., 2019) The research found "no association with job satisfaction or feeling valued with sex, rank, or feeling compensated fairly" while also noting that "not feeling discriminated by sex" was significantly associated. (Simpkin et al, 2019, p. 993)

STAFF IN ACADEMIC MEDICINE

Limited research in staff experience in academic medicine was located, with some found in medicine generally, focusing on clinical and not administrative or operational staff. Crubezy et al. (2022) analyzed the role of staff experience in addition to patients to understand interactions between the two, acknowledging that "there are a few studies that consider PE and the experience of the persons who work with patients every day." (Crubezy, et al., 2022, p. 1). The impact of improving staff experience to effect positive outcomes for patient experience was also investigated by Locock, et al. (2020) as "a legitimate target for action in its own right, which would in turn influence patient experience through indirect cultural and attitudinal change." (Locock et al., 2020, p. 65) Joanne Goodrich remarks in The Journal of Health Design that "staff experience should be central to the conversation about healthcare design so that the right changes are made – changes that benefit both staff and patients." (Goodrich, 2018, p. 149).

BACKLASH TO DEI IN ACADEMIC MEDICINE

Within just a few years of academic medicine as a whole beginning to address equity and

launching DEI initiatives, opposition has launched countermeasures in retaliation. In 2022, Stanley Goldfarb, MD, former Perlman School of Medicine faculty member, established “Do No Harm,” an organization dedicated to “protecting healthcare from the disastrous consequences of identity politics.” (Donoharmmedicine.org, 2024) The following year, Goldfarb wrote in an op-ed “I noticed a decline in standards as the medical school’s clinical departments began hiring vice chairs for diversity and inclusion” (Goldfarb, 2023, p. 1)

In 2023, Arizona, Florida, North Carolina, North Dakota, Ohio, South Carolina, Tennessee, and Texas introduced bills that attempt to curb DEI efforts. According to an NBC News Analysis, as of March 2024, “more than 30 states have introduced or passed more than 100 bills to either restrict or regulate diversity, equity, and inclusion initiatives in the current legislative session” (Adams & Chiwaya, 2024, p. 1) In 2024, a bill was introduced in Utah to ban governmental offices, including public universities, from having offices focused on diversity. (NBC News, 2024) In March 2024, federal legislature was introduced in the U.S. House of Representatives titled “The Embracing Anti-Discrimination, Unbiased Curricula, and Advancing Truth in Education (EDUCATE) Act” that would ban medical schools that received federal funding from taking action to "establish, maintain, or contract with a [DEI] office, or any other functional equivalent” (Weber, 2024, p. 1).

As the existing research illustrates, academic medicine institutions derive value and beneficial impact from DEI committee work and diverse workforces (Ely and Thomas, 2001; Gómez and Bernet, 2019; Hong and Page, 2004). Representation of identities remains inequitable by role (Association of American Medical Colleges, 2022) with an effect on experiences at work (Kamceva, 2022). In light of the forceful pushback against DEI measures

and work in some areas of the country, it is important to devote further research to the impact of the work itself on committee members.

THEORETICAL FRAMEWORK

As this research examines the experience of faculty and staff in the intellectually and emotionally demanding diversity and DEI committee work, it draws from theories of learning and development, as well as well-rooted pillars of race and identity scholarship. David Kolb's Experiential Learning theory provides the basis of understanding how committee members expand knowledge and transform experience into action (Kolb, 19840. Kimberlé Crenshaw's foundational work of Intersectionality provide consideration of multi-faceted identities as well as the understanding that the impact is exponential not merely additive (Crenshaw, 1989). Interest Convergence, developed by Derrick Bell, explains how substantive change to advance equity and increase power for historically excluded groups does not occur unless outcomes align to the existing power structure's benefit (Bell, 1980). Focusing on institutional reaction, Crenshaw's Retrenchment theory reflects on the prevalence of equitable action forward to be forcefully dug back even deeper (Crenshaw, 1988)

Intersectionality

Kimberlé Crenshaw introduced intersectionality in 1989 as a conduit to understand how aspects of identity compound inequity and discrimination (Crenshaw, 1989). As Crenshaw explained, "Intersectionality is a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking." (Crenshaw, 1989, p. 149) The theory

urges an identification of the multiple identities within one person (i.e. race, gender, sexuality) and the unique experience of an individual based on this prism of person. The theory is relevant as employees in academic medicine hold multiple identities beyond demographics of race, gender identity, sexual identity, and age, as role denotes a separate level of power and privilege. Even within the broad roles of faculty and staff, academic step, or tenure level for faculty and managerial or union status for staff may denote drastically different experiences. Intertwined with identifiers such as race, gender, sexuality, and disability, the experience of each person holds specific harms as well as shared community.

In recent years, academic medicine has utilized the concept of intersectionality as a key route to address all areas of institutional performance improvement, from patient outcomes to health equity measures, from faculty and staff experience to learner demographics. As Eckstrand et al writes, "Understanding how multiple identity experiences impact different individuals, from patients to trainees to providers, is critical for improving health care education and delivery." (Eckstrand, 2016, p. 1)

Further, while committee work may be categorized as DEI or anti-racism work broadly, diversity committees may be created around specific communities with a multitude of intersecting identities within membership and even hold shared membership between committees of race, gender, ability, and sexuality (*DEI Committees,* 2023; *Diversity, Equity, and Inclusion (DEI) Committee*, 2020; *How to Create a DEI Committee so More Voices Can Be Heard | USC Online Communication Degree*, 2023)

Experiential learning

Experiential learning as defined and explored by David Kolb values the strength and

vitality of gaining knowledge through experience. Learning occurs through a process of four stages: Concrete Learning, Reflective Observation, Abstract Conceptualization, and finally Abstract Experimentation (Kolb, 1980). In the first stage, Concrete Learning, learners may encounter a new experience, or especially of interest to DEI committee work, may review and reconsider previous experiences (Kolb, 1980) In the second stage, Reflective Observations, learners commit to understand what has occurred and their own thoughts about it (Kolb, 1980). Abstract Conceptualization, the third phase, sees the learner developing new ideas or developing frameworks of thought after reflection (Kolb, 1980). The learner, in the final stage, Active Experimentation, acts upon their formulated ideas, testing their ideas in active applications (Kolb, 1980).

When institutions talk of increasing diversity, in the best iteration it is not merely of maintaining or increasing numbers of identities that are underrepresented. Instead, creating diversity is valuing of diversity of experience and lived impressions (Gafni, 2021). Recognizing lived experience, defined by Chandler and Munday as "personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people" (Chandler & Munday, 2011), exists as a goal of many diversity committees and DEI initiatives. As a tenant of diversity and equity principles, the value of lived experience aligns with Kolb's first phase of learning, which requires present or past experience.

Interest Convergence

Derrick Bell developed the theory of interest convergence in considering the 1956 Supreme Court decision in *Brown vs. Board of Education* (Bell, 1980). Bell argued in 1980 that

it was neutrality that allowed the court to rule for desegregation, but a convergence of interests. He wrote "[t]he interest of blacks in achieving racial equality will be accommodated only when it converges with the interests of whites." (Bell, 1980, p. 523) He continued to explore the theory that white holders of power were not incentivized to equalize institutional access or share positionality out of a moral or just obligation, but altered structures of organizations primarily when it held value for themselves. Pierson-Brown reflects on criteria in which to confirm interest convergence in examining institutional statements on racism as a public health crisis: "1) there are attractive reasons beyond the aims of justice for addressing the imbalance; 2) the action to address the imbalance presents with distinct normative and positive goals; and 3) the action does not involve the distribution of power to the disenfranchised group." (Pierson-Brown, 2022, p. 695).

The murder of George Floyd released anger and sorrow in a dam break of prolonged protest and momentous outcry, resulting in institutions across the country hurriedly constructing vessels of DEI goals to ride out the flood. "In a review of statements released by leadership in academic medicine following George Floyd's murder, only 13% used active supportive terms such as "anti-racism," and "most failed to address this country's targeted, historically engrained, and sustained oppression of Black people through white supremacy." (Kiang & Tsai, 2022, p. 3) Eric Garner, Michael Brown, Akai Gurley, Tamir Rice, Freddie Gray, Philando Castile, Stephon Clark, Botham Jean, Atatiana Jefferson, Breanna Taylor, Ahmaud Arbery – all were killed in interactions with police, sparking protest, before George Floyd (Hutchinson, 2020).

In commenting on the reactions of institutions as part of the national reckoning following George Floyd's murder, Alexis Hoag-Fordjour, Cornell law professor and co-director of the Center for Criminal Justice writes:

> I argue that a major motivating factor for many white peoples' actions and corporations' pronouncements against racism was not to advance Black equality. Rather, it was the realization that the nation cannot maintain its economic, political, and *social* superiority over the rest of the world while remaining silent about anti-Black racism in America. Racism is a bad look. (Hoag, 2020, para 9)

In academic medicine, increasing diversity of physicians and staff brings increased rewards for the institution. Beyond being a "bad look," diversifying medical faculty, research, and services can result in gains in healthcare clients, improvement of outcomes, and expansion of grant funding. As the population of the country has become more racially diverse (US Census Bureau, 2023) and younger generations increasingly identify gender and sexual identity on a spectrum (Hammack et al, 2021; Katz-Wise et al., 2023), clients for healthcare reflect this. As noted in the literature review, patient outcomes drastically increase when providers share in diverse identities - diversity in providers is good for both business and institutional outcome statistics. Additionally, as research funding has followed patient populations, federal grants have emerged dedicated to health equity and diversity in faculty, learners, and patients. The National Institutes of Health, a major funder of federal grants, notes that it "is interested in the benefits of a diverse workforce on scientific discovery, with a focus on enhancing the pool of individuals from diverse backgrounds including those nationally underrepresented in biomedical research" and operates numerous programs to fund accordingly. As the interest of historically excluded identities from medicine and research align with white-led institutional benefits, interest convergence in academic medicine emerges.

It is imperative to recognize when considering interest convergence and academic medicine that leadership, when considered as an industry, remains predominantly white, with

opportunities for promotion and ascension limited for Black faculty. The AAMC reported in 2021:

> "Analysis of 10-year outcomes for full-time, first-time assistant professors in academic year 2009-2010 showed that Black or African American women and Hispanic, Latino, or of Spanish origin men had the lowest proportions off faculty promoted compared with faculty of other races/ ethnicities. Black or African American men had the highest proportions of faculty leaving academic medicine compared with faculty of other races/ ethnicities. (American Academy Medical Colleges, 2021, p. 18)

Uché Blackstock, MD, shared her experience working in academic medicine as a Black faculty member, writing:

> Last month, I made the difficult decision to leave my faculty position at an academic medical center after more than nine years there because of a toxic and oppressive work environment that instilled in me fear of retaliation for being vocal about racism and sexism within the institution. (Blackstock, 2020, para 9)

Interest Convergence does not describe a theory of general power struggle or framework for broad progressive action but one rooted in recognizing the racist foundations and anti-Blackness of the country and institutions.

Retrenchment

Crenshaw's theory of retrenchment holds that progress to reform policy and attitudes towards race will be countered with a digging down and push back – often to a greater degree than the original forward action (Crenshaw, 1988). It is the confirmation of one step forward, two steps back in creating equity.

In her introduction of the theory in "Race, Reform, and Retrenchment," Crenshaw identifies three distinct considerations in both identifying and laying a defense against retrenchment. It is imperative to recognize "racism is a central ideological underpinning of American society" (Crenshaw, 1988, p. 1336). Further, Crenshaw recommends expanding the definition of anti-discrimination to not only include "rejection of white supremacy" (Crenshaw, 1988, p. 1336), but to commit to the active removal of barriers and change in conditions to create equity. Finally, she recognizes the value in shared identity as a focus of organizing and reform. Crenshaw notes, "History has shown that the most valuable political asset of the Black community has been its ability to assert a collective identity and to name its collective political reality." (Crenshaw, 1988, p. 1336).

Crenshaw's theory does not identify a problem without a solution but posits recommendations for action. She warns that "there is no longer a perpetrator, a clearly identifiable discriminator" due to the overly generalized language and rhetoric that describes "equality of opportunity." (Crenshaw, 1988, p. 1347) She centers the need for reform to center the direct voice and experience of Black people, asserting that "the most significant aspect of Black oppression seems to be what is believed *about* Black Americans, not what Black Americans believe." (Crenshaw, 1988, p. 1358).

In reforming institutions towards equity, Crenshaw observes that "crisis occurs…when powerless people force open and politicize a contradiction between the dominant ideology and their reality" but notes that the reaction to this only then goes so far to correct the "apparent contradiction," concluding that "the potential for change is both created and limited by legitimization." (Crenshaw, 1989, p. 1367-8)

Retrenchment has appeared in academic medicine in recent years when considering the effect of both internal and external decision-making. Externally, in 2023, the Supreme Court effectively ended race-conscious affirmative action admissions programs in Students for Fair Admission, Inc. v. President and Fellows of Harvard College. While the immediate effect of this may be too difficult to assess, forecasting of the detrimental effect to academic medicine representation may be made in reviewing the effect of Proposition 209, which effectively banned affirmative action in 1996 in California. Immediately following passage of the proposition, "Black students in California medical schools hit a low of 5%...and the percentage of Latino/x students sunk from 15% to less than 10%." (Buller, 2024) These percentages were able to rebound after concerted effort in examining admission practices and recruitment, however, it delayed progress by decades.

In considering internal decision-making and indications of retrenchment, academic medicine institutions may affect DEI programming or diversity committee effectiveness by retracting budget for initiatives. Additional examples of retrenchment may include the retraction of cost-of-living-adjustments (COLA) for faculty and staff, often affecting more diverse populations at lower career levels or exploration of higher attrition rates for female versus male doctors in academic medicine. (Chen et al., 2023)

METHODOLOGY

Methods

This thesis proposes to research the impact of participation in diversity, equity, and inclusion (DEI) committee work on faculty and staff in a large academic healthcare institution. Previous research illustrates the benefit and emotional cost of this work in general (Trejo, 2020).

and the incidence of it among employees from underrepresented race and gender (McKinsey & Company, 2023; Rodriguez et al., 2015). Research in academic healthcare post-2020 has reflected the value of DEI committees to develop initiatives in the effort to affect policies, programs, and representation but has not focused on the effect of this work on participants, especially when the work is often carried forward by faculty and staff from race and gender identities historically excluded among medical faculty and staff.

I hypothesize that faculty and staff will report positive experience working in these committees related to cohort or community-building coupled with negative wellbeing responses due to the taxing and often-recognized nature of the work. Additionally, I propose that variance may occur in responses related to the power and positionality of roles, such as professors and managers compared to assistant professors and non-managerial staff. Additionally, I theorize that funding for time spent on DEI-committee work will correlate to higher levels of professional and personal positivity.

Procedure – Overview

This study is designed as an explanatory sequential mixed methods research model. Mixed methodology in academic healthcare has increased over the past 20 years as a recognized mode of meaningful research (Locke & Lees, 2021) with its ability to both capture quantitative data for population analysis and qualitative data to dive deeper into unique personal experiences from historically excluded communities as a manner of addressing health equity.

History breathes through numbers – in assessments of how many, how often, when, and where. Especially vital in fields lacking in diverse identity, the personal narrative pushes forth through what can be a dense thicket of numerical data. As Locke and Lees write in explaining their choice to use qualitative research methods in investigating vulnerability in medicine, “We

have employed a mix of methods within a qualitative research design because they provide deeper, richer understandings of a situation or phenomenon than one method alone" (Locke & Lees, 2022, p. 32-33).

This study was completed as an emergent design two-step data collection process, first via survey and then utilizing one-to-one interview. Results of the initial survey data were analyzed to confirm the validity of discussion questions for the focus group engagement. This was a phenomenological study in which, as described by Creswell & Creswell (2023), "inquirers attempt to build the essence of experience from participants" (p. 67). The strength of this model of discovery allows the building of "a rich, detailed description of a cultural phenomenon" (Creswell & Creswell, 2023, p. 67). Incorporating quantitative and qualitative data to examine the impact of DEI and diversity committee service creates an avenue for greater depth of study. "In this way, a researcher learns more about the problem under study because insights go beyond simply learning about the quantitative and qualitative results; learning comes from the combination or integration of the two databases" (Creswell & Creswell, 2023, p. 234).

Procedure – Survey

Outreach was performed for anonymous survey engagement to faculty and staff members of DEI and diversity committees at a large, academic healthcare institution. Outreach was conducted to members of committees including a large majority-faculty diversity leader committee, staff-only institution-wide DEI campus organization, and diversity committees serving specific identities including Asian Pacific Islander, Black/African American, Chicanx Latinx, Filipinx, LGBTQ, Native American/Indigenous, with disabilities, and women. Outreach emails were sent to faculty and staff members with introduction to the research project,

disclosure, and online survey link. Communication was approved in advance by the Tufts University Institutional Review Board. Initial outreach was conducted to co-chairs of committees and then directly to membership when requested by co-chairs. Initial outreach was followed by reminder email after one week.

Survey

The online survey was designed to gather information related to participant identity, professional role/rank, involvement with institutional diversity and DEI committees, and the impact on their professional growth and work-life balance. Survey questions included demographic data questions, nine quantitative data questions, and two qualitative/open-ended answer questions. Identity questions were multiple choice and include race, gender identity, sexual identity, disability, and age bracket. Professional role/rank questions asked participants to select faculty rank of professor, associate professor, assistant professor, and chair, but did not ask ladder or tenure status. Staff rank choices included director, manager, mid-level, and early-level. Demographic questions are key to include as previous research indicates that the burden of diversity work can be unequally distributed to identities historically excluded from medicine (Campbell, 2021).

Survey questions inquiring into diversity and DEI committee involvement sought to understand the time, effort, compensation, and request for work. Questions in this section were multiple choice and asked participants to report in four questions: length of time serving on committee (in months to years), work required each month for the committee (in hours), compensation method (FTE carve out, stipend, or none), and how membership began (voluntary or requested by department/supervisor/chair). Additionally, participants were asked to identify

the type of diversity or DEI committee on which they serve (institution-wide, school-level, department, division/work group).

Relaying of professional impact and assessment of work-life balance related to committee work was accomplished in four questions in the survey. Participants were asked to assess professional development and work-life balance in two separate questions on a 7-point Likert scale with labels of: extremely negative-mostly negative-slightly negative-neutral-slightly positive-mostly positive-extremely positive. 7-point Likert scale was selected as it has "been shown to be more accurate, easier to use, and a better reflection of a respondent's true evaluation" (Finstad, 2014, para 17). Two corresponding follow-up questions asked participants to complete a multiple-choice question related to areas of professional development and work-life balance. Two final open-ended text response questions were asked to allow participants to include personal experience and provide depth to responses. At survey close, participants were provided with a link, web address, and QR code to a separate online survey to indicate interest in participating in an interview or focus group.

Participants

Participants for the survey were drawn from faculty and staff active in DEI and diversity committees in a large, highly ranked academic medical institution, with outreach conducted via email to committee member lists. Committee members who were students were excluded and participation was open to all faculty and staff regardless of full/part-time status.

Survey participants interested in engaging in an interview or focus group discussion were asked to complete an additional online survey. The interest survey asked participants to include name, communication preference (email, phone, text), and to indicate interest in interview, focus

group, or no preference. Simplified demographic information was requested that included role, race/ethnicity, and gender.

Participants for interviews were selected based on completion of interview/focus group interest survey, availability, and diversity of identities. The researcher originally planned to hold up to five interviews and up to two focus groups of four to five participants each for a total of between nine and 15 interview/focus group participants. While all but one participant indicated no preference in participating in interview or focus group, all participants were scheduled as one-to-one interviews due to conflicting schedule availability of participants and time constraints. Six faculty members expressed interest with one ultimately unavailable. Eleven staff members expressed interest with one becoming unavailable and three non-responsive to scheduling requests. Twelve interviews were conducted with seven staff and five faculty members.

Procedure – Interview

Following the distribution and initial analysis of the survey, interviews were convened to gather qualitative research. Interviews were one-to-one with the researcher and conducted via videoconference platform (Tufts Zoom) for 20 -30 minutes. Participants were asked to delete screen name prior to transcript recording to preserve anonymity of identity.

The purpose of the interviews was to open a forum conducive to self-sharing in a respectful and supportive environment to provide context to a complex issue. The consideration of how work addressing inequity of representation may be affected by members' own identity, position of power, and access to compensation is intersectional at its core and requires the space for meaningful participant discussion. As Locke and Lees (2021) noted while exploring vulnerability in medical profession, a mix of qualitative methods "provide deeper, richer understandings of a situation or phenomenon than one method alone."

Interview questions (IQ) developed and asked to participants were:

- IQ1: How does the university support your role as a committee member?
- IQ2: How do you assess the impact of your committee work?
- IQ3: How has this work positively or negatively impacted underrepresented groups served (i.e., Race, LGBTQI+, Ability, and Age)?
- IQ4: In your experience as a DEI committee member, could you share the challenges and rewards you have faced both personally and professionally?

Data Analysis

Survey data was collected using Qualtrics software to prepare linear regression analysis and cluster analysis to identify relation between identity variables and responses and crosstab analysis to analyze qualitative data. Interview data was analyzed thematically around research question areas of professional development and work-life balance, impact, and identity to arrive at overarching trends, as well as identify areas for recommendation and further research.

RESULTS

SURVEY RESULTS

Participant Identities - Demographics

Outreach emails were sent to diversity committee co-chairs and department diversity leaders, totaling a reach of approximately 300 – due to overlap of membership as well as closed membership lists, an exact count of outreach is not possible. Forty-five responses were received, with an estimated response rate of 15%.

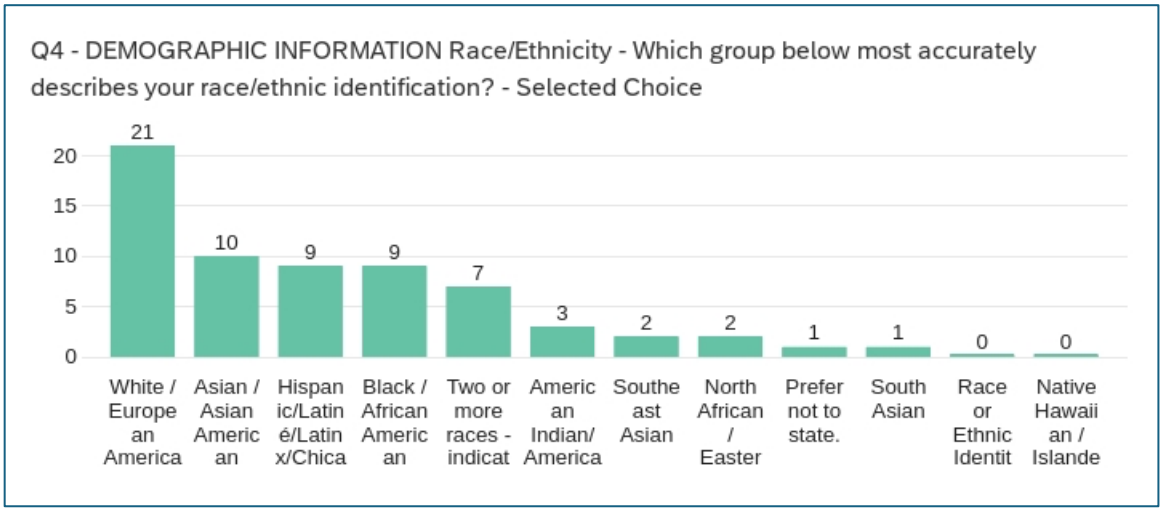
Respondents were asked to respond to a series of demographic questions including race/ethnicity, gender identity, sexuality, disability, age, and role.

Race

Figure 1 below displays race/ethnicity of participants. For race, participants could select from multiple categories resulting in more race markers than number of participants. Seven participants indicated two or more races and participates were able to select multiple races in addition to reflect full identity. Twenty-one selected white/European American, 10 Asian/Asian American, 9 Hispanic/Latiné/Latinx/Chicanx, 9 Black/ African American, 7 Two or more races, 3 American Indian/ Native Alaskan, 2 North African/Middle Eastern, 2 Southeast Asian, 1 South Asian, and 1 Prefer not to report.

Figure 1

Survey Question 4 – Demographic – Race/Ethnicity

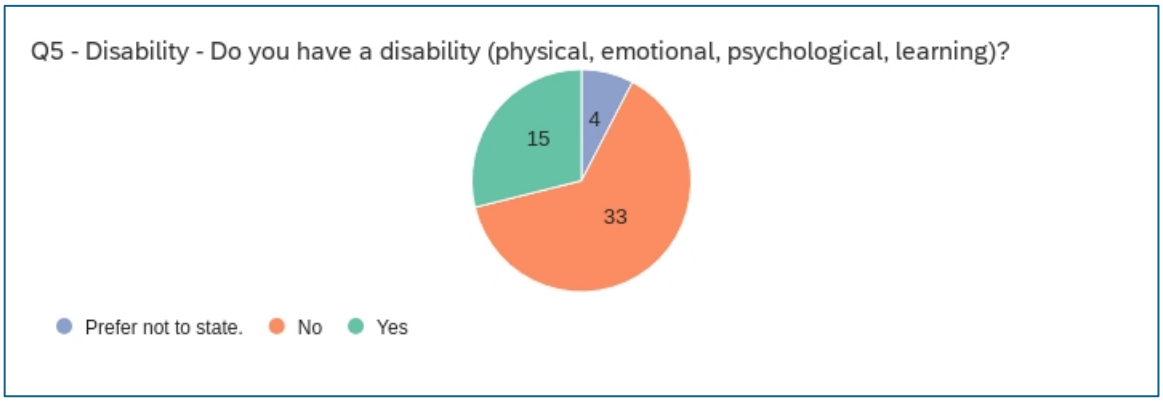


Disability

Respondents reported additional aspects of identity in regard to disability. As shown in Figure 2, 73.33% reported no disability; 31.11% reported a disability that is physical, emotional, psychological, or learning; and 8.89% declined to state.

Figure 2

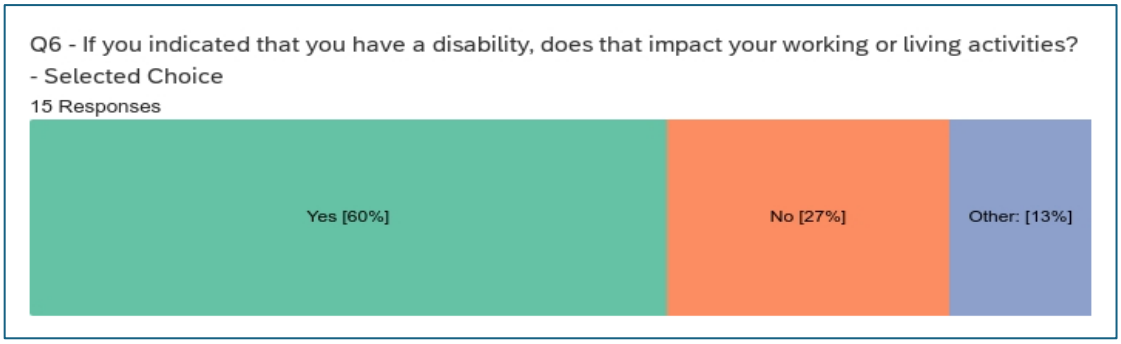
Survey Question 5 – Demographic – Disability



As shown in Figure 3, Of those that reported a disability, 60% indicated that it impacted work or living activities, 27% reported no, and 14% reported other.

Figure 3

Survey Question 6 – Demographic – Disability – Impact

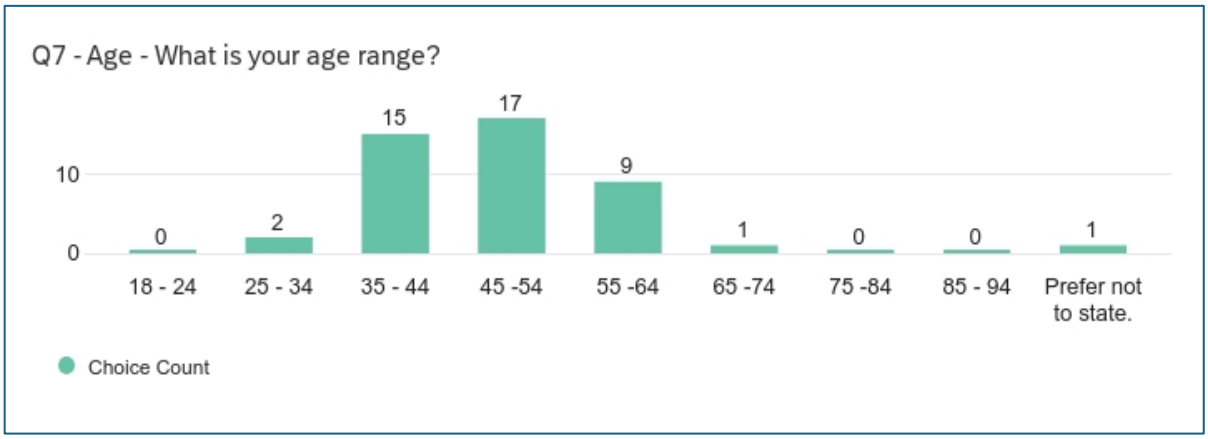


Age

As shown in Figure 4, age was reported with 37.38% (n=17) in the 45-54 age bracket, 33.34% (n=150 in 35-44 age bracket, 20% (n=90 in 55-64 age bracket, 4.44% (n=2) in 25-34 age bracket, 2.22% (n=1) in 65-74 age bracket, and 2.22% (n=1) decline to state.

Figure 4

Survey Question 7 – Demographic – Age

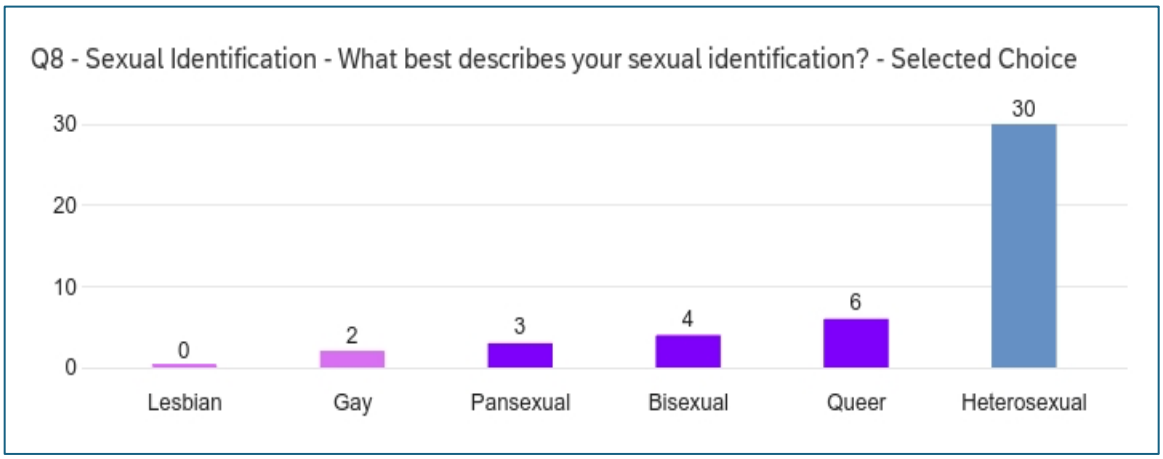


Sexual Identity

As shown in Figure 5, of the 45 participants, 66.67% reported heterosexual sexual identity, while 33.33% identified as falling under the LGBQ umbrella with 13.33% Queer, 8.89% Bisexual, 6.67 Pansexual, and 4.44% Gay identification.

Figure 5

Survey Question 8 – Demographic – Sexual Identity

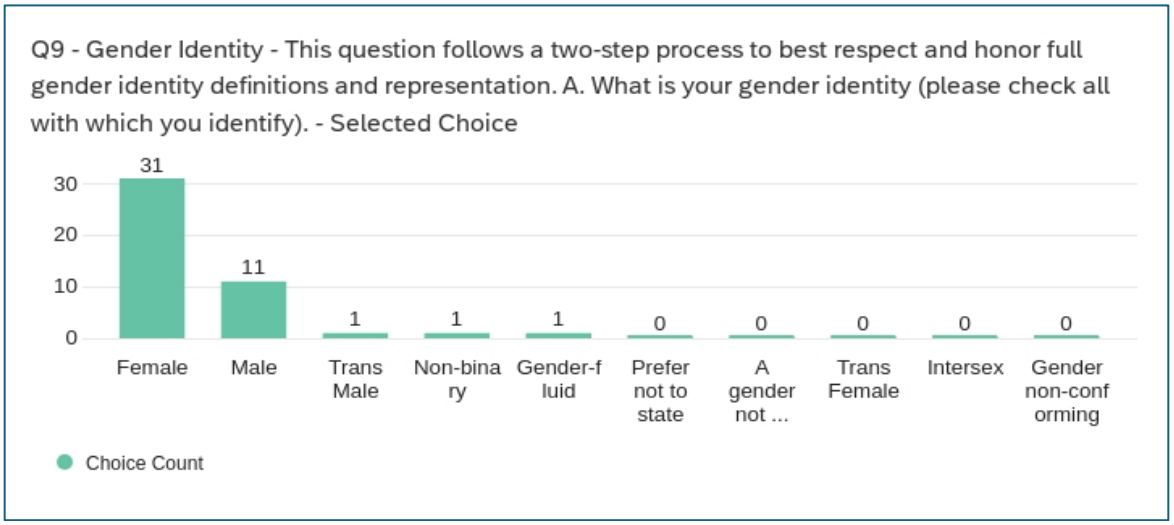


Gender Identity

Gender was asked in a two-step process to allow participants to indicate their preferred lived gender identity first and then indicate assignment at birth. As shown in Figure 6, participants indicated gender identity at the rate of 68.89% (n=31) female, 24.44% (n=11) male, 2.22% (n=1) trans male, 2.22% (n=1) nonbinary, and 2.22% (n=1) gender-fluid.

Figure 6

Survey Question 9 – Demographic – Gender Identity

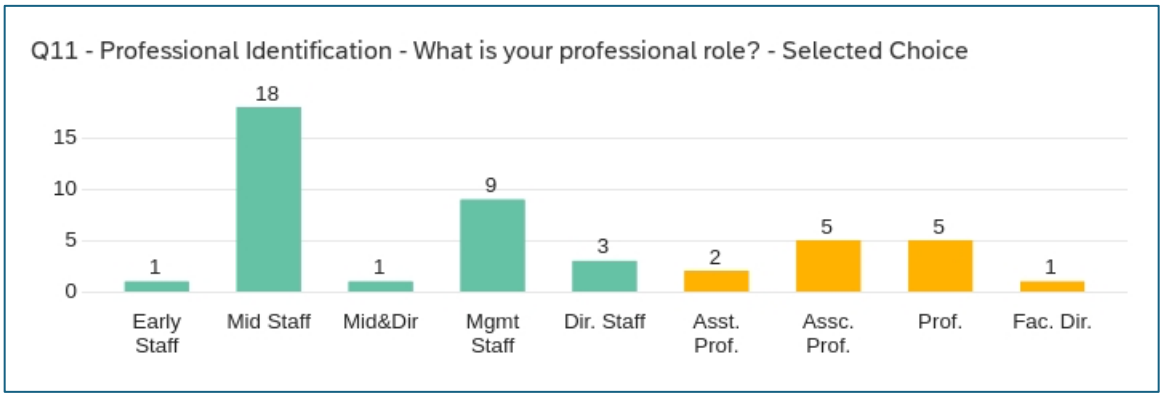


Professional Role

A notable identification in academic healthcare in researching committee work is professional role with the two major distinctions of faculty and staff. Ratio of staff to faculty in the institution surveyed is approximately 6 to 1. Respondents to the survey reflected more participation of staff but with greater representation of faculty. As shown in Figure 7, 71% identified as staff and 28.89% identified as faculty responding.

Figure 7

Survey Question 11 – Demographic – Professional Identification

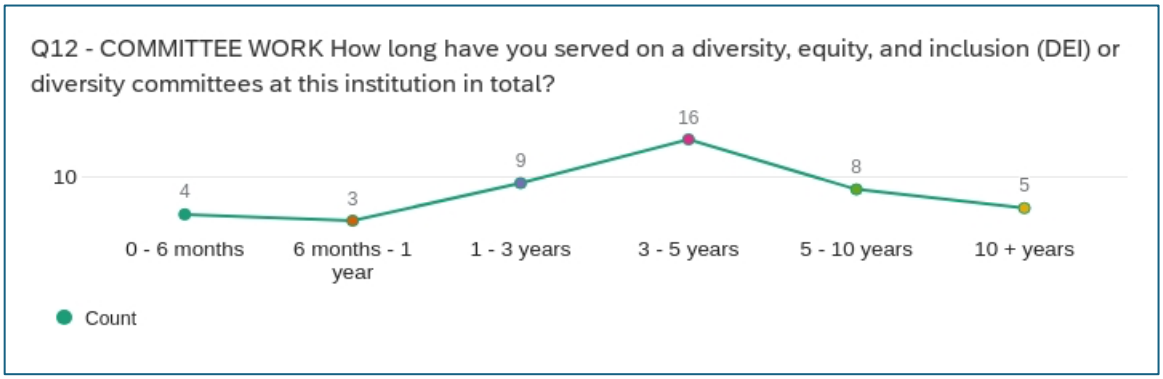


Committee Experience – Length of Service

As shown in Figure 8, survey respondents were asked to report, "How long have you served on a diversity, equity, and inclusion (DEI) or diversity committees at this institution in total?" 35.56% reported serving three to five years, 20.00% one to three years, 17.78% five to 10 years, 11.11% 10+ years, 6.67% six months to one year, and 8.89% 0 to six months.

Figure 8

Survey Question 12 – Length of Committee Service



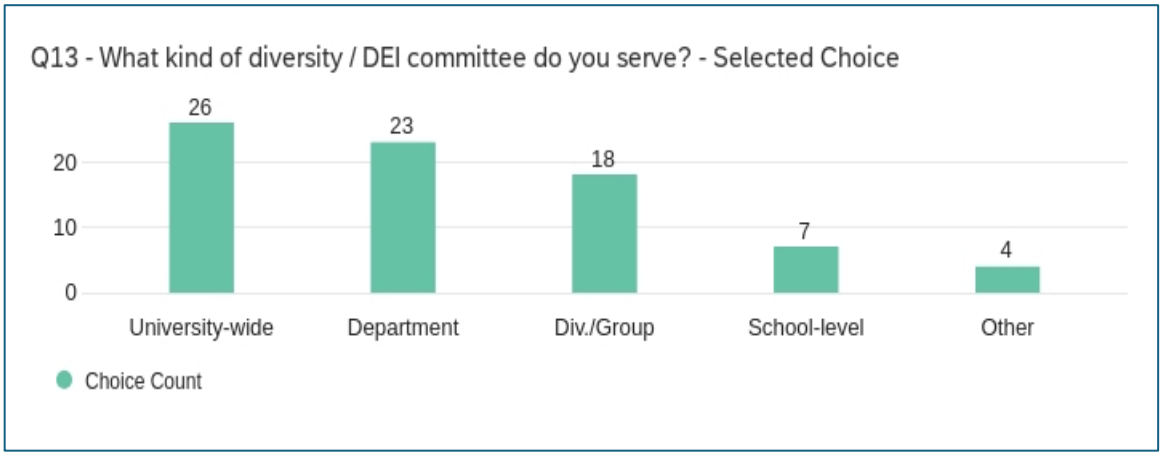
Committee Experience – Type of Committee

DEI and diversity committees in academic medicine may range in scope of work and member population, occurring at various levels of the institution. Committees may exist on a system-wide level as an identity-based committee or executive committee devoted to DEI broadly or issue specific. Schools, departments within schools, and divisions or workgroups within department may have committees. Likewise, work groups and work departments (such as IT, Human Resources, Campus Life Services, etc.) may all host their own committees.

As shown in Figure 9, survey participants reported service at 57.78% University-wide, 51.11% Department-wide, 40.00% Division/Work group, 15.56% School-level, and 4% Other.

Figure 9

Survey Question 13 – Type of Committee



Committee Experience – Origins of Involvement

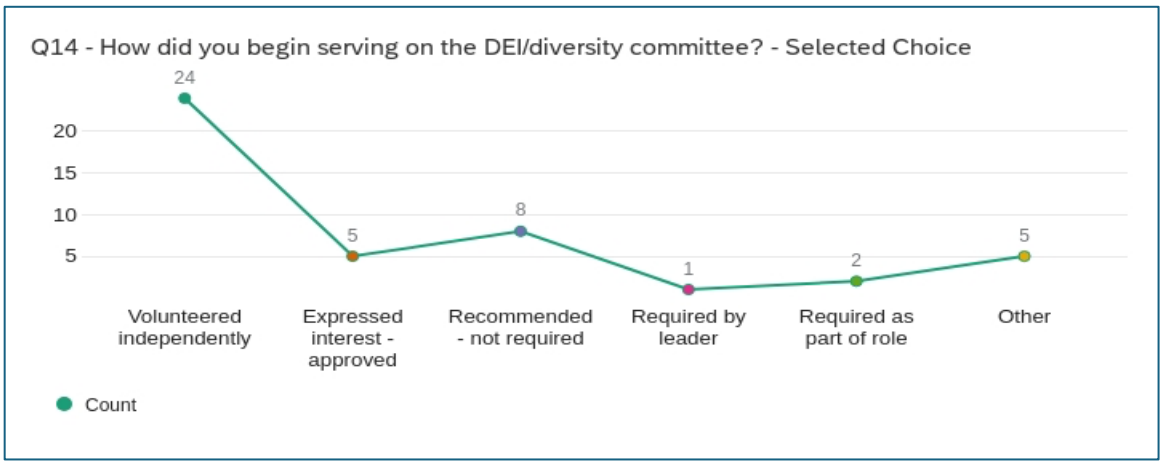
Employees who commit to service on committee work in professional environments may be arrived at via a range of avenues. In academic healthcare, committee work may be completely voluntary and proactively sought as a means of engagement by the employee. Other origins of involvement include committee work that is required as part of a managerial or executive role or

participation asked and required, or "voluntold," (cite word origin here) by a supervisor. The participants reported different origins as well as "other." Five "other" responses included: "appointment to committee by Chair," "previously on committee," "both volunteered and required as part of my role," "I sponsor one group and asked to part of two others," and "involved in other activities that evolved into including committee work."

As shown in Figure 10, 53.3% volunteered independently, 11.1% expressed interest that was approved by a supervisor/leadership, 17.8% had committee service recommended by were not required to participate, 2.2% were required by leadership, 4.4% were required to serve as part of their work role, and 11.1% expressed other reasons as included above.

Figure 10

Survey Question 14 – Origins of Committee Involvement



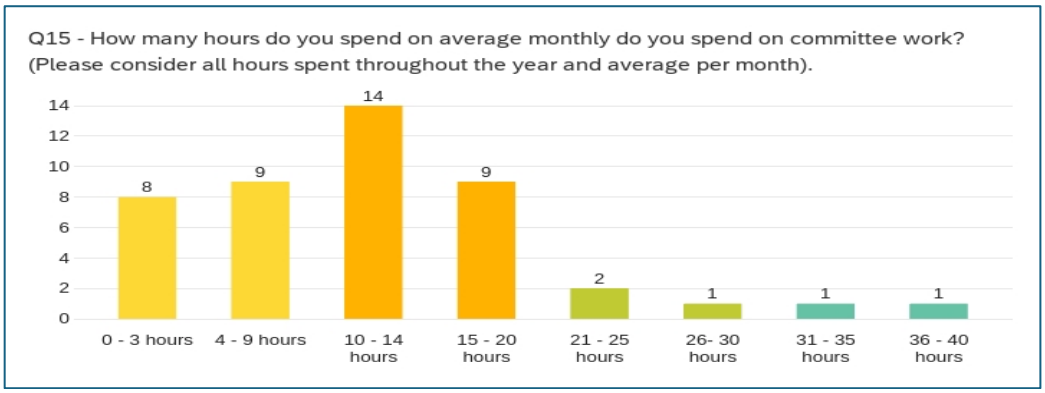
Committee Experience – Hours of Involvement

As shown in Figure 11, participants responded to the question, "How many hours do you spend on average monthly on committee work?" with just over half, 51.1%, responding between 10 and 20 hours per month (31.1% indicating 10 – 14 hours; 20.0% indicting 15 – 20 hours).

17.8% indicated 0 – 3 hours and 20.0% indicated 4 – 9 hours. 11.1% indicated over 20 hours per month, with 4.4% reporting 21 – 25 hours, 2.2% reporting 26 – 30 hours, 2.2% reporting 31 – 35 hours, and 2.2% reporting 36 – 40 hours.

Figure 11

Survey Question 15 – Hours of Committee Involvement

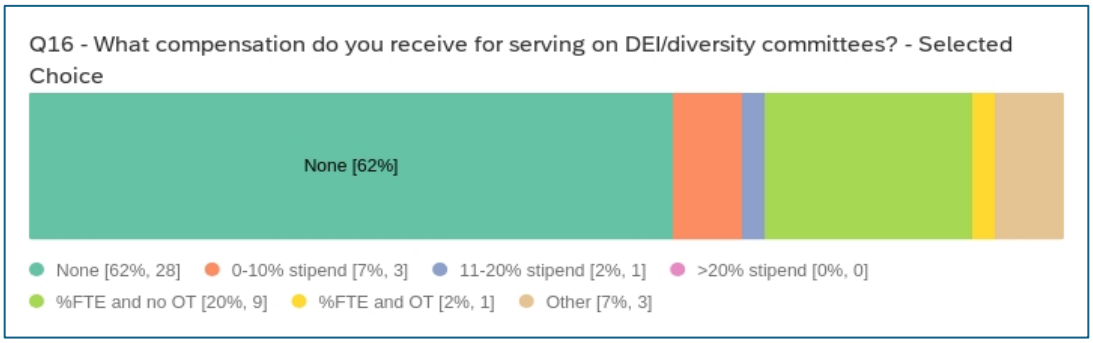


Committee Experience – Compensation

Survey respondents were asked to indicate "What compensation do you receive for serving on DEI/Diversity committees?" As shown in Figure 12, the majority – 62% - indicated no compensation, 7% "Stipend – 0 to 10% salary," 2% "Stipend – 11 – 20% of salary," 20% "Percentage of work hours or full time equivalent reserved for committee work with no overage," 2% "Percentage of work hours or full time equivalent reserved for committee work with overage, and 7% "other."

Figure 12

Survey Question 16 – Compensation – Overall

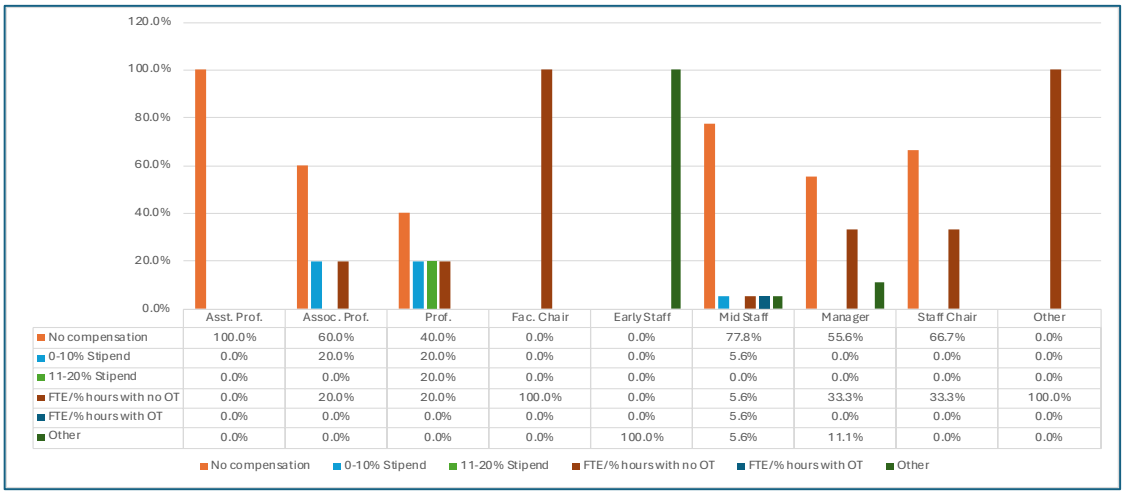


Other responses included: “currently receiving no compensation, but I did earn 10% stipend for a past DEI-related appointment,” “No compensation for volunteer work and percentage FTE with no overage time,” and “my DEI work aligns with my regular work, so my salary covers this.”

One disparity emerged in crosstabs analysis when reviewing “no compensation.” As shown in Figure 13, with an average percentage of 62.2% indicating this, mid-level staff with 77.8% and assistant professors with 100% reporting no compensation were overrepresented and professor-level faculty underrepresented with 40% reporting no compensation. Associate professors at 60%, staff management at 55.6%, and Staff director at 66.7% responded similar to average. *(Appendix A and B)*

Figure 13

Survey Question 16 – Compensation – Role



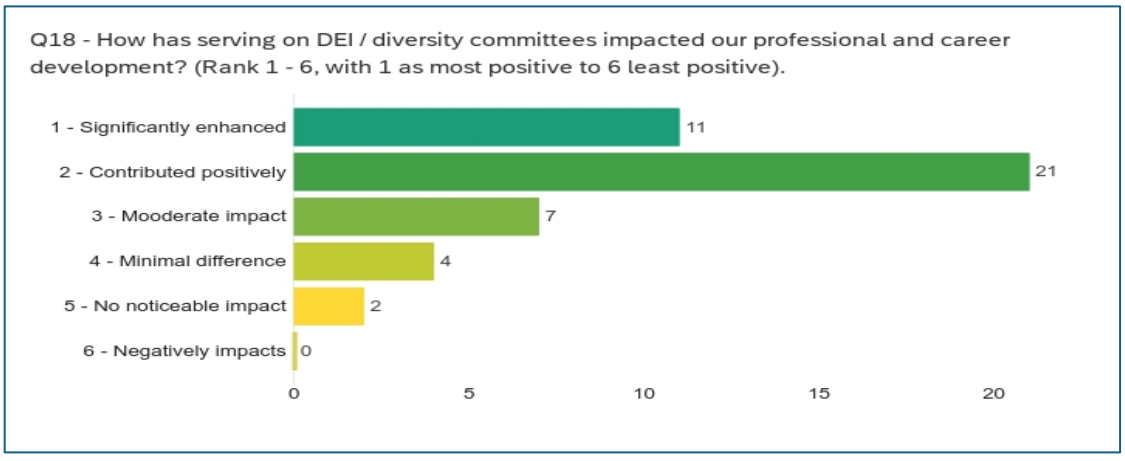
	Asst. Prof.	Assoc. Prof.	Prof.	Fac. Chair	Early Staff	Mid Staff	Manager	Staff Chair	Other
No compensation	100.0%	60.0%	40.0%	0.0%	0.0%	77.8%	55.6%	66.7%	0.0%
0-10% Stipend	0.0%	20.0%	20.0%	0.0%	0.0%	5.6%	0.0%	0.0%	0.0%
11-20% Stipend	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
FTE/% hours with no OT	0.0%	20.0%	20.0%	100.0%	0.0%	5.6%	33.3%	33.3%	100.0%
FTE/% hours with OT	0.0%	0.0%	0.0%	0.0%	0.0%	5.6%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	100.0%	5.6%	11.1%	0.0%	0.0%

Committee Impact – Career Development

As shown in Figure 14, when asked to rank how serving on DEI / diversity committees impacted your professional and career development, 71.11% indicated a positive impact with 42.9% indicating "contributed positively" and 25% indicating "significantly enhanced." 14.3% indicated "moderate impact" and 8.9% indicated "no noticeable impact."

Figure 14

Survey Question 18 – Professional / Career Development



When reviewing crosstab analysis, a disparity by race emerged with Black/African American respondents indicating the two highest levels of assessment less than average – "significantly enhanced" at 12.5% compared to 24.44%, and "contributed positively" at 37.5% and "minimal impact" at higher than average (25% compared to average of 8.9%) *(Appendix C and D).* Additional differences did not emerge by identity.

Committee Impact – Professional Development

When asked to select specific measures of "how serving on diversity and DEI committee work has impacted you professionally," the majority of participants indicated positive outcomes. A significant percentage additionally indicated negative impacts, especially related to workload, frustrations with the pace of change, hindered focus on core job function, and perceived marginalization.

As shown in Figure 15, 88.9% reported that work "provided sense of belonging at work," 86.7% reported that the work "significantly improved understanding of diversity and inclusion principle," 73.3% indicated "enhanced interpersonal and communication skills." In relaying negative impacts, 55.6% reported "increased workload without commensurate benefits," 42.2% reported "frustrations with the pace of change or progress," and 35.6% reported that the work "hindered focus on core job responsibilities."

Figure 15

Survey Question 19 – Impacted Professionally

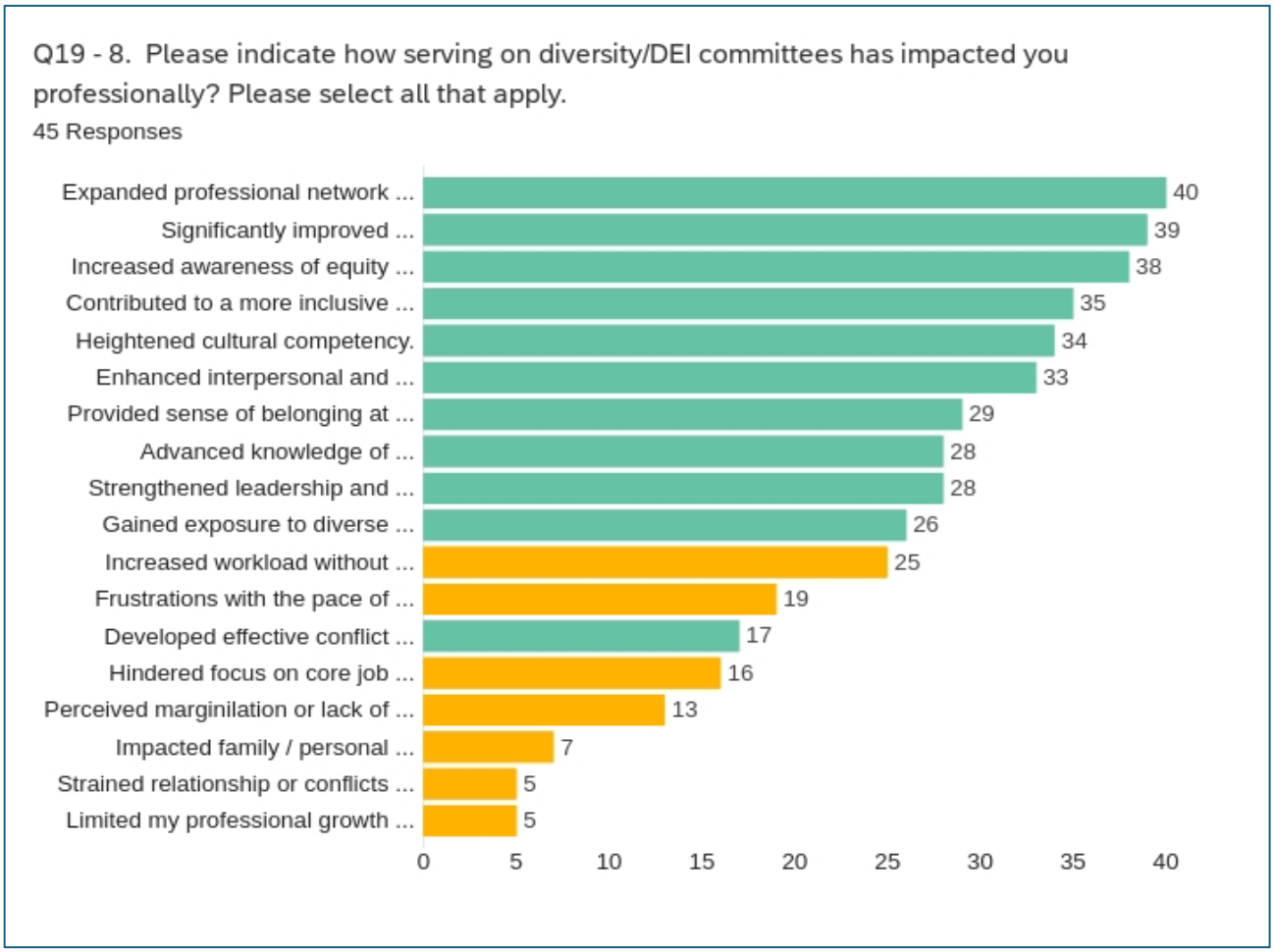
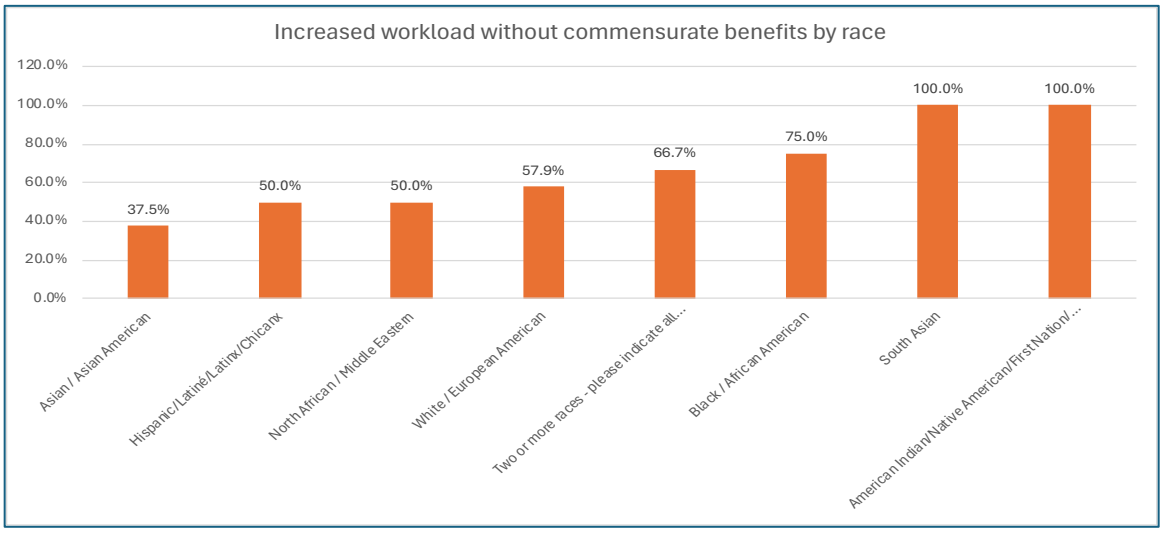


Figure 16 below shows that in a crosstab analysis, disparity in response to the area of impact, "increased workload without commensurate benefits," emerged by race, with American Indian/Native American, First Nation (100%); Black/African American (75.0%), South Asian (100%), and two or more races (66.7%) indicating significant percentages higher the average of 55.6%, and Asian/Asian Americans reporting less (37.5%).

Figure 16

Survey Question 19 – Increased Workload Commensurate with Benefits by Race

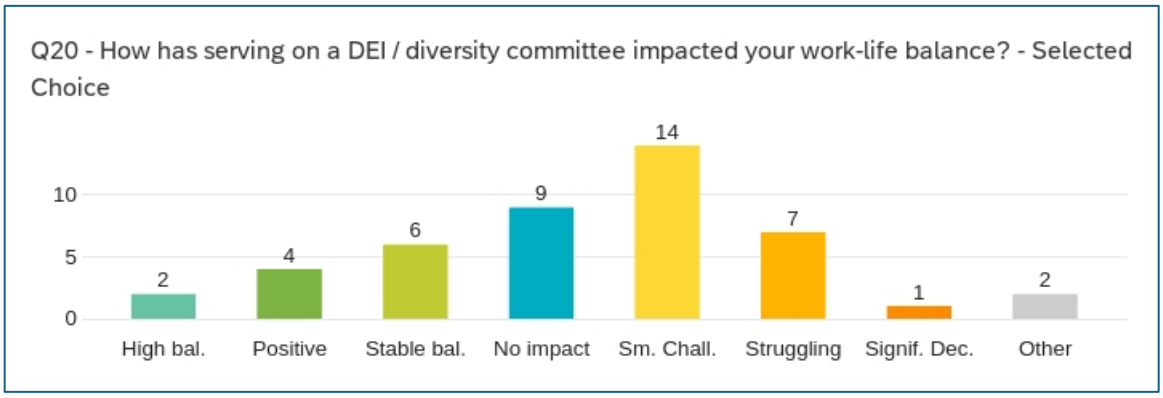


Committee Impact – Work-Life Balance

Participants were asked, "How has serving on a DEI/diversity committee impacted your work-life balance?" As shown in Figure 17, results demonstrated greater reporting in negative fields with 48.9% reporting some negative impact, 20% neutral, 26.6% reporting positive impact, and 4% reporting other. 1.1% (n=14) reported "Slight challenges," 15.6% (n=7) reported "Struggling," and 2.2% (n=1) reported "Significant decline." 13.3% (n=6) reported "Stable – consistently balanced," 8.9% reported "Positively managed," and 4.4% reported "Highly Balanced."

Figure 17

Survey Question 20 – Impacted Work-Life Balance - Overall

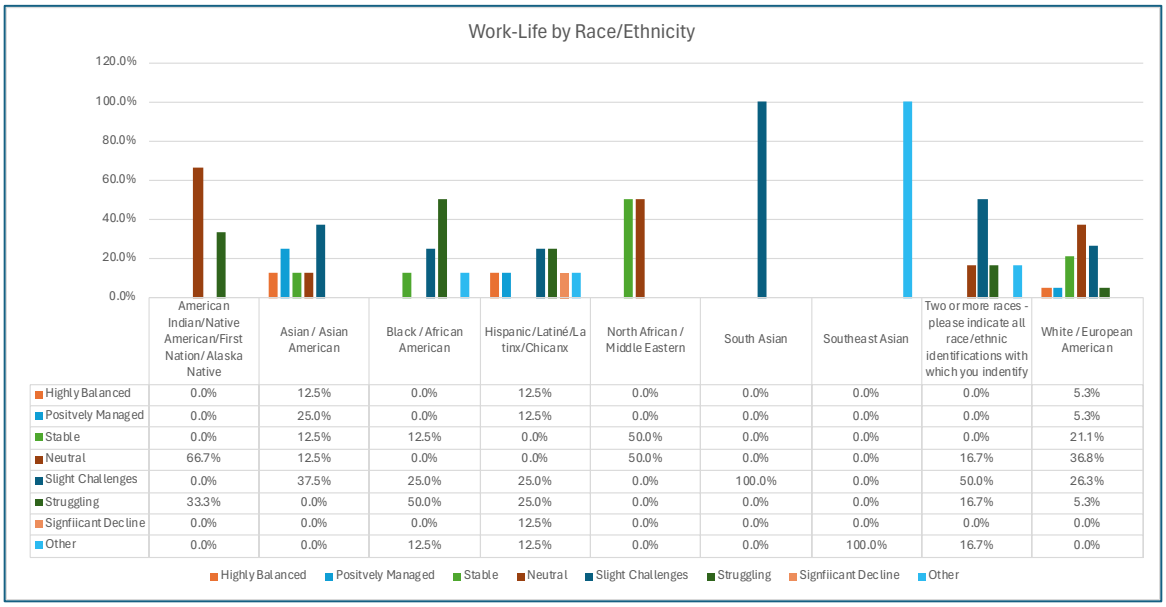


Considering role, faculty responding to negative rankings in higher percentages than staff, with 46.2% reporting struggling. Assistant Professors reported "Struggling" at a rate of 50%, Professors at a rated of 20%, and Chair/Directors at a rate of 100%. While staff when analyzed as a whole reported lower levels at 12.5%, mid-level staff reported higher levels at 22.2%. *(Appendix G and H).*

Variations appeared when analyzing crosstab data for race and role. Figure 18 shows that when considering race, Black/African American respondents reported higher levels (44%) for "Struggling" and lower levels for "Highly balanced" and "Positively managed" both at 0%. American Indian/Native American respondents reported higher levels of "Struggling" with 33.3%. *(Appendix E and F).*

Figure 18

Survey Question 20 – Impacted Work-Life Balance – Race



	American Indian/Native American/First Nation/ Alaska Native	Asian / Asian American	Black / African American	Hispanic/Latiné/Latinx/Chicanx	North African / Middle Eastern	South Asian	Southeast Asian	Two or more races - please indicate all race/ethnic identifications with which you indentify	White / European American
Highly Balanced	0.0%	12.5%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	5.3%
Positvely Managed	0.0%	25.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	5.3%
Stable	0.0%	12.5%	12.5%	0.0%	50.0%	0.0%	0.0%	0.0%	21.1%
Neutral	66.7%	12.5%	0.0%	0.0%	50.0%	0.0%	0.0%	16.7%	36.8%
Slight Challenges	0.0%	37.5%	25.0%	25.0%	0.0%	100.0%	0.0%	50.0%	26.3%
Struggling	33.3%	0.0%	50.0%	25.0%	0.0%	0.0%	0.0%	16.7%	5.3%
Signfiicant Decline	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	100.0%	16.7%	0.0%

Committee Impact – Reasons for Service

Survey participants were offered the opportunity to engage in two open-ended questions to gather qualitative data in addition to quantitative data in Phase 1. Participants were asked, "Why do you serve on DEI / diversity committees at work?" to understand both their orientation to the committee work and understanding of goal setting. Submitted responses were coded to discover emergent themes.

Figure 19 below shows the most prevalent theme was Institutional Change at 45.8%, followed by Personal Growth & Fulfillment at 37.5%, and Relationship & Community Building at 12.5%. Other with one response was 4.2%. Answers ranged from a desire to centering specific goals, such as increasing diversity in recruitment and retention, to general awareness raising around an identity or issue, such as disability. Other answers focused on increasing learning on DEI issues, self-empowerment, and answering a passion or call to duty.

Figure 19

Survey Question 21 – Reasons for Committee Service – Themes

Themes - Q.21: Why do you serve on DEI / diversity committees at work?		
Theme	N	Percentage
Institutional Change	11	45.8%
Personal Growth & Fulfillment	9	37.5%
Relationship & Community Building	3	12.5%
Other	1	4.2%

Figure 20 includes a representation of one respondent quote from each of the established themes in answering question 21, "Why do you serve on DEI/diversity committees at work?"

Figure 20

Survey Question 21 – Reasons for Committee Service – Quotes

Statements - Q. 21 Why do you serve on DEI / diversity committees at work?	
Theme	**Representational Quote**
Enact institutional change	"Maintain, champion and increase workplace diversity."
Personal Growth & Fulfillment	"Being a person from a URM, it gives me the opportunity to self-empower."
Relationship & Community Building	"I serve on a board at a LGBTQIA organization and it's my small part to make our community better."

Committee Impact – Requested Support

Participants in Phase 1 were asked to answer via open-ended text response, "What can the institution do to support your committee work best?" Submitted responses were coded to find relevant themes.

Figure 21 shows the themes that emerged in response to survey question 22, with the greatest percentage, 63.6%, responding with statements around pay, promotion, or recognition.

Figure 21

Survey Question 22 – Requests for Support – Themes

Themes - Q.22: What can the institution do to support your committee work best?		
Theme	N	Percentage
Pay/Promotion/Recognition	14	63.6%
Leadership Accountability	3	13.6%
Diversify Workforce	2	9.1%
Operational Support	2	9.1%
Other	1	4.5%

Figure 22 includes a representation of one respondent quote from each of the established themes in answering question 22, "What can the institution do to your support your committee work best?"

Figure 22

Survey Question 22 – Requests for Support – Quotes

Statements – Q.22: What can the institution do to support your committee work best?	
Theme	**Representational Quote**
Pay/Promotion/Recognition	"Compensate for my time doing this work."
Leadership Accountability	"Senior Executive leadership needs to walk the walk."
Diversify Workforce	"Have more African Americans in leadership positions and growth opportunities for admins."
Operational Support	"Infrastructure for the work (administrative support, aligning with promotion and recognition of service)."

INTERVIEW RESULTS

The participants in this study are identified by number. The researcher is of the belief that names have power and did not support that assigning aliases/false names to participants would fully recognize their identity. Each actual name of the participant carries significant cultural, familial, and community meaning and designating an alias by the researcher without clear understanding of the context of each name could corrupt the understanding of the participant's identity. Likewise, assigning a "general" name could result in either an Anglicized whitewashing of identity or a biased and stereotyped forecasting of identity if chosen to represent only one aspect of the participant such as race or gender.

Demographics

In phase two of the research, with the purpose of gathering more robust qualitative data, one-to-one interviews were conducted with six staff members and two faculty members. Ten staff members indicated interest in participating in either a focus group or 1:1 interview with the principal investigator via Qualtrics survey and all were asked to complete a scheduling poll. Seven completed the scheduling poll and all were included as 1:1 interview. Five faculty members expressed interest in phase two, with four comfortable with focus group or interview and one requesting interview only. Four faculty were scheduled, with one faculty ultimately becoming unavailable due to scheduling limitations and research time constraints. While the researcher had offered both focus groups and interviews, scheduling constraints of participants during a busy period of the academic calendar rendered focus groups as not viable and 1:1 interviews were scheduled with all participants. Limited demographic data was collected for the 1:1 interviews which included race/ethnicity, gender, and professional role.

Figure 23 shows interview participant numbers and their corresponding length of committee service, role, gender identity, and race/ethnicity.

Figure 23

Interview Participant Demographics

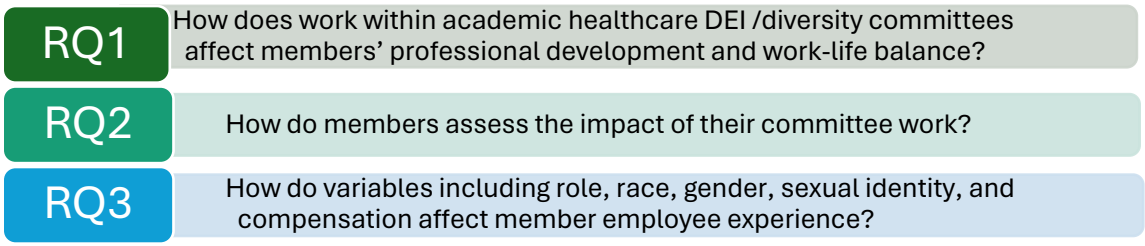
Participant	Length of Committee Service	Role	Gender Identity	Race/Ethnicity
P1	0 – 6 months	Staff- Mid-level	Male	Asian / Asian American
P2	3 – 5 years	Staff-Mid0level	Female	White/European
P3	6 months – 1 year	Staff – Mid-level	Female	American Indian/Native American and White/European
P4	10 + years	Staff – Chair, Director, Executive	Female	Hispanic/Latiné/Latinx/Chicanx
P5	3 – 5 years	Staff – Mid-level	Trans Male	White/European
P6	3 – 5 years	Staff – Mid-level	Female	Black/African American
P7	10+ years	Staff – Mid-level	Female	North African/Middle Eastern and White/European
P8	10+ years	Faculty – Associate Professor	Female	Black / African American
P9	3 – 5 years	Faculty – Professor	Female	Black / African American
P10	5 – 10 years	Faculty – Associate Professor	Female	Asian / Asian American
P11	3 – 5 years	Faculty – Professor	Female	South Asian
P12	1 – 3 years	Faculty – Professor	Male	Hispanic/Latiné/Latinx/Chicanx

RESEARH QUESTIONS

This study proposed to investigate data related to three research questions. Interview responses are organized around application to these research questions. Figure 24 shows this study's research questions as reference for considering interview responses.

Figure 24

Research Questions



While Phase 1 of the study provided valuable quantitative data as well as brief qualitative statements, Phase 2, by incorporating one-to-one interviews, was able to create space, time, and personal interaction to allow more complex and layered experiences to unfurl.

INTERVIEW QUESTIONS

All interview participants were asked four interview questions, in the same sequential order. There was no extended dialogue between researcher and interviewee, although follow-up questions for clarity were asked where needed.

Figure 25 shows interview questions asked and corresponding question number.

Figure 25

Interview Questions

Number	Interview Question
IQ1	How does the university support your role as a committee member?
IQ2	How do you assess the impact of your committee work?
IQ3	How has this work positively or negatively impacted underrepresented groups served (i.e., Race, LGBTQI+, Ability, and Age)?
IQ4	In your experience as a DEI committee member, could you share the challenges and rewards you have faced both personally and professionally?

RESULTS BY INTERVIEW PARTICIPANT

Research Question 1

Research Question 1, “How does work within academic healthcare DEI /diversity committees affect members’ professional development and work-life balance?” was answered via interview questions 1, 2, and 4.

P1

P1 is a mid-level staff person who identifies as male and Asian/American, who has served on diversity/DEI committees for 0-6 months.

RQ1 P1: P1 spoke of the overall indications of support for time on committee work that he received from management which was encouraging to him as a newer employee. He noted that he was able to speak to his supervisor about experiences of identity and belonging in the workplace which left him feeling supported. He identified, however, that tension still existed with expectations of work completion and questions about time away from work during prescribed and paid work hours and how this affects perception of him. He noted specifically that hourly employees, in comparison to salaried employees, may not be granted flexibility in work schedules so that committee work impacts work-life balance to a greater degree. P1 identifies with two distinct Asian/Asian American communities and shared the value in being able to hold membership in committees aligned with each area of his identity, adding to his feelings of belonging at work and ability to balance work and well-being.

Below are selected quotes from P1 that add additional context via his own words.

In response to interview question one, P1 said, "When I talked to (my supervisor) about my involvement in the groups…she was really supportive of my involvement because she understands how important it is for me as an API staff to be involved in these groups."

In response to interview question four, P1 said:

> I think that's a lot of support for my supervisor, there's been a little bit, a few obstacles, a little bit of pushback along the way…Where there are concerns, I've had to flex hours to make some of these commitments work.

P2

P2 is a midlevel staff person who identifies as white/European American woman and has served on committees for three to five years.

RQ1 P2: P2 identified the use of protected hours for committee work and support of her department and work group as helpful in balancing work-life time, indicating that members of her committee are allotted eight hours per month for co-chairs and four hours per month for members. She acknowledged that the actual time spent on committee work often exceeded the protected allotment but that it holds value both personally and professionally. She shared that "it's hard to balance my job and my work," and that she opted to sometimes choose committee work over her role's duties because she feels that "I'm still adding value." P2 talked passionately about experiencing the opportunity to bring in speakers, create department conversations and host call to action events. She noted that this work had created positive professional development and inspired her to consider moving into DEI work as a career. In considering work-life balance, P2 spoke highly of the personal growth that she experienced doing committee work as well as the ability to connect with colleagues across work groups and departments. She acknowledged the emotional toll as well that some interactions can take, such as when receiving criticism or pushback for DEI sessions.

Below are selected quotes from P2 that add additional context via her own words.

In response to interview question one, P2 said:

> I am reporting more like 20 hours a month to it (committee work) to be perfectly honest…it's probably like 20% of my job at this point. I am doing things along these lines because it's needed, and it's wanted, and leadership is supporting of it.

In response to interview question four, P2 said:

It's nice to know that there is something like this that maybe I could move towards myself - a DEI-AR position in a nonprofit is something that I could do in the future, or when I'm on that second career or whatever it may be.

P3

P3 is a mid-level staff person who identifies as a Native American and white/European woman.

RQ1 P3: P3 explained that she had only recently become engaged in DEI committee work after working for the institution for almost 30 years, prompted primarily to address misconceptions by institutional leadership about Native Americans. She shared that since joining the committee she had been asked to present in high-level leader meetings and received positive feedback, increasing her belief in her professional abilities and skillset. "I'm ready to stand up and talk, and I realize that my approach actually works," she said. Additionally, P3 has been inspired by her advocacy in committee work to look into and apply for roles that incorporate diversity or DEI work.

Below are selected quotes from P3 that add additional context via her own words.

In response to interview question four, P3 said, "I think that the committee work, it's given me the confidence to be engaged, which has helped me connect with other people and kind of everything that's happening across campus."

P3 later said in response to interview question 4, "I thought that there might be an opportunity to give up a slice of what I do in my job and maybe do work that's more complementary to my volunteer work and see where it might lead me."

P4

P4 is a Chair/Director/Executive-level staff person who identifies as a Hispanic/Latiné, Chicanx/Latinx woman and has served on diversity/DEI committees for 10+ years.

RQ1 P4: As a staff person in leadership-level role with ten years-experience in diversity committee work, P4 shared mixed feelings about how work in committees affect development and work-life balance. She identified the overall benefit of committees in creating networks of colleagues across roles and career positions, and the ability to develop professional relationships. Additionally, she values the emotional support that committee membership afforded her as a staff leader. She also noted that the work can pull up emotional feelings, both positive and negative. She emphasized that finding "a community of like-minded people – you feel less alone in your struggles and feelings" but continued that "if the [institution] valued it a little bit more, I would say that there'd be such a bigger feeling of I'm doing something." P4 identified that the ability to fulfill some of her professional duties as she would like depends on the diversity of committee or department members at times without broad university support. P4 noted that while she has received encouragement to serve on committees, she has never received protected time from her work groups. She also noted that the ability to partake in additional professional development opportunities by enrolling in higher-level DEI committee work was prohibitive due to the lack of protected time allotted for the work.

Below are selected quotes from P4 that add additional context via her own words.

In response to interview question one, P4 responded:

> I would say that there really isn't much support because it's on the individual to seek out these committees if they're interested in it. I think that for anybody new starting in our organization, for example, it could be a little overwhelming to kind of find those things.
>
> In response to interview question three, P4 responded:
>
> When we're so burnt out, we focus more on the day-to-day and not on the changes. And so, I feel like we're stuck in this vicious cycle - where nothing's going to change because we're all just so busy trying to stay above water.

P5

P5 is a mid-level staff person who identifies as a white/European American trans man and has served 3 – 5 years on diversity/DEI committees.

RQ1 P5: P5 shared the value in committee service for professional development in stretching his and other members' skills in organizing, completing research, presenting, and coordinating volunteers and members. He noted that his department allotted protected time – eight hours per month for committee members and four hours per month for chairs – for DEI-AR committee work. He added that the time spent actually often exceeded the allotment but appreciated overall the acknowledgment of time spent by his department. He shared that professional development also occurred in creating time in each month's all-hands meeting for the committee to share out news and initiatives. P5 valued the ability to build a network, especially in a remote environment, that benefitted both professional and personal growth. He noted that the ability to participate in committee work had affected how colleagues seem to perceive him as well, adding that there were "a lot more people reaching out or pinging me randomly about maybe something

that's not DEI related, but because they saw me presenting about it, they feel that I'm approachable, which is great."

P5 enthusiastically affirmed his involvement in the committee but also questioned if the time spent was affecting his ability for career advancement or opportunity and wondered, "if I'm choosing to prioritize my DEI work over something that could get me a promotion." He also acknowledged that although he derived a strong sense of belonging from his work in committee, that there was an associated cost of burnout and stress due to balancing both job duties and committee work. Ultimately, he reflected on this pressure as an understanding for himself that though it may increase stress, it's what "gets me out of bed."

Below are selected quotes from P5 that add additional context via his own words.

In response to interview question two, P5 responded:

> I think personally, just talking to people, or I guess listening to people is more accurate, just the number of connections that I've made being fully remote since starting DEI work within our department – it's way more people than I ever connected with when I was working in person.

P5 went on to say in response to question two, "We're very grassroots - none of us have backgrounds in organizing beyond I guess grassroots, college-type stuff…so we're always learning and improving."

In response to interview question four, P5 responded, "There have been times when I've been extremely stressed out because I've taken on these things that I feel are important…but then I have to do it on top of my other full-time job."

P6

P6 is a mid-level staff person who identifies as Black/African American woman who has served on diversity / DEI committees for three to five years.

RQ1 P6: P6 shared her experiences in serving on both an identity-aligned diversity committee and DEI committee. She expressed a deep positive emotional effect that impacted her work-life balance and identified that serving in the committees had created professional relationships that encouraged her to pursue leadership opportunities and develop skills to public speak and assert her views. Additionally, P6 shared that she carries back the knowledge that she gains in committee work to her department, positioning herself as a conduit of information, which allows her to "connect those efforts so it doesn't feel so disconnected."

Even with the benefits brought to her work group, time on committee is not given official protected time or pay is not allotted to P6 but is actively encouraged by supervisors and leadership. She remarked that she saw committee work as helping to further professional development and help create career paths and promotion opportunities for some members. Although P6 reiterated throughout the interview the overall positive experience serving on committees, she brought up feeling overworked and burnt out from trying to balance her professional role, committee work, and life responsibilities.

Below are selected quotes from P6 that add additional context via her own words.

In response to interview question three, P6 responded:

> It's just that we're overworked sometimes trying to do this committee work. It can be a lot of work that we're doing until midnight or on the weekends and things like that. It can lead to burnout, can lead to just feeling overwhelmed sometimes.

In response to interview question four, P6 responded, “I do feel like these committees brought out a leader in me that I didn’t even know that I was.”

P7

P7 is a mid-level staff person who has served on diversity and DEI committees for over 10 years and identifies as a North African/Middle Eastern and white/European American woman.

RQ1 P7: P7 assessed the trajectory of her professional development as very high, calling it “invaluable.” She noted the impact on her work-life balance, by creating space for personal development, as high as well and that there was “very much a personal growth element.” She called out specifically that while in her current role she was receiving 20% FTE for committee work, that the workload did not actually lessen in her other job duties. She explained that this carve out of salary was the first time and that previous roles had not officially recognized her committee work with pay or time but had allowed her to do it. P7 pointed out that professional recognition for committee work was due more to individual supervisors than institutional policies or action.

Below are selected quotes from P7 that add additional context via her own words.

In response to interview question one, P7 said, “I would say the university has been less a facilitator than it has made grudging allowances.”

In response to interview question two, P7 said, “It’s certainly had a huge impact on me. I am a better collaborator, a better manager, a better strategic thinker, better partner. Just all around better for the experiences that I've had in the work that I've done.”

P8

P8 is a faculty member with professor rank who has served on diversity and DEI committees for 10+ years and identifies as a Black/African American woman.

RQ1 P8: P8 shared a broad overview of how faculty and staff receive support, noting that faculty may receive more consideration of committee work in promotion and financial support when working in a department committee versus staff in an identity-based committee. She confirmed how serving on committees had positively affected her career, noting that it "put you in a room with more people, it gives you as an employee and team member more visibility building networking."

P8 identified the benefit to work-life balance as well in creating a sense of community. "Those relationships also change your sense of belonging because in a very large organization where you might not know anybody outside of your immediate work team...you know more people and those people are your friends basically," said P8. She acknowledges the large amount of time that some committee work necessitates, remarking that though her work and committee time have sometimes blurred, that for other team members it "might be experienced as a conflict."

Below are selected quotes from P8 that add additional context via her own words.

In response to interview question four, P8 responded, "Being a member of the committee has absolutely enhanced my professional development."

P8 went on to say in response to question 4:

> While there's been efforts to give committees resources to do to do work -some financial resources to host events and activities for various communities and populations, and that's wonderful, I think the people that are doing the work also need to be compensated.

P9

P9 is a Professor who has served on diversity and DEI committees for 3 – 5 years and identifies as a Black/African American woman.

RQ1 P9: P9 expressed feeling fortunate that her appointment in a DEI role with aligned committee work received FTE, noting that it was important because of the sizable workload of the role and that "if they want someone to be committed to doing the work, then it needs to be treated like another work would be." She remarked on the strong experience she had gained and shared in her committee work as well as the challenges to work-life balances in terms of emotional and physical strain.

P9 expressed her gratitude in the institution's commitment to funding DEI work, especially noting the recent roll back and banning of diversity work in other states in contrast. "It's just emotionally exhausting because it's so important to keep this work going," said P9. She continued that the national movement to attack diversity and equity work had created more professional barriers.

Below are selected quotes from P9 that add additional context via her own words.

In response to interview question four, P9 said:

> It's all about how we're able to get along with each other despite our differences, being able to understand, appreciate, and respect. I think that level of sharing and respect is

gone and that it's just the nature of what's happened to our country that just makes all the more difficult the work we have to do.

P10

P10 is an associate professor with 5-10 years of diversity and DEI committee work who identifies as an Asian/Asian American woman.

RQ1 P10: P10 traced her history serving on different diversity and DEI committees in the institution and at progressive stages of her career to share how it has benefitted her professional development. She noted that navigating the power and decision-making systems of a large academic medicine institution can be difficult and requires time and experience to learn. Working in committees over time has leant a greater understanding of how to usher initiatives and programs through, although it can still remain opaque. "I learned about how does the machine of the institution work and how does change actually occur," said P10. She went on to explain how this understanding had increased learning about how to compose a committee and be explicit in goal setting.

P10 noted that while she initially received no salary support or protected time, over time it has evolved to include more institutional or departmental support. She added that even with support, the demands for faculty often exceed the compensation allotted and recognized that many do not receive any pay. "For us to be good citizens and contribute to all this constant committee work, maybe everyone needs some baseline – 5% at least – because of all the different things we need to do," said P10.

Below is a selected quote from P10 that adds additional context via her own words.

In response to interview question three, P10 said, “If committee work was adequately or better compensated, I think a lot of different people could be more involved and engage.”

P11

P11 is a professor with 5 – 10 years of diversity and DEI committee work who identifies as a South Asian woman.

RQ1 P11: P11 shared how service both on committees and as a co-chair have contributed to an expansion of knowledge around diversity and equity practices professionally and in awareness of issues personally. She has had to opportunity to connect with other educational institutions and said, “I feel I’m a bit more connected and a little bit more in touch.” She shared that the opportunity to lead in committees had allowed her to make connections across departments and work groups, expanding her network of colleagues, and contributing to a body of shared resources and programming. P11 noted that while she did not currently receive protected time for her co-chair role, there was movement in reconfiguring the role to receive protected time and that she had an accelerated merit advance for her service.

Below are selected quotes from P11 that add additional context via her own words.

In response to interview question four, P11 said:

> I have access to resources or people I can go to talk about things if there's a distressing event in the news, which unfortunately happens quite often. I have people I can call upon to brainstorm how we could support the residents and the medical students through this.
>
> With everyone being so busy work with work in this area (DEI), it means that there's less time to do other things, whether that be clinical service or teaching or research or other

types of committee service. But I think that's where we all can make a choice about where we contribute our time and efforts within an academic organization.

P12

P12 is a Professor with one to three years of committee service who identifies as a Hispanic/Latiné/Latinx/Chicanx man.

RQ1 P12: P12 shared his experiences as a leader and mentor in discussing his professional development as an effect of committee work. He described learning about institutional processes, such as promotions, recruitment, and retention. He noted that in holding monthly meetings, he was exploring ways to better engage faculty in DEI-centered conversations. “I'm toying with different ways to get people in and just again just have a conversation and talk about it and explore their blind spots and my blind spots,” he said.

P12 noted that his position was supported with 10% effort attached and included administrative support. He also recognized the positive effect of receiving broad support from division chiefs and access to the department chair.

Below is a selected quote from P12 that adds additional context via his own words.

In response to interview question four, P12 said, “It's less about numbers and more about just awareness and people having the same intellectual curiosity they bring to their work that they bring to learning about issues of diversity and inclusion and justice.”

Research Question Two

Research question two, “How do members assess the impact of their committee

work?" was answered via interview questions two and three.

P1

RQ2 P1: P1 explained that he saw the impact of committee work in two different ways – internally as an individual and externally to the community. He measured the internal effect by his own ability to create relationships in the institution outside of his own work group and role. Externally, he valued the impact of the committee work on connecting members across work roles as well as creating spaces for discussion and solidarity. He commented that the committees on which he serves had prioritized new member outreach and utilizing strands of communication across multiple platforms, such as Microsoft Teams, to be able to strengthen the reach of the committee. P1also valued the ability for the committee to advocate on behalf of membership in roles with less positional power in the institution, such as nurses, and to initiate representation on institutional boards. He noted the exceptional impact that committee work had in the remote environment.

Below are selected quotes from P1 that add additional context via his own words.

> In response to interview question one, P1 said:
>
> It's more than just events. It's the community spaces we're able to build together or the ways that we're able to bring new members in and to let them know where they can find support outside of their department while they're here.
>
> In response to interview question four, P1 said:
>
> Even hybrid, I still feel isolation because of the nature of my work…But having these online communities or meetings over zoom, especially in a space where I don't go into the office on a regular basis, I think that 100% impacts the way that we build community.

P2

Q2 P2: P2 shared that the committee on which she serves takes a data-driven approach to assessing impact both to consider their own actions and engage in feedback and to report back to department leadership. They are able to track attendees and send out department surveys to quantify the success of outreach. Additionally, she explained that the committee presents in an all-hands meeting and that both the live feedback and reaching out to committee members from work colleagues provides a more qualitative assessment of their committee's work.

Below are selected quotes from P2 that add additional context via her own words.

In response to interview question two, P2 said, "The feedback that we get from the survey – you know some people are like, I don't think this is appropriate for DEI to be at work and some people are saying they love what we're doing."

In response to interview question three, P2 said, "I think there's a deep appreciation for knowing that there is a group of people actively thinking about these things and they have this group that exists."

P3

Q2 P3: P3 explained that because of the smaller representation overall of her identity in the institution, that assessing impact included both examining the effect of committee work on herself as well as the general community of faculty, staff, and learners. She relayed that the need to determine who participants were in an engagement activity – whether community member or ally – led her to begin tracking what interests attendees held. P3 also identified impact through individual feedback following presentations by her committee, noting that remote interactions

can make assessing feedback unclear if it's a presentation. P3 expressed that since representation of the population that her committee serves is small, being invited to spaces to be heard by leadership held deep value, especially when what she or others shared may be "controversial" or counter to institutional action. She noted that the willingness to create space to hear issues that are sensitive created a sense of support and belonging overall. She shared the value of having other people in the institution hear her speak and push initiatives forward. P3 emphasized that the ability to gain visibility on an institutional level allowed the committee to expand in membership to include allies and include more educational and advocacy work.

Below are selected quotes from P3 that add additional context via her own words.

> In response to interview question three, P3 responded:
>
> We're here and we're invisible. So, I made a point of showing pictures of everyone who had done something to show that no one looks alike and that we're all different. And there's a big diversity…And I realized that it had an impact even though I had no idea because it was on Zoom.
>
> P3 continued in answering question three, "We were tiny, right? And suddenly we seem to be like a mushroom. I think that the committee work has given me the confidence to be engaged which has helped me connect with other people."

P4

Q2 P4: P4 shared a range of positive impacts due to committee work while also exploring the inability to assess change or progression at an institutional level. She identified the value of committees to provide a touchstone to members navigating the institution, to offer a reality check when questioning intention of external actions, and the ability to provide support to members.

She noted specifically how committee alliances created routes for retention. Notably, she contextualized the personal positive impact as proof that committee work creates spaces of support. “It's good and bad because it's the reminder of the importance of the work that we do, and how we affect people individually even if we don't see it,” said P4.

Below are selected quotes from P4 that add additional context via her own words.

In response to interview question four, P4 responded:

> I've been like meeting people from so many different parts of the university. And so, for me, those people have been great allies, And honestly, like a lot of the times it's those things that become the saving grace for me to stay.

P4 continued later in answering question four:

> I need to see change and so, while I appreciate these personal encounters, I don't feel like it's enough in my soul and in my purpose of things…These groups, these interactions, these people, though, are what keep my mental health going. It's just so important for me. If not, I think I probably would have quit ten times.

P5

Q2 P5: P5 explained how committee impact is measured both quantitatively via survey and more experientially by recognizing how networks of interaction had emerged within the committee and across work groups and roles. Both the committee within periodic subcommittee surveys and the department through annual survey receive feedback to assess the value of the committee’s works and request suggestions for future focus. The committee has developed a broad range of educational and conversational offerings with the feedback received used as a guide for future sessions.

P5 noted that in addition to data-driven feedback, the creation of networks of colleagues with intersecting identities served as impact of the work. Additionally, he conveyed that meeting as and sharing out data from the committee during the pandemic in a remote environment held an additional impact of creating a more accessible environment to share aspects of identity not shown in the pre-pandemic workplace. “I've had people come and say the way that you are just unapologetically yourself...has inspired me to wear my hair naturally or not put on makeup for a meeting or whatever. And so, I think just having that - we all then like kind of geek out about each other.”

Below are selected quotes from P5 that add additional context via his own words.

In response to interview question three, P5 said, “It’s an anti-racism committee. I would say you can't really like draw a hard line between anti-racism and, you know, any of the other isms because they all intersect and flow into each other.”

P5 later added in response to interview question three:

> I think what's been cool is people come out of the woodwork, people I would have never had a reason to interact with…We're doing the right things. At least by the people who are willing to speak up and talk about it.

In response to interview question four, P5 said, “Just having that kind of love, or work family, that has been so hard to have, both without being able to show as yourself and just being remote.”

P6

RQ2 P6: P6 shared the different areas of impact and how impact assessment occurred through a range of committees in which she has served. She identified interpersonal feedback as one of the

most meaningful and direct ways of measuring impact and how it informed future committee action planning. Being able to see committee members of an institution-wide identity-based committee receive professional development and advance in their careers also stood out as a method of impact measurement. “What doing is impacting their own careers and uplifting their own professional advancements…and really impacts the community. It makes us feel positive, makes us feel like we belong here. We can change our roles and become leaders,” said P6.

P6 explained as well how committee work led to collaborative projects across work groups and identities. “I really think it’s also expanded the type of initiatives people can do,” P6 said. She detailed an educational video project to which she had contributed as well as a method of measuring outcome. The project lead collaborated with P6 due to the relationship created in committee and knowledge gained in committee work, expanded the character identities to include people of many intersecting communities.

Below are selected quotes from P6 that add additional context via his own words.

In response to interview question three, P6 responded, “Just feeling like you’re included and feeling like you can evolve. I feel like advancement – professional advancement – is one thing that the committees have given.”

P6 said later in response to question three:

> The benefits are that, oh my god, it changed my life. I feel part of a community that I really love. We’re so lifting and encouraging and motivating and just women who are leaders who are just bring a brilliant light and energy and skills and just background.

P7

RQ2 P7: As an employee with over ten years’ experience in the institution, P7 could point to the fruition of specific initiatives over time as a method of assessing committee impact and spoke of

how committee work directly affected her own foundational learning to introduce policy change. She also noted how the scope of communities and identities served had broadened over time due to committee work, particularly mentioning people who identify as more than one race or more than one diversity committee identity. P7 shared how committee work created change in both practice, such as changes in recruitment, and policy, such as including DEIB work into staff job functions.

P7 noted the impact of committee work as at times a "double-edged sword," with education and awareness around diversity increasing, but coming with that an added ask for historically excluded and underrepresented identities to answer more nuanced issues around equity and inclusion, such as microaggressions. She concluded by noting that one sizable impact of all of the committees' work, as conveyed to her by an institutional leader, is the movement towards institutionalizing goals as universal measures rather than as DEI-identified, acknowledging that while the optics may be less amplification of DEI as a whole, the effect is "it infuses all of our work and really gets embedded in structures so that it doesn't get lost."

Below are selected quotes from P7 that add additional context via her own words.

In response to interview question one, P7 said, "But you know, have I moved the needle, me personally, or even like collectively? I don't know that I have."

In response to interview question three, P7 said:

> It's also created a huge burden on people of color. Not just in the sense of the minority tax, which is very real and very perceptible. But also at a personal level, because there's this added burden of having to address people's concerns about individual microaggressions. It's like, "Can you, you know, judge my racism?"

In response to interview question four, P7 said, “It pushes it, into the mainstream, right?...So it's not like a DEI carve out, it's that we expect every fucking person…to embrace these concepts, not just embrace them, but actively work on dismantling oppressive structures.”

P8

RQ2 P8: P8 measured impact of committee work not just in how specific initiatives came to fruition, but also in the overall effect on the institution, noting the representation that comes together across campuses and core teams and provides support. She recognized that many of the committees are “well structured – they come with a really informative directive” to be able to reach goals. She continued that while committees often do see their projects completed, more could benefit from resources to enable more qualitative data gathering to be able to better formalize impact. P8 pointed out one challenge in measuring impact is the expectations that members may hold to solve deeper institutional issues or specific personal concerns and that this scope is out of committee’s ability to solve. “Some of these big job questions that most people have, the committees aren't positioned to support or really address those needs,” she said.

Below are selected quotes from P8 that add additional context via her own words.

In response to interview question three, P8 said, “Committees have positively impacted the community, I think, creating a visible anchor in the institutional landscape I should say - it is it is present and is visible.”

P8 later said in answering interview question three, “The challenge is really just being able to meet the needs of the community because their needs are often very different, and committees are often not structured to address those core concerns that come up.”

P9

RQ2 P9: P9 explained that measurement of impact depending greatly on the type of initiative or committee work being assessed, explaining that "the metrics in this area of work can be so varied." She pointed to the ability to assess a recruitment initiative by both analyzing quantitatively who has been hired or retained over time and then quantitatively by speaking with recruited employees, "making sure that we're invested in them, and we want them to be successful and we want them to thrive." She noted that programs and climates can be "a very nebulous thing to measure" but that looking at how funding occurs for DEIB-associated roles has shown a positive change. She expressed both surprise and excitement that the majority of divisions analyzed had designated a portion of FTE for their DEIB roles without a directive to do so. "Finally, I think that we're making a dent in the climate," said P9.

Below are selected quotes from P9 that add additional context via her own words.

In response to interview question two, P9 said, "Realizing that it's really important to support these people with either FTE or protected time or stipend to do this work. We always say in academic medicine where your money is tells you what's important."

In response to interview question four, P9 said:

> The way that we get better, the way that we achieve that excellence is having the multitude of different ideas that come from different people in places and spaces and lived experiences...In order to get excellence you have to be diverse because if it's the same voice that is coming out, you're not going to be able to think outside the box or come up with new solutions.

P10

RQ2 P10: P10 elaborated on the issue of understanding the system of power in the institution to be able to both affect change and assess impact. She explained that approval and leadership support can vary between levels including divisions, departments, chairs, and institution wide. "It's like the machine of the institution sometimes that itself has power and no one knows how to change that," said P7. She illustrated this in describing a project to increase language access for patients that do not speak English and the steps needed to motivate action. "Part of it is how do you communicate or demonstrate why is important so it's some narrative work," she said, explaining how components including taking photos of multilingual signage at other institutions and writing letters. P7 went on to share that at time the goals of other committees or leadership could benefit from more clarity to membership, saying "Sometimes, you don't know if the external pressure, the people that are leading, if they're being transparent about what are the external pressure or what the actual object of this is."

Below is a selected quote from P10 that add additional context via her own words.

In response to interview question two, P10 said, "It's understanding what compels people, and then that you can't change this whole problem from one little committee but that there are other people working…trying to advocate."

P11

RQ2 P11: P11 identified that being able to receive informal feedback from colleagues, residents, fellows, and medical students helped to see if "there's been a culture shift and more positive things happening more recently." She added that form mechanisms included submission of an annual DEI action plan which required gathering feedback on successes and challenges. She

added that as part of the committee work, a new annual grand rounds seminar had been established devoted to diversity-related topics. Additionally, she shared that the work of a resident on the committee to gather data via survey had resulted in a grand rounds presentation and platform presentation at a large professional society meeting. P11 shared that some goals – such as recruitment of trainees and hiring of staff from underrepresented backgrounds – required a longer timeline to assess impact. “I will be honest when I say we have a ways to go to achieve that, but I think this committee is a step in the right direction because we can help put some considerations and issues at the forefront that people might not be aware of,” said P11.

Below are selected quotes from P11 that add additional context via her own words.

In response to interview question three, P11 said:

> A negative consequence could be that we might be unfairly asking the same people over and over again to facilitate workshops or share their experiences or be ready to volunteer. But overall, I would like to think that the work is positive.
>
> In response to interview question four, P11 said:
>
> It can be difficult to see the immediate impact of committee work. It isn’t visibly that different than it was a few years ago…But I’m hopeful that in 10 years, 20 years for the next generation of trainees and faculty members, they will feel like it’s a more representative environment.

P12

RQ2 P12: P12 detailed the impact of his work focused on protecting and creating pathways for learners and early faculty. He explained his actions to retain fellows, especially of identities underrepresented in medicine, in partnership with program directors. P12 identified the

precarious position of assistant faculty “because you're still trying to get your independent grant funding and get your foot in the door clinically, but also that's when you get poached.” In response, he explained how he engaged in mentorship to create a system of support.

Below are selected quotes from P12 that add additional context via his own words.

In response to interview question three, P12 said, “The work (on DEI committees) - it’s been illuminating.”

In response to interview question one, P12 said, “The fellows who are transitioning to early faculty, it has not just benefited them, but also benefits the division, the department, the community at large to have a more diverse group of early faculty.”

Research Question Three

Research question three, “How do variables including role, race, gender, sexual identity, and compensation affect member employee experience?” was answered by interview questions one, three, and four.

P1

RQ 3 P1: P1 raised the question of how the intersection of role and compensation create a unique experience for committee members when considering how hourly staff employees may hold less power, stability, and access to committing to additional committee work. He added that especially as an hourly employee, time spent on committee work may receive more scrutiny and noted that certain classifications of work, such as clinical or janitorial, may encounter this to a greater degree. He explained that other institutions had implemented a systems of approving committee work as professional development hours that is included in many hourly staff

contracts as a benefit. He went on to explain that especially as a newer employee, the committee experience acted to retain him at the institution by creating a sense of belonging and support.

Below are selected quotes from P1 that add additional context via his own words.

In response to interview question four, P1 said:

> There are always second thoughts or second guessing about my involvement in these groups because I'm an hourly staff member. And I can imagine that some of our medical staff, who are also hourly, have the same issues participating in a university organization or committee like this, right?

P1 continued in response to question four:

> The thought of leaving this university has always been in the back of my mind. But every time I decide to stay part of the reason I choose to do so is because of the community in those spaces, right? So that I think I don't know that I'd still be here if it wasn't for the connections that I built within the committees.

P2

QR3 P2: P2 reflected on her role in DEI committee work, especially related to being a woman from a dominant racial/cultural background and how that affects her experience. "I love that when those opportunities become available to me, I'm able to grow…I like that it gives me a basis in improving myself," said P2. She shared that she relied greatly on feedback to guide committee actions and had benefitted from working in committee with colleagues who share a range of identities. She also noted the conflict that could occur when committee presentations were shared in the greater department and her role of navigating critical commentary. As noted in P2's response to research question 1, she also noted that her role did not have pay associated with

diversity committee work, but that she was allotted protected time which helped her feel secure in the work.

Below are selected quotes from P2 that add additional context via her own words.

In response to interview question four, P2 said:

> Let's have like constructive discussions about what we can do. But just coming at someone and being like 'we shouldn't be doing it this way.'…Would you like to work with me so we can find a way that would work? If they have issues or things that they want to talk about, they can.

In response to interview question one, P2 said, "Just the support of you can use that time and no one's coming after me on choosing to use my time in that way, I would say is a supportive environment in order to do the work."

P3

RQ 3 P3: P3 shared her experience in navigating committee work as a long-time employee who found identity-based committee involvement as a result of the pandemic. She commented on the lack of understanding around her racial identity as the main impetus for taking action, joining the committee, and creating events to raise visibility and perception of members. "Basically, I was like, okay, A, you don't know that there are not that much of us because you don't know what we look like, and even if they're not that much of us, don't we still matter? So, I was mad," said P3. She relayed the challenges in engaging in advocacy as a smaller committee from a less officially represented population, noting that initiatives that aligned with institutional messaging were allotted additional support while those that didn't were not. She remarked that her own personal

journey and background allowed her to understand the system of demographics the institution utilizes in a different way, advocating for a broadening of indigenous identity overall.

Below are selected quotes from P3 that add additional context via her own words.

In response to interview question one, P3 responded, “So, when they have an agenda, they have people to help with the work. But if it's something that we really want to happen, then it's really volunteer time.”

In response to interview question four, P3 responded:

> If you're from the culture, you understand that it's not about blood quantum; it's about history and things that happen to other people. We have a good man who is in the Aztec community and so doesn't qualify as a federal recognized tribe, but he has that same kind of history, and he's really engaged with our group now. It turns out something I said really motivated him and allowed him to open up about his Aztec dancing and all of his traditional culture here.

P4

RQ3 P4: P4 conveyed how staff leaders in committee members’ experiences may differ from faculty, exploring how power and position between the two professional categories hold great disparity. She relayed that as a staff person, she often lacked authority or executive authority to implement meaningful action. In thinking of faculty, she recognized that the ask on their time may be even greater or compounded, resulting in committee labor being carried out more by staff. Additionally, she expressed frustration in committee labor or representation in DEI committees continuing to lack the involvement of white colleagues. P4 expressed that although

she derived benefits from the sense of community, the ability of white colleagues to not commit time and effort affected her assessment of committees operate and survive.

Below are selected quotes from P4 that add additional context via her own words.

In response to interview question two, P4 responded, “I think with staff leaders in these committees, it's always: this is great, but I have no authority, so let me like go to the people that have the authority or get buy in from faculty.”

In response to interview question three, P4 responded:

> It is kind of annoying when you have other counterparts that don't get involved in anything and don't do anything. You just want so bad for those people to be allies. So, it's pros and cons because you find community, but then at the same time you notice the white fragility more and you notice how little your white co-workers are willing to step up and help.

P5

RQ3 P5: P5 shared his in locating a supportive space in committee work as a trans man and the benefit he derived from connecting with a range of identities. He explained that creating avenues for colleagues to share common interests and experiences created a sense of support and allyship. “I have a community of people because we care about the same things,” P5 said. Additionally, he noted that the ability to focus on a goal or initiative outside of their own roles, but still as a defined subject, built a forum for dialogue and breaking down barriers.

P5 explained how the remote meeting space had eased the ability to share his own identity as a trans person more fully, which had an expansive effect of inspiring others to share more personal aspects of their own identities. He explained how in an in-person environment and

without the support he received in committee work, combatting assumptions or countering aggressions was exhausting and detrimental. “I wouldn't say that I was closeted in any way, but I wasn't visible, necessarily - visibly trans - unless you knew what to look for. And so, the way that you then experience spaces when you know that there are the assumptions that are being made about you - but it's more work, “said P5. In contrast, the community created in committee work established a more secure, flexible space to share full identity. As previously mentioned in research question 1, P5 noted that as a staff person he routinely works over the protected time allotted to him for committee work, but that the acknowledgement by leadership and carving out of space felt positive.

Below are selected quotes from P5 that add additional context via his own words.

In response to interview question three, P5 said:

> You feel more comfortable and confident showing up in spaces and being your full self because you know that it's safe too, because there's other people who've come forward and said, yeah, I support. Yeah, I'm with you. Just the visibility, I guess, I think makes a huge difference.

P5 said later in answering question three:

> I think it's really giving me the confidence to be more myself and to say verbally “I’m trans” and sit with people reacting to that on a Zoom meeting and just be like, okay, maybe this is really stressful and scary, but I know that I have my people that I work with, that support me, and that have my back, and that are so ecstatic that I'm me and that I'm showing up that way.

P6

RQ3 P6: P6 shared how her intersecting identities showed up across different types of diversity and DEI committee work, valuing how she could connect both with Black community members specifically and with a span of colleagues of diverse backgrounds. She explained that committee work also aligned with her value set and educational background, continuing academic and strategic interests.

P6 recounted how working on a historical anniversary project for the diversity committee on which she serves created an opportunity to learn more of the foundations of the committee and the dedication of previous generations to create space and change. “They were doing this work above and beyond their roles…If they wanted to go on strike, they're not just risking their job and they could be fired, and so trying to continue that legacy from the legends and elders and pioneers,” said P6. Learning this history within the committee work inspired her to challenge her own career aspirations to incorporate community youth outreach actions into her role and, later, apply for and secure a professional role that more fully incorporated DEI actions. “We want to have more underserved, more women in leadership positions,” said P6.

Below are selected quotes from P6 that add additional context via her own words.

In response to interview question three, P6 said:

> I was trying to find community. I was trying to speak my experience; speak to my experiences. And then I found helping others, and hearing of each other's stories, sharing each other's advancements, and announcements, trying to just motivate each other to make these kinds of changes.

P6 said later in response to interview question three:

> It's a place where you're treated well. I feel like I want to be respected. I want to belong here. I want to feel like people, I can be myself around people, where there's no kind of tensions and things like that.

P7

RQ3 P7: P7 described her experience in committee work as expanding how she conceived of both her personal and colleague's identities. She explained that the work encouraged her to embark on a discovery process that resulted in her modifying her own behavior and becoming more able to recognize issues of positionality, power, and rank in the institution. "It's definitely taught me to be humble in failure and to be much less offended and less defensive when I offend," said P7.

She also remarked on noticing the different power and respect afforded staff when compared to faculty, giving as example that a staff person may not have their departure from a role announced in the same way as a faculty or at all. "It's like, are you like we're cogs that just get replaced? Are you fucking kidding me? This is still where we are, right?" said P7. In tandem with this, P7 noted the frustration that accompanied the lack of progress in some equity work. "It's burn out and its stress, right?" she said. As solution, P7 added that she valued her committee work sometimes above her paid role.

Below are selected quotes from P7 that add additional context via her own words.

In response to interview question three, P7 said:

> It's also had a huge, a huge impact personally on how I think about identity and my own and other people's…I'm just so much more cognizant of identity, cognizant of power dynamics, and cognizant of the ways in which the institution and my part in the

institution perpetuate inequity and oppression and try hard to be actively anti that. And, of course, failing periodically.

In response to interview question four, P7 said:

> I don't do my job at 100% time because I do other work that I like doing better and that is in my eyes, more important. It means my job doesn't get a one hundred percent of my time. So that's a tradeoff, straight off, I'm willing to make.

P8

RQ3 P8: As a faculty member who has served on a wide range of committees, with faculty, staff, and learners, P8 identified the disparity of paid positions as an important point of improvement in experience. She noted that especially for staff, a stipend for serving as a co-chair or co-lead would be appreciated, especially the work "is definitely above-and-beyond labor." She also noted that the networks of communication or leadership that committee members hold in their individual work roles may affect the ability to bring initiatives to completion or visibility.

Below is a selected quote from P8 that add additional context via her own words.

In response to interview question two, P8 said, "Building community and getting feedback and buy-in can be tough. You have a core group of people that are doing the best that they can and thinking through things, but they don't really necessarily have consensus from everyone."

P9

RQ3 P9: P9 shared that as a faculty member with FTE for committee work and funding for projects, she was able to generate perceptible value in her experience. She detailed that in this

capacity she was able to coordinate activities, fund conferences for medical students and junior faculty and distribute stipends for diversity work. She also touched on her ability to amplify and serve as a model for women in leadership. In discussing the current environment of diversity work nationally, in which laws are being enacted barring DEI focus, she noted her own racial and gender identity as touchstones and reminders of generational harm. “And not everybody is going to be able to bring the same things and to truly value lived experiences and appreciate the fact that racism is prevalent and still exists and is still here. Sexism is still here. It’s all still here,” said P9.

Below are selected quotes from P9 that add additional context via her own words.

In response to interview question four, P9 said, “It can be frustrating, right? Because you’re thinking this is 2024, right? We are still having to deal with so many of the similar issues that I’m pretty sure my grandfather had to deal with.”

P10

RQ3 P10: P10 commented on the frequency of faculty from historically excluded race and gender identities to be asked to participate in committee work, noting that due to the lower representation overall, the request is not proportional. She acknowledged that although the institution supports the work overall, she questioned if particularly research faculty and staff are adequately compensated. She noted that she has taken on additional projects, such as developing measures to understand the departure of Asian American and Pacific Islander faculty in a division, for which she does not receive compensation but has requested dedicated resources to support. She added that although Asian Americans are not always considered under-represented, “when you look at intersectionality in terms of your gender or sexual orientation, all these

different things, it's smaller." P7 also addressed the burden of being the only representative of an intersectional identity on committees, noting that at times she has experienced feeling like the intention was "we met the quota and then nothing really happens because you were on this committee by yourself."

Below are selected quotes from P10 that add additional context via her own words.

In response to interview question three, P10 said:

> We (Asian Americans) are not underrepresented in terms of faculty. But when you look at leaders and power, we're not even proportional in any way. So, I think in some ways, I have a view of myself as underrepresented - all my bosses are white, right?
>
> P10 went on to say in response to interview question three, "You're on this committee to check that box, but actually they don't care about what you say or how you contribute...It's the rules that say you have to have at least a woman or personal color."

P11

RQ3 P11: P11 shared that the effect of being in a leadership role without protected time or dedicated salary resulted in both co-chairs needing to balance time and effort. She noted that although some administrative help was allotted to help with scheduling and communications, the work exceeded it and so time for her in this space was voluntary as well. "It is an added commitment on top of what is already a full schedule, but everybody who participates on the committee feels that it's meaningful work," she said. P11 identified that the movement to incorporate academic advancement in the promotions process particularly affected her experience as a faculty committee member.

P12

RQ3 P12: P12 shared specifically how his role as full professor affected his experience by allowing him to engage in greater advocacy. He explained how the security of his position granted him the positionality to help fellows and early factor access support. “I coach and find out are the ways that I can support them or sponsor them or who can agitate with or what not because my position is pretty secure here. I'm not struggling to stay here necessarily, and so if there's any political capital, I can provide it,” he said. He also shared how his own experience as a medical student and premed afforded him an understanding of the demographics of the state and in medicine.

Below is a selected quote from P12 that add additional context via her own words.

In response to interview question four, P12 said, “Living here my whole life, I know the demographics of the state. I know not just obviously the demographics in the state, but the demographics in medicine. it's just not there. It's not where it should be.”

DISCUSSION

The initial discussion of this thesis focused on three central questions:

- How does work within academic healthcare DEI /diversity committees affect members’ professional development and work-life balance?
- How do members assess the impact of their committee work?
- How do variables including role, race, gender, sexual identity, and compensation affect member employee experience?

The data shows that both faculty and staff experience positive and negative impacts related to professional development and work-life balance. As demonstrated in Phase 1 survey

data, 71.1% of participants indicted a positive impact of committee membership on professional and career development, with 88.89% appreciating an expanded professional network. Nearly two-thirds (64.44%) indicated that committee work provided a sense of belonging at work. More than half (58.3%) of interview participants, however, relayed that they received no compensation for DEI / diversity committee work, with 48.8% reporting a negative impact on work-life balance due to committee work.

As noted in the Phase 1 survey results, Black/African American employees, however, reported less positive impact at the two highest levels of career development impact and greater incidence of negative work-life balance. It is important to note that this finding may be influenced by the intersection of race and role. While race did not emerge as a significant factor among other questions, role did contribute to disparity of experience. As noted in Phase 1 findings, faculty responded to negative rankings of work-life balance in higher percentages than staff, with 46.2% reporting "struggling." Assistant Professors reported "struggling" at a rate of 50%, Professors at a rated of 20%, and Chair/Directors at a rate of 100%. While staff when analyzed as a whole reported lower levels at 12.5%, mid-level staff reported higher levels at 22.2%.

Phase 2 interviews allowed for a greater exploration of experience among a smaller, but more proportionally diverse range of identities. As the quantitative data illustrates, faculty and staff members' experience on committees while sharing similarities among major theme areas, incorporated the variance of their race, gender, and role.

Three major themes emerged as areas of diversity and DEI committee work impact by analyzing both the survey results and the interview participant remarks: 1) Engagement and Belonging; 2) Professional Pathways and 3) Compensation & Resources.

1: Engagement and belonging

Community of Identities and Allies

Diversity and DEI committee work deeply impacted both faculty and staff experiences by creating spaces for engagement and belonging both apart from and within established professional work roles and groups. Survey and interview participants reported an expansion of community and the establishment of spaces that were "brave," "safe," and "supportive."

As noted in Phase 1 survey findings, when asked to "please indicate how serving on diversity/DEI committees has impacted you professionally," a strong majority of respondents - 88.89% - indicated that serving on a committee had "expanded professional network and connections." 64.44% indicated that committee work "provided sense of belonging at work."

The ability to focus on DEI and diversity work as a committee acted as a bridge for some members to create a sense of community. As expressed in Phase 2 interview by P4, "You feel less alone in the university in both your struggles and feelings of mutual thinking." This sentiment was noted as well in a Phase 1 answer to "why do you serve on DEI/diversity committees at work?" with the comment, "Serving on the committee helps to bring issues up to the university. I get a sense of community at work."

Remote Identities

An unexpected area of impact emerged in analyzing the data related to the prevalence of hybrid or remote work environments. This study acknowledged in its origins the importance of societal reaction following the murder of George Floyd. However, the global impact of the isolation of COVID-19 shelter-in-place and switch to working from home emerged in the research findings as an influence on the impact of DEI committee work. While healthcare

workers previously worked on-site, regardless of patient-facing or administrative role, the pandemic shifted time and place of work for the majority to private homes and, later, bubbles of contact. As noted in the qualitative data findings, staff remarked of the power of committees to create a sense of connection in remote environments. In this online environment, in which small boxes onscreen grew to approximate an office of interaction, colleagues were able to show themselves in degrees of contact. The context of meeting remotely widened the scope of contact for some, allowing staff who could not previously participate in onsite meetings due to scheduling or proximity, to meet one another across job titles and groups. "Even if we were in person, I think that being able to have community outside my own department, and being able to connect with folks online, that makes a big different in terms of my sense of belonging here as well," said P1 in Phase 2 interviews.

Notably, the geographical safety of the electronic environment – with participants settled on their couch or at kitchen table instead of conference room, allowed a gradual learning of identities to be introduced. Pronoun inclusion in Zoom names provided an avenue for employees to show rather than explicitly remark on their gender identity if they choose. The breaking down of private and public personas as the majority of the workplace switched to this remote work allowed for the remote identity to become known. Instead of the personal and private identity being left at the workplace door, these remote identities were threaded into the fabric of the video conference fabric. In this sense, remote identities hold a dual meaning. There is the standard definition that colleagues meeting over video conference systems such as Zoom or Microsoft Teams are remote and not in-person. In this context though, components of identities that previously were left at home, distanced from in-place workspaces due to concern of

marginalization, retribution, or lack of acceptance, were able to be introduced within the perceived safety of a remote space.

As P5 explained:

> I've had people come and say, the way that you are just unapologetically yourself… has inspired me to wear my hair naturally or not put on makeup for a meeting or whatever. And so, I think just having that, we all kind of geek out about each other and just having that kind of love, or work family, that has been so hard to have both without being able to show up as yourself and just with being remote.

As indicated by participants, the novel environment of hybrid or work-from-home due to the COVID pandemic, may have created routes of transparent communication previously inaccessible. Additionally, the pandemic contributed to a realization of inequities in academic medicine, including promotion and mentorship, funding, work-life balance, and stress by race and gender (Spencer et al., 2021; Lufler and McNulty, 2022; Nana-Sinkam et al, 2021). The ability of DEI and diversity committees to provide remote spaces and community during this time is echoed by participants calling out of the value of online meeting spaces and brave space construction.

Change Agency

As noted earlier in reviewing existing research, academic healthcare in the U.S. remains a predominately white institution when considering faculty, staff, students, and leadership. As of 2018, 63.9% of full time US medical school faculty were white (Academy of American Medical Colleges, 2019). While many institutions have instituted programming in recent years to address,

diversity of identities has remained a slow process. It is a representation stasis – remaining at stable levels to support existing institutional power structures but with no evolution.

Phase 1 survey participants repeatedly cited the ability to learn about and affect institutional change as both an impact and a goal for their committee work. When asked "how serving on diversity/DEI committees has impacted you professionally," 84.44% indicated "increased awareness of equity issues in the workplace," 62.22% indicated "advanced knowledge of organizational inclusivity practices," and 57.78% indicated "gained exposure to diverse practices." In considering "why do you serve on DEI/diversity committees at work," nearly half – 48% - included responses that focused on institutional change or measurable action. 36% of responses focused on creating institutional change, with an additional 4% indicating "ability to advocate," and 8% indicating "awareness raising."

Survey participants called out specifically the sense of pride and power that serving on committees dedicated to institutional change produced. "I love serving because I get to be part of a change in our department that is important to me," wrote one participant. Another participant confirmed, "Being a person from a URM (underrepresented minority), it gives me opportunity to self-empower."

In Phase 2, multiple interviewees shared their viewpoints around the ability to create institutional change, with 100% noting initiatives or work that provided a sense of being a part of progress in creating equity. "I think that it's also a plus to be at a workplace that values contributions in these areas…I do feel like in the academic advancement and promotions process, this is something that our institution values and we have people in leadership roles because of their contributions in DEI or DEI related areas," said P11.

Theoretical Framework

Areas of engagement and belonging necessarily illustrate the power of Crenshaw's Intersectionality theory (Crenshaw, 1989). In creating communities across identifiers such as race, gender identity, sexual identity, disability, and role, committee members often are connecting the strings of shared identities. Intersectionality challenges "the conceptual limitations of the single-issue analyses." (Crenshaw, 1989, p.149). Further, the building of trusting spaces as relayed by participates requires the engagement of members with the one another's more full selves. Intersectionality is key to considering the liberating aspect of remote selves – that in allowing the full spectrum of identity to be displayed and vocalized, a more brave and fulfilling experience is created.

Additionally, Kolb's Experiential Learning theory explains how members may arrive at understanding both differences in orientation and their own relationship to committee work and creating community. In sharing their own lived experiences, reflecting, and moving forward in experimental action, committee members engage in the foundations of Kolb's theory. As Kolb theory explores, learning is accomplished through Concrete Learning, Reflective Observation, Abstract Conceptualization, and finally Active Experimentation (Kolb, 1980). Academic medicine faculty and staff in diversity and DEI committees illustrate the process of experiential learning as members bring both their identity-based experiences and shared interactions to learn how to recognize and strategize around equity principles. Many areas of focus of DEI work, from understanding micro-aggressions to developing equitable interview procedures, rely on the transformation of experience into theory and practice.

2: Professional Pathways

Employee Retention

As relayed previously, members identified an increased sense of community and belonging in the institution as a result of committee work. An important result of this, and highlighted as an independent impact in interviews, is employee retention. Three out of seven – 42.9% - of staff interviewees noted that they had remained with the institution as a direct result of either the community or networks of support created by committee work. “Every time I decide to stay, part of the reason I choose to do so is because of that community in these spaces,” said P1. This sentiment was echoed by P4, “It's just so important for me. If not, I think I probably would have quit 10 times.”

Career Transformation

Committee members in the Phase 1 survey expressed high levels of professional development and skill-building related to service on diversity and DEI committees. 86.67% reported that “serving on DEI/diversity committees impacted my professional and career development” in a positive manner, with 24.4% indicated “significantly enhanced,” 46.67% reporting “contributed positively,” and 15.56% reporting “moderate impact.” Additionally, 93.33% ranked their level of understanding of DEIA issues within the committee from knowledgeable to extremely knowledgeable.

The learning process of serving on committees also served as a leadership incubator in some cases, allowing members to practice communication, management, and strategic planning skills that their professional roles may offer consistently. In Phase 1, when committee members were asked “how serving on diversity/DEI committees has impacted you professionally,” 62.2%

indicated “strengthened leadership and teamwork abilities,” 62.2% reported “advanced knowledge of organizational inclusivity practices,” and 37.8% indicated “developed effective conflict resolution skills.” P6 noted, “I've seen people move up to certain positions that have gone through or have been leaders in these committees. And they become a leader in a certain role that has to do with DEI and it's just really beautiful to see in that it shows the impact of the work.”

57.1% of staff interview participants cited committee work as inspiring either a career change currently or considering one in the future that would allow integration of more equity focused work. They shared that incorporating DEI goals and initiatives into their professional role or shifting to a career path centering community or diversity initiatives held great value. P6 shared, “I wanted to have a job where I was doing what I valued every day instead of having to do it always above and beyond my role. So, then I changed my role, literally, and was looking for things like diversity and community instead of administrative assistance type of roles.”

Professional Networks and Mentorship

For both faculty and staff, the space to create and maintain professional networks and mentorship, provides a foundation for accelerated and supported career growth. For faculty underrepresented in medicine, mentorship has been “associated with increased career satisfaction, research productivity, and preparedness.” (Bonifacino et al., 2021) Likewise, for staff, developing professional relationships among colleagues may create job opportunities, increase knowledge, and illustrate pathways to promotion. Phase 1 and Phase 2 participants alike expressed the benefit of service on diversity and DEI committees to enhance these networks. 88.9% of Phase 1 participants indicated that committee work “expanded professional networks

and connections." In Phase 2, 100% of participants mentioned the building of professional relationships as a strength of their service. P12 explained his steps in serving as a mentor, "I meet with fellows and early faculty, those from communities of color, just to check in and see how they're doing and be an extra mentor for them." From the staff perspective, P4 shared how she had benefitted from connecting across roles saying, "One of the fellows connected with me and since she has introduced me to other Latina doctors, and we do lunches together. And there's so many times where something happens and I'm just ready to quit and then I'll text one of them and they're like, no we need you."

Theoretical Framework

Kolb's Experiential Learning theory directly informs investigation of committee work's impact on career pathways as described by participants. The models of professional development and learning mentioned all rely on personal experience and reflection to drive understanding. As explained by participants, retention was an effect of committee sharing of learning and encountering spaces together, demonstrating the stages of experiential learning. Likewise, in engaging in committee action, members describe a gaining of skillsets, knowledge, and talent through hands-on experience. Finally, mentorship relies on the sharing of lived experience and evaluation of past personal journey to create discovery for both mentor and mentee.

3: Compensation and Resources

Through both survey and interviews, participants reflected on how payment or protected time for committee work could increase positive work-life balance by compensating for expended time and effort or by lessening official work role responsibilities. Some interview

participants who received protected time expressed feelings of appreciation for the gesture. Multiple participants remarked that feeling appreciated and recognized in their work or committee community increased positive assessment of their work.

Pay and Protected Time

Adequate compensation for time served on diversity and DEI committees developed as a pronounced point of dialogue with 100% of interview participants indicating it as a factor in considering how the institution supports their efforts. 58.3% of interview participants relayed that they received no compensation, while 16.6% noted that though they received set-aside percentage of time from their department or work group, time spent on committee work exceeded this allotment. Interview participants who received pay or funding indicated a strong sense of support from their department in additional venues including initiative funding and programmatic support. As P1 amplified, hourly employees may be at a disadvantage when considering the ability to participate in committee work in any capacity due to lack of protected time and greater inflexibility in hour allotment. “There’s always second thoughts or second guessing about my involvement in these groups because I’m an hourly staff member. And I can imagine that some of our medical staff who are also hourly have the same issues participating in a university organization or committee like this,” said P1.

Within the phase one survey, both qualitative and quantitative data reflected both a lack of pay for committee work by participants and a strong value placed upon it. As noted previously in survey results, 62% of survey participants reported no compensation. Additionally, as reflected in the open-ended answers for Survey Question 22, “What can the institution do to support your DEI / diversity committee work best,” 23% of respondents focused their response

on pay or protected time. “Increase funding for staff DEI roles and work. Recognize DEI work as part of job functions and part of promotion and classification,” wrote one respondent. Reflecting faculty concerns, one respondent asked for the institution “to increase pay for faculty contributing to this work.” An additional 15.38% requested pay for work to increase indirectly, recommending that committee work incentivized by factoring into promotions by greater significance. “Mitigating the diversity tax by incentivizing service to DEIA committees or institutionalizing the amplification of the value this work has on an individual’s advancement,” urged one respondent.

Burnout

As mentioned throughout interviews, high workloads and the challenge of balancing paid work duties and committee responsibilities may contribute to feelings of burnout. A sense of inequitable participation rates in committee work may contribute to the self-assessment of burnout. 16.7% of interviewees specifically mentioned the minority tax. As P11 noted, “It's asking a lot of the same people over and over again and potentially for some people retraumatizing to be in situations where they have to offer personal examples over and over.”

Phase 1 survey data reflected this as a concern in answering the survey question “How has serving on a DEI / diversity committee impacted your work-life balance?” Nearly half of respondents – 48.8% - reported a negative impact, from minor decline to noticeable decline and substantial negative impact. While respondents reported high levels of professional development when asked to assess the impact of committee service professionally, a significant percentage also indicated a negative result in work-life balance. 55.56% reported increased workload

without commensurate benefits, 35.56% reported a hindered focus on core job responsibilities, and 15.56% reported an impact on family / personal commitments.

While the draw of community has been identified as a retention benefit, this threat of burnout creates an uneasy and detrimental tension both to the institution and the work-life balance of the employee. To the institution, one estimation of cost to replace faculty, incorporating recruitment, hiring, and lost clinical income was $115, 554 for generalist, $286,503 for subspecialist and $587,125 for a surgical subspecialist. (Schloss et al, 2009) For administrative staff in general, "expense to the organization for recruiting a new employee costs half to 200% of the former employee's salary" (Hebbenstrit, 2008).

Resource Allocation

Participant interviews detailed a range of access to funding, time, and effort in different committees, illustrating a possible disparity of resources depending on department or workgroup as a DEI committee or population-served as an identity-based committee. "The fact that there's money to help us achieve things, which also achieve the university objectives is great. When they have an agenda, they have people to help with the work. But if it's something that we really want to happen, then it's really volunteer time," said P3. Additionally, depending upon representation of positionality due to members' professional roles and whether faculty or staff, the overall ability to assess impact of efforts by members may vary. "I would say that many of our committees are really intentional in initiative setting and project setting, and they do see those projects out. I do think that they could probably benefit from some qualitative data that would kind of corroborate or add to the impact that that is demonstrated through the result of different projects," said P8. Committee members may be able to track the impact of their work more

depending upon leadership support and protected time provided by supervisors or departments. Likewise, faculty participants expressed in interviews access to institutional leaders that committees with staff interviews did not include.

Phase 1 survey respondents reported appreciation for institutional resource support of DEI and diversity committee work as well. In response to the question, "What can the institution do to support your DEI/diversity committee work best?" 26.92% of statements requested either funding (15.38%) or administrative support (11.54%).

Theoretical Framework

In considering institutional barriers and the hurdling required to clear them, Bell's Interest Convergence theory and Crenshaw's Retrenchment theory explain both the origins of disparity and need to push forward. While institutions may recognize that employees engage in diversity and DEI committee work, without a demonstrated goal alignment to allocate resources, funding, and pay, labor in this area may remain without adequate compensation. In considering Bell's theory, institutions of academic medicine will need to understand the threats to workforce sustainability and benefits to developing talent, as outlined in the research, before increasing funding.

Race, Reform, and Retrenchment, as Crenshaw (1988) eloquently noted, holds the goal "to minimize the political and cultural cost of engaging in an inevitably co-optive process in order to secure material benefits" (Crenshaw, 1988, p. 1387) and "should maintain a distinctive progressive outlook that focuses on the needs of the African-American community" (Crenshaw, 1988, p. 1387). For the purpose of this research, the researcher's focus is on retrenchment.

Retrenchment theory identifies how resources continue to lag and burnout occurs as internal and external pressures further prune talent, time, and effort (Crenshaw, 1988). Additionally, Crenshaw identifies that in undertaking actions against oppression, "it is the very accomplishment of legitimacy that forecloses greater possibilities. In sum, the potential for change is both created and limited by legitimization" (Crenshaw, 1988, p. 1368) In this way, areas of gain, such as the ability to be recognized as a committee or have DEI work seen as worthy or legitimate, may preclude it from full compensation. The commitment to work within the boundaries of the institution limits the likelihood of equitable recognition on scale with other work.

LIMITATIONS

Limitations to this study include participant demographics and participation rates and validity of data.

Participants were identified through outreach via email to known diversity committee participation and by committee co-chairs. As the institution is large and there is no formal accounting of all diversity and DEI committees, smaller or lesser-known committees could have not received outreach. Additionally, participants were self-selected so that members with the most intense feelings or motivations may have volunteered to engage.

While the response rate overall met the researcher's expectations, a broadening of responses would be able to confirm differences by identity as more statistically relevant. The ability to hold the study over a longer period of time and possibly at a different time of a year may result in a higher response rate. This study was conducted during a busy time of year for the academic calendar, coinciding with professional demands in teaching, research, and clinic, as

well as budget season. Additionally, with a greater participant pool, more representation across race and gender identity would be more probable, allowing for greater understanding of differences of experience. I recommend that an additional survey with distribution through additional avenues would provide an even stronger sampling of participants.

As Phase 1 relied on anonymous survey to encourage participation and protect confidentiality, there is no complete way to verify that all responses are accurate beyond doubt. As with any anonymous survey, the research is dependent on measures taken by the researcher to limit interference. In this case, distribution was limited within the institution, however, survey links could reasonably be shared.

It is important to note that data from this research was conceived as a one-site study and so findings may not be translatable to institutions of different size, funding, location, or employee population. I recommend that a broader survey could be developed for distribution among regional or national networks for a more comprehensive data set.

RECOMMENDATIONS

Utilizing both quantitative and qualitative methods, this study discovered three areas of impact in professional development and work-life balance for faculty and staff engaged in DEI and diversity committee work in academic medicine: 1) Engagement and Belonging; 2) Professional Pathways and 3) Compensation & Resources.

Interview participants, drawing from their own experiential learning, shared meaningful recommendations. As P8 noted, illustrating the positive impact on engagement, and belonging to institutions, “Committees have positively impacted the community, I think, creating a visible anchor in the institutional landscape I should say - it is it is present and is visible.” She went on

to identify what could be an area of growth and focus for academic medicine, saying “The challenge is really just being able to meet the needs of the community because their needs are often very different, and committees are often not structured to address those core concerns that come up.”

Institutions may best consider the experience of P6, who articulated the tension between benefits and challenges of committee work on professional development. She noted that:

> It’s just that we're overworked sometimes trying to do this committee work. It can be a lot of work that we're doing until midnight or on the weekends and things like that. It can lead to burnout, can lead to just feeling overwhelmed sometimes. (P6)

P6 went on to confirm, “I do feel like these committees brought out a leader in me that I didn’t even know that I was.” This dichotomy of experience indicates a need for institutions to both value the professional development benefit of DEI and diversity committee work and provide funded time or compensation to prevent burnout and expand the pool of committee members.

In further considering compensation and resource allocation, we can look to P10’s request that institutions begin “realizing that it's really important to support these people with either FTE or protected time or stipend to do this work. We always say in academic medicine where your money is tells you what's important.”

In consideration of this study’s data, weighing both qualitative figures and holding the experiences voiced by faculty and staff, the researcher recommends areas of additional research to explore the valuation and funding of DEI committees and their work. More investigation is needed into the incidence of payment and FTE for DEI and diversity committee work by both faculty and staff in academic medicine. Particularly key is a systemic shift to consider

incorporation of full funding of diversity and equity focused roles or significant work percentages within academic medicine, seated at stages of intervention that include division, department, school, and system wide. Burnout was widely reported in this study and merely paying for committee work may not minimize this as work for equity continues to be considered as additional to "real" work duties without job description provisions.

Continued study to determine if there is disparity according to race, gender, and role in ability to access funded DEI roles holds great value. Additionally, exploration of how routes of communication and access to leadership differ dependent upon the role and professional classification of membership could begin to address concerns regarding assessment of impact. The researcher recommends study to review how DEI and diversity committee work is recognized by academic medicine institutions for acceleration and promotion of both faculty and staff in a consistent manner. Much benefit could be gained by further research into the experience of academic medicine staff as a whole and consideration of their positionality.

Finally, in considering the professional development that committee service provides, as well as the cultural taxation of members, institutions of academic medicine could investigate a novel approach to DEI and diversity committee work by integrating community participation and partnership. In recent years, institutions of academic medicine, especially those located in cities and urban areas, have aligned themselves as anchor institutions (Franz et al., 2019; Fulbright-Anderson et al., 2001; Koh et al., 2020). As Koh et al., notes, "Together, these anchor institutions commit major financial, human, and intellectual resources to address social challenges, understanding that their future is inextricably linked to the community outside their walls." It is worth consideration for academic medicine to consider centering community participants as funded contributors to DEI committees that shape the future of medicine and

research – endeavors that directly affect their lives as patients and area citizens. The addition of these members would provide necessary diversity of experiences and identities, provide professional development for the surrounding community and career pathways, and expand the pool for DEI work, lessening burnout and existing faculty and staff fatigue. Additionally, it would allow transparency into a process of equity to the community served and centered.

Considered together, these recommendations to address the impact of DEI and diversity committee service on engagement and belonging, professional development, and compensation and valuation hold opportunities to address the long history of racism, anti-Blackness, and disparity of experience in academic medicine (Grubbs, 2023).

CONCLUSION

Academic medicine is often referred to as encompassing a "tripartite" or "triple threat" mission of education, research, and healthcare (Ramsey & Miller, 2009, P. 1475). This was ushered forward by calling for a "Quadruple Aim" centering health equity and community health (Park et al., 2019, p. 1276). As the Association of American Medical Colleges (AAMC) notes, "Academic medicine is where expert patient care and innovation come together to save lives" (*Academic medicine: What starts here saves lives*, 2024, para 4).

At its very heart, then, academic medicine invests in the goal that change can occur – that a body of seemingly immovable elements can be manipulated into a novel structure. Or, conversely, but just as transformative, that we can remove mutations of malfunction to become whole. It is then believable that healthcare itself, especially when partnered with the twin muses of inquiry – education and research – holds all the capabilities and lessons to change itself as an institution.

This year in an institution of academic medicine, a man's arteries flushed with the power of a transplanted genetically modified pig's heart (Christensen, 2024). Four years ago, a group of new vaccines, developed in partnership from decades of work in academic medicine research labs were distributed to fight a global pandemic ((*Decades in the Making: mRNA COVID-19 Vaccines, NIH COVID-19 Research*, 2024) Novel techniques and exploratory research are encouraged to take chance, spring forward, and alter the landscape of medicine.

So how then can academic healthcare subscribe to a reductive pace when weighing innovations in equity? As previously noted in the literature review, robust previous research proves the value of diversity in faculty, students, and staff. As this research shows, the work of diversity and DEI committees creates spaces to draw, retain, and promote people historically excluded from medicine and medical research. And yet, little evidence has been discoverable that academic medicine institutions have elected to establish leadership roles devoted to equity actions, pay and value faculty and staff for committee time, and adequately fund offices devoted to diversity and inclusion.

The future health of academic healthcare depends on institutions ability to not just diagnose inequity, but to thoughtfully prescribe and invest in practitioners of justice.

APPENDICES

Appendix A – Survey Question 16 – Crosstab Analysis by Role – Faculty

	Faculty - Assistant Professc	Faculty - Associate Profess	Faculty - Professor	Faculty - Chair, Chief, Dire
Total Count (Answering)	2.0	5.0	5.0	1.0
No compensation	2.0	3.0	2.0	0.0
	100.0%	60.0%	40.0%	0.0%
Stipend - 0 - 10% of salary	0.0	1.0	1.0	0.0
	0.0%	20.0%	20.0%	0.0%
Stipend - 11 - 20% of salary	0.0	0.0	1.0	0.0
	0.0%	0.0%	20.0%	0.0%
Stipend - more than 20% of salary	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%
Percentage of work hours or full time equivalent (FTE) reserved for committe	0.0	1.0	1.0	1.0
	0.0%	20.0%	20.0%	100.0%
Percentage of work hours or full time equivalent (FTE) reserved for committe	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%
Other	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%

Appendix B – Survey Question 16 – Crosstab Analysis by role – Staff

	Staff - Early-Career	Staff - Mid-level	Staff - Management	Staff - Chair, Director, Exec	Prefer not to state.	Other
Total Count (Answering)	1.0	18.0	9.0	3.0	0.0	1.0
No compensation	0.0	14.0	5.0	2.0	0.0	0.0
	0.0%	77.8%	55.6%	66.7%	0.0%	0.0%
Stipend - 0 - 10% of salary	0.0	1.0	0.0	0.0	0.0	0.0
	0.0%	5.6%	0.0%	0.0%	0.0%	0.0%
Stipend - 11 - 20% of salary	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stipend - more than 20% of salary	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of work hours or full time equivalent (FTE) reserved for committe	0.0	1.0	3.0	1.0	0.0	1.0
	0.0%	5.6%	33.3%	33.3%	0.0%	100.0%
Percentage of work hours or full time equivalent (FTE) reserved for committe	0.0	1.0	0.0	0.0	0.0	0.0
	0.0%	5.6%	0.0%	0.0%	0.0%	0.0%
Other	1.0	1.0	1.0	0.0	0.0	0.0
	100.0%	5.6%	11.1%	0.0%	0.0%	0.0%

Appendix C – Survey Question 18 – Crosstab Analysis by Race – American Indian/Native American, Asian/Asian American, Black/African American, Hispanic/Latiné/Latinx/Chicanx

	Total	American Indian/Native Ar	Asian / Asian American	Black / African American	Hispanic/Latiné/Latinx/Ch
Total Count (Answering)	56.0	3.0	8.0	8.0	8.0
1 - Significantly enhanced my professional growth and career advancement	14.0	0.0	2.0	1.0	3.0
	25.0%	0.0%	25.0%	12.5%	37.5%
2 - Contributed positively to my career development.	24.0	0.0	5.0	3.0	2.0
	42.9%	0.0%	62.5%	37.5%	25.0%
3 - Had a moderate impact on my professional journey.	8.0	1.0	1.0	2.0	1.0
	14.3%	33.3%	12.5%	25.0%	12.5%
4 - Made minimal difference to my career progress.	5.0	0.0	0.0	2.0	2.0
	8.9%	0.0%	0.0%	25.0%	25.0%
5 - No noticeable impact on my professional and career development.	5.0	2.0	0.0	0.0	0.0
	8.9%	66.7%	0.0%	0.0%	0.0%
6 - Negatively impacts my career advancement.	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%
Total Count (All)	65.0	3.0	10.0	9.0	9.0
1 - Significantly enhanced my professional growth and career advancement	14.0	0.0	2.0	1.0	3.0
	21.5%	0.0%	20.0%	11.1%	33.3%
2 - Contributed positively to my career development.	24.0	0.0	5.0	3.0	2.0
	36.9%	0.0%	50.0%	33.3%	22.2%
3 - Had a moderate impact on my professional journey.	8.0	1.0	1.0	2.0	1.0
	12.3%	33.3%	10.0%	22.2%	11.1%
4 - Made minimal difference to my career progress.	5.0	0.0	0.0	2.0	2.0
	7.7%	0.0%	0.0%	22.2%	22.2%
5 - No noticeable impact on my professional and career development.	5.0	2.0	0.0	0.0	0.0
	7.7%	66.7%	0.0%	0.0%	0.0%
6 - Negatively impacts my career advancement.	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%

Appendix D– Survey Question 18 – Crosstab Analysis by Race – Native Hawaiian, North African/Middle Eastern, South Asian, Southeast Asian, Two or more, White/European

	Native Hawaiian / Pacific I	North African / Middle Eas	South Asian	Southeast Asian	Two or more races - please	White / European America
Total Count (Answering)	0.0	2.0	1.0	1.0	6.0	19.0
1 - Significantly enhanced my professional growth and career advancement (	0.0	0.0	1.0	0.0	3.0	4.0
	0.0%	0.0%	100.0%	0.0%	50.0%	21.1%
2 - Contributed positively to my career development.	0.0	2.0	0.0	1.0	2.0	9.0
	0.0%	100.0%	0.0%	100.0%	33.3%	47.4%
3 - Had a moderate impact on my professional journey.	0.0	0.0	0.0	0.0	0.0	3.0
	0.0%	0.0%	0.0%	0.0%	0.0%	15.8%
4 - Made minimal difference to my career progress.	0.0	0.0	0.0	0.0	0.0	1.0
	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%
5 - No noticeable impact on my professional and career development.	0.0	0.0	0.0	0.0	1.0	2.0
	0.0%	0.0%	0.0%	0.0%	16.7%	10.5%
6 - Negatively impacts my career advancement.	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Count (All)	0.0	2.0	1.0	2.0	7.0	21.0
1 - Significantly enhanced my professional growth and career advancement (	0.0	0.0	1.0	0.0	3.0	4.0
	0.0%	0.0%	100.0%	0.0%	42.9%	19.0%
2 - Contributed positively to my career development.	0.0	2.0	0.0	1.0	2.0	9.0
	0.0%	100.0%	0.0%	50.0%	28.6%	42.9%
3 - Had a moderate impact on my professional journey.	0.0	0.0	0.0	0.0	0.0	3.0
	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%
4 - Made minimal difference to my career progress.	0.0	0.0	0.0	0.0	0.0	1.0
	0.0%	0.0%	0.0%	0.0%	0.0%	4.8%
5 - No noticeable impact on my professional and career development.	0.0	0.0	0.0	0.0	1.0	2.0
	0.0%	0.0%	0.0%	0.0%	14.3%	9.5%
6 - Negatively impacts my career advancement.	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Appendix E – Survey Question 20 – Crosstab analysis by race – *American Indian/Native American, Asian/Asian American, Black/African American, Hispanic/Latiné/Latinx/Chicanx, Native Hawaiian/Pacific Islander*

	Total	American Indian/Native Al	Asian / Asian American	Black / African American	Hispanic/Latiné/Latinx/CH	Native Hawaiian / Pacific I
Total Count (Answering)	56.0	3.0	8.0	8.0	8.0	0.0
Highly Balanced: Achieved a significant improvement in my work-life balanc	3.0	0.0	1.0	0.0	1.0	0.0
	5.4%	0.0%	12.5%	0.0%	12.5%	0.0%
Positively Managed: Successfully enhanced my ability to balance work and p	4.0	0.0	2.0	0.0	1.0	0.0
	7.1%	0.0%	25.0%	0.0%	12.5%	0.0%
Stable: Maintained a consistently balanced work-life situation.	7.0	0.0	1.0	1.0	0.0	0.0
	12.5%	0.0%	12.5%	12.5%	0.0%	0.0%
Neutral: No noticeable impact on my work-life balance.	12.0	2.0	1.0	0.0	0.0	0.0
	21.4%	66.7%	12.5%	0.0%	0.0%	0.0%
Slight Challenges: Faced a minor decline in work-life balance.	16.0	0.0	3.0	2.0	2.0	0.0
	28.6%	0.0%	37.5%	25.0%	25.0%	0.0%
Struggling: Experienced a noticeable decline in my work-life balance.	9.0	1.0	0.0	4.0	2.0	0.0
	16.1%	33.3%	0.0%	50.0%	25.0%	0.0%
Significant Decline: Witnessed a substantial negative impact on my work-life	1.0	0.0	0.0	0.0	1.0	0.0
	1.8%	0.0%	0.0%	0.0%	12.5%	0.0%
Other - Please explain:	4.0	0.0	0.0	1.0	1.0	0.0
	7.1%	0.0%	0.0%	12.5%	12.5%	0.0%
Total Count (All)	65.0	3.0	10.0	9.0	9.0	0.0
Highly Balanced: Achieved a significant improvement in my work-life balanc	3.0	0.0	1.0	0.0	1.0	0.0
	4.6%	0.0%	10.0%	0.0%	11.1%	0.0%
Positively Managed: Successfully enhanced my ability to balance work and p	4.0	0.0	2.0	0.0	1.0	0.0
	6.2%	0.0%	20.0%	0.0%	11.1%	0.0%
Stable: Maintained a consistently balanced work-life situation.	7.0	0.0	1.0	1.0	0.0	0.0
	10.8%	0.0%	10.0%	11.1%	0.0%	0.0%
Neutral: No noticeable impact on my work-life balance.	12.0	2.0	1.0	0.0	0.0	0.0
	18.5%	66.7%	10.0%	0.0%	0.0%	0.0%
Slight Challenges: Faced a minor decline in work-life balance.	16.0	0.0	3.0	2.0	2.0	0.0
	24.6%	0.0%	30.0%	22.2%	22.2%	0.0%
Struggling: Experienced a noticeable decline in my work-life balance.	9.0	1.0	0.0	4.0	2.0	0.0
	13.8%	33.3%	0.0%	44.4%	22.2%	0.0%
Significant Decline: Witnessed a substantial negative impact on my work-life	1.0	0.0	0.0	0.0	1.0	0.0
	1.5%	0.0%	0.0%	0.0%	11.1%	0.0%
Other - Please explain:	4.0	0.0	0.0	1.0	1.0	0.0
	6.2%	0.0%	0.0%	11.1%	11.1%	0.0%

Appendix F – Survey Question 20 – Crosstab analysis by race - *North African/Middle Eastern, South Asian, Southeast Asian, Two or more, White/European*

	North African / Middle Eas	South Asian	Southeast Asian	Two or more races - please	White / European America	Race or Ethnic Identity no	Prefer not to state.
Total Count (Answering)	2.0	1.0	1.0	6.0	19.0	0.0	0.0
Highly Balanced: Achieved a significant improvement in my work-life balanc	0.0	0.0	0.0	0.0	1.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%
Positively Managed: Successfully enhanced my ability to balance work and p	0.0	0.0	0.0	0.0	1.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%
Stable: Maintained a consistently balanced work-life situation.	1.0	0.0	0.0	0.0	4.0	0.0	0.0
	50.0%	0.0%	0.0%	0.0%	21.1%	0.0%	0.0%
Neutral: No noticeable impact on my work-life balance.	1.0	0.0	0.0	1.0	7.0	0.0	0.0
	50.0%	0.0%	0.0%	16.7%	36.8%	0.0%	0.0%
Slight Challenges: Faced a minor decline in work-life balance.	0.0	1.0	0.0	3.0	5.0	0.0	0.0
	0.0%	100.0%	0.0%	50.0%	26.3%	0.0%	0.0%
Struggling: Experienced a noticeable decline in my work-life balance.	0.0	0.0	0.0	1.0	1.0	0.0	0.0
	0.0%	0.0%	0.0%	16.7%	5.3%	0.0%	0.0%
Significant Decline: Witnessed a substantial negative impact on my work-life	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other - Please explain:	0.0	0.0	1.0	1.0	0.0	0.0	0.0
	0.0%	0.0%	100.0%	16.7%	0.0%	0.0%	0.0%
Total Count (All)	2.0	1.0	2.0	7.0	21.0	0.0	1.0
Highly Balanced: Achieved a significant improvement in my work-life balanc	0.0	0.0	0.0	0.0	1.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	4.8%	0.0%	0.0%
Positively Managed: Successfully enhanced my ability to balance work and p	0.0	0.0	0.0	0.0	1.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	4.8%	0.0%	0.0%
Stable: Maintained a consistently balanced work-life situation.	1.0	0.0	0.0	0.0	4.0	0.0	0.0
	50.0%	0.0%	0.0%	0.0%	19.0%	0.0%	0.0%
Neutral: No noticeable impact on my work-life balance.	1.0	0.0	0.0	1.0	7.0	0.0	0.0
	50.0%	0.0%	0.0%	14.3%	33.3%	0.0%	0.0%
Slight Challenges: Faced a minor decline in work-life balance.	0.0	1.0	0.0	3.0	5.0	0.0	0.0
	0.0%	100.0%	0.0%	42.9%	23.8%	0.0%	0.0%
Struggling: Experienced a noticeable decline in my work-life balance.	0.0	0.0	0.0	1.0	1.0	0.0	0.0
	0.0%	0.0%	0.0%	14.3%	4.8%	0.0%	0.0%
Significant Decline: Witnessed a substantial negative impact on my work-life	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other - Please explain:	0.0	0.0	1.0	1.0	0.0	0.0	0.0
	0.0%	0.0%	50.0%	14.3%	0.0%	0.0%	0.0%

Appendix G – Survey Question 20 – *Crosstab analysis by role – Faculty*

	Total	Faculty - Assistant Professc	Faculty - Associate Profess	Faculty - Professor	Faculty - Chair, Chief, Dire	Staff - Early-Career
Total Count (Answering)	45.0	2.0	5.0	5.0	1.0	1.0
Highly Balanced: Achieved a significant improvement in my work-life balanc	2.0	0.0	0.0	0.0	0.0	0.0
	4.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Positively Managed: Successfully enhanced my ability to balance work and p	4.0	0.0	1.0	1.0	0.0	0.0
	8.9%	0.0%	20.0%	20.0%	0.0%	0.0%
Stable: Maintained a consistently balanced work-life situation.	6.0	0.0	0.0	0.0	0.0	0.0
	13.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Neutral: No noticeable impact on my work-life balance.	9.0	1.0	1.0	0.0	0.0	0.0
	20.0%	50.0%	20.0%	0.0%	0.0%	0.0%
Slight Challenges: Faced a minor decline in work-life balance.	14.0	0.0	3.0	3.0	0.0	1.0
	31.1%	0.0%	60.0%	60.0%	0.0%	100.0%
Struggling: Experienced a noticeable decline in my work-life balance.	7.0	1.0	0.0	1.0	1.0	0.0
	15.6%	50.0%	0.0%	20.0%	100.0%	0.0%
Significant Decline: Witnessed a substantial negative impact on my work-life	1.0	0.0	0.0	0.0	0.0	0.0
	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Other - Please explain:	2.0	0.0	0.0	0.0	0.0	0.0
	4.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Count (All)	45.0	2.0	5.0	5.0	1.0	1.0

Appendix H – Survey Question 20 – Crosstab analysis by role - Staff

	Staff - Mid-level	Staff - Management	Staff - Chair, Director, Exec	Prefer not to state.	Other
Total Count (Answering)	18.0	9.0	3.0	0.0	1.0
Highly Balanced: Achieved a significant improvement in my work-life balanc	1.0	0.0	1.0	0.0	0.0
	5.6%	0.0%	33.3%	0.0%	0.0%
Positively Managed: Successfully enhanced my ability to balance work and p	1.0	1.0	0.0	0.0	0.0
	5.6%	11.1%	0.0%	0.0%	0.0%
Stable: Maintained a consistently balanced work-life situation.	3.0	2.0	1.0	0.0	0.0
	16.7%	22.2%	33.3%	0.0%	0.0%
Neutral: No noticeable impact on my work-life balance.	4.0	2.0	1.0	0.0	0.0
	22.2%	22.2%	33.3%	0.0%	0.0%
Slight Challenges: Faced a minor decline in work-life balance.	4.0	3.0	0.0	0.0	0.0
	22.2%	33.3%	0.0%	0.0%	0.0%
Struggling: Experienced a noticeable decline in my work-life balance.	4.0	0.0	0.0	0.0	0.0
	22.2%	0.0%	0.0%	0.0%	0.0%
Significant Decline: Witnessed a substantial negative impact on my work-life	0.0	0.0	0.0	0.0	1.0
	0.0%	0.0%	0.0%	0.0%	100.0%
Other - Please explain:	1.0	1.0	0.0	0.0	0.0
	5.6%	11.1%	0.0%	0.0%	0.0%
Total Count (All)	18.0	9.0	3.0	0.0	1.0

Appendix I – Survey Outreach email

Dear _____

I am reaching out to you to share an opportunity for faculty and staff members of DEI / diversity committees in academic healthcare to share experiences and opinions about the impact of committee service on professional development and work-life balance as part of an online survey.

The study, *Sustained Care: The Impact of DEI Committee Work on Academic Healthcare Faculty and Staff*, is through Tufts University and is my thesis for their Diversity, Equity, Inclusion, and Justice Program Master's Program. The survey is short and should take 5 – 7 minutes, with primarily multiple-choice questions and two open-ended questions.

Participation in the survey is completely voluntary and anonymous. The survey does not ask specific committee membership and this survey is being shared across diversity and DEI committees to gather a broad range of participants and preserve confidentiality. It utilizes Tufts Qualtrics software and data will be stored in a Tufts Box folder to which only myself and the Tufts thesis chair will have access.

Applications of this research include centering awareness around the experience of DEI / diversity committee membership, amplifying the benefit of recognizing committee work, and presenting at symposia for further development of research around DEI / diversity committee work in academic healthcare.

I've included the link here for the survey:
https:tufts.qualtrics.com/jfe/form/SV_0BwxWZ6wxPNTxeS

For questions about the survey, please contact me at:

Principal Investigator: Brooks Bigart, Tufts University
Phone: 415-425-5080
Email: brooksley.bigart@tufts.edu

Thank you,
Brooks

Appendix J – Interview / Focus Group Interest Survey Form

Q1 Thank you for sharing your time in participating in this survey! This survey should take 5 - 7 minutes to complete. Please see key information below.

Principal Investigator: Brooks Bigart, Tufts University
Faculty Advisor: André Harper, EdD, Tufts University
Phone: 415-425-5080 Email:brooksley.bigart@tufts.edu

Q2

Key Information for You to Consider
Statement of Research You are being asked to volunteer for a research study. It is up to you whether you choose to participate or not. There will be no penalty or loss of benefits to which you are otherwise entitled if you choose not to participate or discontinue participation. **Purpose**. The purpose of this research is to assess the impact of DEI and diversity committee work on faculty and staff in academic medicine. This survey is not open to students or volunteers. **Duration.** It is expected that your participation will last 10 minutes. **Procedures and Activities.** You will be asked to complete a brief survey with questions related to impact on professional development and work-life balance. Questions are multiple choice with two open-ended questions. **Risks:** There are no foreseeable risks or notable discomfort associated with the questions. **Benefits:** As a result of your participation, you may benefit from sharing your experience and opinion. **Privacy:** The results of the study may be published. Survey responses are anonymous and questions were created to ensure confidentiality of identities. All data will be kept confidential and anonymous. Individuals and organizations responsible for conducting or monitoring this research may be permitted access to and inspect the research records. This includes Tufts Social, Behavioral & Educational Research Institutional Review Board (Tufts SBER IRB). This survey does not collect identifiers or identifiable private information and data collected could be used for future research studies without your additional informed consent. Taking part in this research study is your decision. Your participation in this study is voluntary. Your decision whether to participate will not affect your relationship with the researcher, workplace or Tufts University. Because the survey is anonymous, withdrawal of your data is not possible, however, you may quit the survey at any time. If you have questions or concerns, contact the research team at: Brooks Bigart and André Harper, EdD 415-425-5080 Brooksley.bigart@tufts.edu An Institutional Review Board ("IRB") is overseeing this research. An IRB is a group of people who perform independent review of research studies to ensure the rights and welfare of participants are protected. If you have questions about your rights or wish to speak with someone other than the research team, you may contact: Tufts Social, Behavioral, and Educational Research IRB 75 Kneeland Street, Suite 623 Boston, MA 02111 617.627.8804 SBER@tufts.edu

Q3 **CONSENT**

I have read and considered the information in the consent statement above. I confirm that I understand the purpose of the research and study procedures. I understand that I can ask questions at any time and withdraw participation. To proceed with survey participation, "yes" must be selected.

- ○ Yes (1)
- ○ No (2)

Skip To: End of Survey If CONSENT I have read and considered the information in the consent statement above. I confirm that... = NoQ4 ***DEMOGRAPHIC INFORMATION***

Race/Ethnicity - Which group below most accurately describes your race/ethnic identification?

- ☐ American Indian/Native American/First Nation/ Alaska Native (1)
- ☐ Asian / Asian American (2)
- ☐ Black / African American (3)
- ☐ Hispanic/Latiné/Latinx/Chicanx (4)
- ☐ Native Hawaiian / Pacific Islander (5)
- ☐ North African / Middle Eastern (6)
- ☐ South Asian (7)
- ☐ Southeast Asian (8)
- ☐ Two or more races - please indicate all race/ethnic identifications with which you identify (9)
- ☐ White / European American (10)
- ☐ Race or Ethnic Identity not listed (please indicate) (11)

_____

- ☐ Prefer not to state. (12)

Q5 Disability - Do you have a disability (physical, emotional, psychological, learning)?

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to state. (3)

Display This Question:

If Disability - Do you have a disability (physical, emotional, psychological, learning)? = Yes

Q6 If you indicated that you have a disability, does that impact your working or living activities?

- ○ Yes (1)
- ○ No (2)
- ○ Other: (3) _____
- ○ Prefer not to state. (4)

Q7 Age - What is your age range?

- ○ 18 - 24 (1)
- ○ 25 - 34 (2)
- ○ 35 - 44 (3)
- ○ 45 -54 (4)
- ○ 55 -64 (5)
- ○ 65 -74 (6)
- ○ 75 -84 (7)
- ○ 85 - 94 (8)
- ○ Prefer not to state. (9)

Q8 Sexual Identification - What best describes your sexual identification?

- ○ Bisexual (1)
- ○ Gay (2)
- ○ Heterosexual (3)
- ○ Lesbian (4)
- ○ Pansexual (5)
- ○ Queer (6)
- ○ Another identity (7) _____
- ○ Prefer not to state. (8)

Q9 Gender Identity - This question follows a two-step process to best respect and honor full gender identity definitions and representation. A. What is your gender identity (please check all with which you identify).

- ○ Female (1)
- ○ Gender-fluid (2)
- ○ Gender non-conforming (3)
- ○ Intersex (4)
- ○ Male (5)
- ○ Non-binary (6)
- ○ Trans Female (7)
- ○ Trans Male (8)
- ○ A gender not listed here (please specify) (9) _____
- ○ Prefer not to state (10)

Q10 Gender Identity
B. What sex were you assigned at birth?

- Female (1)
- Male (2)
- Intersex (3)
- Sex not listed. (4)
- Prefer not to state. (5)

Q11 Professional Identification - What is your professional role?

- Faculty - Assistant Professor (1)
- Faculty - Associate Professor (2)
- Faculty - Chair, Chief, Director, Executive (3)
- Faculty - Professor (4)
- Staff - Chair, Director, Executive (5)
- Staff - Early-Career (6)
- Staff - Management (7)
- Staff - Mid-level (8)
- Prefer not to state. (9)

Q12 **COMMITTEE WORK**
How long have you served on a diversity, equity, and inclusion (DEI) or diversity committees at this institution in total?

- 0 - 6 months (1)
- 6 months - 1 year (2)
- 1 - 3 years (3)

- ○ 3 - 5 years (4)
- ○ 5 - 10 years (5)
- ○ 10 + years (6)
- ○ Prefer not to state. (7)

Q13 What kind of diversity / DEI committee do you serve?

- ○ Work group or division committee (1)
- ○ Department-level committee (2)
- ○ School-level committee (3)
- ○ University-wide committee (4)
- ○ Other (5) _____
- ○ Prefer not to state. (6)

Q14 How did you begin serving on the DEI/diversity committee?

- ○ Volunteered independent of supervisor / work group. (1)
- ○ Expressed interest in service and obtained supervisor approval. (2)
- ○ Recommended by supervisor / work group but not required. (3)
- ○ Required by supervisor / work group leader. (4)
- ○ Required as part of job description/role. (5)
- ○ Other (6) _____
- ○ Prefer not to state. (7)

Q15 How many hours do you spend on average monthly do you spend on committee work? (Please consider all hours spent throughout the year and average per month).

- ○ 0 - 3 hours (1)
- ○ 4 - 9 hours (2)
- ○ 10 - 14 hours (3)
- ○ 15 - 20 hours (4)
- ○ 21 - 25 hours (5)
- ○ 26- 30 hours (6)
- ○ 31 - 35 hours (7)
- ○ 36 - 40 hours (8)
- ○ 40 + hours (9)
- ○ Prefer not to state. (10)

Q16 What compensation do you receive for serving on DEI/diversity committees?

- ○ No compensation (1)
- ○ Stipend - 0 - 10% of salary (2)
- ○ Stipend - 11 - 20% of salary (3)
- ○ Stipend - more than 20% of salary (4)
- ○ Percentage of work hours or full time equivalent (FTE) reserved for committee work and compensated as part of regular salary - *with no overage of time in work week*. (5)
- ○ Percentage of work hours or full time equivalent (FTE) reserved for committee work and compensated as part of regular salary - *with overage of time in work week*. (6)

Q17 **DEVELOPMENT ASSESSMENT**
How would you rate your level of understanding of diversity, equity, inclusion, accessibility issues within your committee? (Rank 1 - 5, with 1 as least knowledgeable to 5 most knowledgeable)

- ○ 1 - No knowledge / would like basic learning (1)

- ○ 2 - Some knowledge / would like additional learning (2)
- ○ 3 - Knowledgeable (3)
- ○ 4 - Very knowledgeable (4)
- ○ 5 - Extremely knowledgeable (5)

Q18 How has serving on DEI / diversity committees impacted our professional and career development? (Rank 1 - 6, with 1 as most positive to 6 least positive).

- ○ 1 - Significantly enhanced my professional growth and career advancement opportunities. (1)
- ○ 2 - Contributed positively to my career development. (2)
- ○ 3 - Had a moderate impact on my professional journey. (3)
- ○ 4 - Made minimal difference to my career progress. (4)
- ○ 5 - No noticeable impact on my professional and career development. (5)
- ○ 6 - Negatively impacts my career advancement. (6)

Q19 8. Please indicate how serving on diversity/DEI committees has impacted you professionally? Please select all that apply.

- ☐ Enhanced interpersonal and communication skills. (1)
- ☐ Significantly improved understanding of diversity and inclusion principles (2)
- ☐ Provided sense of belonging at work. (3)
- ☐ Expanded professional network and connections. (4)
- ☐ Increased awareness of equity issues in the workplace. (5)
- ☐ Strengthened leadership and teamwork abilities. (6)

- [ ] Developed effective conflict resolution skills. (7)
- [ ] Heightened cultural competency. (8)
- [ ] Gained exposure to diverse practices. (9)
- [ ] Advanced knowledge of organizational inclusivity practices. (10)
- [ ] Contributed to a more inclusive workplace culture. (11)
- [ ] Limited my professional growth and skills development. (12)
- [ ] Increased workload without commensurate benefits. (13)
- [ ] Strained relationship or conflicts within the committee. (14)
- [ ] Hindered focus on core job responsibilities. (15)
- [ ] Frustrations with the pace of change or progress. (16)
- [ ] Perceived marginalization or lack of recognition. (17)
- [ ] Impacted family / personal commitments. (18)

Q20 How has serving on a DEI / diversity committee impacted your work-life balance?

- ○ Highly Balanced: Achieved a significant improvement in my work-life balance. (1)
- ○ Positively Managed: Successfully enhanced my ability to balance work and personal life. (2)
- ○ Stable: Maintained a consistently balanced work-life situation. (3)
- ○ Neutral: No noticeable impact on my work-life balance. (4)
- ○ Slight Challenges: Faced a minor decline in work-life balance. (5)
- ○ Struggling: Experienced a noticeable decline in my work-life balance. (6)
- ○ Significant Decline: Witnessed a substantial negative impact on my work-life balance. (7)
- ○ Other - Please explain: (8) _____

Q21 Why do you serve on DEI / diversity committees at work?

_____

Q22 What can the institution do to support your DEI / diversity committee work best?

_____

Q23 **FOLLOW-UP**
This research will also incorporate one-to-one interviews and small (4-5 participant) focus groups about the impact of committee work on members. If you would like to participate in an in interview or focus group by sharing your thoughts or experience, please click this link: https://bit.ly/SustainedCareInterview
or use the QR Code to indicate interest in participating.

Appendix K – Interview / Focus Group Interest Form Survey

Start of Block: Default Question Block

Q1 Thank you for expressing interest in participating in a interview or focus group for *Sustained Care: The Impact of DEI Committee Work on Academic Healthcare Faculty and Staff!*

- You may choose if you prefer to participate in a private interview or focus group. Interviews will be only with the primary researcher. Both will occur via Zoom.
- Focus groups will be comprised of up to 5 participants discussing four questions asked by the primary researcher.
- Participants in either will have identifiers removed from Zoom profile and may have video off to preserve anonymity. Participants will be assigned a number with session data kept separate from identifiers. Additional information and consent affirmation document will be provided if selected.
- It is expected that interviews and focus groups will take 30 to 45 minutes.
- Focus group sessions will be audio recorded on an external device and be audio transcribed but *not* Zoom video recorded. Interview sessions will be audio transcribed and audio recorded on an external device, unless participant elects to not have audio recording, and *not* Zoom video recorded.
- Everyone who expresses interest in a focus group or interview may not be contacted to participate in one.
- Interview and focus group participants will receive a $20 Visa gift card within one week of the interview/focus group session, delivered electronically to an email provided by the participant.
  Principal Investigator: Brooks Bigart, Tufts University
  Faculty Advisor: André Harper, EdD, Tufts University
  Phone: 415-425-5080 Email:brooksley.bigart@tufts.edu

Q2 CONTACT
Please indicate how you would like to be contacted if selected for interview or focus group:

- ☐ Email - Please include best email address to be reached: (1) _____
- ☐ Phone - Please include phone number to be reached: (2) _____
- ☐ Text - Please indicate text number to be reached: (3) _____

Q3 Do you prefer participating in 1:1 interview or focus group?

- ○ Interview (1)
- ○ Focus group of 4 - 5 participants (2)
- ○ No preference (3)

Q4 **DEMOGRAPHIC INFORMATION**
Committee Service - How long have you served on a DEI / diversity committee at your institution?

- ○ 0 - 6 months (1)
- ○ 6 months - 1 year (2)
- ○ 1 - 3 years (3)
- ○ 3 - 5 years (4)
- ○ 5 - 10 years (5)
- ○ 10+ years (6)

Q11 Professional Identification - What is your professional role?

- ○ Faculty - Assistant Professor (1)
- ○ Faculty - Associate Professor (2)
- ○ Faculty - Chair, Chief, Director, Executive (3)
- ○ Faculty - Professor (4)
- ○ Staff - Chair, Director, Executive (5)
- ○ Staff - Early-Career (6)
- ○ Staff - Management (7)
- ○ Staff - Mid-level (8)
- ○ Prefer not to state. (9)

Q9 Gender Identity - This question follows a two-step process to best respect and honor full gender identity definitions and representation.

A. What is your gender identity (please check all with which you identify).

- ○ Female (1)
- ○ Gender-fluid (2)
- ○ Gender non-conforming (3)
- ○ Intersex (4)
- ○ Male (5)
- ○ Non-binary (6)
- ○ Trans Female (7)
- ○ Trans Male (8)

- ○ A gender not listed here (please specify) (9) _____
- ○ Prefer not to state (10)

Q10 Gender Identity
B. What sex were you assigned at birth?

- ○ Female (1)
- ○ Male (2)
- ○ Intersex (3)
- ○ Sex not listed. (4)
- ○ Prefer not to state. (5)

Q4 Race/Ethnicity - Which group below most accurately describes your race/ethnic identification?

- ☐ American Indian/Native American/First Nation/ Alaska Native (1)
- ☐ Asian / Asian American (2)
- ☐ Black / African American (3)
- ☐ Hispanic/Latiné/Latinx/Chicanx (4)
- ☐ Native Hawaiian / Pacific Islander (5)
- ☐ North African / Middle Eastern (6)
- ☐ South Asian (7)
- ☐ Southeast Asian (8)

☐ Two or more races - please indicate all race/ethnic identifications with which you identify (9)

☐ White / European American (10)

☐ Race or Ethnic Identity not listed (please indicate) (11)
_____

☐ Prefer not to state. (12)

Appendix L – Interview / Focus Group Consent Form

Interview and Focus Group Consent Statement

TUFTS UNIVERSITY
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title of the Study: Sustained Care: The Impact of DEI Committee Work on Academic Healthcare Faculty & Staff

Principal Investigator: Brooks Bigart, Tufts University
Faculty Advisor: André Harper, EdD, Tufts University
Phone: 415-425-5080
Email: brooksley.bigart@tufts.edu

You are being asked to volunteer in a research study. Please find below information about this research for you to carefully consider when deciding about whether or not to participate. Please ask questions about any of the information you do not understand before you decide whether to participate.

Key Information for You to Consider
Statement of Research You are being asked to volunteer for a research study. It is up to you whether you choose to participate or not. There will be no penalty or loss of benefits to which you are otherwise entitled if you choose not to participate or discontinue participation. **Purpose**. The purpose of this research is to assess the impact of DEI and diversity committee work on faculty and staff in academic medicine. **Duration.** It is expected that your participation will last 30 to 45 minutes. **Procedures and Activities.** You will be asked to participate in a 30 to 45-minute one-to-one interview or focus group to discuss questions related to impact on professional development and work-life balance. Interview will be with only the Principal Investigator. Focus groups will have 4 to 5 participants and will be audio recorded. You may choose to have video off in the virtual interview/focus group and you will be asked to remove your name/identifiers in the virtual setting for confidentiality. You may choose if you prefer interview or focus group. You will be asked four open-ended questions to share your opinions and experience around and the session is expected to last 30 to 45 minutes. Audio recording will be done using a separate audio recording device (not in the Zoom and not video recorded). An electronic transcript will be generated using Zoom auto-transcription and will use numbers as identifiers. If you elect to participate in a 1:1 interview, you may choose to not be audio recorded, however, auto-transcription will occur. **Risks:** There are no foreseeable risks or notable discomfort associated with the questions. **Benefits:** As a result of your participation, may benefit from sharing your experience and opinion.

What is this study about?
Researchers at Tufts University are conducting a study on the impact of DEI and diversity committee work on faculty and staff in academic medicine. The purpose of the research is to assess professional development and work-life balance on committee members. You are being asked to participate because you are a faculty or staff person serving on a DEI and/or diversity committee in academic medicine. Your participation in the study is expected to last 30 to 45 minutes in one session via zoom.

What will happen during this research?
If you agree to be in this research, your participation will include logging onto a Tufts zoom and sharing your opinion and answers to four to five open-ended questions regarding professional development and work-life balance over the course of 30 to 45 minutes. You will be asked to remove any name or identifiers from your zoom profile and will be assigned a number to put in place. You may choose to have video off. The zoom session will not be recorded as a zoom video recording. An audio recording via external audio recorder and a closed-captioning transcript will be saved. This is to record data in a confidential, private manner.

What will you do to protect my privacy?
The results of the study may be published. We will take measures to protect your privacy and confidentiality including removing identifiers from zoom profile, allowing video off, and not video recording. Audio recording and transcript will be kept in an encrypted Tufts Box folder to which only the principal investigator and Tufts faculty advisor have access. Your name and any other information that could identify you will be saved separate from the data. Focus group participants are requested to not share any information exchanged during the focus group outside of the session. Despite taking steps to protect your privacy, we can never fully guarantee your privacy will be protected. If you tell us something that makes us believe that you or others have been or may be physically harmed, we may report that information to the appropriate agencies

Individuals and organizations responsible for conducting or monitoring this research may be permitted access to and inspect the research records. This includes Tufts Social, Behavioral & Educational Research Institutional Review Board (Tufts SBER IRB).

If identifiers are removed from interview and focus group data that is collected during this research, that de-identified information could be used for future research studies by the researcher without your additional informed consent.

What are the risks or discomforts associated with this research?
There are no known risks associated with the research and minimal discomfort as we will be discussing professional duties.

How might I benefit from this research?
Personal benefits you may get from this study include the experience of sharing your experience and opinion.

What is the compensation for the research?
You will receive a $20 Visa gift card for participating in this study within a week of your interview/focus group. The gift card will be sent electronically to an email that you provide.
.
What will happen if I choose not to participate?
It is your choice to participate or not to participate in this research. Participation is voluntary.

Is my participation voluntary, and can I withdraw?
Taking part in this research study is your decision. Your participation in this study is voluntary. You do not have to take part in this study, but if you do, you can stop at any time. Your decision whether to participate will not affect your relationship with the researcher, your workplace, committee, or Tuft University. You have the right to choose not to participate in any study activity or completely withdraw from continued participation at any point in this study without consequence.
If you withdraw from the study, the data collected to the point of withdrawal will be destroyed.

Can I be removed from the research without my OK?
We can remove you from the research study without your approval. Reasons we would do this include if you expressed being a danger to yourself or others.

Who do I talk to if I have questions?
If you have questions, concerns, or have experienced a research-related injury, contact the research team at:

Brooks Bigart
415-425-5080
Brooksley.bigart@tufts.edu

An Institutional Review Board ("IRB") is overseeing this research. An IRB is a group of people who perform independent review of research studies to ensure the rights and welfare of participants are protected. If you have questions about your rights or wish to speak with someone other than the research team, you may contact:

Tufts Social, Behavioral, and Educational Research IRB
75 Kneeland Street, Suite 623
Boston, MA 02111
617.627.8804
SBER@tufts.edu

STATEMENT OF CONSENT

I have read and considered the information presented in this form. I confirm that I understand the purpose of the research and the study procedures. I understand that I may ask questions at any time and can withdraw my participation without prejudice. I have read this consent form. My signature below indicates my willingness to participate in this study.

I consent to participate in this study.

Name of Adult Participant	Signature of Adult Participant	Date
Brooks Bigart		
Name of Research Team Member	Signature of Research Team Member	Date

I agree to be audiotaped / audio transcribed *in focus group*. YES (initial) ____
I agree to be audiotaped *in interview*. YES (initial) ____ NO (initial) ____
I agree to be audio transcribed *in interview*. YES (initial) ____

BIBILIOGRAPHY

Ajayi, A. A., Rodríguez, F., & De Jesus Perez, V. (2021). Prioritizing equity and diversity in academic medicine faculty recruitment and retention. *JAMA Health Forum*, *2*(9), e212426. https://doi.org/10.1001/jamahealthforum.2021.2426

Academic medicine: What starts here saves lives. (2024). *https://whatstartshere.aamc.org/*

A Strike for Black Lives. (2020, June 10). Particles for Justice. https://www.particlesforjustice.org/

Association of American Medical Colleges. (2021). Exploring faculty salary equity at U.S. medical Schools by Gender and Race/Ethnicity. In AAMC.org. American Academy of Medical Colleges. https://store.aamc.org/downloadable/download/sample/sample_id/453/

Association of American Medical Colleges. (2022). 2022 Fall Applicant, Matriculant, and Enrollment Data Tables. In *AAMC.org*. https://www.aamc.org/media/64176/download?attachment

Beech, B. M., Callés-Escandon, J., Hairston, K. G., Langdon, S., Latham-Sadler, B. A., & Bell, R. A. (2013). Mentoring programs for underrepresented minority faculty in academic medical centers. *Academic Medicine*, *88*(4), 541–549. https://doi.org/10.1097/acm.0b013e31828589e3

Bersted, K. A., Lockhart, K. M., Yarboi, J., Wilkerson, M., Voigt, B., Leonard, S. R., & Silvestri, J. M. (2022). A path toward equity and inclusion: Establishing a DEI committee in a department of pediatrics. *Journal of Clinical Psychology in Medical Settings*, *30*(2), 342–355. https://doi.org/10.1007/s10880-022-09929-x

Bell, D. (1980). Brown v. Board of Education and the Interest-Convergence Dilemma. *Harvard Law Review*, *93*(3), 518. https://doi.org/10.2307/1340546

Blackstock, U. (2020, January 16). Why Black doctors like me are leaving faculty positions in academic medical centers. STAT. https://www.statnews.com/2020/01/16/black-doctors-leaving-faculty-positions-academic-medical-centers/

Boatright, D., London, M., Soriano, A. J., Westervelt, M., Sanchez, S., Gonzalo, J. D., Mcdade, W., & Fancher, T. L. (2023). Strategies and best practices to improve diversity, equity, and inclusion among US graduate medical education programs. *JAMA Network Open*, *6*(2), e2255110. https://doi.org/10.1001/jamanetworkopen.2022.55110

Bonifacino, E., Ufomata, E., Farkas, A., Turner, R., & Corbelli, J. (2021). Mentorship of Underrepresented Physicians and Trainees in Academic Medicine: a Systematic Review. *Journal of General Internal Medicine*, *36*(4), 1023–1034. https://doi.org/10.1007/s11606-020-06478-7

Buller, R. (2024, February 16). *Affirmative action: How will court ruling affect medical school diversity? - California Health Care Foundation*. California Health Care Foundation. https://www.chcf.org/blog/affirmative-action-how-will-court-ruling-affect-medical-school-diversity/

Burke, L. (2020, October 27). *Black workers at universities often are left out of conversations about race and higher education*. Inside Higher Ed | Higher Education News, Events and Jobs. https://www.insidehighered.com/news/2020/10/27/black-workers-universities-often-are-left-out-conversations-about-race-and-higher

Campbell, K. M. (2021). The diversity efforts disparity in academic medicine. *International Journal of Environmental Research and Public Health*, *18*(9), 4529. https://doi.org/10.3390/ijerph18094529

Chamberlain, A., Dunlop, J., & Russell, P. (2021). Moving from words to action: The influence of racial justice statements on campus equity efforts. In *NASPA.org*. https://naspa.org/report/moving-from-words-to-action-the-influence-of-racial-justice-statements-on-campus-equity-efforts

Chandler, D., & Munday, R. (2011). A Dictionary of Media and Communication. In *Oxford University Press eBooks*. https://doi.org/10.1093/acref/9780199568758.001.0001

Charles, J. B. (2023, June 23). The evolution of DEI. *The Chronicle of Higher Education*. https://www.chronicle.com/article/the-evolution-of-dei

Chen, Y., Orlas, C., Kim, T., Chang, D. C., & Kelleher, C. M. (2023). Workforce attrition among male and female physicians working in US academic hospitals, 2014-2019. *JAMA Network Open*, *6*(7), e2323872. https://doi.org/10.1001/jamanetworkopen.2023.23872

Christensen, J. (2024, January 30). More people need transplants than there are organ donors. Pigs might be a solution. *CNN.com*. https://www.cnn.com/2024/01/30/health/pig-organ-transplant-xenotransplantation/index.html

Clark, N., & Saleh, N. (2019). Applying critical race feminism and intersectionality to narrative inquiry. *Advances in Nursing Science*, *42*(2), 156–171. https://doi.org/10.1097/ans.0000000000000267

Cloutier, O., Felusiak, L., Hill, C., Pemberton-Jones, E. J., & Prairie View A&M University. (2015). The importance of developing strategies for employee retention. In *Journal of Leadership, Accountability and Ethics*. http://www.na-businesspress.com/JLAE/Pemberton-JonesEJ_Web12_2_.pdf

Crenshaw, K. (1989). *Demarginalizing the intersection of race and sex: A Black Feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics*. Chicago Unbound. http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Crenshaw, K. W. (1988). Race, Reform, and Retrenchment: Transformation and Legitimation in Antidiscrimination Law. *Harvard Law Review*, *101*(7), 1331. https://doi.org/10.2307/1341398

Creswell, J. W., & Creswell, J. D. (2022). *Research design: Qualitative, Quantitative, and Mixed Methods Approaches*. Sage Publications, Incorporated.

Decades in the making: mRNA COVID-19 vaccines | NIH COVID-19 research. (2024). NIH COVID-19 Research. https://covid19.nih.gov/nih-strategic-response-covid-19/decades-making-mrna-covid-19-vaccines

DEI: a strategic priority for the AAMC and academic medicine. (2023, May 22). *AAMC*. https://www.aamc.org/news/press-releases/dei-strategic-priority-aamc-and-academic-medicine

DEI committees. (2023, August 30). Diversity, Equity & Inclusion. https://diversity.ucdavis.edu/dei-committees

Delaney, R. K., Locke, A., Pershing, M. L., Geist, C., Clouse, E. R., Debbink, M., Haaland, B., Tanner, A. J., Anzai, Y., & Fagerlin, A. (2021). Experiences of a health system's faculty, staff, and trainees' career development, work culture, and childcare needs during the COVID-19 pandemic. *JAMA Network Open*, *4*(4), e213997. https://doi.org/10.1001/jamanetworkopen.2021.3997

Del Pino-Jones, A., Cervantes, L., Flores, S. C., Jones, C., Keach, J. W., Ngov, L., Schwartz, D., Wierman, M. E., Anstett, T., Bowden, K., Keniston, A., & Burden, M. (2021). Advancing diversity, equity, and inclusion in hospital medicine. *Journal of Hospital Medicine*, *16*(4), 198–203. https://doi.org/10.12788/jhm.3574

Diversity, Equity, and Inclusion (DEI) Committee. (2020). Diversity, Equity, and Inclusion (DEI) Committee FAQ. In *diversity.colostate.edu* (pp. 1-4). https://inclusiveexcellence.colostate.edu/wp-content/uploads/sites/18/2020/12/DEI-Committee-FAQ-.pdf

Doerr, J., & Aiken, G. T. (2021). Transformative pragmatism: How a diversity of Leitbilder is harnessed for rural transformation in Réiden, Luxembourg. *Environmental Policy and Governance*, *31*(3), 237–248. https://doi.org/10.1002/eet.1932

Do No Harm. (2024). *Do No Harm Medicine*. Donoharmmedicine.org. https://donoharmmedicine.org/

Ebbinghaus, M., & Huang, S. (2022). Institutional Consequences of the Black Lives Matter Movement: Towards Diversity in Elite Education. *Political Studies Review*, 147892992211324. https://doi.org/10.1177/14789299221132428

Ely, R., & Thomas, D. (2001). *Cultural Diversity at Work: The effects of Diversity Perspectives on work group processes and Outcomes on JSTOR*. http://links.jstor.org/sici?sici=0001-8392%28200106%2946%3A2%3C229%3ACDAWTE%3E2.0.CO%3B2-F

Enders, F., Golembiewski, E. H., Orellana, M., D'Souza, K., Addani, M. A., Morrison, E. J. P., Benson, J. T., Silvano, C. J., Pacheco-Spann, L. M., & Balls-Berry, J. E. (2022). Changing the face of academic medicine: an equity action plan for institutions. *Journal of Clinical and Translational Science*, *6*(1). https://doi.org/10.1017/cts.2022.408

Esparza, C. J., Simon, M., Bath, E., & Ko, M. J. (2022). Doing the work—or not: the promise and limitations of diversity, equity, and inclusion in US medical schools and academic medical centers. *Frontiers in Public Health*, *10*. https://doi.org/10.3389/fpubh.2022.900283

Field, E., Krivkovich, A., Kügele, S., Robinson, N., & Yee, L. (2023). Women in the Workplace 2023. In *McKinsey & Company*. https://www.mckinsey.com/featured-insights/diversity-and-inclusion/women-in-the-workplace

Finstad, K., (2014, July 12). Response interpolation and scale sensitivity: Evidence against 5-Point Scales - JUX. *JUX - The Journal of User Experience*. https://uxpajournal.org/response-interpolation-and-scale-sensitivity-evidence-against-5-point-scales/#:~:text=Seven%2Dpoint%20Likert%20items%20have,those%20used%20in%20usability%20evaluations.

Figure 15. Percentage of full-time U.S. medical school faculty by race/ethnicity, 2018 | AAMC. AAMC. https://www.aamc.org/data-reports/workforce/data/figure-15-percentage-full-time-us-medical-school-faculty-race/ethnicity-2018

Freeman, R. B., & Huang, W. (2014). *Collaborating With People Like Me: Ethnic co-authorship within the US*. https://doi.org/10.3386/w19905

Franz, B., Skinner, D., Wynn, J. R., & Kelleher, K. J. (2019). Urban Hospitals as anchor Institutions: Frameworks for Medical Sociology. *Socius*, *5*, 237802311881798. https://doi.org/10.1177/2378023118817981

Fulbright-Anderson, K., Auspos, P., & Anderson, A. (2001). *Fulbright-Anderson K, Auspos P, Anderson A. Community involvement in partnerships with educational institutions, medical centers, and utility companies*. https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/CommInvolveINSTITUTIONS.PDF

Gafni, N. (2021, August 31). *Do your DE&I efforts consider age, class, and lived experience?* Harvard Business Review. https://hbr.org/2021/07/do-your-dei-efforts-consider-age-class-and-lived-experience

Gómez, L. E., & Bernet, P. (2019). Diversity improves performance and outcomes. *Journal of the National Medical Association*, *111*(4), 383–392. https://doi.org/10.1016/j.jnma.2019.01.006

Gonzaga, A. M., Appiah-Pippim, J., Onumah, C., & Yialamas, M. A. (2020). A framework for inclusive graduate medical education recruitment strategies. *Academic Medicine*, *95*(5), 710–716. https://doi.org/10.1097/acm.0000000000003073

Goodrich, J. (2018). Why staff experience should be part of healthcare design. □*the* □*Journal of Health Design*, *3*(4), 148–149. https://doi.org/10.21853/jhd.2018.66

Grubbs, V. (2023, April 27). Analysis: Racism in academic medicine is hindering progress toward health equity. *California Health Report*. https://www.calhealthreport.org/2023/03/23/analysis-racism-in-academic-medicine-is-hindering-progress-toward-health-equity/

Hammack, P. L., Hughes, S., Atwood, J. M., Cohen, E. M., & Clark, R. (2021). Gender and Sexual Identity in Adolescence: A Mixed-Methods Study of Labeling in diverse community Settings. *Journal of Adolescent Research*, *37*(2), 167–220. https://doi.org/10.1177/07435584211000315

Harpe, J. M., Safdieh, J. E., Broner, S. W., Strong, G., & Robbins, M. S. (2021). The development of a diversity, equity, and inclusion committee in a neurology department and residency program. *Journal of the Neurological Sciences*, *428*, 117572. https://doi.org/10.1016/j.jns.2021.117572

Hattery, A. J., Smith, E. L., Magnuson, S., Monterrosa, A. E., Kafonek, K., Shaw, C., Mhonde, R. D., & Kanewske, L. C. (2022). Diversity, Equity, and Inclusion in Research Teams: The Good, The Bad, and The Ugly. *Race and Justice*, *12*(3), 505–530. https://doi.org/10.1177/21533687221087373

Hong, L., & Page, S. E. (2004). Groups of diverse problem solvers can outperform groups of high-ability problem solvers. *Proceedings of the National Academy of Sciences of the United States of America*, *101*(46), 16385–16389. https://doi.org/10.1073/pnas.0403723101

How to create a DEI committee so more voices can be heard | USC Online Communication Degree. (2023, November 15). communicationmgmt.USC.edu https://communicationmgmt.usc.edu/blog/how-to-create-a-dei-committee

Kolb, D. A. (1984). *Experiential Learning: Experience as the source of learning and development*. Prentice Hall.

Kamceva, M., Kyerematen, B., & Spigner, S. (2022). More Work, Less Reward: The Minority Tax on US Medical Students. *Journal of Wellness*, *4*(1). https://ir.library.louisville.edu/cgi/viewcontent.cgi?article=1116&context=jwellness

Kamran, S. C., Winkfield, K. M., Reede, J. Y., & Vapiwala, N. (2022). Intersectional Analysis of U.S. Medical Faculty Diversity over Four Decades. *The New England Journal of Medicine*, *386*(14), 1363–1371. https://doi.org/10.1056/nejmsr2114909

Katz-Wise, S. L., Ranker, L. R., Gordon, A. R., Xuan, Z., & Nelson, K. (2023). Sociodemographic patterns in retrospective sexual orientation Identity and Attraction Change in the sexual orientation fluidity in Youth study. *Journal of Adolescent Health*, *72*(3), 437–443. https://doi.org/10.1016/j.jadohealth.2022.10.015

Kelly, C., Dansereau, L., Sebring, J. C. H., Aubrecht, K., FitzGerald, M., Lee, Y., Williams, A., & Hamilton-Hinch, B. (2022). Intersectionality, health equity, and EDI: What's the difference for health researchers? *International Journal for Equity in Health*, *21*(1). https://doi.org/10.1186/s12939-022-01795-1

Kiang, M. V., & Tsai, A. C. (2022). Failure of leadership in U.S. academic medicine after George Floyd's killing by police and amidst subsequent unrest. *Annals of Epidemiology*, *65*, 116–119. https://doi.org/10.1016/j.annepidem.2021.04.018

Kinder, M. (2020, May 28). Essential but undervalued: Millions of health care workers aren't getting the pay or respect they deserve in the COVID-19 pandemic. *Brookings*. https://www.brookings.edu/articles/essential-but-undervalued-millions-of-health-care-workers-arent-getting-the-pay-or-respect-they-deserve-in-the-covid-19-pandemic/

Koh, H. K., Bantham, A., Geller, A. C., Rukavina, M., Emmons, K. M., Yatsko, P., & Restuccia, R. (2020). Anchor Institutions: Best practices to address social needs and social determinants of health. *American Journal of Public Health*, *110*(3), 309–316. https://doi.org/10.2105/ajph.2019.305472

Kolb, D. A. (1984). *Experiential learning: Experience as the Source of Learning and Development* (Vol. 1). Englewood Cliffs, N.J. : Prentice-Hall. https://www.researchgate.net/publication/235701029_Experiential_Learning_Experience_As_The_Source_Of_Learning_And_Development

Kolluru, S., Wanat, M. A., Ficzere, C., Akiyode, O., Haber, S. L., Hayastshahi, A., Caldwell, D. O., Raman-Wilms, L., & Edwards, K. L. (2022). Review of best practices for diversity, Equity, and Inclusion committees within Colleges of Pharmacy. *The American Journal of Pharmaceutical Education*, *87*(4), ajpe9043. https://doi.org/10.5688/ajpe9043

Lewis, J. C., Alemán-Díaz, A., Behl, M., Kolesar, S. E., White, L. D., Jones, B., Garza, C., & Cooper, S. (2022). Rethinking committee work in the research Enterprise: The case of regenerative gatekeeping. *AGU Advances*, *3*(6). https://doi.org/10.1029/2022av000772

Lingras, K. A., Alexander, M., & Vrieze, D. M. (2021). Diversity, equity, and inclusion efforts at a departmental level: building a committee as a vehicle for advancing progress. *Journal*

of Clinical Psychology in Medical Settings, *30*(2), 356–379. https://doi.org/10.1007/s10880-021-09809-w

Linton, M., Dieppe, P., & Medina-Lara, A. (2016). Review of 99 self-report measures for assessing well-being in adults: exploring dimensions of well-being and developments over time. *BMJ Open*, *6*(7), e010641. https://doi.org/10.1136/bmjopen-2015-010641

Locke, R., & Lees, A. (2021). *Mixed-Methods research in Wellbeing and health*. Routledge.

Locock L, Graham C, King J, et al. Understanding how front-line staff use patient experience data for service improvement: an exploratory case study evaluation. Southampton (UK): NIHR Journals Library; 2020 Mar. (Health Services and Delivery Research, No. 8.13.) Chapter 7, Improving staff experience.https://www.ncbi.nlm.nih.gov/books/NBK554752/

Lufler, R. S., & McNulty, M. A. (2022). The glass ceiling thickens: the impact of COVID-19 on academic medicine faculty in the United States. *Medical Education Online*, *27*(1). https://doi.org/10.1080/10872981.2022.2058314

Mahoney, M., Wilson, E., Odom, K. L., Flowers, L. K., & Adler, S. R. (2008). Minority Faculty Voices on Diversity in Academic Medicine: Perspectives from One school. *Academic Medicine*, *83*(8), 781–786. https://doi.org/10.1097/acm.0b013e31817ec002

Matulevicius, S., Kho, K. A., Reisch, J., & Yin, H. L. (2021). Academic Medicine Faculty Perceptions of Work-Life Balance Before and Since the COVID-19 Pandemic. JAMA Network Open, 4(6), e2113539. https://doi.org/10.1001/jamanetworkopen.2021.13539Maxcy, S. J. (2003).

McKinsey and Company. (2022). Diversity Wins: How Inclusion Matters. In *McKinsey*. https://www.mckinsey.com/~/media/mckinsey/featured%20insights/diversity%20and%20inclusion/diversity%20wins%20how%20inclusion%20matters/diversity-wins-how-inclusion-matters-vf.pdf

McKinsey & Company. (2023). *Women in the Workplace 2023*. https://sgff-media.s3.amazonaws.com/sgff_r1eHetbDYb/Women+in+the+Workplace+2023_+Designed+Report.pdf

McLaughlin, E. (2020, August 9). How George Floyd's death ignited a racial reckoning that shows no signs of slowing down. *CNN*. https://www.cnn.com/2020/08/09/us/george-floyd-protests-different-why/index.html

Miller, J. (2023, February 20). The power of diversity and inclusion: driving innovation and success. *Forbes*. https://www.forbes.com/sites/forbesbusinesscouncil/2023/08/16/the-power-of-diversity-and-inclusion-driving-innovation-and-success/?sh=429275d02505

Nana-Sinkam, P., Kraschnewski, J. L., Sacco, R. L., Chavez, J. V., Fouad, M. N., Gal, T. S., AuYoung, M., Namoos, A., Winn, R. A., Sheppard, V. B., Corbie-Smith, G., & Behar-Zusman, V. (2021). Health disparities and equity in the era of COVID-19. Journal of Clinical and Translational Science, 5(1). https://doi.org/10.1017/cts.2021.23

Narayan, A. K., MD PhD, Schaefer, P., & Daye, D. (2022, May 26). *Practical tips for creating a Diversity, Equity, and Inclusion Committee: experience from a multicenter,*. https://edhub.ama-assn.org/jacr/module/2792670

Nel, N. & University of South Africa. (2014b). Applying a transformative-pragmatic paradigm to engender collaboration in educational processes. In International Journal on New Trends in Education and Their Implications, *International Journal on New Trends in Education and Their Implications* (Vol. 5, Issue 2, pp. 220–221) [Journal-article]. http://ijonte.org/FileUpload/ks63207/File/20a.nel.pdf

Ng, E. (2023, December 13). *Minority workers pay a hidden cultural tax | Smith Business Insight*. https://smith.queensu.ca/insight/content/Minority-Workers-Pay-a-Hidden-Cultural-Tax.php

Nivet, M. A. (2010). Minorities in academic medicine: Review of the literature. *Journal of Vascular Surgery*, *51*(4), S53–S58. https://doi.org/10.1016/j.jvs.2009.09.064

Peterson, N. B., Friedman, R. H., Ash, A. S., Franco, S., & Carr, P. L. (2004). Faculty self-reported experience with racial and ethnic discrimination in academic medicine. *Journal of General Internal Medicine*, *19*(3), 259–265. https://doi.org/10.1111/j.1525-1497.2004.20409.x

Pierson-Brown, T. (2022). It's Not Irony, it's Interest Convergence: A CRT Perspective on Racism as Public Health Crisis Statements. *The Journal of Law, Medicine & Ethics/□the □Journal of Law, Medicine & Ethics*, *50*(4), 693–702. https://doi.org/10.1017/jme.2023.10

Pilgrim, J., Syed, M., Tajrian, M., & Kreide, A. (2022, February 18). *Student Voices and Experiences on DEI*. https://classroomscience.org/articles/fyi/student-voices-and-experiences-dei

Pololi, L. H., Cooper, L. A., & Carr, P. L. (2010). Race, disadvantage and faculty experiences in academic medicine. *Journal of General Internal Medicine*, *25*(12), 1363–1369. https://doi.org/10.1007/s11606-010-1478-7

Pololi, L. H., & Jones, S. (2010). Women faculty: An analysis of their experiences in academic medicine and their coping strategies. *Gender Medicine*, *7*(5), 438–450. https://doi.org/10.1016/j.genm.2010.09.006

Pragmatic threads in mixed methods research in the social sciences: The search for multiple modes of inquiry and the end of the philosophy of formalism. In A. Tashakkori & C.

Teddlie (Eds.), *Handbook of Mixed Methods in Social and Behavioral Research* (pp. 51–89). Sage.

Racial and ethnic equity in US higher education. (2022, July). McKinsey & Company. https://www.mckinsey.com/industries/education/our-insights/racial-and-ethnic-equity-in-us-higher-education

Ramsey, P. G., & Miller, E. D. (2009). A single mission for academic medicine. *JAMA*, *301*(14), 1475. https://doi.org/10.1001/jama.2009.472

Richardson, S., & Radloff, A. (2014). Allies in learning: critical insights into the importance of staff–student interactions in university education. *Teaching in Higher Education*, *19*(6), 603–615. https://doi.org/10.1080/13562517.2014.901960

Rodríguez, J. E., Campbell, K. M., & Pololi, L. H. (2015). Addressing disparities in academic medicine: what of the minority tax? *BMC Medical Education*, *15*(1). https://doi.org/10.1186/s12909-015-0290-9

Rosenkranz, K. M., Arora, T. K., Termuhlen, P. M., Stain, S. C., Misra, S., Dent, D. L., & Nfonsam, V. (2021). Diversity, Equity and Inclusion in Medicine: Why It Matters and How do We Achieve It? *Journal of Surgical Education*, *78*(4), 1058–1065. https://doi.org/10.1016/j.jsurg.2020.11.013

Samra, R., & Hankivsky, O. (2021). Adopting an intersectionality framework to address power and equity in medicine. *The Lancet*, *397*(10277), 857–859. https://doi.org/10.1016/s0140-6736(20)32513-7

Schaechter, J. D., Goldstein, R., Zafonte, R., & Silver, J. K. (2023). Workplace belonging of women healthcare professionals relates to likelihood of leaving. *Journal of Healthcare Leadership*, *Volume 15*, 273–284. https://doi.org/10.2147/jhl.s431157

Schloss, E. P., Flanagan, D. M., Culler, C. L., & Wright, A. L. (2009). Some hidden costs of faculty turnover in clinical departments in one academic medical center. *Academic Medicine*, *84*(1), 32–36. https://doi.org/10.1097/acm.0b013e3181906dff

Soucek, B. (2022). Diversity Statementsq. *UC Davis Law Review*, *55*(4). https://lawreview.law.ucdavis.edu/issues/55/4/articles/soucek.html

South-Paul, J. E., Roth, L. H., Davis, P. K., Chen, T., Roman, A. K., Murrell, A. J., Pettigrew, C., Castleberry-Singleton, C., & Schuman, J. S. (2013). Building diversity in a complex academic health center. *Academic Medicine*, *88*(9), 1259–1264. https://doi.org/10.1097/acm.0b013e31829e57b0

Spencer, S., Burrows, C. A., Lacher, S. E., Macheledt, K., Berge, J. M., & Ghebre, R. (2021). Framework for advancing equity in academic medicine and science: Perspectives from

early career female faculty during the COVID-19 pandemic. *Preventive Medicine Reports*, *24*, 101576. https://doi.org/10.1016/j.pmedr.2021.101576

Subbaraman, N. (2020). Grieving and frustrated: Black scientists call out racism in the wake of police killings. *Nature*, *582*(7811), 155–156. https://doi.org/10.1038/d41586-020-01705-x

Takeshita, J., Wang, S., Loren, A. W., Mitra, N., Shults, J., Shin, D. B., & Sawinski, D. (2020). Association of Racial/Ethnic and gender concordance between patients and physicians with patient experience ratings. *JAMA Network Open*, *3*(11), e2024583. https://doi.org/10.1001/jamanetworkopen.2020.24583

The Economist. (2020, April 8). Home baking is on the rise, thanks to coronavirus lockdowns. *The Economist*. https://www.economist.com/graphic-detail/2020/04/08/home-baking-is-on-the-rise-thanks-to-coronavirus-lockdowns?utm_medium=cpc.adword.pd&utm_source=google&ppccampaignID=17210591673&ppcadID=&utm_campaign=a.22brand_pmax&utm_content=conversion.direct-response.anonymous&gad_source=1&gclid=CjwKCAjw3NyxBhBmEiwAyofDYXeK8vfOiwh0AJ_5qnZOfvas-nPCLt6jfkhzhuI-x26Ud1vClkiptxoCHn8QAvD_BwE&gclsrc=aw.ds

The Power of Collective Action: Assessing and Advancing Diversity, Equity, and Inclusion Efforts at AAMC Medical Schools. (2022). In *AAMC. Org*. https://store.aamc.org/downloadable/download/sample/sample_id/578/

Thompson, M. (2020, May 26). How to form a COVID-19 social "bubble" or "quaranteam." *PBS NewsHour*. https://www.pbs.org/newshour/show/how-to-form-a-covid-19-social-bubble-or-quaranteam

Trejo, J. (2020). The burden of service for faculty of color to achieve diversity and inclusion: the minority tax. *Molecular Biology of the Cell*, *31*(25), 2752–2754. https://doi.org/10.1091/mbc.e20-08-0567

UCSF. (2021). UCSF 2021 Climate Survey. In *climate.ucsf.edu*. https://ucsfclimate.ucsf.edu/sites/g/files/tkssra7426/f/UCSF-2021-Climate-Survey-Report_English-v1.pdf

University of California San Francisco. (2022). UCSF Diversity, Equity, Inclusion, and Anti-Racism Annual Report 2021 -2022. In *diversity.ucsf.edu*. https://diversity.ucsf.edu/sites/default/files/2023-03/ODO_Annual_Report_2021_2022_WEB_030623.pdf

US Census Bureau. (2023, May 31). *Examining the racial and ethnic diversity of adults and children*. Census.gov. https://www.census.gov/newsroom/blogs/random-samplings/2023/05/racial-ethnic-diversity-adults-children.html#:~:text=The%202020%20Census%20shows%20the,it%20was%20a%20decade%20earlier.

Weber, S. (2024, March 21). Proposed bill could end student aid for US med schools with DEI programs. *Medscape*. https://www.medscape.com/viewarticle/proposed-bill-could-end-student-aid-us-med-schools-dei-2024a100059t?form=fpf

Wesley Chamberlain, A., Dunlap, J., & Russell, P. (2021, June 26). *Moving From Words to Action: The Influence of Racial Justice Statements on Campus Equity Efforts*. NASPA. https://naspa.org/report/moving-from-words-to-action-the-influence-of-racial-justice-statements-on-campus-equity-efforts

Wofford, M., De Nardo, T., & Rose, A. (2022). Student Voices from a Student- and Faculty-Led Diversity, Equity, and Inclusion Committee. *Teaching and Learning in Communication Sciences and Disorders*, *6*(3). https://doi.org/10.30707/tlcsd6.3.1664996985.134075

Yepes-Rios, M., Lad, S., Dore, S., Thapliyal, M., Baffoe-Bonnie, H., & Isaacson, J. H. (2023). Diversity, equity, and inclusion: one model to move from commitment to action in medical education. *SN Social Sciences*, *3*(3). https://doi.org/10.1007/s43545-023-00650-6