June 2024

Enhancing Diversity, Equity, and Inclusion Efforts at U.S. Medical Schools

Actions to support and foster diversity, equity, and inclusion (DEI) are essential to successfully achieving the missions of academic medicine. The promotion of DEI efforts in medical education is part of a broader movement to dismantle systems of oppression in the United States, with the goal of diversifying the physician workforce and providing equitable support to medical school faculty. Many medical schools have been creating their own DEI programming, resulting in the growth of dedicated offices and the appointments of administrative leaders accountable for these efforts.[1] To capture the impact of institutional investment in formal DEI efforts, new questions were added to the AAMC StandPoint™ Faculty Engagement Survey to assess perceptions of diversity and inclusion in the medical school workplace and solicit suggestions for how to improve efforts related to DEI. This data snapshot explores observed themes among the respondents' perspectives on institutional DEI efforts and highlights specific actions for leaders to consider.

Method

The AAMC StandPoint Faculty Engagement Survey is a research-validated instrument developed by experts to assess the drivers of faculty engagement and retention in academic health education. The survey includes a series of questions that use a five-point Likert scale of agreement or satisfaction, including items to assess DEI in the medical school workplace.

In 2021, the open-ended question, "What additional efforts could increase diversity, equity, and inclusion at this medical school?" was added to the survey. To better understand faculty members' responses to this question, the comments were reviewed and coded based on the emergent themes. Standards for coding of responses were confirmed by both data snapshot authors for interrater reliability, and responses were coded for multiple themes when applicable. To further contextualize our analysis, we also examined responses to six DEI-related survey items, comparing those of faculty members who responded to the open-ended question with those of the respondents who did not.

Key Findings

From September 2021 to November 2022, 16,480 faculty members across 15 medical schools were invited to participate in the StandPoint Faculty Engagement Survey; 65% (n=10,723) of these faculty members responded overall, and 12% of the respondents (n=1,325) provided answers to the open-ended question.

Chi-square tests were used to examine gender-, race-, and rank-related differences between the respondents who completed the open-ended question and those who did not. Significant differences were observed between these groups; for example, respondents who wrote in answers were more likely to be women, people who identify with a race or ethnicity that is underrepresented in medicine (URiM), and faculty members of senior rank (e.g., full or associate professors).

Figure 1 shows the levels of agreement on six selected survey questions, comparing faculty members who responded to the open-ended question with those who did not. Across each question, those who provided suggestions for institutional DEI efforts had less positive perceptions about their school's current DEI efforts than respondents who did not offer suggestions. These group differences may be particularly relevant when considering that those who offered suggestions for change were more likely to represent the historically marginalized groups that academic institutions are trying to recruit from and retain.

Figure 1. Comparison of DEI-related survey questions in StandPoint Faculty Engagement Survey.
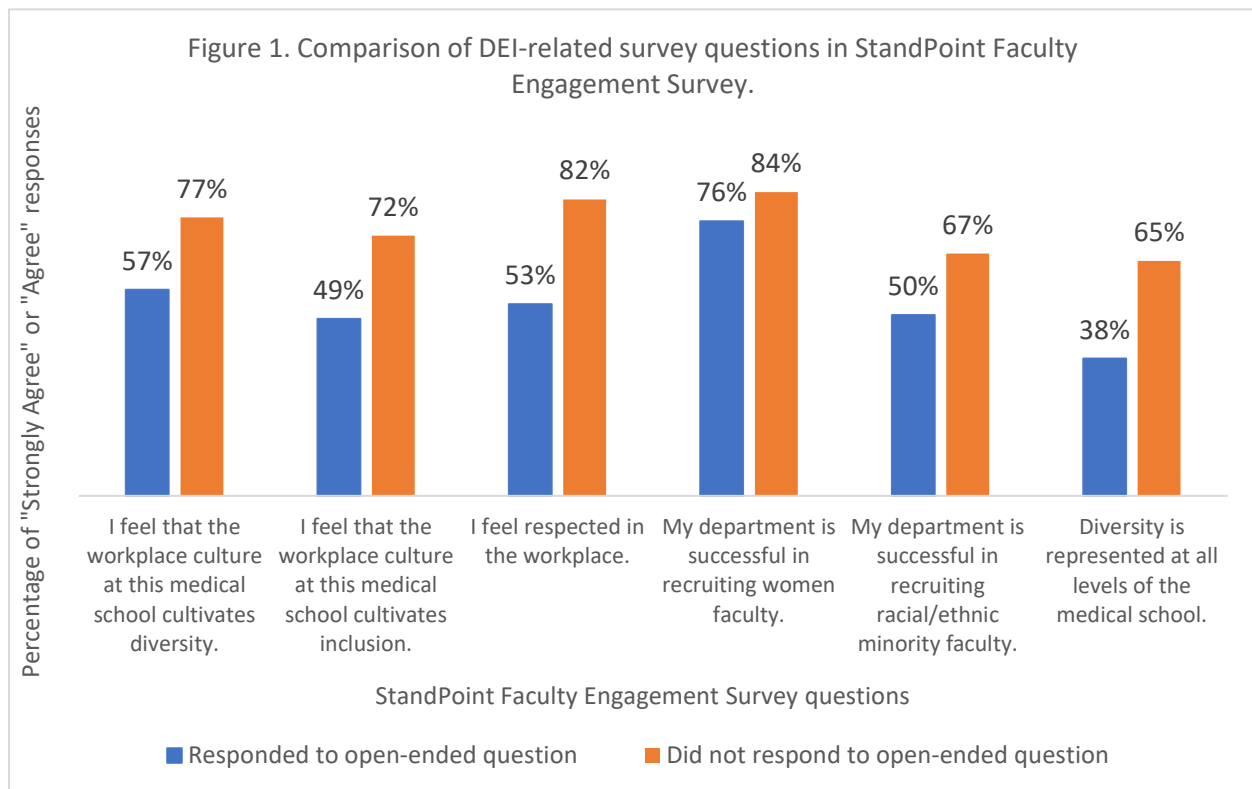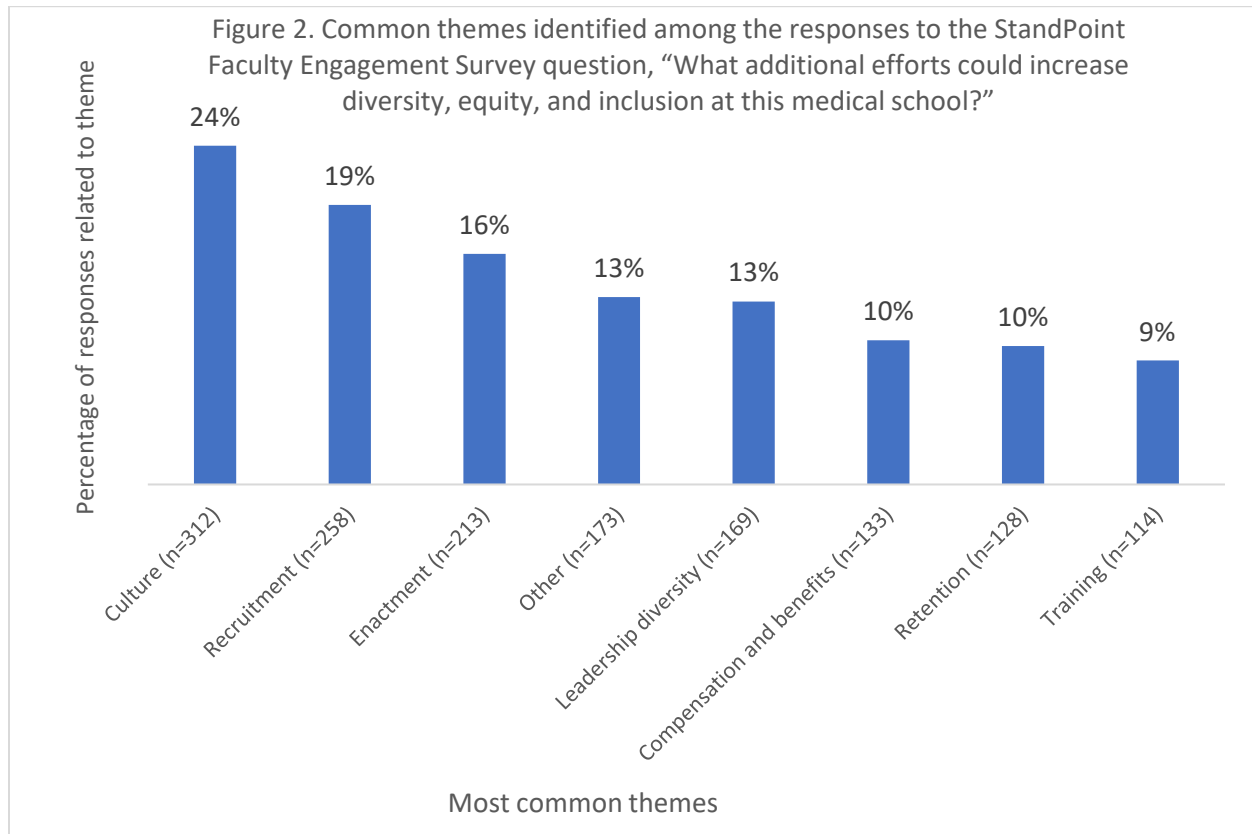
Figure 2 depicts the most common themes found among the faculty members' responses to the question, "What additional efforts could increase diversity, equity, and inclusion at this medical school?" Detailed descriptions of the 13 themes identified from the qualitative analysis and how often they occurred can be found in the Appendix.

Figure 2. Common themes identified among the responses to the StandPoint Faculty Engagement Survey question, "What additional efforts could increase diversity, equity, and inclusion at this medical school?"

Percentage of responses related to theme

- Culture (n=312): 24%
- Recruitment (n=258): 19%
- Enactment (n=213): 16%
- Other (n=173): 13%
- Leadership diversity (n=169): 13%
- Compensation and benefits (n=133): 10%
- Retention (n=128): 10%
- Training (n=114): 9%

Most common themes

Addressing Concerns About Workplace Culture

Over 23% of respondents commented on organizational culture — specifically, how people treat one another — as the greatest area of need to improve DEI at their medical schools. Although clinician respondents stated that some of the negative behaviors can be attributed to disrespectful patients, many comments pertained to faculty, staff, and leadership. Examples of noted unprofessional conduct included perceived discrimination attributed to race or ethnicity, age, and gender identity; unchecked bullying and abuses of power; and retribution for expressing views that were in contrast to the majority opinion. Respondents described instances where they either observed or experienced unprofessional behavior, and many disclosed that they suspected that differences in rank, gender, or race or ethnicity were contributing to the unwanted behavior. Respondents also described not feeling valued for their contributions and gave examples of an uneven distribution of responsibilities among colleagues; relatedly, "role overload"[2] has been shown in the literature to have negative effects on the physical and mental health of faculty members, which can be further compounded by the discrimination and societal stressors commonly felt by URiM faculty members.

Also related to organizational culture, a subset of faculty members (8%, n=101) disagreed with the need for additional DEI efforts at their institutions based on their belief that emphasizing DEI efforts comes at the expense of other values. Three predominant narratives emerged within this

theme: (1) Institutions prioritize DEI over other metrics of academic excellence, (2) focusing on particular groups creates more division than unity, and (3) a culture that emphasizes DEI decreases the sense of safety for those expressing opinions different from the majority. While these sentiments counter the intent of the question, the responses are valuable indicators showing that leaders should continue to educate and demonstrate how effective DEI efforts support institutional excellence without compromising free speech. That is, in an inclusive and equitable environment, expressing a dissenting opinion is encouraged by everyone through constructive dialogue.

Recruitment and Retention of URiM Faculty Members

Recruitment was the second most common area indicated for improved institutional efforts, with retention efforts often being cited in conjunction (Figure 2). Faculty members described issues related to hiring practices, such as not having diverse search committees, ambiguous human resources procedures, and schools not providing incentives like travel funds for in-person interviews for non-faculty positions (e.g., postdocs, residents). Thirteen percent (13%) of respondents linked the advancement of DEI efforts to the hiring or appointing of women and those who identify as URiM as medical school leaders.

Further, a tenth (10%) of respondents thought their medical schools should focus on retention efforts to support DEI. These responses reflect research that shows that even when institutions are successful at recruiting historically marginalized candidates, many of these faculty members leave due to the lack of resources and support.[3,4] Many faculty members reported the stress of managing a work-life balance, citing both the need for workplace flexibility and for reinforcing boundaries between work and non-work hours. Additionally, many respondents noted that women and URiM faculty members were expected to contribute more to DEI efforts than their peers; thus, perpetuating the "minority tax"[*] already prevalent in academic medicine.[5,6]

Common suggestions included:

- Adopting and adhering to consistent promotion criteria that are transparent and realistic.
- Formal faculty recognition for efforts that are otherwise uncompensated or undervalued.
- Equitable faculty mentoring and networking opportunities.
- Professional development to support more equitable advancement into leadership positions.

Finally, investment in faculty retention efforts will be less successful if faculty members, particularly women and individuals who identify as URiM, are differentially compensated.[7] In addition to respondents expressing concerns about salary inequity, many also cited working excessive hours or during times that conflict with caring for their families. Focusing on equity in compensation and benefits would be meaningful in both the recruitment and retention of a diverse faculty. To this end, respondents recommended conducting salary equity reviews; clearly communicating with and supporting faculty members of all genders, who are using FMLA to take leave; and considering individuals' caregiving responsibilities outside standard business

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* The minority tax refers to the inequitable burdens (often administrative or service-oriented) taken on by faculty members who identify with historically marginalized groups, "in the name of efforts to achieve diversity."[6]

hours when scheduling faculty obligations, if the school is not providing access to child care or similar services.

Enacting Policies, Programs, and Practices That Support DEI

Comments related to the implementation of existing DEI efforts were included in the "Enactment" theme category, accounting for 16% of the responses (Figure 2). Many faculty members reported on the progress their schools have made through training and establishing offices dedicated to DEI, but they wanted to see more consistent application of the policies and procedures that support equity in the workplace.

Examples of enactment included:

- Demonstrable commitment by leadership in enforcing best practices shown to support DEI.
- Diverse search committees committed to the fair review and selection of qualified candidates.
- Clear, accessible mechanisms for escalating concerns to human resources.

This work also requires that medical school leaders are transparent in their communication about institutional policies and procedures.

Discussion

While the data show greater dissatisfaction with the status of institutional investment in DEI efforts among the respondents who answered the open-ended question, we also know that those who wrote in suggestions for improving DEI efforts were more likely to represent historically marginalized groups that are more likely to experience discrimination, based on gender and race or ethnicity. Listening to the individuals who belong to communities that are most likely experiencing exclusion and differential treatment in academic medicine is an important step toward taking meaningful action to create equity in the workplace.

Creating an inclusive culture that attracts and retains individuals from historically marginalized groups and supports equitable policies and practices requires a long-term commitment from all members of the institutional community. In particular, leaders can have a cumulative, positive impact on recruiting and retaining diverse talent by endorsing and sustainably resourcing programs designed to equitably support faculty.

This data snapshot also spotlights the importance of monitoring organizational culture, specifically, the degree to which individuals treat each other with mutual respect. In addition to improving areas of structural inequities and supporting faculty programming, faculty members want to see their schools do more to improve inclusivity by encouraging professional and positive interactions among their colleagues.

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Appendix

Descriptions of the Themes Identified in the Responses to the Open-Ended Question in the AAMC StandPoint™ Faculty Engagement Survey

Themes (Alphabetical)	n, %	Description
Compensation and benefits	133, 10%	Issues around pay equity and benefits
Culture	312, 24%	Expectations and intolerance for unprofessional behavior within the institution and specific departments
Definitions	45, 3%	Suggested definitions of which faculty groups should be considered underrepresented in medicine, and which faculty groups should be included in formal DEI efforts
Disagree with DEI goals	101, 8%	Beliefs that DEI is not necessary and takes away from other measures of excellence

Enactment	213, 16%	How institutions enforce existing policies and procedures, and execute DEI programs
Leadership accountability	100, 8%	How leaders, including the department chair, prioritize DEI and are accountable for outcomes
Leadership diversity	169, 13%	Addressing the homogeneity among those in leadership roles
Not sure, n/a	47, 4%	Respondents stated they did not know what additional DEI efforts could be added, or put "n/a" as a response
Other	173, 13%	Answers that could not be coded into existing themes
Recruitment	258, 19%	How DEI is implemented in hiring procedures for faculty, residents, postdocs, and students
Retention	128, 10%	Formal efforts needed to equitably support, recognize, and reward faculty members' efforts, to incentivize them to stay at the institution
Training	114, 9%	Increasing and improving programs designed to train and teach faculty about DEI-related topics
Would add nothing	82, 6%	Respondents thought the existing efforts were sufficient

Note: Responses to the survey's open-ended question were coded for multiple themes when applicable.