



Meeting the Challenge: Experiences of Vice Chairs of Diversity, Equity, and Inclusion in Confronting Resistance to Change



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BACKGROUND

- Academic Health Centers (AHCs) across the nation are experiencing a reawakening to the importance of Diversity, Equity, and Inclusion (DEI)
- Work impacts both employees and patients served by healthcare institutions.
- Departments without previously existing formal channels for this work, it is not always apparent where to begin.
- True for departments of surgery, which lags behind other medical specialties with regards to representation and inclusion.
- Resistance to diversity, equity, and inclusion (DEI) efforts is mounting.

RESEARCH OBJECTIVES

- We sought to qualitatively explore the experiences of Vice Chairs of DEIs (VC-DEIs) in confronting attitudinal barriers to DEI work

METHODS

- Virtually conducted semi-structured interviews and/or focus groups with 19 VC-DEIs
 - Ten one-on-one interviews
 - Four focus groups
- Codebook was developed using inductive logic
- Dyads independently coded transcripts using constant comparative approach with differences reconciled by consensus
- Qualitative data analyzed using thematic content analysis

DEMOGRAPHICS

- Participants were 79% female and 42% Black

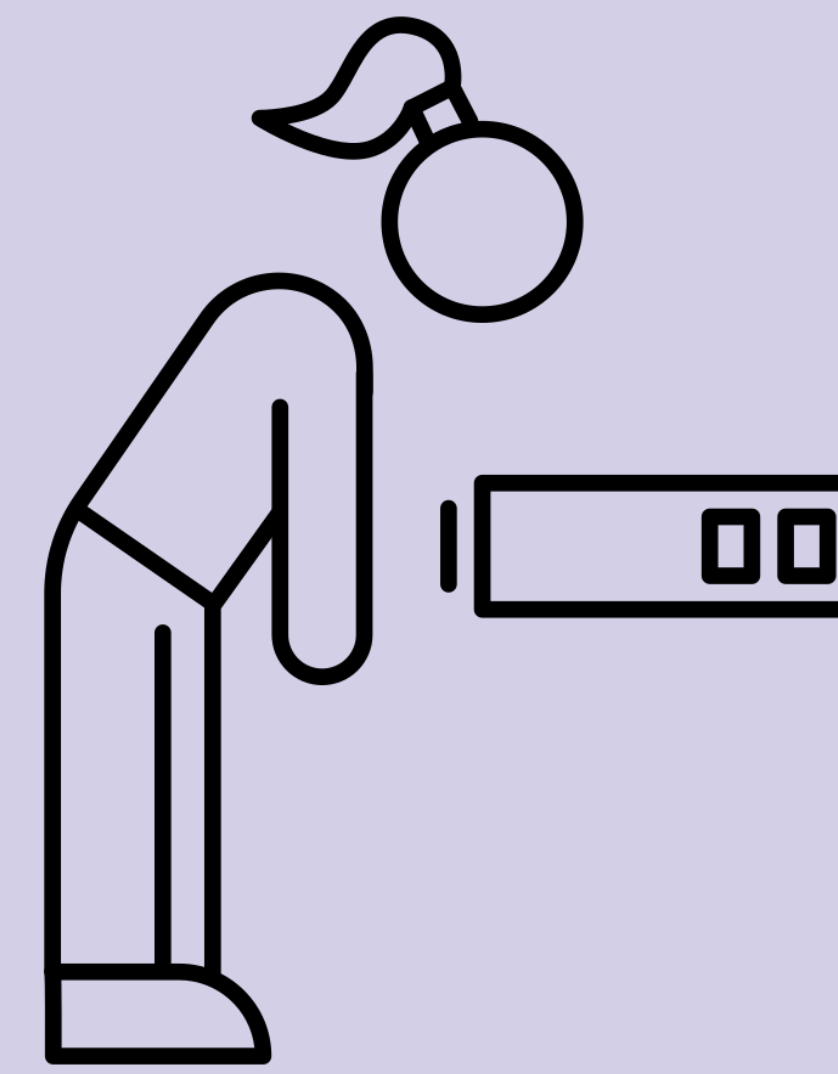
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Drivers of Attitudinal Resistance to DEI Work

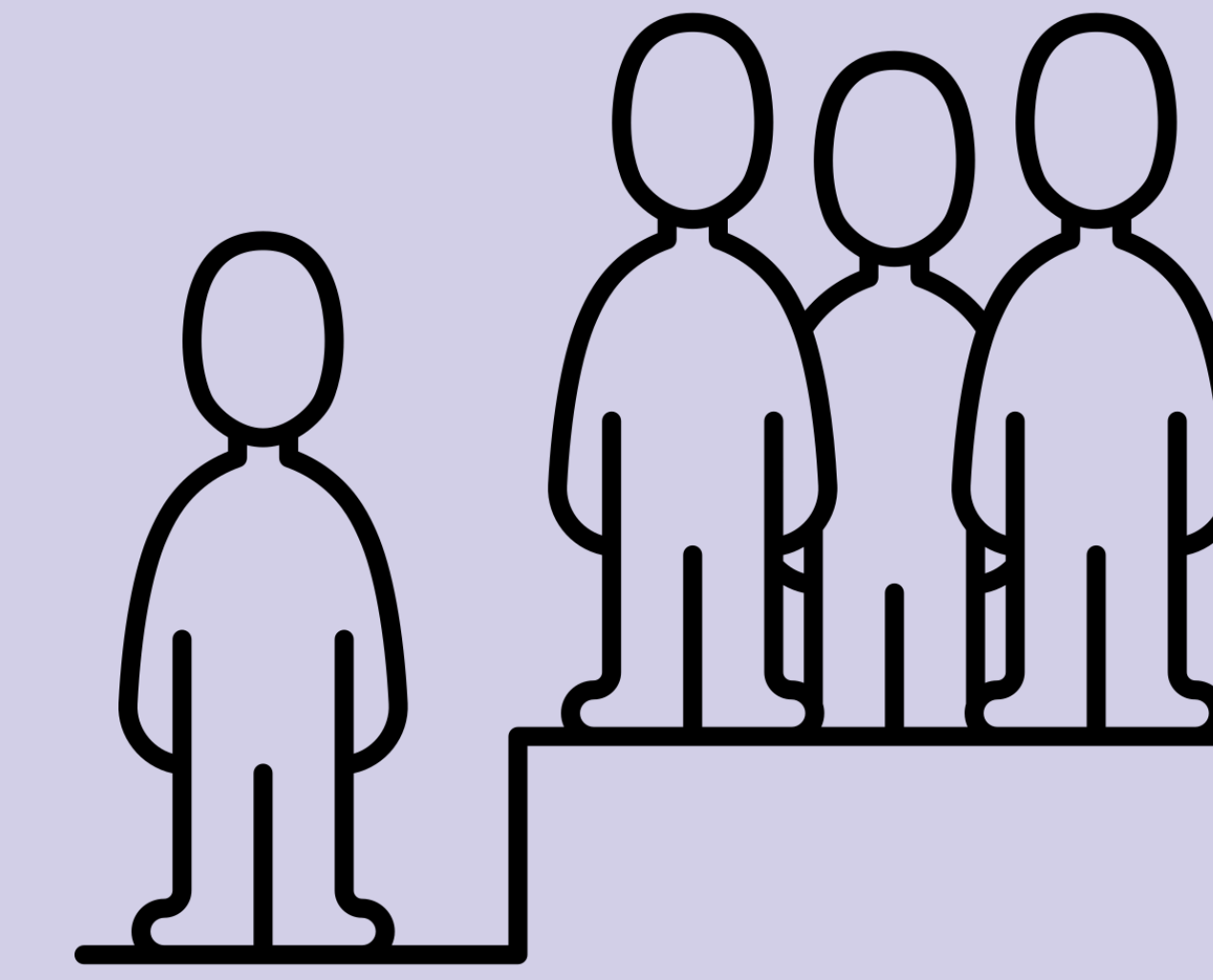
Politicization of DEI



DEI Fatigue



Defensiveness of Majority



Strategies to Overcome Resistance

Framing DEI as Universal

“We found in conversation with our faculty...that using the terms professionalism and integrity and the expectation that this is just what's expected of you to be a professional individual in our workplace...really helped us improve the messaging and push it forward.... It still allows me to have the same progress moving forward, but it takes away some of the triggering words that people have unfortunately made negative by...their political affiliations...”
– VC-DEI 18

Meet People Where They Are

“I went around all the division chiefs and asked what they needed from a DEI perspective...They like...a good conversation...content that wasn't necessarily scientific, but...focused to [city]. So I started with just bringing minority groups from around [city] to talk to them from the patient perspective...You got to take a pulse of where you are...”
– VC-DEI 11

Using Art to Convey a Collective Experience

“We created an environment to have conversations around DEI that we wouldn't normally have...We would go to faculty's homes and we would watch movies like White Coach for Black Doctors, Just Mercy Selma...and we'd have a discussion. And so having these discussions about...police brutality, about racism...and medicine was fascinating...It was sort of a safe space to discuss the movie, but it also gave us the framework to sort of have those conversations about what's going on in the hospital...”
– VC-DEI 1

Creating a Safe Space for All

“Sometimes people say things, and you follow up with them privately...In a forum where we're trying to be inclusive and allow a safe space...you also have to allow, not egregious things, but the certain things that were like, ‘Maybe they didn't come across as you said it’...There's a fine line between challenging it at the moment and making [them] feel like they could never say anything...Talking to them afterwards and being like, ‘Hey, so that comment, what did you mean by that? Let's talk about it.”
– VC-DEI 2

CONCLUSION

- Strategies employed to overcome resistance included:
 1. Reframing DEI as a universally relevant competency
 2. Creating safe spaces for all parties, including those who identify with the majority
 3. Utilizing art to convey a collective human experience
 4. Highlighting minority identities/perspectives of members of the majority
 5. Starting with low-hanging fruit
 6. Meeting people where they are and developing content that speaks to learning styles and preferences
- VC-DEIs share successful strategies for lessening the attitudinal barriers to DEI work providing a critical step towards meaningful and impactful change

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