

A Practical Guide to Identifying a Supportive Work Environment for Underrepresented Faculty in Academic Medicine

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ABSTRACT

Much has been added to the literature to better characterize and define the experiences of faculty who are underrepresented in medicine and other health professions. Additions include approaches for faculty development and suggestions for institutions on how to create equitable environments that promote the success and advancement of this group. Despite all these additions to the literature, health professions educators still lack practical approaches to determine supportive academic health center environments that are receptive to their needs and resourced to promote their career success. To the authors' knowledge, there has not been a paper that uses a validated framework and practical approach to advise underrepresented faculty in the health professions on how to evaluate an academic health system. Adapting criteria used to determine the rigor of qualitative research, the authors propose such an evaluative approach.

Keywords:

ethnic and racial minorities; academic medical centers; career mobility

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DEFINING A SUPPORTIVE WORK ENVIRONMENT FOR UNDERREPRESENTED FACULTY IN HEALTH PROFESSIONS EDUCATION

Much has been added to the literature to better characterize and define the experiences of faculty and learners who are underrepresented in medicine and in health professions education (1–3). The medical literature has become more densely populated in terms of informing ways to promote the recruitment, retention, and success of this group (4). Additions to the literature include approaches for faculty development (5–8), a lexicon to aid in articulating and describing faculty experiences (9), as well as tools to aid institutions in creating leaders and promoting their growth and advancement (10–12). These additions to the literature help inform institutions on how to create equitable and supportive nurturing environments for all faculty members. Having underrepresented faculty in our academic health centers enhances the education, clinical, and research missions and provides diversity of thought with the potential to enhance the academic environment for everyone (13, 14). Although we recognize that there may be many groups who are underrepresented in health professions education, for the purposes of this manuscript, we define this group as people who identify as Black or African American, Latinx (Hispanic or Latino), American Indian and Alaska Native, or Native Hawaiian and other Pacific Islander.

Currently, underrepresented faculty do not have an organized approach to determine how supportive an academic health center will be to their professional and career development. They may have to use word of mouth or recommendations from

colleagues, which, although valuable, may not communicate the full picture of the institutional environment or experience. Institutional culture and climate surveys are helpful (15), but may be cost-prohibitive and vary based on content and focus, and the results may not be readily available. Other information such as accreditation documents, which would provide information on faculty makeup and learner mistreatment (16), may also not be readily accessible to a potential faculty employee. Perhaps the most accessible information for potential faculty members is the mission, vision, and value statements of the institution, potentially along with its strategic plan, which may all be accessible on institution websites (17–19). However, these documents often-times do not speak to the culture and climate of the institution and do not give a faculty member an idea about how they will be perceived or treated. Faculty members may not understand the impacts of pseudo-leadership, reverse imposter syndrome, academic support, or institutional equity in these environments (9, 12, 20, 21). Pseudo-leadership occurs when academic institutions place faculty in leadership positions for diversity's sake without providing adequate resources and training for success in the role, and it can lead to reverse imposter syndrome. In reverse imposter syndrome, the underrepresented faculty member feels more qualified or accomplished than they truly are, causing them to decline or defer career building or growth opportunities because they believe they do not need them (12, 20, 21).

Previous research has demonstrated that changing missions of medical schools may only lead to marginal increases in underrepresented learners, and that school mission statements may not be the barometer that faculty need to determine an institution of employment (17, 18, 22).

Underrepresented faculty would benefit from a way to determine whether an institution would meet their professional needs. For clinician educators, those needs would vary across the domains of caring for patients, educating learners, and scholarship.

Methods used to assess the rigor of qualitative studies may provide a framework to help underrepresented faculty evaluate institutions (23). The data of qualitative studies are based in the subjective, and these studies therefore need rigorous data collection and analysis along with reliability and validity of the process (24). Terms like reliability and validity that help describe the rigor of qualitative analysis have usefulness for underrepresented faculty because there are currently no existing tools for this group to gauge institutional support. Based on our personal experiences in academic medicine and prior research to inform the experiences of underrepresented faculty, we decided to explore methods used to assess the rigor of qualitative studies as a platform for institutional review. Community and relationship are cornerstones for the underrepresented faculty experience because of the low numbers of these faculty members in health professions education, and provide for us the connection to the qualitative methods approach to determine institutional support. Forero and coworkers defined four criteria that bear further study in academic medicine as they relate to underrepresented faculty (25): credibility, dependability, confirmability, and transferability. To our knowledge, this is the first article to advocate for applying measures of qualitative rigor to academic institutions to help underrepresented faculty in health professions education determine supportive academic environments.

We suggest that these measures, and the specific questions outlined in the conclusion in Table 1, be added to the less structured approaches such as website review and word of mouth to determine whether an academic medical center will be supportive of career development.

CREDIBILITY

Probably the most important criterion of the list, given its need for an outward face for others to see, is credibility. From a qualitative research perspective, credibility is whether the research is seen as convincing or plausible based on the study design, data, and findings of the study (26). For underrepresented faculty, the question is whether the academic environment is credible from an external appraisal from outside the institution. Is there evidence the academic environment is supportive of underrepresented faculty? Has the institution visibly proven through institutional media outlets or other sources that it is an environment that supports the development of minoritized groups through grants, leadership development, and mentorship? Literature has shown that, even in settings with similar career satisfaction, pay, and leadership development opportunities for both White and Black faculty, underrepresented faculty are still promoted and retained less often (27). This underscores the need for credibility to include important measures like promotion and tenure data along with retention data (28, 29). The credibility message must be shared in job postings and other documents if institutions want to hire faculty from various backgrounds.

DEPENDABILITY

Can faculty members depend on the academic health system to provide support and resources for advancement and

Table 1. Framework for evaluation of underrepresented faculty–supportive academic institutions

Qualitative Research Evaluation Criteria	Modifications for Underrepresented Faculty Support	Where to Find this Information	Questions for Faculty to Ask
Credibility	Development (5, 31), mentorship (34), sponsorship (35), resources, funding, and staffing (36) specific to underrepresented faculty	Awards notifications, websites and annual reports of institutional faculty affairs or development offices	Do faculty development programs for all faculty involve literature based underrepresented faculty support recommendations (5, 31)? Are there faculty development programs specific to the clinical educator? What do promotion and tenure and retention data look like for underrepresented faculty compared with well represented counterparts?
Dependability	Faculty development and mentorship resources available and operational over time. Trends over time in faculty advancement and promotion comparing underrepresented and well-represented groups.	HR and/or AAMC	Do you have data to demonstrate equitable opportunities and practices for underrepresented clinician educators and well-represented clinical educators? How has the institution monitored trends in promotion of underrepresented and well-represented faculty, specifically clinical educators? Are there differences?
Confirmability	Numbers of underrepresented faculty across ranks and in leadership as compared with well represented faculty	HR and/or AAMC	What percentage of underrepresented faculty have leadership roles in the institution? How many of these leadership positions are held by clinical educators?
Transferability	Underrepresented faculty percentages, ranks, and retention compared with local community, state/national averages/other institutions, or other departments within the same institution	United States Census data along with HR and/or AAMC	What is the percentage of underrepresented faculty at your institution? How many are classified as clinical educators? What is the percentage of clinical educators by rank? How much does the demographic makeup of the faculty at the academic medical center mirror the community in which it resides?

Definition of abbreviations: AAMC = Association of American Medical Colleges; HR = human resources.

growth over time? The time element is important when looking at dependability from a qualitative research perspective (26). Is there a faculty development office that has activities structured for the success of all faculty members, such as ways to train faculty and academic leaders about diversity pressures (30), the dangers

of pseudoleadership (20, 21), imposter and reverse imposter syndrome (12), power distance (11), the minority tax, and how to address isolation this group may face in academic medicine (9, 11, 12)? Published literature has shown what underrepresented faculty members value in a faculty development experience.

Included are psychological safe spaces, facilitators and mentors who share a similar cultural identity, defining individual passion as a pathway to success, and overcoming imposter syndrome and other hindrances to scholarship (31). These elements of faculty development and mentorship must be available and operational over time for faculty members to believe the institution is dependable.

CONFIRMABILITY

In qualitative research, confirmability means that the results of the research can be confirmed by other researchers (26). In other words, if another qualitative researcher were to use the same methodology with the same subjects and perform the same analysis, the results would be the same. For underrepresented faculty in health professions education, confirmability involves an approach to peer networks and underrepresented faculty leadership within the institution. If there are no peer networks and leadership by underrepresented faculty within the institution, this could raise concerns about the culture and climate of the institution and whether there is career support. The internal environment should have current underrepresented faculty in health professions education who can confirm that the environment is supportive of their career growth and leadership development. Faculty in underrepresented faculty resource groups; faculty senate committees; and diversity, equity, and inclusion offices are places to look for confirmability. A peer network and underrepresented faculty leadership should be able to speak to whether the institution is trustworthy, credible, and dependable in its approach to supporting the careers of all faculty members, including those who are underrepresented (32–34).

TRANSFERABILITY

Transferability in qualitative research is whether the findings from the study are transferable to other populations (26). This speaks to the generalizability of the research study and results being relatable to other similar populations. For the underrepresented faculty member, that would mean that the commitment to support career advancement is noted with other populations of underrepresented faculty members in the institution and beyond. There can be differences in how underrepresented faculty perceive and manage psychological safety (12, 31), the gratitude tax (9, 12), and power distance (11, 12). Because of these differences, institutional leaders may offer more support and leadership opportunities to underrepresented faculty members who are more likely to suppress opinions or views about institutional racism or inequities that may conflict with the mainstream culture of the organization. To combat this concern and to get a view of the institution across departments or disciplines, underrepresented faculty need to look at the numbers of underrepresented faculty members across bands of leadership roles and administrative appointments in the organization compared with those numbers nationally to determine whether that success is transferrable across those who are underrepresented at the institution as compared with national settings.

CONCLUSION

There are many important factors to consider when searching for a faculty position at an academic institution, including community and other factors that impact the applicant's family and personal needs. There may also be

competing job offers and recruitment incentives like sign-on bonuses and relocation assistance that impact the decision of an applicant accepting a faculty position. In this article, we have better characterized how underrepresented faculty in health professions education can determine whether an academic institution will be supportive of their career development and advancement. Our approach adapts criteria traditionally used to evaluate the rigor of qualitative research—credibility, dependability, confirmability, and transferability—as an organizational framework. We have provided tangible actions a faculty member can take and questions that can be asked in Table 1.

Per our recommendations, human resources and the Association of American Medical Colleges should be seen as sources of faculty data to help inform individuals about the level of support they would receive from an academic health center if employed there. The challenge is that data from human resources and the Association of American Medical Colleges may not be so readily accessible to the aspiring faculty member looking for a job in academic medicine. We believe the questions in Table 1 can be helpful and should be asked of the institution the

faculty member is considering for employment.

What about the faculty member who has already accepted an employment opportunity and is trying to determine if the academic environment is one that will promote career success? Faculty members can monitor the academic environment to see if their initial impressions of support remain true by focusing mostly on confirmability in our qualitative research model. Confirmability involves the experience being corroborated by peers. Climate surveys, focus groups, and employee resource groups can monitor and document the academic environment for evidence of what we have described in this paper. Senior leaders should engage and resource such activities and should be part of changing the environmental culture if faculty members determine that the environment is becoming less supportive. By determining the credibility, dependability, confirmability, and transferability of the institution, underrepresented faculty can better position themselves to make career decisions to help promote their advancement and growth in academic medicine.

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