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## Challenges in Recruiting, Retaining and Promoting Racially and Ethnically Diverse Faculty

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### Abstract

**Background**—Despite individual and institutional awareness of the inequity in retention, promotion and leadership of racially and ethnically underrepresented minority faculty in academic medicine, the number of such faculty remains unacceptably low. The authors explored challenges to the recruitment, retention and promotion of underrepresented faculty among a sample of leaders at academic medical centers.

**Methods**—Semi-structured interviews were conducted from 2011–2012 with 44 senior faculty leaders, predominantly members of the Group on Diversity and Inclusion (GDI) and/or the Group on Women in Medical Sciences (GWIMS), at the 24 randomly selected medical schools of the National Faculty Survey of 1995. All institutions were in the continental United States and balanced across public/private status and geographic region. Interviews were audio-taped, transcribed, and organized into content areas before conducting inductive thematic analysis. Themes expressed by multiple informants were studied for patterns of association.

**Results**—The climate for underrepresented minority faculty was described as neutral to positive. Three consistent themes were identified regarding the challenges to recruitment, retention and

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promotion of underrepresented faculty: 1) the continued lack of a critical mass of minority faculty; 2) the need for coordinated programmatic efforts and resources necessary to address retention and promotion; and 3) the need for a senior leader champion.

**Conclusion**—Despite a generally positive climate, the lack of a critical mass remains a barrier to recruitment of racially and ethnically underrepresented faculty in medicine. Programs and resources committed to retention and promotion of minority faculty and institutional leadership are critical to building a diverse faculty.

### Keywords

Underrepresented Minority Faculty; Faculty Development; Academic Climate; Faculty Retention

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## 1. Introduction

Increasing racial and ethnic diversity in academic medicine is a nationally recognized imperative. A more diverse faculty is essential to address health disparities [1] create high quality biomedical research, [2,3] and push the boundaries of excellence in all areas of education, clinical care and research [4–7]. However, despite continued and growing awareness, representation of underrepresented minority faculty in medicine remains lower than in the United States population and in current medical student demographics [8]. Medical schools still struggle to recruit underrepresented faculty and to retain and promote those hired [8,9]. To better understand the challenges to recruitment, retention and promotion of underrepresented racial and ethnic minority faculty in academic medicine, we conducted semi-structured qualitative interviews with senior medical faculty charged with leading the diversity efforts at medical schools.

## 2. Materials and Methods

We conducted key informant interviews with senior faculty and administrators to understand faculty climate related to race and gender issues, across the 24 medical schools of the 1995 National Faculty Survey. Institutions were randomly selected and balanced across public/private status and Association of American Medical Colleges (AAMC) geographic region [10]. Between 2011 and 2012, key informants from each institution participated in a qualitative, semi-structured interview regarding faculty perceptions of racial, ethnic and gender equity and institutional climate. For each institution, a listed representative from the Group on Women in Medicine and Science (GWIMS) and one from the Group on Diversity and Inclusion (GDI) were invited to participate. If either a GWIMS or GDI representative was unable to participate or had worked less than ten years at the institution, we also interviewed another senior leader in a role related to gender or diversity issues.

In this qualitative study, four trained research team members conducted telephone interviews with key informants. Participants received a modest monetary incentive. Interviews included questions about the climate, programs, and challenges with regard to recruitment, retention and promotion of minority faculty. Appendix 1 lists the interviewer guide. Interviews were audio-taped, transcribed, and organized into content areas before conducting an inductive thematic analysis. Initial inductive coding was conducted by one author in consultation with

the primary author. Inductive codes were reviewed in conjunction with transcripts and a method of constant comparison resulted in a final set of codes for analysis [11,12]. Codes and associated transcript data were reviewed with the research team to build consensus. Final analysis identified patterns among codes, resulting in a set of themes that characterize the climate for minority faculty and efforts to promote diversity. This study was approved by the investigators' Institutional Review Boards.

### 3. Results and Discussion

We interviewed a total of 44 individuals: 16 GWIMS representatives, 10 GDI representatives and 18 other identified senior leaders. The final sample represented 23 schools with one institution declining participation. Interviews were 20 to 88 minutes in duration (mean=48 minutes). Key informants interviewed included deans, associate deans, chairs, a vice provost and chancellor and members of senior leadership committees. Demographic characteristics of respondents are listed in Table 1.

Key informants reported that the climate for underrepresented minority faculty was neutral to positive. Six of the 23 institutions we contacted had programs specifically targeting recruitment, retention and promotion of underrepresented in medicine faculty. We identified three consistent themes regarding the challenges to recruitment, retention and promotion of underrepresented faculty: 1) the continued lack of a critical mass of minority faculty; 2) the need for coordinated programmatic efforts and resources to address retention and promotion; and 3) the need for a senior leader "champion."

#### 3.1 Climate

When asked about the institutional climate and how it has changed over time, the general perception was positive. The following are representative quotes on positive climate (with the academic rank and race/ ethnicity of the respondent provided). *The majority of [minority faculty] felt that they [were] respected for their differences... they felt valued for what they brought... they did not feel marginalized because of belonging to a particular group.* (Professor, Hispanic)

I started meeting with the minority faculty... and what they said to me was that they feel the climate is good. There were no comments about feeling discriminated against. (Professor, White)

I think for minority faculty the climate is now very welcoming. They feel a part of the fabric of the institution. (Professor, Black)

Some comments described a neutral climate recognizing that *"it is not visibly apparent that the school values and embraces diversity"* (Professor, Hispanic). There were very few comments describing discrimination or marginalization.

#### 3.2 Critical mass

The absence of a critical mass, defined by most as a sufficient number of faculty at an individual institution to create community and impact change, was consistently recognized as an obstacle.

Because we only have a low number to start with and these people, I think-- it's just you don't have that culture. (Assistant Professor, Asian)

The most important thing at where we are now is to simply recruit more minority faculty, because I think if we ... were successful in that, other things would come from that, improved support and mentoring and professional satisfaction. (Professor, White)

The truth is that traditionally there have been so few... that it's hard for me to get a sense of what the impediments [have] been. (Professor, Hispanic)

Others commented on how lack of critical mass impedes building numbers.

People tend to feel comfortable once there is a like enough of a critical mass... we haven't gotten past that stage. We are kind of stuck... it has to get past the point of feeling like you are the token person. (Professor, White)

As our critical mass grows it's going to be easier to recruit people, because they can be put with people like them. (Professor, White)

Key informants commented that with few minority faculty there is perceived increased responsibility to participate in the academic community and serve on committees at a disproportionate rate, precluding work leading to promotion and causing *"diversity exhaustion for our faculty members... when people are asked to do so much to help recruit, retain, promote, support, mentor other people who look like themselves. (Professor, White).* This generated further comments about the need for programs and resources to protect, develop and mentor successfully recruited underrepresented faculty in order to build a critical mass.

### 3.3 Programs and Resources

Key informants described the presence of programs specific to retention and promotion, stating that the absence of programs contributed to poor retention and a revolving door-like phenomena with faculty *"being recruited on a daily basis to other institutions"* (Professor, White). Even when recruitment was successful, poor retention contributed to the perception that the institution might not be committed to diversity.

*I think people feel like what am I going to do there? There's nobody there that's like me. And so does that mean that the climate is not good? I think we are doing really, really great things to try to make the institution friendly to underrepresented minorities... students, residents and faculty. But it's just that we've lost so many (Associate Professor, Asian).*

Such attrition was thought to reflect the need for deeper program investment, better systems to mentor minority faculty, and more role models and mentorship regarding promotion. Some informants noted success with individually targeted efforts around minority mentoring, but cited continued challenges in light of a small existing pool of minority faculty.

Retention issues now are related to promotion or lack thereof... someone doesn't think they are going to get promoted... therefore, they look for someplace else. (Associate Professor, Black)

Appropriate mentoring, all junior faculty need it, but I think our under-represented minority faculty need it with special attention to the fact that they are a scarce resource. (Professor, White)

The faculty will sometimes struggle with aligning themselves with mentors and also role models who are maybe within their ethnic group... it is, I think, more challenging for minorities, for under-represented minorities, than for other folks on campus. (Professor, Black)

Informants commented that committed resources were an integral part of successful programs.

On some level we've succeeded. But it doesn't necessarily help us with our dilemma. I think we need to do a better job, I think we need to come up with more formalized mentoring and more formalized recruitment and retention packages. I think we need to put some real money behind this. And I think it needs to be more of a priority. (Professor, White)

Development of and investment in programs specifically for minority faculty was felt to represent institutional commitment to diversity.

### 3.4 Senior Leadership

Informants described success when there was a diversity champion or group of individuals vested in diversity. Positive climates were often attributed to the efforts of institutional leadership and authority. Top down change generated greater investment and support across the institution, informing and engaging the whole community in the commitment to diversity.

New leadership came in-- the same dean but now his boss who comes in and absolutely lives and breathes diversity, sees the business case as well as the moral case for diversity, and appoints a very broad ranging council for inclusion and diversity.... And it's very broad based. It includes faculty, staff and people from all levels... and they've been working very hard in the last year, year and a half to change the atmosphere. (Professor, White)

There has been a lot of effort by the administration to make sure that people are aware that we're a resource and that we're available, and that has definitely helped... we sent a letter to the dean, we met with the dean, to discuss issues, and several of the things that we had mentioned in the letter have been implemented or [are] on the list of things to do. (Associate Professor, Black)

I think dealing with diversity should be a mission that is weaved throughout the full [School] of Medicine and the whole university, and everybody deals with diversity as opposed to a subgroup of people that have that in their title. So I think that's a

main issue that needs to happen here and in other places, so that diversity issues really can move forward in a more drastic way. (Professor, Hispanic)

Even when the climate was perceived as neutral it was recognized that the presence of institutional champions could create an environment that cultivates diversity with one informant stating, *“I think it takes real leadership to make that happen. I think it has to come from the very top”* (Professor, White). Centralized messaging and support was noted as a critical component to successfully make change.

### 3.5 Discussion

In our study, the overall climate for racially and ethnically diverse faculty was described as neutral to positive and three consistent themes emerged regarding the challenges to recruitment, retention and promotion of underrepresented faculty. 1) the continued lack of a critical mass of minority faculty; 2) the need for coordinated programmatic efforts and resources to address retention and promotion, and 3) the need for a senior leader champion. The first two themes are consistent with prior studies and were confirmed in our representative sample of institutions. The third theme more clearly highlights that in medical academia, diversity and inclusion must be central to institutional mission and leadership.

Prior institutional climate studies noted discrimination and bias and characterized the climate as negative or unfavorable [13] with minority faculty succeeding despite perceiving bias [14]. Our key informants describe a neutral to positive climate, citing the evolution to a less charged environment. These findings, which suggest a more positive climate, might reflect the complexity of measuring climate. Hurtado and colleagues have described four climate factors: the institution’s legacy of inclusion or exclusion, structural diversity as represented by numbers, the psychological climate and the behavioral climate [15]. Recent efforts to create a diverse community and positive attention to how we interact around differences have changed the environment on medical campuses [16] and might be responsible for the climate shift.

It is unlikely the change in climate is due to altered structural diversity as defined by Hurtado, *et al*, [15] given key informants’ consistent identification of the absence of a critical mass of minority faculty as a negative influence on recruitment. The role of critical mass in the creation of a racially and ethnically diverse faculty though not new, [17] presents a circular obstacle. In the absence of enough faculty to create community, it is difficult to attract community members. Low representation may not reflect institutional commitment to diversity, but can create a fear of isolation for potential new faculty and existing faculty [17]. A limited number of minority faculty on search committees can negatively influence a number of aspects of the selection process, from the inclusion of diverse perspectives, to the opportunity to use social networks and capital to attract candidates of color, to the valuation of diverse characteristics in the decision making process [18]. Currently in the US the number of racially and ethnically diverse faculty is limited. Therefore, underrepresented faculty are in great demand. Financial resources must be available to attract qualified candidates even if a position needs to be created in the institution [18].

In our interviews, the absence of critical mass was felt to cause a perceived absence of community and sense of isolation. This has previously been noted as a barrier limiting retention and promotion for both minorities and women [19] and appears to continue. The burden on those few minority faculty may lead to over-extension [20] and lack of career satisfaction [21]. The scarcity of minority faculty can lead to individuals engaging in a disproportionate amount of time contributing to the local and academic community, detracting from time dedicated to academic activities toward promotion [18]. This has been known as the “Black Tax” but is likely felt by members of all underrepresented groups. The development of a critical mass is impeded by both insufficient recruitment and attrition, which may generate further attrition [22].

To address critical mass, our informants called for coordinated programming to improve retention of underrepresented faculty and prevent them from being recruited to other institutions. Specific proposals included recruitment and retention packages, but also programming to support mentorship around promotion. Comments suggested that existing programs are not well defined, and poor coordination between recruitment and retention leave new faculty to fend for themselves. Programs targeted toward the retention and promotion of minority faculty have not consistently correlated with success, [23] but mentorship is a qualitative program component that has been linked with effective outcomes [24]. Programs addressing minority faculty needs from recruitment through promotion can be effective if sustained [25]. There is evidence that programs targeted at junior faculty can have successful outcome measures of professional activities, grants, honors and awards, teaching, mentoring and publications, enhancing retention similarly for minority and non-minority faculty [26]. Such programs, essential to retain and develop successfully recruited underrepresented faculty, require dedicated funds and institutional commitment over an extended period of time [27].

The most significant viewpoint expressed by participants was the benefit of a senior leader champion to promote institutional change by messaging the relevance and importance of faculty diversity to the mission of the school. Even those who felt their institution was not making strides toward diversity felt a senior champion would change the landscape. In business the role of a visionary framing the need for diversity is accepted and effective [28]. This same role is essential at each individual institution. In our study those asking for leadership are already senior faculty, suggesting that commitment must be voiced at the Dean or Provost level. Our key informants identified the need for a clear call-to-mission, stating that at institutions where this type of leadership exists, it is fundamental to the positive climate. Where it does not exist its absence is named and recognized [4].

Limitations of our study include the relatively small number of institutions surveyed and the potential to generalize an individual’s perspective to the entire institution. Given their stature in the institution and enhanced awareness of programmatic efforts, GWIMS, GDI or senior leadership representatives may not reflect the experience of the entire faculty, especially junior faculty. In addition, assessment of climate requires subjective perspective coupled with objective measures [29]. Over half (55%) of our informants view the climate from a majority perspective. Strengths of our study include the sampling of nearly 20% of United States medical schools, including all geographic regions, and both private and public

institutions, with institutional diversity programs present in one-fourth of these schools, consistent with national data [27]. Key informants were senior faculty with longevity and knowledge of institutional climate and programs, able to provide a longitudinal perspective, not merely a snapshot of institutional culture. These are experts in the field, conscious of efforts and practices at the national level, and in critical positions to comment and intervene because of their assigned role. Their recommendations have significant bearing on the necessary next steps in building a racially and ethnically diverse faculty.

National organizations have described the need for a more diverse faculty, providing data that is clear and compelling. [30,31] Academic medicine is aware of the data but despite awareness and discussion, there has been little progress in changing faculty demographics [8]. This study reveals that climate is generally positive, but challenges persist in critical mass and the lack of targeted programs that cannot be overcome without institutional commitment. Moving forward will require leadership and financial resources at all levels [32]. The perception of conflicting institutional goals can make it difficult to place diversity as a priority. However, there is sufficient literature justifying the benefits of a racially and ethnically diverse faculty. At each institution senior leadership must assess institutional strengths and challenges, target the ways a diverse faculty is central to achieving their mission and recruit the support of all stakeholders present [33].

#### 4. Implications

Efforts to develop a racially and ethnically diverse faculty cannot occur as a parallel strategy to the core institutional mission. If diversity is not integrated and central to mission, we will continue to struggle with efforts to recruit, retain and promote diverse faculty. Instead, diversity must be woven into quality of patient care, distribution of research funds, and selection of institutional leadership. Excellence in the core missions of medical schools of education, clinical care and research cannot be achieved in the absence of a more racially and ethnically diverse faculty [16]. Commitment including institutional resources must be expressed from the center of the organization and the heart of leadership, with a senior champion being critical to the coordination of these efforts [34]. Through this approach, senior faculty can be empowered to implement strategies that shift the paradigm, fully engaging the institution in the commitment necessary to build a more diverse faculty [28].

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## Appendix 1

Interview questions for the institutional climate for minority faculty, and programs and challenges for recruitment, retention, and promotion

The National Faculty Survey

What is the climate of your institution for minority faculty? Probe for positioning of:

- Blacks
- Hispanics
- Asians
- Native Americans
- Non-US vs. US born

What are the perceptions of racial equity in satisfaction with position, compensation, opportunity for advancement and promotion, retention? (probe by racial/ethnic and immigrant group)

How has this climate changed? (between 1995 and 2010)

What, if any, program facilitates your institution's ability to recruit, retain, or promote racial/ethnic minority faculty?

- Probe by racial/ethnic and immigrant group
- Probe for if and how training of students and residents are used to recruit minority faculty

What, if anything, limits your institution's ability to recruit, retain, or promote racial/ethnic minority faculty?

- Probe by racial/ethnic and immigrant group

- Probe for if and how training of students and residents are used to recruit minority faculty

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What, at an institutional level, could help increase racial/ethnic equality in medical academia in terms of:

- Compensation;
- Retention;
- Time at rank; and
- Promotion?

**Table 1**

Demographic characteristics of the National Faculty Survey Key Informants

	<b>Key informants (n=44)</b>
<b>Demographic characteristics</b>	<b>N (%)</b>
Women	33 (75)
Race/ethnicity	
White	24 (55)
Black	12 (27)
Hispanic	4 (9)
Asian	4 (9)
Years at institution	
0–5	5 (11)
6–10	8 (18)
11–20	9 (20)
>20	22 (50)
Academic rank	
Professor	33 (75)
Associate Professor	10 (23)
Assistant Professor	1 (2)

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