

Study suggests opportunities to improve retention for underrepresented groups working in medicine

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While the benefits of diverse teams are well documented, medicine lacks the racial and ethnic diversity necessary to provide the best care for all

patients and create an environment ripe to propel scientific innovation.

The National Institutes of Health's definition of underrepresented in medicine (URiM) in the biomedical sciences includes Black/African American, Hispanic/Latinx, American Indian, Alaska Native and Native Hawaiian and other Pacific Islanders. Whereas people in these groups comprised 36.2 percent of the U.S. population in 2019, only 10.8 percent of active physicians and 9.1 percent of medical school faculty identify as URiM.

To increase racial/ethnic parity and improve support for URiM faculty, many [academic medical centers](#) have created targeted faculty development, mentorship and peer support groups. As part of these programs, needs assessments are vital tools to identify means to support URiM faculty. Conducting stay interviews is a process designed to explore why people 'stay' at an organization.

Researchers from Boston University Chobanian & Avedisian School of Medicine identified three themes through the stay interviews: areas of strength, challenges to advancement, and suggestions for improvement.

"Academic medical centers can improve the quality of care and address health inequities by recruiting and retaining faculty from URiM groups. However, retention of URiM faculty is a barrier to reaching equity-related goals, as URiM faculty are less likely to remain in academia and be promoted compared to their peers," explains corresponding author Sabrina Assoumou, MD, MPH, the Louis W. Sullivan, MD, Professor of Medicine at the School.

A one-time, semi-structured stay interviews to explore the experiences of URiM faculty were conducted between October 2016 and April 2017. Interviews were not audio recorded to protect participants' confidentiality; instead, the interviewer took notes while conducting the

interview. The semi-structured interview guide included questions about challenges and opportunities related to being an URiM faculty member, explored factors that contributed to staying at their institution, and elicited suggestions to improve their experience.

Of the 17 (70 percent) faculty members in the School's Department of Medicine who agreed to participate, 65 percent identified as Black or African American, 35 percent as Hispanic/Latinx and 47 percent identified as female. Most participants were at the instructor level (53 percent) and only one participant (6 percent) was a full professor.

Participants identified key supports of their work from leadership, professional development support and a collegial environment. Challenges to their advancement included a lack of transparency and trust, high workloads and work expectations, feeling a sense of tokenism, and reported experiences of racism.

Their suggestions for improvement focused on broadening the definition of URiM to create a larger community, expand supports for URiM faculty, increase the prominence of conversations around race and racism across the institution, and increase focus on hiring and promoting URiM faculty.

Participants voiced leadership support in their development, the community of patients, URiM networking opportunities, and mentorship as strengths. Barriers to retention included the lack of transparency and trust in their work, a sense of tokenism, organizational management issues, and implicit biases. Suggested ways to improve support included the expansion of initiatives to include all members of groups URiM, continuing URiM faculty development programs, and increased funding to support advancement.

"Stay interviews can be an important tool to use in identifying

organizational strategies to increase retention and improve [organizational culture](#) amidst a time of high burnout," says first author Ellen Childs, Ph.D., a former research scientist at Boston University School of Public Health.

According to the researchers, these findings underscore the importance of supportive leadership, URiM-specific faculty development programs, as well as networking opportunities and recognition of achievements as factors that influence retention of faculty at a large academic medical center. In addition, participants highlighted the need for strong mentor networks, and emphasizing sponsorship.

"Programs are needed to provide the tools on how to navigate challenges in academic medicine and create safe spaces where URiM [faculty](#) could share their experiences and support each other," adds Assoumou who also is an infectious diseases physician at Boston Medical Center.

These findings appear online in the *Southern Medical Journal*.

More information: Ellen Childs et al, Retaining Faculty from Underrepresented Groups in Academic Medicine: Results from a Needs Assessment, *Southern Medical Journal* (2023). [DOI: 10.14423/SMJ.0000000000001510](#)

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