



“Head of the Class”: Equity discourses related to department head appointments at one Canadian medical school
« Premier de classe » : discours sur l'équité liés aux nominations des directeurs de département dans une faculté de médecine canadienne

Paula Cameron, Constance LeBlanc, Anne Mahalik, Shawna O'Hearn and Christy Simpson

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Article abstract

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Methods: We conducted a critical discourse analysis to examine underlying assumptions shaping EDI and departmental leadership in one Canadian medical school. We created and analyzed a textual archive of EDI documents (n = 17, 107 pages) and in-depth interviews with past (n = 6) and current (n = 12) DH (830 minutes; 177 pages).

Results: Documents framed EDI as: a legal requirement; an aspiration; and historical reparation. In interviews, participants framed EDI as: affirmative action; relationships; numerical representation; and relinquishing privilege. We noted inconsistent definitions of equity-deserving groups.

Conclusions: Change is slowly happening, with emerging awareness of white privilege, allyship, co-conspiracy, and the minority tax. However, there is more urgent work to be done. This work requires an intersectional lens. Centering the voices, and taking cues from, equity-deserving leaders and scholars, will help ensure that EDI pathways, such as those used to cultivate department leaders, are more inclusive, effective, and aligned with intentions.



“Head of the Class”: equity discourses related to department head appointments at one Canadian medical school

« Premier de classe » : discours sur l'équité liés aux nominations des directeurs de département dans une faculté de médecine canadienne

Paula Cameron,¹ Constance LeBlanc,² Anne Mahalik,¹ Shawna O'Hearn,³ Christy Simpson⁴

¹Department of Continuing Professional Development and Medical Education, Faculty of Medicine, Dalhousie University, Nova Scotia, Canada;

²Department of Emergency Medicine, Faculty of Medicine, Dalhousie University, Nova Scotia, Canada; Global Health Office, Faculty of Medicine, Dalhousie University, Nova Scotia, Canada; ³Department of Bioethics, Faculty of Medicine, Dalhousie University, Nova Scotia, Canada

Correspondence to: Paula Cameron; Room C106, 5849 University Ave, PO Box 15000, Halifax, NS B3H 4R2; email: paula.cameron@dal.ca

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Abstract

Purpose: Equitable appointments of departmental leaders in medical schools have lagged behind other Equity, Diversity, and Inclusion (EDI) advancements. The purpose of this research was to 1) analyze how policy documents communicate changing ideas of EDI, employment equity, and departmental leadership; and 2) investigate department heads' (DH) perspectives on EDI policies and practices.

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Conclusions: Change is slowly happening, with emerging awareness of white privilege, allyship, co-conspiracy, and the minority tax. However, there is more urgent work to be done. This work requires an intersectional lens. Centering the voices, and taking cues from equity-deserving leaders and scholars will help ensure that EDI pathways, such as those used to cultivate department leaders, are more inclusive, effective, and aligned with intentions.

Résumé

Objectif : La nomination des directeurs de département dans les facultés de médecine accuse un retard en matière d'équité, de diversité et d'inclusion (EDI) en comparaison avec d'autres avancées. L'objectif de ce travail était 1) d'analyser dans quelle mesure les documents de politique reflètent l'évolution des idées liées à l'EDI, à l'équité en matière d'emploi et au leadership départemental; et 2) de sonder le point de vue des directeurs de département (DD) sur les politiques et les pratiques en matière d'EDI.

Méthodes : Empruntant le cadre d'une analyse critique du discours, nous avons examiné les conceptions sous-jacentes qui façonnent l'EDI et le leadership des DD dans une faculté de médecine canadienne. Nous avons créé et analysé un corpus de documents relatifs à l'EDI ($n=17$, 107 pages) et d'entrevues approfondies avec des directeurs de département anciens ($n=6$) et actuels ($n=12$) (830 minutes; 177 pages).

Résultats : Les documents décrivent l'EDI comme une obligation légale, une aspiration et une réparation historique. Lors des entretiens, pour définir l'EDI, les participants ont évoqué l'action positive, les relations, la représentation numérique et l'abandon de privilèges. Nous avons noté des incohérences quant à la définition de « groupe en quête d'équité ».

Conclusions : Le changement s'opère lentement, avec une prise de conscience des notions de privilège blanc, d'alliance, de complicité et de taxe pour les minorités ». Cependant, il y a un travail plus urgent à accomplir. Ce travail nécessite une perspective intersectionnelle. Le fait d'écouter les leaders et les universitaires en quête d'équité et de leur accorder une place centrale fera en sorte que les voies de l'EDI, comme celles empruntées pour cultiver le leadership dans les départements, soient plus inclusives, plus efficaces et plus en adéquation avec les objectifs.

Introduction

Inequities are in sharper focus than ever before. The COVID-19 pandemic has both exposed and reinforced existing disparities.¹ The Black Lives Matter Movement and intensification of anti-Asian racism has re-awakened the world to racial violence and injustices. In the United States, the deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and more, and in Canada, Joyce Echaquan, Regis Korchinski-Paquet, Brian Sinclair, and the discovery of thousands of unmarked graves at former residential school sites, have sparked increased public protest and debate about systemic racial and colonial injustices. Many medical schools and healthcare institutions have renewed commitments to addressing systemic oppression both inside, and outside, their walls,²⁻⁵ despite diminishing resources due to underfunding and increased expenses due to COVID-19. Ensuring equitable departmental leadership is a key aspect of this work.⁶

Diversity in academic medicine has many benefits, from enhanced innovation to healthier workplace climates and improved patient care.^{7,8} However, diversity in administrative leadership is a key challenge for medical schools. Even when diverse students, staff, faculty, and leaders do enter academic medicine, they encounter norms and expectations shaped around the white, male, cis-gendered, and able-bodied default on which the profession of medical practice and scholarship is based.^{3,9,10} Additionally, diverse students, staff, faculty and leaders are often faced with the “minority tax”—the expectation that they will shoulder the burden of underfunded institutional Equity, Diversity, and Inclusion (EDI)^{a*} work, on top of their existing workload.¹¹⁻¹⁵ This additional labor only increases the duress of people struggling with the heavy burden of institutionalized barriers. This can lead to burnout, disillusionment, and ultimately, attrition.

Despite modest gains regarding medical student and staff diversity over the past three decades, administrative leadership in medicine has not kept pace.^{16,17} To date, most EDI research on departmental leadership has focused on gender.¹⁸⁻²⁶ Equating diversity with binary gender diversity conceals the considerable differences *among* women, including Indigenous, Black and trans women, ignores non-binary people, and overlooks individuals inhabiting multiple categories of difference and their complex intersections.²⁷ The Black Lives Matter movement and COVID-related health disparities, however, have resulted in greater awareness of racial injustices and white privilege in society

at large. In response, there has been a growth of literature in this area in relation to academic medicine leadership—in psychiatry;²⁸⁻³⁰ surgery;^{31,32} family medicine;³³ neurosurgery;³⁴ radiology;³⁵⁻³⁷ leadership,³⁸ and more.

Academic medicine leaders play a crucial role in medical education, research and practice within clinical and basic science departments.³⁹ A department head (DH) is “head of the class,”⁴⁰ both *agent* and *actor*.⁶ A head’s role in leading and managing day to day departmental work,⁶ and position between faculty and higher administrative leaders, makes them crucial change-makers.⁴¹ As an *actor*, a head brings to bear their individual insight, expertise, skills, expectations, and perspectives on their job.⁴² In this capacity, a head works with colleagues in their department and across the university to build relationships, manage human resources, navigate conflicts and crises, and ensure fair resource distribution.^{6,42} As an *agent*, a department head operates on behalf of their institution, as they enact administrative duties, academic processes, and maintain relationships external to the institution.^{6,42} People in this role regularly make decisions across the medical education continuum that impact future researchers, medical educators, and clinicians. While as mid-level leaders they may not be directly engaged in policy development or revision, they lead policy implementation at the departmental level. Further, they serve as symbolic representatives for their departments, institutions, and profession. Who these leaders are, their diversity, and beliefs and assumptions about EDI, therefore matter.

Purpose

We require an in-depth understanding of DH appointments amid changing EDI discourses, and possible gaps between intention and practice. Naming and analyzing emergent discourses relating to EDI in departmental leadership can inform medical education research, policy, and practice aimed at diversifying the field. EDI documents alone do not demonstrate how EDI is being enacted or not, and can in fact conceal racist and other unjust practices.^{43,44} It is therefore important to compare EDI documents with stakeholder interviews, to explore how policies are perceived and put into practice (or not). Our objectives are therefore to 1) analyze how policy documents communicate changing understandings of EDI and leadership; and 2) investigate past and present department heads’ perspectives on EDI policies and how these perspectives have influenced leadership practices.

^{a*} We are using the term “Equity, Diversity, and Inclusion/EDI” since this was the terminology used during our interviews. “Equity, Diversity, Inclusion and Accessibility/EDIA,” however, is increasingly used and affirms our finding that disability requires greater attention in these conversations.

Methods

We conducted a critical discourse analysis (CDA) to examine underlying assumptions shaping EDI policies and DH leadership in one Canadian medical school. CDA is an increasingly embraced and rigorous research approach in medical education. CDA offers rich potential for exploring power relations in academic medicine.⁴⁵ “Discourse” is a system of knowledge that legitimates power and reinforces power relationships through everyday rules and practices.⁴⁶ CDA involves “social analysis with a focus on the moment of discourse” as embedded within talk or text.^{47,p.5} By providing a framework for critically examining institutional documents and speech, CDA explores implicit values and assumptions. This theorization of discourse as the unwritten and unspoken force lying beneath the surface of text and speech served as the theoretical framework for our analysis, as we explored deeper assumptions about EDI and departmental leadership.

We applied and adapted the Critical Discourse Analysis approach described in Whitehead et al^{45,48} to create a textual archive of EDI documents and interviews. This CDA process consisted of 5 stages. Please see Table 1 for a detailed description of each research phase.

We conducted 1) document analysis ($n = 17$), and 2) semi-structured interviews with past and present department heads ($n = 18$). Fewer than five interviewees belonged to an equity-deserving group. Please see Table 1 for more methodological details.

Setting

Dalhousie University, in Nova Scotia, New Brunswick, and Prince Edward Island, Canada, consists of 12 faculties housing more than 70 academic departments. The Dalhousie Faculty of Medicine features 21 Departments across two main campuses (situated in Halifax and Saint John) with distributed sites across the Maritimes. 436 medical students are enrolled in its four-year MD program. In 2017, Dalhousie’s Dean of Medicine established the Diversity in Leadership Taskforce, to ensure “equitable and inclusive career development within Faculty leadership roles such as department heads” across distributed campuses.^{49,p.2} The taskforce has evolved into Diversity in Leadership Working Group which has been in place since 2018, responsible for helping guide and support the Faculty of Medicine’s EDI efforts.⁵⁰

Table 1. Methodological details

| Methods | Details |
|--|--|
| Documents | 17 documents Institutional, provincial, and federal employment equity documents Websites (n=8), policies [n=3; <i>Federal Employment Equity Act</i> (1995/2020); <i>Nova Scotia Human Rights Act</i> (1991/2019); <i>Dalhousie Employment Equity Policy</i> (2017), policy statement [n=1; <i>Employment Equity Through Affirmative Action at Dalhousie: A Policy Statement</i> (n.d.)], HR forms (n=4), HR training materials (n=1) Total: 107 pages |
| Interviews | 13 current department heads 5 past department heads 6 participants chaired DH appointment committees Average interview length: 46 minutes Total: 830 minutes; 177 pages |
| Research Phases ^{45,48} | Description of Phase |
| 1) Familiarization | This research phase provided a broad overview of books, articles, and reports relating to EDIA in academic medicine leadership. We applied a search strategy for academic literature about this topic for the period of 2005-2020. |
| 2) Assembly of textual archive | This phase involved developing a collection of documents relating to EDIA and related concepts like employment equity. We began with a close reading of documents that might involve EDIA and equitable hiring practices, specifically employment equity-related policies and institutional websites. |
| 3) Analysis of archive via repeated close readings | Team members engaged in close readings of included 1) documents and 2) interview transcripts, with attention toward prominent and/or recurrent terms, ideas and statements. CDA review forms guided our analysis. Two team members reviewed each document and interview transcript. |
| 4) Analysis of connections between dominant discourses and ideas | We came together in team analysis sessions where we shared our individual document and interview analysis and explored cross-cutting patterns between these data sources. Attuning to discourses about EDIA and departmental leadership, we first explored similarities and differences in how EDIA is framed within university, provincial, and federal documents. We then applied this analysis to participant interviews. |
| 5) Analysis of underlying ideas and assumptions | In the final stage of analysis, we investigated the underlying discourses driving understandings of equitable and diverse departmental leadership. We attuned to changing discursive patterns over time and discussed past and present barriers and enablers to more equitable, diverse, and inclusive department leadership in medical schools, including our home institution. |

Ethics approval

Ethics approval for this study was granted by the Dalhousie University Social Sciences and Humanities Research Ethics Board (REB file # 2020-5221). Interview participants provided written informed consent, in accordance with Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.⁵¹

Results

Discourses relating to equity in departmental leadership.

Overall, documents and interviews featured very different understandings of who is included in equity-deserving groups. These groups were presented as homogeneous. The possibility of a person belonging to multiple groups at once, and possible cumulative and/or contradictory effects of this complexity on their lived experiences, was not acknowledged. EDI documents framed EDI as: a legal requirement; an aspiration; and historical reparation. Past and present department heads framed EDI as: affirmative action policies; relationships; numerical representation; and relinquishing privilege. (Please see Table 2 for a list of these discourses).

EDI policy documents and general institutional websites tended to draw on discourses relating to EDI as a legal and historical process, whereas EDI-specific institutional websites discursively framed EDI as a hope or aspiration, thereby undercutting the legal and historical responsibilities of public institutions relating to EDI practices. Interview participants largely drew on different EDI discourses. They spoke of EDI as it happens “on the ground,” represented in their reference to affirmative action, collegial and mentorship relationships in their work lives. However, participants also situated EDI as a matter of matching department leadership to demographic patterns in wider society, and a small group spoke of EDI as an active process of identifying and relinquishing privilege.

Documents

Federal employment equity documents focused on four key groups: “women, Aboriginal peoples, persons with disabilities and members of visible minorities.”^{52,p.1} Provincial employment equity documents had the most expansive definitions, focused on fifteen categories, from age to race, political beliefs, and marital status.⁵³ University-level employment equity documents focused on four groups: “Indigenous peoples (especially Mi’kmaq), members of racialized minority groups (especially historic African Nova Scotians), persons with disabilities, women and persons belonging to sexual orientation and/or gender identity (SOGI) minority groups.”^{54,p.1}

Documents discursively framed equity in three main ways: first, as a legal requirement; second, as aspiration; and third, as historical reparation.

1) Equity as legal requirement. Policy documents we reviewed used legal language and conventions to convey the weight of responsibility in protecting employment equity. For example, this excerpt from the Nova Scotia Human Rights Act:

8(1) No employment agency shall accept an inquiry in connection with employment from an employer or a prospective employee that, directly or indirectly, expresses a limitation, specification or preference or invites information as to a characteristic referred to in clauses (h) to (v) of subsection (1) of Section 5, and no employment agency shall discriminate against an individual on account of such a characteristic...^{53,p.7}

Universities are beholden to employment federal laws. Not surprisingly, equity is often discursively positioned in legal terms as something that is legally defined and mandated.

2) Equity as aspiration. Despite the legal underpinnings of employment equity within universities and medical schools, those institutions at times present equity as something *wished for*, a hope, rather than a clearly defined and measurable moral and/or legal responsibility. This tends to obscure the legal necessity to enact equity at all levels of university operations, including departmental leadership. For example, the Dalhousie University Employment Equity Policy mobilized this discourse, using the words “committed” and “wishes” that convey choice:

Dalhousie is committed to employment equity and wishes to institute active measures to eliminate discrimination and to reverse the historic under-representation of Indigenous peoples (especially Mi’kmaq), members of racialized minority groups (especially historic African Nova Scotians), persons with disabilities, women and persons belonging to sexual orientation and/or gender identity (SOGI) minority groups.^{54,p.1}

3) Equity as historical reparation. In most documents, equity was presented as ahistorical: as something in the here and now that requires addressing. However, university documents at times couched equity in terms of historical harms, and the need to address these harms that extend into the present. The Dalhousie University Employment Equity Policy engaged this discourse as well, stating its aim: “to identify institutional commitments to recognize and redress historical and current-day inequities experienced by certain groups in relation to employment at Dalhousie...”^{54,p.1}

Table 2. Discourses regarding EDI and departmental leadership

| Documents | | |
|-----------------------------|--|---|
| Discourse: EDI as... | Details | Example |
| a legal requirement | Universities are beholden to employment federal laws. Not surprisingly, equity therefore may be discursively positioned in legal terms: as something that is legally defined and mandated. | "8(1) No employment agency shall accept an inquiry in connection with employment from an employer or a prospective employee that, directly or indirectly, expresses a limitation, specification or preference or invites information as to a characteristic referred to in clauses (h) to (v) of subsection (1) of Section 5, and no employment agency shall discriminate against an individual on account of such a characteristic..." (Nova Scotia Human Rights Act, p.7) |
| aspiration | Despite the legal underpinnings of employment equity within universities and medical schools, those institutions at times present equity as something hoped for, rather than a clearly defined and measurable responsibility. This may obscure the legal necessity to enact equity at all levels of university operations, including departmental leadership. | "Dalhousie is committed to employment equity and wishes to institute active measures to eliminate discrimination and to reverse the historic under-representation of Indigenous peoples (especially Mi'kmaq), members of racialized minority groups (especially historic African Nova Scotians), persons with disabilities, women and persons belonging to sexual orientation and/or gender identity (SOGI) minority groups" (Dalhousie University Employment Equity Policy, p. 1). |
| historical reparation | In most documents we reviewed, equity was presented as ahistorical: as something in the here and now that requires addressing. However, university documents at times couched equity in terms of historical harms, and the need to address these harms that extend into the present. | "The purpose of this Policy is to identify institutional commitments to recognize and redress historical and current-day inequities experienced by certain groups in relation to employment at Dalhousie..." (Dalhousie University Employment Equity Policy, p. 1). |
| Interviews | | |
| Discourse: EDI as... | Details | Example |
| Affirmative action policies | In certain conversations, participants equated equity with the existence of institutional policies. This discursive framing tends to attribute inequities to inadequate or absent policies, and assumes equity is achieved when these policies are introduced. | "in essence, the policy is that, you know, Dalhousie not only considers applicants from the various diverse groups... So ethnic, race and gender and sexuality. But it actually encourages folks from those groups to apply. And then the second part of the policy is that... committees are encouraged to give greater consideration to a diverse individual unless there is another individual who clearly stands above" (P2). |
| Relationship | Some participants spoke of the importance of building mentorship and sponsorship relationships with individual future leaders from equity-deserving groups. Equity in this approach is the everyday relationships that sustain systemic changes. Cultivating the strengths of these future leaders, demystifying the path toward career progression, and listening to their experiences to tailor their support, were three elements of these relationships. | "I should be looking out for all the individuals in my department, but particularly for people of [underrepresented groups]. So if you want people to apply, sometimes they need a little bit of encouragement to do so. And so having leaders in the department who are actually going out there and encouraging people to apply for positions so that you get a diverse application pool happening" (P7). |
| Numerical representation | Participants discursively constructed equity as a numbers game—a matter of matching numbers in a department to numbers in wider society. Recruitment was a focus of this discourse, with little mention of retention and cultural changes needed to match a changing face of leadership. | "You know, when we do recruitments, it's not like we get 50/50 applicants. We don't get 50 percent women, 50 percent men, or... The applicants we get for jobs, it also doesn't mirror what society is. So to me that suggests that there's a problem that exists long before it comes to the university... But what we can do, what we have control over is who we choose to hire, who we choose to encourage for leadership positions" (P6). |
| Relinquishing privilege | A minority of participants spoke of the need to step back and make space for others, both in their departments and in their leadership roles. Listening more and speaking less and amplifying the voices of others were two strategies mentioned. One leader described part of his task as leaving his department in the hands of leaders from equity-deserving groups, while another spoke of the need for an activist, anti-racist stance and reimagine structures of power in the medical school. | "We need to be ready to go where it's uncomfortable... Again, we're still in this... non-racist or non-inequality, and we haven't really moved into this anti-inequality, anti-racist, action. And I see us rolling that way, which is really encouraging. But we still have work to do, and it does take time... We really need to tear the system down and rebuild it" (P9). |

Interviews

During interviews, participants largely focused on gender and race; other EDI categories and communities were noticeably absent. We noticed a dramatic increase in discussion of race over the course of the data collection period, which we associated with the growing prominence of the Black Lives Matter movement and increased attention to white privilege in academic spaces. While Indigenous and sexual orientation and/or gender identity (SOGI) minority groups were noticeably absent in interviews, disability was the least discussed group.

In study interviews, past and current department heads discursively framed equity in four main ways:

1) Equity as affirmative action policies. In certain conversations, participants equated equity with the existence of institutional policies. This discursive framing tends to attribute inequities to inadequate or absent policies, and assumes equity is achieved when these policies are introduced. When asked about what EDI means to them, one departmental leader commented, "in essence, the policy is that, you know, Dalhousie not only considers applicants from the various diverse groups... So ethnic, race and gender and sexuality. But it encourages folks from those groups to apply. And then the second part of the policy is that... committees are encouraged to consider a diverse individual unless there is another individual who clearly stands above..." (P2)

2) Equity as relationship. Some participants spoke of the importance of building supportive relationships with individual future leaders from equity-deserving groups. Equity in this approach is the everyday relationships that sustain systemic changes. Three elements of these relationships include: cultivating the strengths of these future leaders, demystifying the path toward career progression, amplifying their voices and accomplishments, and listening to their experiences to tailor their support. Participant 7 described pastoral elements of departmental leadership, with emphasis on supporting and nurturing equity-deserving staff: "I should be looking out for all the individuals in my department, but particularly for people of [underrepresented groups]... So if you want people to apply, sometimes they need a little bit of encouragement to do so. And so having ...leaders in the department who are actually going out there and encouraging people to apply for positions so that you get a diverse application pool happening." (P7)

3) Equity as numerical representation. Participants discursively constructed equity as a numbers game—a matter of matching numbers in a department to numbers in wider society. Recruitment was a focus of this discourse, with little mention of retention and cultural changes necessitated by the changing face of leadership. Participant 6, for example, described discrepancies between the demographic make-up of society and that of their department: "you know, when we do recruitments, it's not like we get 50/50 applicants. We don't get 50 percent women, 50 percent men, or... The applicants we get for jobs, it also doesn't mirror what society is. So to me that suggests that there's a problem that exists long before it comes to the university... But what we can do, what we have control over is who we choose to hire, who we choose to encourage for leadership positions." (P6)

4) Equity as relinquishing privilege. Three department heads, all white cis able-bodied men, spoke of the need to step back and make space for others, both in their departments and in their leadership roles. They described ways of leveraging their considerable privilege to make the path easier for equity-deserving colleagues. Listening more and speaking less and amplifying the voices of others were two strategies mentioned. One leader described part of his task as a legacy of "leaving his department in the hands of leaders from equity-deserving groups". Another leader, Participant 9, spoke of an urgent need for more privileged departmental leaders to move beyond passive "non-racism" to an active investment in "real true action": "We need to be ready to go where it's uncomfortable... Again, we're still in this... non-racist or non-inequality, and we haven't really moved into this anti-inequality, anti-racist, this real true action. And I see us rolling that way, which is really encouraging. But we still have work to do, and it does take time... We really need to tear the system down and rebuild it." (P9)

Department heads demonstrated their positioning toward EDI on a continuum of change, ranging from narrow and passive ideas of EDI, to active allyship and holistic approaches. Several participants spoke of close family members, whose membership in equity deserving groups had transformed their awareness and personal dedication to dismantling inequitable departmental leadership pathways and structures. A small minority of department heads expressed awareness of emerging concepts developed by equity-deserving scholars such as: intersectionality, multiple and overlapping membership in equity-deserving groups; the minority tax, which tasks

members of equity-deserving groups with additional burdens of labor to achieve institutional equity; allyship, the solidarity of privileged groups with less privileged communities; and co-conspiracy, the need to take direction from equity-deserving groups in the active pursuit of justice. As Participant 2, a white cis-gendered, able-bodied man, noted, this requires rethinking what it means to lead. For example, taking direction from equity-deserving groups means a shift from speaking to listening:

if someone from a diverse background says, 'This is actually helpful,' then I think, you know, I need to hear that...as a white male leader, one of the things that I need to be doing is a lot of listening. (P2)

Discussion and conclusions

In documents and interviews, we perceived little consensus on which groups qualify as “equity-deserving.” In all documents and most interviews, there was no acknowledgment of intersectionality.²⁷ Intersectionality refers to individual membership in multiple equity-deserving groups, and the complex ways these identities and experiences coalesce in everyday life, including employment equity and departmental leadership.⁵⁵ For example, exploring the unique, multi-layered experiences of racialized individuals within disabled and SOGI communities, and vice versa, is crucial to understanding barriers to equitable leadership. Furthermore, key contributions such as intersectionality theory²⁷ from Black women scholars articulates why targeting “gender” as a homogenous category is problematic. Anticipating and focusing on a single equity-deserving group identity overlooks the complexity of being a Black disabled trans woman leader, for example. This simplistic approach also obscures the ways certain social identities can trump or contradict others—for example, in the case of race and gender, black men leaders can face significant barriers and far greater challenges to career advancement than white women.⁵⁶ In this case, then, focusing on a single equity-deserving group identity obscures the substantial barriers a potential leader may face.

Discourses relating to EDI in leadership are changing slowly, with greater awareness of decolonizing and anti-racist practice, and concepts such as white privilege, allyship, and the minority tax. However, there is more urgent work to be done, including exploring ableism, neurodiversity, transphobia, heterosexism, and barriers experienced by first generation medical students, faculty, and leaders.⁵⁷ Furthermore, attention to how discourses in

policy documents and institutional websites frame EDI and departmental leadership is important. Discourses in EDI documents summoning EDI as an aspiration (i.e., a wish, hope, or intention), undercut EDI as an urgent issue addressing immediate action, and minimizes its legal, historical, and deeply moral aspects. EDI as historical reparation may hold promise for producing necessary change in departmental leadership, moving beyond a focus on EDI as a legal requirement that runs the risk of lip service, potentially involving checking off boxes and institutional self-protection from legal action.

Discourses drawn on by past and present departmental leaders are also significant in understanding how EDI may be enacted, or at times, subverted. Past and present departmental leaders mobilized discourses from various points on a continuum ranging from surface, abstract EDI to tangible and authentic change. Framing EDI as affirmative action policies or as a matter of numerical representation means that EDI is something that happens *elsewhere*, and distances EDI goals from a departmental leader’s everyday work. Understanding EDI as a matter of policy or demographics minimizes the complex, multi-layered nature of barriers to equity-deserving leaders, and correspondingly, the multiple opportunities and roles for departmental leaders to reduce or eliminate these barriers.

More productively, framing EDI as a relationship opens the possibility for leaders to play a more active role in EDI work, which in this case participants described as mentoring, sponsoring, and amplifying the voices of equity-deserving colleagues. EDI as relationship moves beyond justice in the abstract and provides an arena where individual leaders can enact change. Lastly and most promising, a small number of participants framed EDI as a broader process of relinquishing unearned historical privilege. These leaders define EDI as an active struggle, with opportunities for departmental leaders to enact authentic change in their day-to-day work lives. According to this discourse, leadership involves making space, locating oneself amid historical injustices, and imagining a departmental leader as someone who actively resists discrimination and injustice—as one interviewee noted, akin to being actively anti-racist in practice, rather than passively non-racist in words. The goal for these leaders is clear: working in small and large ways to leave the field more equitable, diverse, inclusive, and accessible than they found it. This personal accountability for EDI is more likely to result in authentic, long-lasting change.

Additional research, policy and culture changes are required to meaningfully address barriers to equitable departmental leadership. These span individual, organizational and systemic levels, and include: a focus beyond affirmative action policies; emphasis on culture change via formal (e.g., faculty development) and informal (e.g., targeting microaggressions) everyday practices; emphasis on more privileged workers working toward institutional EDI; accountability for EDI via measuring and monitoring outcomes; and an intersectional approach to EDI that expands beyond race and gender, to include, but not limited to, overlapping and intersecting layers including class, sexuality, gender, disability, and language.

This study highlighted several challenges and promising practices relating to more equitable departmental leadership. Medical educators, policy makers, and researchers should address these in future. First, we recommend further critical social science research informed by equity-deserving scholars; emphasis on more privileged leaders leveraging this unearned privilege and actively sharing the workload for EDI related work (i.e., the minority tax); embedding an explicit EDI focus in the department head role and everyday departmental leadership and culture; and an intersectional approach to EDI as complex, lived experience across equity categories.

This study has limitations. It was limited by its focus on one medical school. We propose, however, that our results and their implications may apply to other medical schools in Canada, and possibly beyond. We also note that participants may have self-selected in a way to create selection bias and overemphasize awareness of EDI in departmental leadership. While we believe it was helpful to hear the perspectives of present and past departmental leaders, the demographic homogeneity of this group was a drawback. Hearing perspectives from future equity-deserving departmental leaders occupying multiple intersectional identities, for example, disabled LGBTQ+ Black women, and those who perhaps choose not to pursue department leadership, will also be important to explore.

Change is clearly happening, but slowly. Seeking out the perspectives of individuals belonging to multiple equity-deserving groups, via their research, writing, theories, and lived experiences, will help guide the way forward. Taking cues from equity-deserving leaders and scholars, without burdening them with additional EDI work, will help ensure that EDI processes are effective and in line with intentions. And more than this, listening to equity-deserving voices will ensure that EDI work is more than lip service.

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