

Supervisor Authority and Its Impacts on Equity, Diversity, and Inclusion in National Collegiate Athletic Association Athletic Training Environments

Taylin Jean, DAT, ATC*; Justin P. Young, DAT, ATC*;
Jessica R. Edler Nye, PhD, ATC†; Emma A. Nye, DAT, ATC†;
Lindsey E. Eberman, PhD, ATC*

*Indiana State University, Terre Haute; †Grand View University, Des Moines, IA

Context: The demographic landscape of the United States is changing daily, and the demand for representation in today's workforce is both a moral and practical imperative for creating workplaces diverse in thought, expression, and people.

Objective: The purpose of this study was to investigate workplace culture and the direct and indirect influence of supervisors on inclusion of minoritized communities, including those who have experienced marginalization for race, ethnicity, religion, national origin, age, marital status, ability, sexual orientation, sex, gender, gender identity and expression, socioeconomic status, spirituality, political affiliation, literacy, or the intersectionality of multiple identities.

Design: Consensual qualitative research study.

Setting: Semistructured interview.

Patients or Other Participants: Eighteen participants were recruited through direct contact via their public domain email addresses that are located on college/university websites.

Data Collection and Analysis: Demographic data were collected through a web-based recruitment survey, which was also used to schedule a semistructured interview. We used the

multiphased consensual qualitative research tradition to identify domains and categories representative of the data.

Results: Three domains emerged. The environment domain spoke to the culture each supervisor created through relationship building and intention; intention was further characterized as active or passive behaviors whereby almost all participants described both. Only one-third of participants referenced diversity, equity, inclusion, and accessibility policies and procedures within their organization. The resources domain represented the existence and awareness of organizational diversity, equity, inclusion, and accessibility resources, or lack thereof. The perceptions domain characterized the beliefs of the supervisors relative to diversity, equity, inclusion, and accessibility.

Conclusion: Structural efforts must include the creation and implementation of policies and procedures for employee inclusion, not just patient inclusion. The awareness and use of organizational resources is an important component to support supervisor efforts and should be leveraged from within the unit.

Key Words: culture, structure, policy

Key Points

- Participants confidently described their desire to create an inclusive culture, but few were able to provide examples, even with repeated follow-up questions, to create this space. A willingness to create an inclusive environment falls short of the actions necessary to employ structural and cultural change in health care.
- Participants in this study indicated that some of the diversity, equity, inclusion, and accessibility resources failed to resonate for their specific job functions, and they had limited time and funds to use these best practices. Other barriers in organizations may include a lack of goals and metrics to measure success of diversity, equity, inclusion, and accessibility program/training, limited or no buy-in from leadership, or cultural resistance.
- Participants struggled to differentiate the concepts of equality and equity. Offering the same access to opportunities and resources without acknowledging the circumstances and context to which staff engage in a space disadvantages under-resourced groups.

Inclusion can be defined as “involvement and empowerment, where the inherent worth and dignity of all people is recognized.”¹ Inclusion of diverse individuals collaborating in a health care setting, who are also different thinkers because of their lived experiences, can increase the breadth and depth of biomedical and clinical thought to improve the scope and approach to problems that affect society.² Inclusion and diversity have been shown to be an

important factor when measuring profitability within organizations.³ Firms or organizations that are in the top 25% for gender diversity are 27% more likely to have superior value creation.³ Value creation, specifically in health care, refers to the integration of resources through activities and interactions with collaborators to realize the benefit of patients in the health care service delivery network.⁴ In addition to value creation, firms or organizations in the top

25% for ethnic and cultural diversity within executive teams are 33% more likely to be industry leaders.³ Diverse thinkers can impact the outer boundaries of health care inequity by allowing their practice and research to be informed by broader social contemporary issues.² In addition, diverse health care teams that represent the community it serves can help eliminate disparities and are more proficient at meeting the needs of diverse individuals.⁵

Socially, diversity refers to a wide range of identities that broadly include race, ethnicity, gender, age, national origin, religion, disability, sexual orientation, socioeconomic status, education, marital status, language, veteran status, physical appearance, etc.⁶ In 2010, 72% of certified athletic trainers identified as “non-Hispanic White” and 63% as male, with 47% indicating they have been certified for 40 or more years.⁷ According to the Board of Certification’s athletic trainer demographics survey conducted in 2022, approximately 81% of athletic trainers identify as “non-Hispanic White,” 58% identify as “female,” and 52% have indicated that they have been certified for 0 to 9 years.⁸ In just 12 years, those who identify as female are now the predominant gender identity, the proportion of White athletic trainers has increased, and newly certified, younger athletic trainers are also predominant. As the demographic profile of the United States continues to change, the athletic training profession must have the capacity to adapt and strive to recruit, staff, and retain those who represent the various communities and patient populations that they serve.⁹ This can align with the quadruple aim that acknowledges practices to enhance patient experience, improve population health, reduce the costs of health care, and improve the work life of health care providers, including clinicians and staff.¹⁰

There is an urgent need to understand how diversity, equity, inclusion, and accessibility (DEIA) are seen in practice settings and how organizations can better promote DEIA initiatives in their respective organizations.⁹ Studies suggest that racial concordance is a consistent predictor of better patient-provider communication.¹¹ A research team examined responses from Press Ganey surveys following adult outpatient visits and found that 88% of physicians from racially/ethnically concordant patient-physician pairs received the maximum score for questions regarding positive experiences from their visit.¹² For those who identify within the LGBTQ+ community, it is seen that better patient outcomes will be achieved if providers learn terms and health care risks and maintain education on the care of patients who represent this community.¹³ Espousing diversity in health care is critical because it can lead to cultural competency and the ability of health care providers to offer services to meet the unique social, cultural, and linguistic needs of their patients.¹⁴

Diversity is not something that can be created overnight; it requires a leadership team that is dedicated to increasing cultural awareness and inclusion.¹⁴ Organizations, from small businesses to large corporations, are autonomous entities that afford leaders a high level of control over cultural norms and procedural rules, making these settings the ideal places to plan and develop policies and procedures that promote equity across their clinical practice settings.¹⁵ Managers and individuals in formal leadership positions are critical for creating inclusive environments because group members form perceptions of inclusion based on the treatment they receive at work.¹⁶ Current efforts around

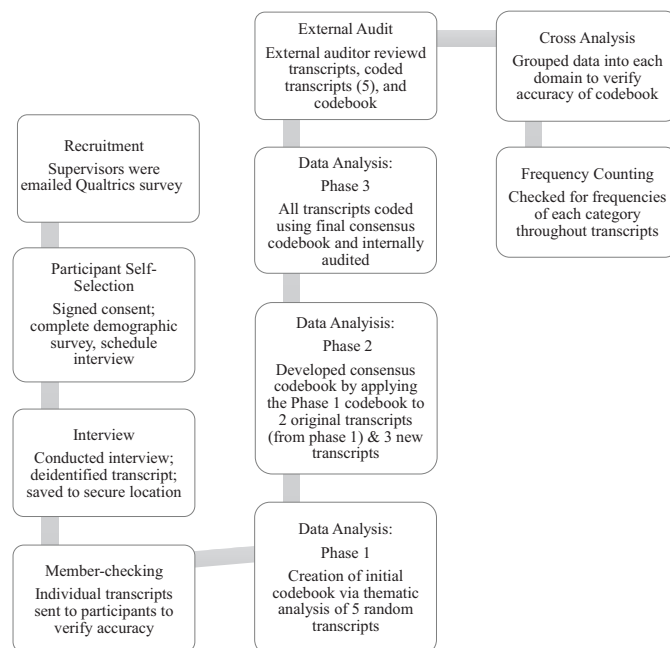


Figure 1. Methods flow chart.

DEIA in the profession are focused on patient care for specific minoritized populations or based on recruitment for masters’ in athletic training programs.^{9,17} Both are incredibly important, but more work is necessary to address the Quadruple Aim and the wellness of health care providers.¹⁰ The purpose of this study is to investigate workplace culture and the direct and indirect influence of supervisors on inclusion of minoritized communities, including those who have experienced marginalization for race, ethnicity, religion, national origin, age, marital status, ability, sexual orientation, sex, gender, gender identity and expression, socioeconomic status, spirituality, political affiliation, literacy, or the intersectionality of multiple identities.

METHODS

Study Design

We used the consensual qualitative research tradition with a semistructured interview protocol to explore workplace culture and the direct and indirect influence of supervisors on inclusion of minoritized communities. We used the Standards for Reporting Qualitative Research guidelines to improve the quality of reporting of the qualitative research in this study (Figure 1).¹⁸ Before interviews, participants signed informed consent forms to participate in the research. This project was deemed exempt by the Indiana State University Institutional Review Board.

Participants and Recruitment

We identified ($n = 995$) potential participants using publicly available information on athletic trainers in the college and university setting; 125 individuals clicked on the invitation, 118 completed the invitation, and 48 were contacted by the primary investigator. Eighteen participants met our inclusion criteria and chose to participate in the semistructured interview process. Participants were generally White

Table 1. Participant Demographics

Participant Number	NCAA Division (1, 2, 3)	Location	Gender	Race	Clinical Model	Years of Experience (Athletic Trainer), y	Years of Experience (Supervisor), y
1	1	Urban	Male	White	Athletic	13	4
2	2	Rural	Male	White	Athletic	43	40
3	1	Urban	Male	White	Athletic	14	5
4	1	Urban	Female	White	Athletic	12	4
5	3	Urban	Male	White	Athletic	18	10
6	3	Urban	Male	White	Medical	38	38
7	3	Rural	Male	White	Athletic	34	24
8	3	Urban	Male	White	Medical	13	12
9	2	Urban	Female	White	Athletic	18	14
10	3	Rural	Female	White	Athletic	17	16
11	2	Urban	Male	White	Athletic	52	25
12	1	Urban	Male	White	Athletic	22	10
13	2	Rural	Male	White	Athletic	10	7
14	2	Urban	Male	White	Athletic	22	12
15	3	Urban	Male	White	Athletic	26	24
16	1	Urban	Male	White	Athletic	25	20
17	2	Urban	Female	White	Athletic	10	7
18	3	Rural	Male	White	Athletic	8	6

Abbreviation: NCAA, National Collegiate Athletic Association.

(94%) and identified as male (61%), with an average of 18.7 years ($SD = 12.1$) of experience as an athletic trainer and an average of 12.5 years ($SD = 10.7$) as a supervisor of other athletic trainers. Participants mainly worked in urban (83%), National Collegiate Athletic Association Division I or II settings (39% each) in an athletics clinical model (83%; Table 1). Participants met the inclusion criteria if they self-identified as supervisors based on the definition that was provided to them by our research team. Our research team defined “supervisor” as “responsibilities for supervision of certified athletic training staff members.”

Instrumentation

To obtain demographic information for each participant, a survey tool was created. Demographic data that were collected included Division (I, II, or III), location (urban or rural), gender, race, clinical model (athletic, medical, or mixed), years of experience as an athletic trainer, and years of experience as a supervisor. To explore the experiences of supervisors and their exposure to DEIA, the primary investigator developed a semistructured interview script that consisted of 12 questions, with each question having 1 to 2 follow-up responses based on the participants’ answer to initial questioning (Table 2). The research team conducted multiple revisions of the semistructured interview protocol to better enhance quality of the questions asked to encompass DEIA as a whole while aligning more with a supervisor’s interpretation of their environment rather than questions regarding DEIA integration being patient focused. The interview protocol was then externally reviewed by 3 experts in qualitative research (Table 3). The interview questions were modified to better align with the research question and enhance interviewee comprehension through inclusion of subquestioning prompts based on the participants’ responses.

Procedures

We identified potential participants using publicly available information on athletic trainers in the college and

university setting. We sent potential participants a web-based survey (Qualtrics, Inc) to collect demographic data and screen out individuals that did not meet our inclusion criteria. If the participant met the inclusion criteria, we contacted them to schedule a 1-time interview using audio Zoom conferencing software (Zoom Video Communications, Inc). Once the Zoom

Table 2. Semistructured Interview Script^a

Question
(1) Please tell me about your journey into obtaining a supervisory and leadership position.
(2) How many years have you supervised certified athletic trainers? (If not stated in previous interview response)
(3) How, if at all, do you create an inclusive workplace culture?
a. What specific actions do you take to create an inclusive workplace culture?
b. What specific actions do your employees take to create an inclusive workplace culture?
c. Do you feel like your efforts have created a sense of belonging among your staff?
d. What barriers, if any, exist for creating an inclusive workplace culture for historically marginalized individuals?
e. Have individuals ever indicated they have experienced discrimination within the workplace?
(4) Do you have an entity within your organization whose work purpose is to create an inclusive workplace culture?
If yes,
a. Can you estimate how long this person and/or office has been in existence?
b. In your opinion, how effective has that entity been in creating an inclusive workplace culture and providing you with the resources you need to create an inclusive workplace culture?
If no,
a. Why do you think your organization has yet to embrace an initiative of inclusion in the workplace?
(5) What else, if anything, might aide in increasing awareness/support for creating an inclusive workplace culture?
(6) What ways, if any, do you feel that supervisors have a direct impact or indirect impact on creating an inclusive workplace culture?
(7) Is there anything you think we need to know about creating an inclusive workplace culture in your organization?

^a Reproduced in its original format.

Table 3. Roles and Experiences of the Research Team

	Team Member				
	TJ	JPY	LEE	EAN	JREN
Role	Primary investigator; data analysis team member	Data analysis team member	Data analysis team member	Research team member, external auditor	Research team member, external auditor
Research experience	Novice qualitative researcher	Proficient qualitative researcher with experience in various forms of qualitative research	Expert qualitative team researcher with extensive experience in various forms of qualitative research	Expert qualitative team researcher with extensive experience in various forms of qualitative research	Expert qualitative team researcher with extensive experience in various forms of qualitative research

interview was completed, the audio and transcription files were downloaded into a cloud storage file with 2-factor authentication. The transcription files were deidentified before saving. Transcriptions were performed by artificial intelligence, Otter.ai., and then corrected by the primary investigator. The deidentified transcripts were then sent back to the participants to check for accuracy.

Data Analysis and Trustworthiness

We used descriptive statistics to analyze participant's demographic data. Means, standard deviations, and frequencies were used to characterize participant responses for basic demographic information. Consistent with the consensual qualitative research tradition, we analyzed the interviews using a multianalyst approach with several phases of review to develop a consensus codebook.¹⁹ In phase 1, a 3-member data analysis team reviewed 5 transcripts and completed individual reviews (Table 3). We then met to develop an initial codebook. In phase 2, the initial codebook was applied to 5 transcripts from the initial coding process and then another 5 transcripts after creation to confirm the accuracy of the initial codebook. After initial codebook application, we met to confirm consensus of the codebook. In phase 3, the primary investigator coded each transcript individually, and then the coded transcripts were

independently internally audited by other members of the research team. After the 3 phases of the coding process, a cross-analysis was conducted to organize the coded data and to verify that the coding was done accurately. The consensus codebook, coded transcripts, and the interview scripts were sent to an external auditor to confirm the findings. Finally, a frequency for each category was determined based on the number of transcripts from which the categories were present. Data were categorized as general if represented in 17 or 18 cases, typical if represented in 10 to 16 cases, variant if represented in 5 to 9 cases, and rare if represented in 2 to 4 cases.¹⁹ Trustworthiness of the data was established through the researchers acknowledging and checking biases throughout the research process, member-checking, and internal and external auditing.

RESULTS

Three domains and their respective categories emerged regarding the direct and indirect impacts of supervisors on DEIA (Table 4). The domains included (1) environment, (2) resources, and (3) perceptions (Figure 2). Supporting quotes for each domain and category can be found in Table 5.

The environment domain spoke to the culture each supervisor created through relationship building and intention; intention was further characterized as active or passive behaviors whereby almost all participants described both. Relationship building was defined as the supervisor's effort to connect with others and improve their and the staff's cultural knowledge surrounding DEIA. Participants

Table 4. Domain and Category Frequencies

Domain and Category	Frequency	Frequency Label ^a
Environment		
Culture: relationship building	77%	Typical (<i>n</i> = 14/18)
Culture: intentionality, active	94%	General (<i>n</i> = 17/18)
Culture: intentionality, passive	88%	Typical (<i>n</i> = 16/18)
Structure: described P&P	33%	Variant (<i>n</i> = 6/18)
Structure: did not describe P&P	33%	Variant (<i>n</i> = 6/18)
Structure: training and onboarding	16%	Rare (<i>n</i> = 3/18)
Structure: professional development	72%	Typical (<i>n</i> = 13/18)
Hiring and retention	61%	Typical (<i>n</i> = 11/18)
Resources		
Use: used resources	66%	Typical (<i>n</i> = 12/18)
Use: did not use resources	50%	Variant (<i>n</i> = 9/18)
Awareness: aware of resources	77%	Typical (<i>n</i> = 14/18)
Awareness: unaware of resources	100%	Variant (<i>n</i> = 18/18)
Perceptions		
Patient inclusion is provider inclusion	66%	Typical (<i>n</i> = 12/18)
Equality is enough	50%	Variant (<i>n</i> = 9/18)
Limited beliefs	61%	Typical (<i>n</i> = 11/18)

Abbreviation: P&P, policies and procedures.

^a General = 17 to 18 cases, typical = 10 to 16 cases, variant = 5 to 9 cases, rare = 2 to 4 cases.

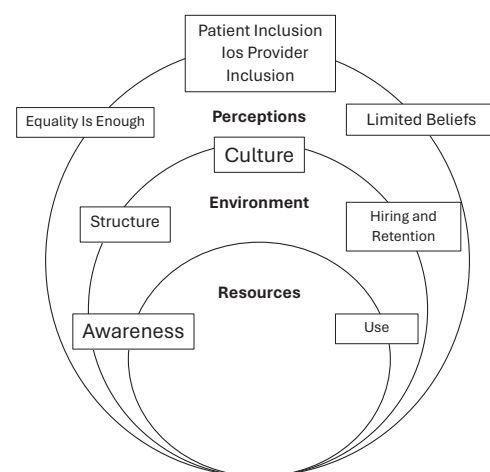
**Figure 2. Codebook diagram.**

Table 5. Supporting Quotes Continued on Next page

Pseudonym Name	Domain/Category	Supporting Quotes
Sally	Culture/relationship building	Environment I think it [inclusion] starts with the supervisor because they are the ones that have to model that behavior, and I think it's hugely important for those individuals to realize that they have privileges that others may not have. Also realize that they have a lot of work to do themselves, and that's not a bad thing, especially as you know, times change, and different things become cultural standards. It's our responsibility to take it up the chain. Because if we're not willing to make those changes, no one else is going to do it for us.
John	Culture/relationship building	I think it goes to if you [supervisor] can create an environment where your employees that you are supervising, or even if it's students you're supervising, feel safe enough that they can express how they feel and express their true emotions and desires. I think being an effective leader, is more so providing an environment for listening than it is telling what people need to do.
Tom	Culture/intentionality/active behavior	I really think it comes down to education and conversation. Educating people and saying to them, look, diversity and inclusion is not as daunting of a task as maybe perceived. Here are some examples of the implicit biases that you may have. These are some things that you can do to improve upon that. Here's some self-reflection. Here's some things you can look at internally as you try to move forward with yourself.
Jenn	Culture/intentionality/ active behavior	I try to check in with my staff, at least weekly, if not daily, when I see them. Just to see how they're doing. We kind of debrief on things that may or may not have happened the day before, or things that need to change. But hopefully, they know that I'm always open if they do need to have a conversation about anything. I always try to ask them what they need and to let them know if there's anything that they need from me to help them.
Ruth	Culture/intentionality/passive behavior	So, I think making sure that we have open dialogue with each other, and making sure that I am treating people the way that they want to be treated, and just showing respect and appreciation for all of them [athletic training staff] with everything that they do.
David	Culture/intentionality/passive behavior	Well, we're the leaders of the department. I think setting an example for everyone. So you know, leading by example and showing that we do care about it. I think it's a good place to start.
Kim	Structure/P&P/described P&P	But you know our staff within the department has some diversity, and we seem to get along really well. Our athletic director, who oversees all of us is very proactive in making sure that we are open and inclusive to everyone, and really tries to follow the NCAA's guidelines as it falls to inclusivity.
Debbie	Structure/P&P/described P&P	As an employer, we're all employed by a clinic that has very specific guidelines where education falls through on that [DEIA] as well as university standards that we have education that addresses the expectation of what behavior [surrounding DEIA] should be.
Stephanie	Structure/P&P/described no P&P	I definitely know there's no formal policies that we have made. Informally, we try to have time in our meetings where it is okay to talk about what's bothering you, or I always try to make it very clear that my door's always open should you need to talk about anything.
Evan	Structure/P&P/described no P&P	I would assume it's [a policy] in our student handbook. But, I feel like it's more of just an expectation. Word of mouth is how we do it here.
Dale	Structure/training onboarding	I think that the most important part of this process is the onboarding process, which is a challenge, because an onboarding process should not be a day event. So, it's an ongoing process that goes on throughout the time that those individuals are there because things can change. So, it's developing that process, making sure that you identify what's really, really important at the beginning, and then continue to grow and develop. So everybody understands what those expectations are, because they're clearly defined, and that will help set the stage for continued growth.
Melvin	Structure/training onboarding	I make all our incoming staff do the safe space ally training. So that is a part of their onboarding process unless they've already done it, and then I just to require the proof of the CEU.
Ian	Structure/professional development	I think the biggest thing is just education and awareness. The education that the institution, whether it's the clinic or the university needs to continually remind us that we want to treat people the way we want to be treated, and that we, the diversity, can really strengthen our organization because it brings different viewpoints and makes your organization stronger. I think a lot of it's just education, and reminders.

Table 5. Continued From Previous Page

Pseudonym Name	Domain/Category	Supporting Quotes
Josh	Structure/professional development	We've brought in some guest speakers. Some people from campus come, some from outside of campus as far as staff meetings just kind of doing some staff education I think it's been good, and I think it's open some people's doors to things that maybe they weren't necessarily aware of in some senses. I think, just trying to educate myself and everyone else that there are other things out there [in regards to DEIA].
Brook	Hiring and retention	I think retention is very huge. If you want to develop any type of culture with anything you need consistency, and that consistency is very important across the board. Without that, then you're just turning people over every year, and then you just can't get anything going. You can't get any traction with any of your initiatives. Your traction comes into your stability with your group, and that helps with your message that goes across.
Julia	Hiring and retention	It's trying to identify candidates that are better to buy into your vision, to understand what you want to do, and get them to all row the boat in the same direction. And then also try to find high quality individuals that have the same like mindset, and they will assist in fostering that culture of inclusion across the board.
Noelle	Use/used resources	Resources We have a student athlete diversity committee. And just recently we've engaged them to dealing into presenting to our staff to our student workers so we can just make sure that we're not missing anything. Also to make sure that our students have a voice. Anybody in the department has a voice so we can just kind of be on top of those issues.
Kimberly	Use/used resources	So we've actually implemented not just in the Athletic Training Department, but athletic department, something called courageous conversations. It's a workshop that our DEI department has put on. Everyone's been required to take part in that. We have a deep, basically a DEI, athletic department subgroup, they have a lot of initiatives that they also take part of and spread the word out through the athletic department.
Kylie	Use/did not use/resources	So, they [university] have the diversity officer title, but if you don't have a budget and you don't have the backup like, how can you plan anything? And how can you do some of that stuff? So, I think in the past we did the thing to check the box for the NCAA but you never did anything, because we never had the support to do anything related to it.
Kaylee	Use/did not use resources	Not necessarily. I feel like, right, "we're athletic trainers" to a certain extent. It's like some things that institutions do are so generic, it's unhelpful. And they try to reach so many different positions and different ways that we interact and serve our students here on campus that I'm just like "this is such a generic effort that I have no idea what to do with this." This doesn't pertain to what I do in the athletic training room in any capacity.
David	Awareness/aware of resources	For me, obviously just asking them [athletic training staff] more questions. Where do they feel that's [discrimination] coming from? How long ago did this happen? Right, like I would hate if it's something that happened years ago and now they're just feeling comfortable about saying it. I'm my staff's direct supervisor. So, from there, I go to HR to talk about that [discrimination] and make sure that that's kind of rectified depending on who the discrimination from. HR is a proper channel to go through first, but making sure I know what they [HR] want. I think that that's kind of the most important thing. Are you just bringing the discrimination to my attention? And you don't necessarily need action on it, right? This happened 5 years ago, and we want to make sure it never happens to someone else. Do you want what? What is their ultimate goal? From this, where can I be their advocate in the process, but making sure they also feel protected and safe, which typically is going to include HR right away. So then, having them to be the consultant of how to navigate that depending on where the [discrimination] is coming from.
Taylor	Awareness/aware of resources	The University does have several people in place for that [DEIA]. There's a director and assistant director for campus. But within the athletics department Athletics Department, there is a DEI community as well and there's somebody from kind of each department that's represented on that group.
Amy	Awareness/unaware of resources	I think the biggest part is for people who are really ready to talk about inclusion and identify where they are in that journey or that capacity. What's next? Right? How can I really make sure that I'm doing this. I think just in general, the idea of action is a hard thing to give someone resources for. So, I would love to have more, but I also don't have the answer to what I want more of.

Table 5. Continued From Previous Page

Pseudonym Name	Domain/Category	Supporting Quotes
Travis	Awareness/unaware of resources	There are people that I don't know exactly right off the top of my head. I know at the college, there's you know there is a diversity group, and at the clinic there's some people we get education [from] there. I don't know if I if there's somebody directly involved with that. I couldn't give you names right off the top of my head.
Nancy	Equality is enough	Perceptions I'm a big believer that we just we treat everybody equitably right. And if somebody has a need, we try to take care of it. I think we do a pretty good job of treating the person, how they need to be seen and treated, and I don't see the need for a formal policy.
Drew	Equality is enough	Well, I try and make sure that all my employees or assistants are listened to and treated as professionals. I have had varieties of different athletic trainers in those years. I haven't really thought of them as special classes, but more as athletic trainers is probably how I viewed it looking for people who, I'm looking for the athletic trainer not so much the protected group, I guess, is how I would approach that.
Denise	Patient inclusion is provider inclusion	Again, it starts with who we're there for. That's our patients, our student-athletes in this aspect. And if it's inclusive for them, then it's going to be inclusive for your staff, and they're going to feel welcome, and they're [athletic training staff] going to have a better return on their investment and increase their patient care.
Naomi	Patient inclusion is provider inclusion	Again, we work in a customer service field. If they stop [student-athletes] coming in, then something's going on. We have got to address that issue and figure out why and take those next steps and try to create an environment that they [student-athletes] want to come into, that they want to be a part of that.
Casey	Limited beliefs on diversity	I think there's a lot of great conversations we have come up from there because we don't have a ton of diversity on our staff, and not from lack of trying, or we haven't in the past. But realizing that, being really honest, but to say, we are a staff that doesn't visibly show a lot of diversity. Now, if you get into it, there is other diversity in there, but nothing that you can visually see, and that obviously is something that student-athletes can see right away.
Elena	Limited beliefs on diversity	Well, I think honestly, in my setting a big one is this: we are in a middle class, Caucasian environment. Right? I think realizing that, like there is not as much diversity here as there is at other places.

Abbreviations: CEU, continuing education unit; DEI, diversity, equity, and inclusion; DEIA, diversity, equity, inclusion, and accessibility; HR, human resources; NCAA, National Collegiate Athletic Association; P&P, policies and procedures.

noted that relationship building often looked like behavior mirroring, in which, the supervisor would perform an action that was expected to be followed by the rest of the staff. Active intentionality spoke to the actions made that are tangible or can be attributed to a specific action that was performed. For instance, Tom states, "I think it comes down to education and conversation." Passive intentionality included the good intention for promoting DEIA, without tangible evidence of those actions; Jenn talked about her "open door" policy where she described a situation where she waited for her staff to bring issues to her versus intentionally inserting inclusive practices into the system. The environment was also supported through structural efforts, specifically the existence and implementation of DEIA policies and procedures and training. When coding, we gathered whether participants developed policies and procedures, and only one-third of participants referenced DEIA policies and procedures to support their efforts of workplace inclusion. One participant noted, "I feel like DEIA is more of an expectation. Word of mouth is how we do it here." We coded DEIA training when participants characterized active efforts to promote or initiate DEIA activities during onboarding of new employees or regularly

throughout the year as professional development. Hiring and retention was discussed in over half of the interviews as a valuable tool to be used to promote DEIA in the workplace to actively increase and sustain retention. Additional supportive quotes for the environment domain are provided in Table 5.

The resources domain represented the existence and awareness of organizational DEIA education, hiring, or cultural resources whether that be physical (eg, pamphlet, guest speakers, online seminars) or social (university-affiliated DEIA committees, continuing education units, National Athletic Trainers' Association DEIA council) or lack thereof. Two-thirds of participants indicated, even when resources were available, that there was a lack of use. When participants went to their organization's DEIA groups, many were unsatisfied. Ron said, "we have a [DEIA] committee on campus, but they haven't really done much with it . . . It hasn't been advertised well enough on a big enough platform to hit everyone on campus." Some participants indicated a lack of time, whereas others spoke about a lack of funding to access outside resources as a primary barrier. Kyle noted, "We want to engage in DEIA meetings, but they meet at 3:30 PM and say, well that works for everyone else [within that athletics department]," indicating

that this was not convenient for the athletic training staff. Some participants noted many of their DEIA policies, as well as staff activities, came from the university's DEIA committees, and the lack of specificity to athletic training services limited their usefulness as seen by Kaylee: "It's like some things that institutions do are so generic; it's unhelpful." However, several participants stated that their student-led committees for DEIA have been extremely effective. One supervisor highlighted that "the student-led DEIA committee led training for the coaches, students, and staff. Coming from a student perspective, it really opens some people's eyes to what our students are actually going through." Using student and organizational resources can help bridge the gap that exists between patient and provider education surrounding DEIA, but those resources must be accessed.

The perceptions domain characterized the beliefs of the supervisors relative to DEIA, where about half of participants indicated that an equality-based approach, where things are equal for everyone, is sufficient to create an inclusive workplace. This is shown by Drew who stated, "I try to make sure that all my employees or assistants are listened to and treated as professionals . . . I am looking for the athletic trainer not so much the protected group." When asked directly, and then again during follow-up questioning, about workplace inclusion and efforts to make employees feel included, two-thirds of participants described efforts to create inclusive environments for patient care. This suggested a potential perceived equivalency between inclusive environments for patients and employees. Interestingly, many of the participants highlighted substantial inclusion efforts targeted for the patients that they served but were unable to specify inclusion initiatives for the athletic training staff. This is exemplified through Naomi's quote,

Again we work in a customer service field. If the student-athletes stop coming in, then something's going on. We have got to address that issue and figure out why and take those next steps and try to create an environment where they want to come into and be a part of.

A little over half of participants responded to the interview questions, limiting their responses to populations of differing race, ethnicity, and sexual orientation, and were not reflective of other minoritized communities even upon follow-up questioning.

DISCUSSION

Cultural inclusion addresses and supports the needs of people from diverse cultures and values their unique contribution to the organization.²⁰ Structural inclusion involves addressing long-standing oppression perpetuated by political, economic, and social systems.²¹ Practically, the differences between these 2 concepts is important, as one can make a subsystem inclusive of minoritized communities, but if the systems of the larger organization fail to change, those efforts can lead to continued oppression. Cultural inclusion can address individual biases where structural inclusion is about putting equitable systems in place that prevent those biases from occurring in the first place then corrects those biases when they occur.²² The existence of cultural and structural inclusion events are pervasive throughout our data, where the resources domain characterizes structural

inclusion, the perceptions domain directly speaks to cultural inclusion, and the environment domain speaks to both.

Environment

An inclusive workplace environment has been shown to improve the quality of health care in athletic training community relations and positively affect the health and wellness of our communities.²³ Those who assume leadership roles define what the cultural and workplace standards are regarding peer-to-peer interactions as well as health care delivery. Many of the participants confidently described their desire to create an inclusive culture, but few were able to provide examples, even with repeated follow-up questions, to create this space. Intentional leaders are clear about their goals, what they want to accomplish, and how this aligns with their organizations values.²⁴ Leaders who take a more passive approach and lack tangible examples of allyship for minoritized communities may not be able to fully communicate the organization's mission, vision, values, and expectations around inclusion to their employees. Overall, the idea of role modeling desired behaviors by the participants was seen as a way to effectively promote inclusion efforts. This may be explained by the behavioral leadership theory, where the focus on role modeling assumes that these traits will be copied by others.²⁵ This role modeling is consistent with those participants that spoke to actively behaving in a way they wanted their staff to behave, but this also has the potential to leave a gap for interpretation and implicit bias from staff.

Belongingness is defined as a feeling of being accepted as a part of a community where inclusion involves creating a welcoming and respectful environment. Inclusion requires active effort from the system, where the sense of belonging is the potential result, and an individual feels included. Inclusion initiatives have the potential to increase an employee's sense of belongingness and trust, yielding a healthy workplace culture.²⁶ This can start at the beginning during the hiring process. When an employee gets hired into an organization, they are exposed to that organization's mission, vision, values, policies, and procedures. Over half of the participants indicated that hiring and retention practices were a way that they introduced DEIA inclusion efforts to staff. By introducing new employees to a workplace culture structured around inclusion and belongingness, there is an opportunity to speak directly to staff at the onset. Belonging is linked to a 56% increase in job performance, a 50% drop in turnover risk, and a 75% reduction in sick days.²⁷ If an individual can gain a sense of belongingness in their athletic training community, it may have the potential to increase the vitality of their athletic training career.²⁸ When leaders are committed to DEIA, employees' sense of belongingness nearly doubles.²⁹ Through their attitudes and actions, leaders can build a sense of community and social responsibility in which each staff member feels included, valued, respected, and heard, resulting in greater retention.²⁷

Many supervisors were unaware of or did not implement DEIA initiatives directly in their organizational structures. Part of the role of policies is to set an expectation and aspiration for employee conduct and engagement at work.³⁰ Implementing DEIA initiatives, specifically clear policy around inclusion, can help bridge the gap between a policy and culture by providing both the employee, and supervisor, with clear expectations.³⁰ Efforts to advance DEIA in health services has been

hit or miss, in that the health care workforce has indicated that initiatives are often planning focused and not implementation focused, leaving workers, particularly minoritized workers, feeling that there is far more work left to be done.³¹ Similarly, in athletic training, participants in a recent qualitative study indicated that committees were convened, but little action had been implemented after the uprising of discontent in 2020.³² That study went on to further state that most athletic trainers were unsure of the stages of change their health care organizations were in relative to creating a more inclusive workplace, either structurally or culturally.³²

The growing body of evidence around positive patient outcomes in a more diverse work environment should continue to serve as the guidepost for hiring practices in health care. Race concordant relationships are important for the patient experience and improve things like patient education and shared decision-making.¹¹ Health care systems should be actively engaged in assessing and benchmarking their equity efforts, but with that, a full picture of diversity must be captured.³³ Historically, institutions have used race and ethnicity to quantify representation, but these metrics fail to assess the experiences and intersectionality of the workforce today. In this study, the supervisors struggled to describe diversity among their employees beyond race, ethnicity, and sexual orientation. Systems should engage in more holistic assessment and ensure they are capturing the experiences of their workers, not just calculating the groups they may or may not represent.³³

Resources

Failure to be up to date on best workplace practices for inclusion can lead to discrimination among patients and employees, social isolation, increased injury, and increased overall costs of health care needs to the organization.^{34,35} Participants in this study indicated that some of the DEIA resources failed to resonate for their specific job functions, and they had limited time and funds to use these best practices. Other barriers in organizations may include a lack of goals and metrics to measure success of DEIA program/training, limited or no buy-in from leadership, or cultural resistance.³⁶ One way to combat these barriers is to have awareness of university-specific, athletic training-specific, and general health care-specific DEIA best practices. All participants indicated that there was opportunity for growth for expanding their knowledge on DEIA awareness and education. Much of this awareness should arise from gaining an understanding of what various types of diversity exist within their community. Supervisors have the opportunity to support their employees' global awareness of DEIA through using continuing education units and university-specific DEIA committees as well as sharing or reflecting on their own experiences as a way to increase overall awareness that diversity exists in our communities, when we welcome it. There is an urgent need for organizations to reframe their mission and values to align with the core principles of DEIA. By 2050, it is estimated that 50% of the US population will consist of minoritized populations, and, unfortunately, today's model of health care fails to represent these minoritized communities.³⁴

Perceptions

The Quadruple Aim is focused on improving population health through improving work life integration for those who deliver care.¹⁰ The 4 wings of the aim are improving the health of populations, enhancing the patient experience of care, reducing per capita costs of health care, and improving the work life of clinicians and staff.¹⁰ These health care aims have evolved from the first 3 aims, adding this fourth aim focusing on health care workers¹⁰ and most recently a fifth aim on health equity.³⁷ Health care is a relationship between those who provide care and those who seek care, a relationship that can only thrive if it is symbiotic, benefiting patients without harming health care workers.¹⁰ As part of the health care team, services provided by athletic trainers may include, but are not limited to, primary care, injury illness and prevention, wellness promotion and education, emergent care, examination and diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.³⁸ Efforts to help make patients feel included in the athletic training clinic, although an important part of the overall Quadruple Aim, fall short of ensuring an inclusive workplace. With athletic trainers in college and university settings having the possibility of working in multiple workspaces, it is crucial that supervisors make attempts to ensure that all work areas are following inclusive practices to increase an employee's sense of belongingness. This may include signage, working with other University or national committees on inclusive practices that should be encouraged, or general education to entire athletics departments.

Participants in this study, and in other studies in athletic training, struggled to differentiate the concepts of equality and equity.^{32,39} Half of the participants expressed a desire to treat everyone equally as their central tenant of inclusion and indicated its use as an effective strategy to promote DEIA. Equality requires that everyone receive the same resources and opportunities, regardless of circumstances and despite any inherent advantages or disadvantages that may apply to marginalized communities.⁴⁰ Equity accounts for the different challenges that historically marginalized communities may face and acknowledges that different levels of support must be provided to achieve fairness in outcomes.⁴⁰ Offering the same access to opportunities and resources without acknowledging the circumstances and context into which individuals engage in a space disadvantages under-resourced groups. Many workplaces are trying to promote "fairness" across their organizations when, in actuality, there should be efforts to ensure equity.⁴¹ If equality is the main focus for DEIA efforts, it can lead to a counterbalance where the work being put in to eliminate bias is instead increasing implicit biases and furthering the inability for an inclusive workplace culture to be built.⁴¹ Ensuring that athletic training workplaces acknowledge these concepts of equity versus equality is imperative when delivering DEIA education, providing actionable changes to promote a safe workplace environment, and when making efforts to increase an employee's sense of belongingness.

Historically marginalized communities were defined in this study as

those who have experienced marginalization based upon race, ethnicity, religion, national origin, marital status, ability, sexual orientation, sex, gender, gender identity

and expression, socioeconomic status, spirituality, political affiliation, literacy, or the intersectionality of multiple identities.

Many of the participants limited their responses when answering interview questions to only discussing marginalized communities based on race, ethnicity, or sexual orientation. Acknowledging all forms of diversity will enable any organization to foster a more collaborative workplace positioned to grow to its fullest.⁴² If supervisors are not able to define what DEIA is and integrate it into their culture, they may promote an environment of unintentional hostility and see an increase in turnover.⁴³

Limitations and Future Research

Most of the participants in our study identified as White, non-Hispanic males working in urban settings, which is generally representative of supervisors in athletic training.⁴⁴ The scope of this investigation is limited to those in college and university clinical practice settings, and thus our findings may not be wholly generalizable to other practice settings. Other leadership structures, system expectations, and available resources may offer different findings. Assessing the various challenges and successes in settings other than colleges and universities could provide insight into additional barriers and solutions for implementation of DEIA practices in athletic training. It is also important to acknowledge that participants may be facing pressures organizationally and politically that impact their ability to create an inclusive work environment. In this study, we did not explore the participants' lived experience in the socio-political context. Future research is needed for DEIA efforts in athletic training, as well as other health care professions, to determine what direct and indirect actions can be taken to create desirable workplace environments. This study was exploratory in nature, but future research that evaluates a supervisor's years of experience, education, and preparation as a leader may also inform questions around workplace inclusion in athletic training.

CONCLUSIONS

This study has shown that supervisors see themselves as leaders within their clinical environment who have direct and indirect influence on their organizational culture. The respondents discussed the importance of DEIA in their organization but often were unable to identify resources or have structure around their inclusion policies. Organizations should work to implement consistent DEIA training, cultivate a sense of belongingness, and acknowledge the broad range of diversity to better include and represent minoritized employees.

REFERENCES

1. Corsino L, Fuller AT. Educating for diversity, equity, and inclusion: a review of commonly used educational approaches. *J Clin Transl Sci*. 2021;5(1):e169. doi:10.1017/cts.2021.834
2. Swartz TH, Palermo AS, Masur SK, Aberg JA. The science and value of diversity: closing the gaps in our understanding of inclusion and diversity. *J Infect Dis*. 2019;220(suppl 2):S33–S41. doi:10.1093/infdis/jiz174
3. D&I business results. White Men as Full Diversity Partners (WMFDP). Accessed February 5, 2024. <https://wmfdp.com/di-business-results/>
4. Peng Y, Wu T, Chen Z, Deng Z. Value cocreation in health care: systematic review. *J Med Internet Res*. 2022;24(3):e33061. doi:10.2196/33061
5. Diversity in healthcare: 10 tips for managing a diverse workforce. George Washington University. Published January 28, 2021. Accessed August 27, 2023. <https://healthcaremba.gwu.edu/blog/diversity-in-healthcare-workforce/>
6. Diversity equity inclusion glossary. College of the Environment. Accessed October 15, 2023. <https://environment.uw.edu/about/diversity-equity-inclusion/tools-and-additional-resources/glossary-dei-concepts>
7. Certified athletic trainer demographics and statistics in the US. Zippia. Accessed February 12, 2024. <https://www.zippia.com/certified-athletic-trainer-jobs/demographics>
8. Board of Certification for the Athletic Trainer. Accessed May 1, 2023. <https://bocatac.org/>
9. Adams WM, Terranova AB, Belval LN. Addressing diversity, equity, and inclusion in athletic training: shifting the focus to athletic training education. *J Athl Train*. 2021;56(2):129–133. doi:10.4085/1062-6050-0558-20
10. Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med*. 2014;12(6):573–576. doi:10.1370/afm.1713
11. Shen MJ, Peterson EB, Costas-Muñiz R, et al. The effects of race and racial concordance on patient-physician communication: a systematic review of the literature. *J Racial Ethn Health Disparities*. 2018;5(1):117–140. doi:10.1007/s40615-017-0350-4
12. Study finds patients prefer doctors who share their same race/ethnicity. Penn Medicine. Published November 9, 2020. Accessed August 27, 2023. <https://www.pennmedicine.org/news/news-releases/2020/november/study-finds-patients-prefer-doctors-who-share-their-same-race-ethnicity>
13. Bass B, Nagy H. Cultural competence in the care of LGBTQ patients. In: *StatPearls*. StatPearls Publishing; 2023. Updated November 13, 2023. Accessed October 15, 2023. <http://www.ncbi.nlm.nih.gov/books/NBK563176/>
14. Importance of diversity in healthcare & how to promote it. Provo College. Published June 1, 2022. Accessed October 15, 2023. <https://www.provocollege.edu/blog/the-importance-of-diversity-in-healthcare-how-to-promote-it/>
15. Livingston R. How to promote racial equity in the workplace. *Harvard Business Review*. September–October 2020. Accessed May 1, 2023. <https://hbr.org/2020/09/how-to-promote-racial-equity-in-the-workplace>
16. Randel AE, Galvin BM, Shore LM, et al. Inclusive leadership: realizing positive outcomes through belongingness and being valued for uniqueness. *Hum Resour Manage Rev*. 2018;28(2):190–203. doi:10.1016/j.hrmr.2017.07.002
17. Rogers SM, Lopez RM, Crossway AK, Moffit DM, Sturtevant J, Hansen A. The role of the athletic trainer in providing care to transgender and gender diverse patients: foundational knowledge and disparities—part I. *J Athl Train*. 2024;59(4):338–344. doi:10.4085/1062-6050-0311.22
18. O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative research: a synthesis of recommendations. *Acad Med*. 2014;89(9):1245–1251. doi:10.1097/ACM.0000000000000388
19. Hill CE, Knox S, Thompson BJ, Williams EN, Hess SA, Ladany N. Consensual qualitative research: an update. *J Couns Psychol*. 2005; 52:196–205. doi:10.1037/0022-0167.52.2.196
20. Culturally inclusive environment. University of the Sunshine Coast. Accessed February 12, 2024. <https://www.usc.edu.au/about/careers-at-unisc/staff/cultural-diversity/cultural-diversity-and-inclusive-practice-toolkit/culturally-inclusive-environment>
21. Bowser LS. Structural inclusion: what it means and why it matters. B The Change. Published July 30, 2019. Accessed February 12, 2024.

- <https://bthechange.com/structural-inclusion-what-it-means-and-why-it-matters-a4b85945cf71>
22. 4 Steps to building an inclusive organization. Korn Ferry. Accessed February 12, 2024. <https://www.kornferry.com/insights/featured-topics/diversity-equity-inclusion/4-steps-to-building-an-inclusive-organization>
 23. Diversity, equity, inclusion, and accessibility within AT. Commission on Accreditation of Athletic Training Education. Accessed July 4, 2024. <https://caate.net/DEI>
 24. Madhosingh S. Mastering intentional leadership: tips and strategies for success. training industry. Training Industry. Published April 6, 2023. Accessed January 31, 2024. <https://www.trainingindustry.com/articles/leadership/mastering-intentional-leadership-tips-and-strategies-for-success/>
 25. Leadership theories and styles. Western Governors University. Published April 7, 2020. Accessed January 31, 2024. <https://www.wgu.edu/blog/leadership-theories-styles2004.html>
 26. DEI in the workplace: why it's important for company culture. Penn LPS Online. Published March 22, 2023. Accessed January 31, 2024. https://wpa.wharton.upenn.edu/wp-content/uploads/2020/05/Evidence-Based-Solutions-for-Inclusion-in-the-Workplace_May-2020.pdf
 27. Carr EW, Reece A, Rosen Kellerman G, Robichaux A. The volume of belonging at work. *Harvard Business Review*. Published December 16, 2019. <https://hbr.org/2019/12/the-value-of-belonging-at-work>
 28. Young JP, Games KE, Rivera MJ, Eberman LE. Psychological ownership in athletic training. *J Athl Train*. 2022;57(3):291–298. doi:10.4085/1062-6050-0638.20
 29. Diversity, Equity, Inclusion and Accessibility Committee | Council of the Inspectors General on Integrity and Efficiency; IGnet. Accessed March 7, 2024. <https://www.ignet.gov/diversity-equity-inclusion-accessibility-committee>
 30. Model policies and considerations for a diverse, equitable, inclusive and respectful work environment. Office of Financial Management. Published February 2020. Accessed February 12, 2024. <https://ofm.wa.gov/sites/default/files/public/shr/Diversity/SubCommit/Model%20Policies%20and%20Considerations%20for%20DEIRWE.pdf>
 31. Chantarat T, Rogers TB, Mitchell CR, Ko MJ. Perceptions of workplace climate and diversity, equity, and inclusion within health services and policy research. *Health Serv Res*. 2023;58(2):314–324. doi:10.1111/14756773.14032
 32. Eberman LE, Edler Nye JR, Nye EA. Workplace climate for sexual and gender minorities in athletic training. *J Athl Train*. 2024;59(5):522–535. doi:10.4085/1062-6050-0139.23
 33. Kayingo G, Bradley-Guidry C, Burwell N, Suzuki S, Dorrough R, Bester V. Assessing and benchmarking equity, diversity, and inclusion in healthcare professions. *JAAPA*. 2022;35(11):51–54. doi:10.1097/01.JAA.0000885184.50730.94
 34. Nair L, Adetayo OA. Cultural competence and ethnic diversity in healthcare. *Plast Reconstr Surg Glob Open*. 2019;7(5):e2219. doi:10.1097/GOX.0000000000002219
 35. O'Neill M. What the world would be like if diversity didn't exist. Bench Builders. Published 2021. Accessed February 5, 2024. <https://bench-builders.com/managing-complexity/if-diversity-didnt-exist/>
 36. Getting past the top 5 barriers to DEI program implementation. Well-Right. Published February 1, 2023. Accessed January 31, 2024. <https://www.wellright.com/resources/blog/getting-past-top-5-barriers-dei-program-implementation>
 37. Itchhaporia D. The evolution of the quintuple aim. *J Am Coll Cardiol*. 2021;78(22):2262–2264. doi:10.1016/j.jacc.2021.10.018
 38. Athletic training. National Athletic Trainers' Association. Accessed August 1, 2024. <https://www.nata.org/about/athletic-training>
 39. White KA, Winkelmann ZK, Edler Nye JR, Eberman LE. Recruiting and retaining racially minoritized students into professional postbaccalaureate athletic training programs. *Athl Train Educ J*. 2021;16(2):120–131. doi:10.4085/1947-380X-20-29
 40. Equity vs. equality: key differences to understand. United Way NCA. Racial equity and racial equality: what do they mean? United Way National Capital Area. Published August 27, 2021. Updated October 22, 2024. Accessed August 1, 2024. <https://unitedwaynca.org/blog/equity-vs-equality/>
 41. Noonan M. Why equal opportunities are never enough: putting humanity at the center. CARA. Published 2023. Accessed August 1, 2024. <https://www.thecaragroup.com/why-equal-opportunities-are-never-enough-putting-humanity-at-the-center/>
 42. Diversity is not just about gender and race. ERE Media. Published April 8, 2019. Accessed January 31, 2024. <https://www.tlnt.com/articles/diversity-is-not-just-about-gender-and-race>
 43. Diversity and inclusion at the workplace. Strengthscape. Published March 29, 2023. Accessed February 12, 2024. <https://strengthscape.com/effects-of-a-lack-of-diversity-inclusion-at-the-workplace/>
 44. Head athletic trainer demographics and statistics in the US. Zippia. Updated January 8, 2025. Accessed July 4, 2024. <https://www.zipppia.com/head-athletic-trainer-jobs/demographics/>

Address correspondence to Taylin Jean, ATC, 110 Whitford Drive, Durham, NC 27708. Address email to taylin.jean@duke.edu.