

Diversity, Equity, and Inclusion in Audiology Doctoral Programs:

Why Does This Matter?

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Introduction

2020 marked a pivotal year in the timeline of social justice in America. During the Coronavirus pandemic, the United States faced political and racial unsettlement and violence that had not been seen in recent years. Not only did the pandemic highlight deeply rooted social injustices, but it also shined a light on the need to educate the nation on health care equity. While it would be a daunting task to combat every healthcare disparity that is seen in the country, we can initiate a systems-level change by identifying the needs in our communities. While there is minimal literature examining diversity, equity, and inclusion (DEI) in audiology programs, there is sufficient evidence that the introduction of these core values in graduate program studies can improve patient health outcomes by providing culturally sensitive care (Claeys, Berdai-Chaouni, Tricas-Sauras, & De Donder, 2020.) The purpose of this study is to survey audiology doctoral graduate programs across the nation and identify common themes among these programs as it relates to DEI and healthcare. A series of questions will examine how programs have adapted DEI training into their curriculum. We will also reflect on how DEI initiatives as well as cultural factors can influence the communities served by audiologists. Another aspect that will be examined includes barriers to recruiting and retaining diverse students and faculty in audiology doctoral programs.

Methods

Participants and Recruitment: A link inviting audiology program representatives to participate in the survey was posted on an online AuD forum on Facebook titled "Audiology Antics and Anecdotes- for All Hearing Professionals." Additionally, a link to participate was also posted on the American Speech-Language-Hearing Association (ASHA) "Audiology" community forum. The survey link was also sent to universities in the United States with audiology programs via email inviting their participation. 19 anonymous responses were collected. 19 anonymous responses were completed in total. The typical time spent completing this survey was 3 minutes and 4 seconds.

Procedure and Survey: Access to the online survey was provided through a link on Facebook group titled "Audiology Antics and Anecdotes- for All Hearing Professionals." Access to the online survey was also made available to participants via the ASHA community forum entitled "Audiology." Universities offering audiology doctorate and PhD programs were contacted via email and provided a link directing them to the survey. The survey consisted of 10 quantitative questions. Consent to participate in the survey was asked when the participant entered the survey link. The survey was anonymous, and participation was voluntary. The estimated time of completion of the survey was two minutes. A participant was allowed one attempt to complete the survey. Once a participant submitted their response to the survey, they no longer were permitted to visit their submission. The survey was available for participants to complete for approximately two weeks. After the two-week period for data collection, the survey was not available to new participants. Topics covered in the questions included disability in clinical experiences, diversity, equity, and inclusion initiatives in audiology programs.

Data Analysis

Results: 100% of responders answered that their AuD/PhD program provides a Diversity, Equity, and Inclusion position statement to doctoral students and faculty members.

- Many responders were asked to specify the ways in which their program includes DEI initiatives in their curriculum. Responses included didactic lectures, demonstrations, clinic integration, mandatory DEI workshops, CSD student organization, and DEI faculty committee
- When asked, "What percentage of faculty, staff, and students in the AuD/PhD program have a disability? (this includes visible and invisible disabilities)"
 - 31.58 % of responders reported "0% to 20%"
 - The remaining 68.42% of responders reported that "21% to 40%"
- When asked, "How is your AuD/PhD program ensuring culturally diverse clinical experiences for your students?"
 - 21.05% of responders selected "off campus sponsored activities (examples: screening events/health fairs)"
 - 10.53% of responders selected "simulation-based activities"
 - 15.79% of responders selected "guest subject-matter expert lectures"
 - 5.26% of responders selected "post-evaluation discussion of patient with students"
 - 47.37% of responders elected "other"
 - Most responses indicated that their program utilizes a mixture of the available answer choices
- When asked "in what way(s) does your program prepare your students to provide for patients with disabilities?"
 - 100% of responders elected a combination of "didactic lectures/courses," "demonstration by example," and " after-patient conference/debriefing with student"

Discussion: The results of this study prompt consideration of including diversity, equity, inclusion and disability education during students academic and clinical career. The behaviors of program faculty and staff should reflect the university's DEI initiatives and prompt them to lead by example for their students. Johnson-Mallard and colleagues (2019) reported that universities had greater success in the longevity of DEI initiatives when supported by leadership and included into the institution's strategic planning. Regarding barriers to retention of diverse faculty, staff, and students, lack of financial supports/lack of representation were the most reported barriers. Carson and colleagues (2019) reported that a way to increase retention of diversity is to have a champion faculty member from underrepresented racial/ethnic minority groups. This shows that those who are underrepresented have a "seat at the table" and are welcomed at their institution. Infusing DEI curriculum in both the classroom and clinical experiences can help shape culturally competent clinicians. Sharifi and colleagues (2019) discussed that cultural competence can help patients feel understood and be more trusting of the larger healthcare system. As audiologists continue to participate in performance measures like Merit-Based Incentive Payment System, it is now all too important to promote a positive healthcare experience for their patients to continue building trust between patients and other healthcare providers.

Limitations: The findings of the present study should be interpreted considering several limitations of that include self-report bias. Because this was an online anonymous survey, responders may have overexaggerated survey answers or may have been embarrassed to answer survey questions honestly. Given a small sample size of 19 total respondents, the findings of the study may not be sample may not be generalizable to all AuD/PhD programs.

Figures

If Your AuD/PhD Program has a DEI Curriculum, How Do the Students Respond to the DEI Instruction?

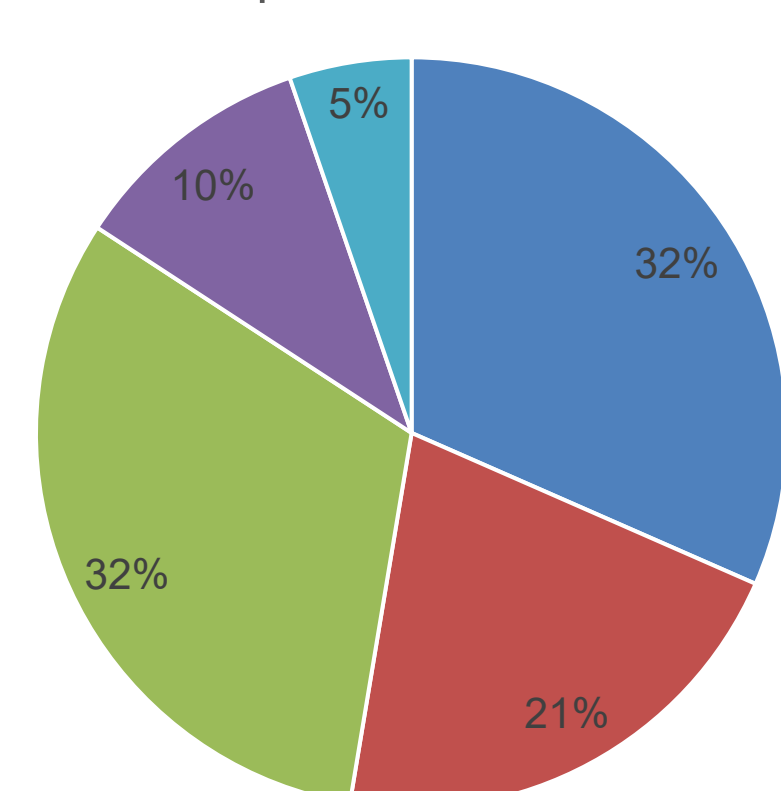


Figure 1. Percentage of respondents reported student responsiveness to DEI

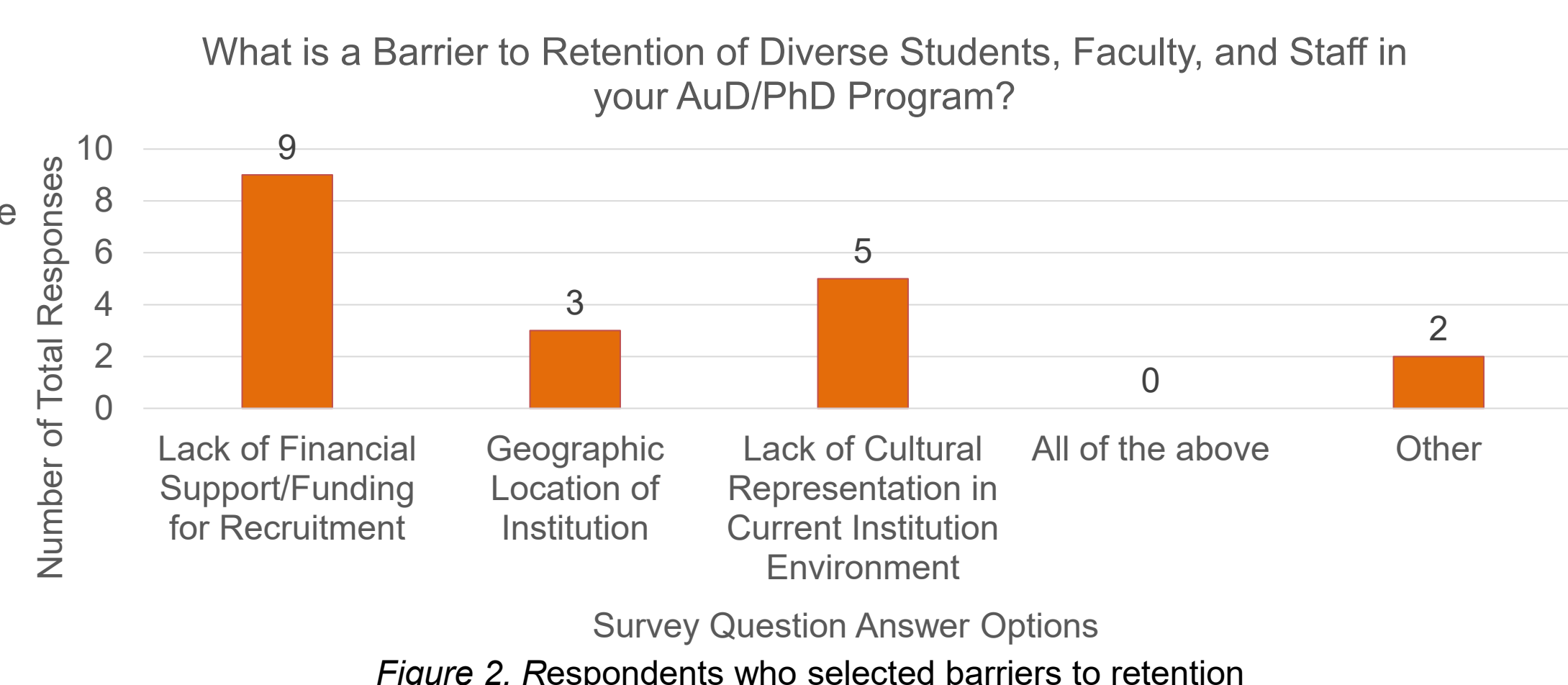


Figure 2. Respondents who selected barriers to retention

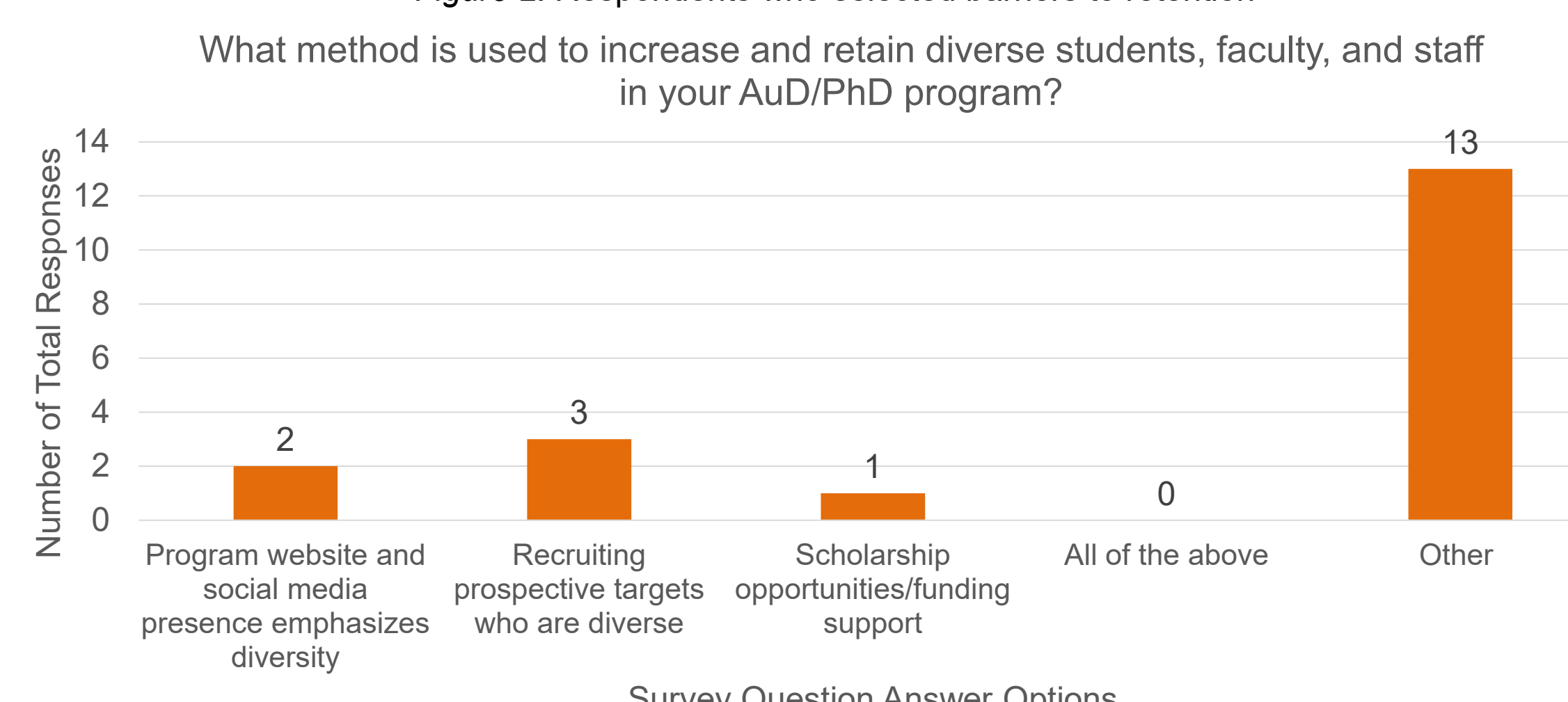


Figure 3. Respondents who selected methods of increased retention

Conclusion & Clinical Implications

This online study aimed to provide insight into self-reported DEI initiatives in AuD/PhD programs to identify trends, if any. A key takeaway from the survey is that it is important for members of higher-education institutions to examine their strategic plans to ensure it provides a "seat at the table" for all racial/ethnic groups. It is also clear that the need for DEI instruction in all healthcare-related graduate school programs exists. Audiologists often serve as the "entry-point" to the larger healthcare system by virtue of our interactions with patients/families. Training audiology students in cultural competency with regards to DEI and people with disabilities will better prepare them to serve those underrepresented racial/ethnic groups as they begin their professional careers.

References

- Claeys, A., Berdai-Chaouni, S., Tricas-Sauras, S., & De Donder, L. (2020). Culturally sensitive care: Definitions, perceptions, and practices of health care professionals. *Journal of Transcultural Nursing*, 32(5), 484-492. <https://doi.org/10.1177/1043659620970625>
- Carson, T. L., Aguilera, A., Brown, S. D., Peña, J., Butler, A., Dulin, A., Jonassaint, C. R., Riley, I., Vanderbom, K., Molina, K. M., & Cené, C. W. (2019). A seat at the table. *Academic Medicine*, 94(8), 1089-1093. <https://doi.org/10.1097/acm.0000000000002603>
- Johnson-Mallard, V., Jones, R., Coffman, M., Gauda, J., Deming, K., Pacheco, M., & Campbell, J. (2019). The robert wood johnson nurse faculty scholars diversity and inclusion research. *Health Equity*, 3(1), 297-303. <https://doi.org/10.1089/heaq.2019.0026>
- Sharifi, N., Adib-Hajbaghery, M., & Najafi, M. (2019). Cultural competence in nursing: A concept analysis. *International Journal of Nursing Studies*, 99, 103386. <https://doi.org/10.1016/j.ijnurstu.2019.103386>