

Engaging Employees to Eliminate Racism

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BACKGROUND

“ *Racial disparities... are ongoing and endemic. Racism is not just a public health issue, but also a humanitarian crisis! Racism is systemic. When it is systemic, it is ingrained in a culture and becomes implicit.*” (Baptiste, DL; Josiah, et al, 2020). Mayo Clinic has had a long tradition of being an equitable and diverse employer; however, it is not immune to system racism. Racial disparities exist in all domains of our society, yet there is a lack of systemic courage to develop a safe space to discuss or even act with the required vigor needed to make impactful change. After the murder of George Floyd in May of 2020, a multidisciplinary team of leaders from diverse backgrounds, including from the Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery, formed a group called KIND (Kern Inclusion and Diversity) to challenge the status quo and rethink the concept of diversity and inclusion within the institution.

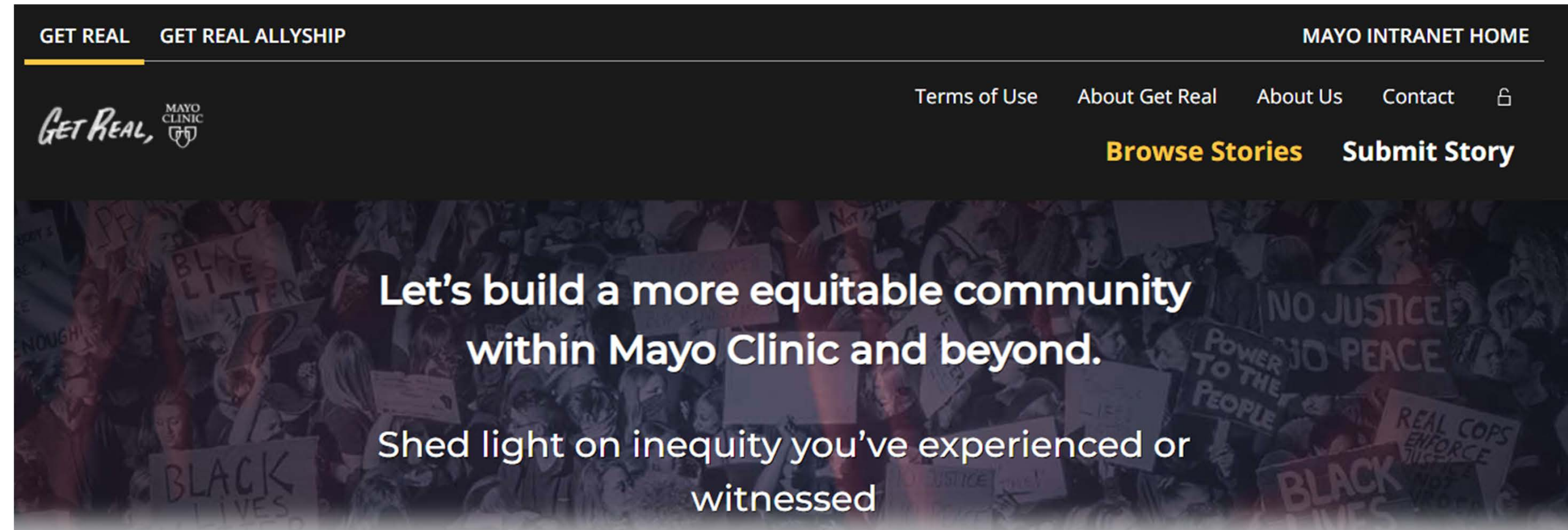
OBJECTIVE OF PROGRAM

In July of 2020, after careful examination of understanding the need for a safe space for underrepresented minorities (URM) to share experiences, the KIND group launched a crowdsourcing platform to reach all employees as a mechanism to hear the stories of URM in an anonymous and safe way by highlighting and magnifying their voices and lived workplace experiences. When colleagues deny the existence of systemic racism, it is often because they do not see or experience it themselves. This platform has helped build awareness and empathy from others who have not experienced systemic racism, and it provides a repository of experiences that has allowed Mayo Clinic to create impactful and sustainable actions for eliminating racism. This platform was aptly named “*Get Real, Mayo Clinic.*”

The aims of the “*Get Real*” platform were to

- raise awareness of workplace inequities and microaggression
- gain innovative ideas from within the organization to minimize and eradicate racism and discrimination.

In August of 2021, a sister platform, “*Allyship*,” was created. This website allows users to share their experiences of being an ally and an upstander to witnessed microaggressions and as an educational tool to model what upstander and allyship behavior looks like.



SAMPLE STORIES*

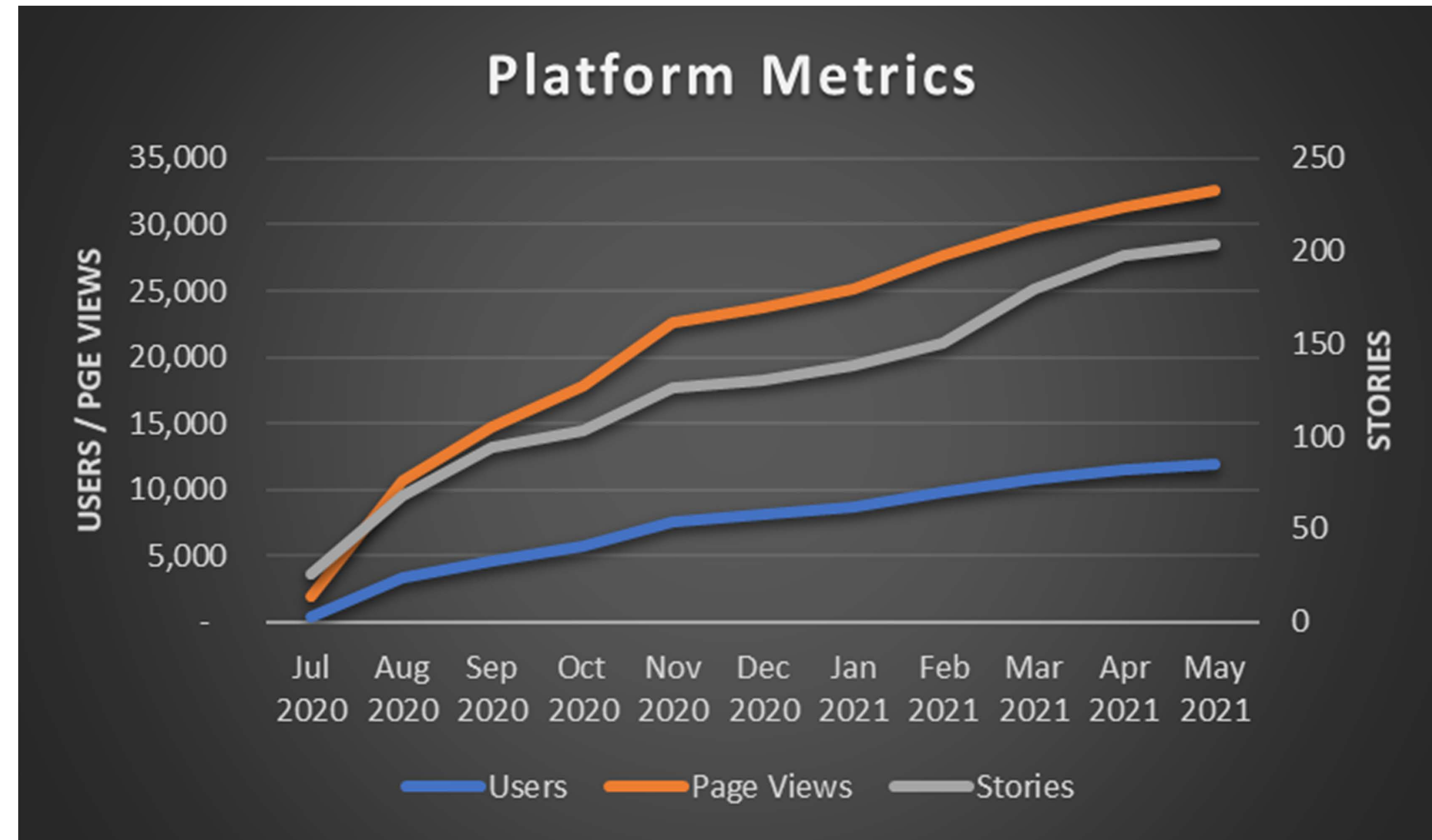
I feel like I'm invisible. Even though we are all on Zoom, I am never called on and when I do speak up, people talk over me. I feel like you only matter if you look and sound like everyone else.

There aren't any people that look like me in my department. The other day, a patient asked my coworker if she could take their vital signs instead of me. My manager overheard this conversation and didn't say anything.

After being in my position for several years, I applied for an open management position in my department that would be a promotion for me. After many weeks of not hearing anything, a white coworker (who has the same qualifications as me) who has been with Mayo for less than a year told me he had gotten the job. I didn't get any feedback when I inquired about why I wasn't offered an interview or why I wasn't considered for the promotion, even though I have been here longer.

I use the staff elevators like many people twice a day. It hurts my heart every time the door closes in my face because a coworker doesn't hold the button to allow me to get in the elevator, too, even though there's plenty of room. If I can make it in time, they stand as far away as they can and don't make eye contact. I often start my day feeling like I don't belong here.

* To maintain trust and anonymity of those who courageously shared their stories, the above examples are an amalgamation of experiences and do not represent any one individual



PLANNING/RESEARCH MODELS

After publishing the anonymous collection of stories on the *Get Real* platform, a narrative approach was used to catalogue and understand the experiences of Mayo Clinic minority employees' work life and climate and explored the learned significance of those individual experiences. Five emergent themes identified from the stories (published and unpublished) gathered from July 2020-September 2020. The *Allyship* platform was launched in August 2021 to collect individual stories of upstanders. These stories are curated and connect educational opportunities for staff to understand how they can become better allies to our colleagues who are experiencing microaggressions and bias (unconscious and deliberate).

LESSONS LEARNED

- Systemic racism is a serious disease and should be treated as such.
- Getting URM to share their stories can be difficult at first until trust can be established.
- Individuals are willing to speak up and share more honestly when anonymity is guaranteed.
- The “*Get Real, Mayo Clinic*” platform has been a valuable tool in informing Mayo Clinic's campaign to end racism.

RESULTS

The Get Real platform was built for Mayo Clinic employees to be able to share their raw, emotional experiences.

- Impact:
- More than 200 stories shared via the platform
 - Over 10,000 unique visitors
 - 30,000-page views

To foster a safe environment and build trust, tenets of the platform are anonymity and confidentiality, therefore, we cannot divulge or retell actual stories. We can, however, talk about themes that were revealed through analysis of a quarter's worth of data. We learned not all staff experience Mayo Clinic culture in the same way and these experiences translate to career path, retention, and recruitment issues. We learned that microaggressions and explaining away someone's behavior compounds the trauma of the initial experience and we learned that our patients sometimes engage in this behavior too, and that is not ok. We learned that not everyone believes we have a problem. These themes below are helping to inform changes to policy, to educate all staff about what is not acceptable in our organization and to develop tools to measure movement and whether we are making progress:

- Mission & Values vs Reality
- Micro-Inequity/Micro-Aggressions
- Human Resources-Related Biases and Discrimination
- Direct Patient Care
- Minimization and Futility of Reporting

Collectively, 15 sub-themes were identified in relation to the five emergent themes. A confidential report and scorecards of the narrative analysis have been shared with leadership to inform institutional strategies on eradicating racism across the enterprise. With this framework, we can expand our effort to address other inequities, including gender, age, and disabilities.

REFERENCES

[Racial discrimination in health care: An "us" problem \(wiley.com\)](#)

CONTACT

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