

## RESEARCH

# An Exploratory Study of Arab American Pharmacy Educators' Work Experience with Diversity, Equity, and Inclusion

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**Objective.** To explore the experience of members of Arab American Pharmacy Educators (AAPE) regarding diversity, equity, and inclusion in their workplace.

**Methods.** A cross-sectional questionnaire was distributed electronically to 51 AAPE members. Eligible participants were those who identify with Arab heritage and have worked at US schools or colleges of pharmacy. Following the initial invitation, three reminders were sent to complete the questionnaire.

**Results.** A total of 31 (61% response rate) AAPE members completed the questionnaire. The majority of participants reported an overall positive academic experience. However, some participants reported being subject to negative stereotypes and discrimination, which may have hindered their ability to teach, practice, conduct research, and fully engage in service to their schools or colleges, profession, and community.

**Conclusion.** Some AAPE members reported negative stereotypes and discrimination at US schools or colleges of pharmacy. Findings from this study can have implications for faculty representing different minority groups, especially for those pharmacy educators who are not of Western European descent and anyone who is perceived as the “other.”

**Keywords:** Arab American, educator, diversity, equity, inclusion, pharmacy faculty

## INTRODUCTION

In 2020, there was a call by the *Journal* for a theme issue, which was later published in 2021 entitled *Moving From Injustice to Equity: A Time for the Pharmacy Profession to Take Action*.<sup>1</sup> The issue was a welcomed effort considering the disturbing cases of social injustice inflicted on some minority groups in the United States highlighted by the murder of George Floyd. Shortly after this tragic event, national pharmacy organizations took an official stand against racial injustice and institutional racism.<sup>2,3</sup> For example, the American Association of Colleges of Pharmacy (AACP) has addressed the importance of cultural sensitivity and efforts to decrease health care disparities.<sup>4</sup>

In 2020, the AACP reported a total of 6488 full-time and 242 part-time pharmacy faculty members at 137 US schools and colleges of pharmacy.<sup>5</sup> However, beyond the historical issues facing Blacks and Hispanics, little is known about other challenges surrounding diversity, equity, and inclusion (DEI) among pharmacy faculty. The Arab American Pharmacy Educators (AAPE) is a growing group of pharmacy educators who identify with Arab heritage. At the 2017 AACP annual meeting, AAPE established a professional organization, and, in 2018, a mission, vision, and strategic plan were approved ([www.aapedu.org](http://www.aapedu.org)). Since then, webinars and conferences have been regularly held in collaboration with universities in the Arab world.

The Arab world consists of 22 countries that share a common language, heritage, history, and culture.<sup>6</sup> Arab Americans are estimated at 3.7 million.<sup>7</sup> Arab Americans have stayed somewhat marginalized since the late 1800s,<sup>8</sup> and some have faced xenophobia and discrimination that

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have intensified after 9/11.<sup>9</sup> Perceived discrimination among Arab Americans after 9/11 was found to heighten psychological distress, diminish happiness, and contribute to higher risks of certain chronic health conditions.<sup>10</sup> They are also more likely to be at increased risk of COVID-19 complications.<sup>11</sup> Other studies on Arab American college students revealed their undervalued, misunderstood, and negatively stereotyped identity<sup>12</sup> and a struggle with anxiety and depression.<sup>13</sup>

In general, DEI issues in health education have been addressed previously. For instance, one study demonstrated disparity in academic medicine between minority and non-minority faculty, with minority faculty being more heavily concentrated in lower academic ranks, having disproportionate committee service, and being asked to be the face of diversity for their school or college by serving on diversity task forces.<sup>19</sup> Also, some DEI issues in medical imaging and radiation therapy education,<sup>14</sup> biology education,<sup>15,16</sup> and medical education<sup>17,18</sup> have been previously studied. Efforts to better characterize diversity, reduce barriers, and enhance scientific collaboration for minor ethnicities have been recently called for by medical education bodies. In pharmacy education, knowledge about challenges for underrepresented groups has been accumulating. Erstad and colleagues<sup>20</sup> have recently described the efforts implemented for enhancing equity and inclusion of non-tenure-track pharmacy faculty. Hagan and colleagues<sup>21</sup> showed that underrepresented minority faculty in pharmacy had low representation compared to their composition among the US population and suffered lack of access to advanced training in postgraduate residency or fellowship programs. In addition, available data showed that representation of Hispanic faculty was lagging in pharmacy programs.<sup>21</sup> In 2022, academic pharmacy institutions and professional pharmacy organizations were invited to elevate DEI topics, to designate them as essential for addressing health equity and improving care for underserved populations, and to include them as a foundational step in continuing education. As a minority group, and to our knowledge, no previous research has addressed the challenges faced by AAPE members in their workplace. Therefore, an exploration of this group of pharmacy educators is warranted to extend the frontiers of DEI, to probe knowledge regarding their underrepresentation, and to provide recommendations for achieving full acceptance in the Academy.

## METHODS

The study was based on a cross-sectional design that included multiple-choice as well as open-response items. Data were collected in the summer of 2021 using an online questionnaire via Qualtrics (Qualtrics International Inc). An invitation to participate was sent to AAPE members

(n=51), followed by a reminder every two weeks for a total of three reminders. The study was approved by the institutional review board of Creighton University.

Members of AAPE were eligible to participate in the study if they identified as persons of Arabic heritage; were US citizens, permanent residents, or had a work visa at the time of data collection; and held an academic position at any school or college of pharmacy in the United States at the time of data collection.

No specific instrument was identified in the literature. The authors developed the questionnaire items ([https://blueq.co1.qualtrics.com/jfe/form/SV\\_8qvbBzo0Z8Y4JGR](https://blueq.co1.qualtrics.com/jfe/form/SV_8qvbBzo0Z8Y4JGR)) over six weeks with three reiterations. Key terms in the questionnaire (eg, *discrimination*, *DEI*, *microaggression*) were defined. After completing face validation by the investigators, the questionnaire was piloted to six faculty of Arabic heritage. Data collected from this pilot study were used to further refine the questionnaire items, layout, and flow.

Participants were asked to review a consent form and agree to participate before they could see the items on the questionnaire. The questionnaire was composed of 49 items that assessed three domains: participants' overall satisfaction with their academic experience pertaining to DEI issues (30 items), demographics (eight items), and professional characteristics (11 items). The first domain also assessed, based on a five-point Likert scale, whether participants believed to have been subject to discrimination, microaggression, racism, or stereotyping. In addition, the first domain assessed whether they believed to have had negative experiences on well-being, annual evaluation, academic progression, funding, obtaining research resources, developing practice sites, and achieving promotion and tenure. Open-ended items allowed participants to describe their experience or state why they indicated agreement or disagreement with issues measured by the quantitative items. The second domain assessed some demographic factors that may have impacted participants' experience, such as country of origin, citizenship, and religion. The third domain was designed to capture participants' professional information, including academic degrees, disciplines, appointment track, academic rank, and work history.

Participants' quantitative responses from the first domain were summarized based on a standard Likert scale. Spearman correlation analyses were conducted to measure the strength and direction of association between items in the first domain (eg, perceived discrimination) and demographics as well as professional characteristics. A *p* value of less than .05 was considered statistically significant. Finally, the open responses were coded based on their content. Responses with similar content were grouped into themes that summarized participants' comments.

**RESULTS**

A total of 31 (61%) eligible participants completed the questionnaire. The participants’ demographics are summarized in Table 1. Most of the participants reported being born outside the United States (74%), being US citizens (74%), and working in institutions located in urban areas (67%). The median age of participants was 43 years. On average, participants had been living in the United States for 20 years and had worked in academia for 11 years. Overall, participants reported a positive academic work experience with an average response of 4.2 on a scale from one (“very negative”) to five (“very positive”), but also believed that racism was still a relevant issue in our society today, with an average score of 4.2 on a scale from one (“strongly disagree”) to five (“strongly agree”). Average responses on other work experience factors (Table 2) showed high variability (1.7-3.0) on the same scale, with the highest agreement score pertaining to experiencing stereotyping at work and the highest disagreement related to being denied internal or external research funding because of how others perceive participants’ background. Table 3 shows significant associations between certain work-related experiences and demographics/professional characteristics.

Data from the open responses enriched the quantitative findings. Some participants reported sharing a positive work experience with support from faculty colleagues, students, and administrators. However, others shared that they felt stereotyped and marginalized; were experiencing discrimination, lack of support, delay in promotion and tenure; were being overlooked for promotional opportunities; and were being stereotyped based on their accent, ethnicity, and religion. The latter factors were shared as barriers to gaining the school or college administration’s trust and as a source of microaggression from students or of being accused of unprofessionalism by administrators. Additionally, some participants reported receiving little credit despite working hard, lack of opportunities to serve on influential committees, and feeling the need to hide their heritage and religion to gain more opportunities. Further, some participants cited national political changes as a potential cause for microaggression and disrespect.

**DISCUSSION**

This exploratory study attempted to gauge and assess the experience of a sample of pharmacy educators of Arabic heritage with DEI in the context of their work environment as well as evaluate potential contributing factors that can assist in better understanding of their experience. It assessed possible correlations between participants’ responses and internal factors (ie, religion, gender, sexual orientation, academic professional status, immigration

Table 1. Demographic and Professional Characteristics of Surveyed Arab American Pharmacy Educators

|   | No. (%)   |
|---|-----------|
| Status in the United States               |           |
| US citizen                                | 23 (74.2) |
| Permanent resident                        | 6 (19.4)  |
| (Missing data)                            | 2 (6.5)   |
| Gender                                    |           |
| Female                                    | 15 (48)   |
| Male                                      | 13 (42)   |
| (Missing data)                            | 3 (10)    |
| Religion                                  |           |
| Christian                                 | 8 (25.8)  |
| Muslim                                    | 17 (54.8) |
| (Missing data)                            | 6 (19.4)  |
| Location                                  |           |
| Mid-Atlantic                              | 5 (16.1)  |
| Midwest                                   | 6 (19.4)  |
| Northeast                                 | 4 (12.9)  |
| Northwest                                 | 0 (0.0)   |
| Southeast                                 | 8 (25.8)  |
| Southwest                                 | 3 (9.7)   |
| West                                      | 3 (9.7)   |
| (Missing data)                            | 2 (6.5)   |
| Discipline                                |           |
| Pharmaceutical sciences                   | 10 (32.3) |
| Pharmacy practice                         | 12 (38.7) |
| Social or administrative sciences         | 4 (12.9)  |
| (Missing data)                            | 5 (16.1)  |
| Track                                     |           |
| Tenure track (tenured or not yet tenured) | 8 (25.8)  |
| Non-tenure track                          | 17 (54.8) |
| (Missing data)                            | 6 (19.4)  |
| Rank                                      |           |
| Assistant professor                       | 10 (32.3) |
| Associate professor                       | 3 (9.7)   |
| Full professor                            | 9 (29.0)  |
| (Missing data)                            | 9 (29.0)  |
| School type                               |           |
| Public                                    | 10 (32.3) |
| Private                                   | 15 (48.4) |
| (Missing data)                            | 6 (19.4)  |

status, or length of stay in the United States) as well as external factors (ie, school/college type, geographical location, and urban versus sub-urban area of the workplace). One of the common themes was the positive experience of several participants regarding many items in the

Table 2. Arab American Pharmacy Educators' Responses to Items Addressing Academic Experiences, Sorted from Lowest to Highest Mean

|  | SD | D  | N | A  | SA | NA | Mean <sup>a</sup> |
|--|----|----|---|----|----|----|-------------------|
| I was denied internal or external research funding because of how others perceive my background as an AAPE                         | 6  | 14 | 5 | 0  | 0  | 6  | 1.7               |
| I was denied research resources such as lab space, equipment, or supplies, because of how others perceive my background as an AAPE | 9  | 12 | 2 | 2  | 0  | 6  | 1.9               |
| My student evaluation was negatively affected because of my background as an AAPE  | 10 | 10 | 5 | 3  | 0  | 3  | 2.0               |
| I was denied certain practice sites because of how others perceive my background as an AAPE  | 9  | 8  | 0 | 3  | 1  | 10 | 2.0               |
| I was denied a promotion because of how others perceive my background as an AAPE   | 9  | 11 | 7 | 1  | 1  | 2  | 2.1               |
| My professional progress was impeded because of how others perceive my background as an AAPE                                       | 10 | 10 | 1 | 6  | 2  | 2  | 2.3               |
| My well-being at work was negatively affected because of how others perceive my background as an AAPE                              | 8  | 11 | 2 | 6  | 2  | 2  | 2.4               |
| I have experienced microaggression at work   | 8  | 7  | 2 | 10 | 3  | 1  | 2.8               |
| I have experienced discrimination at work  | 5  | 9  | 8 | 5  | 4  | 0  | 2.8               |
| I have experienced stereotyping at work  | 4  | 7  | 6 | 12 | 2  | 0  | 3.0               |

Abbreviations: SD=strongly disagree; D=disagree; N=neutral; A=agree; SA=strongly agree; NA=not applicable or missing data; AAPE=Arab American Pharmacy Educators.

<sup>a</sup> Represents the average on a scale from 1=strongly disagree to 5=strongly agree.

first domain. Another theme was the feeling of being overlooked and, therefore, missing out on opportunities. In addition, some AAPE members experienced stereotyping, microaggression, and perceived racism (Table 2). These findings should alert US schools and colleges of pharmacy and the Academy to the need to examine the persistence of racial inequities and to further promote an inclusive atmosphere by evaluating the experience of all educators, especially those who are not of Western European descent.

Table 3 shows that individuals working at institutions located in the South rather than the North were more likely to experience discrimination. This might also correlate with the differences in the conservative culture and/or historical events in these regions. For example, Alabama and Mississippi had the highest employment discrimination, with over 60 complaints per 100,000 people.<sup>22</sup> As for seniority, participants in the associate or full professor rank reported more stereotyping and discrimination compared to those in the assistant professor rank. Likewise, individuals who had worked for longer years were likely to believe in the higher prevalence of racism in society. Interestingly, women AAPE members were less likely than men to experience negative effects on their well-being due to their background. However, despite over half of the pharmacy profession identifying as female, there is a

notable lack of women in top leadership roles across the professional spectrum<sup>23</sup> and a gender gap in pharmacy.<sup>24,25</sup> Moreover, the 2019 AACP National Pharmacist Workforce Study found that discrimination by gender is much more likely to affect women.<sup>26</sup>

In regard to religion, Muslim AAPE members were more likely to believe that racism is still a relevant issue in our society. Although the Arab and Muslim communities have historically been subject to negative stereotyping in American popular media,<sup>27-29</sup> they have been pushed more into the forefront of the American consciousness after 9/11 and, to some extent, assigned collective guilt to their entire communities. This perception has not been counterbalanced.<sup>30</sup> Hence, this is a call for pharmacy educators to realize the need for more investigation on this issue, to be more inclusive of AAPE members, including those who are Muslims. In addition, current standards and institutional assessment mechanisms including the AACP faculty and graduating students' surveys should be modified to evaluate DEI more specifically for both pharmacy educators and students. Accreditation standards should also be expanded to reflect representative and proactive institutional mechanisms for assessment and continuous improvement of DEI efforts. The call-to-action paper published as part of the theme issue in the *Journal*<sup>31</sup> laid out the case for the Academy to address DEI issues for students and patients.



Table 3. Association Between Work Experience and Demographic/Professional Characteristics of Arab American Pharmacy Educators

|   | <b>Statistical output</b> |
|---|---------------------------|
| The following categories were more likely to report positive work experience:   |                           |
| ▪ Individuals working in public institutions (compared to private institutions)   | $r_s(25)=.45, p=.025$     |
| The following categories were more likely to report discrimination at work:   |                           |
| ▪ Individuals working in institutions located in the South (compared to institutions in the North)                              | $r_s(29)=-.42, p=.025$    |
| ▪ Individuals at the associate or full professor rank (compared to those at the assistant rank)                                 | $r_s(22)=-.59, p=.004$    |
| The following categories were more likely to report stereotyping at work:   |                           |
| ▪ Individuals at the associate or full professor rank (compared to those at the assistant rank)                                 | $r_s(22)=-.43, p=.023$    |
| The following categories were more likely to report negatively impacted well-being due to how others perceive their background: |                           |
| ▪ Men (as compared to women)  | $r_s(27)=-.41, p=.034$    |
| The following categories were more likely to report impeded professional progress due to how others perceive their background:  |                           |
| ▪ Individuals working in institutions not located in underserved areas (compared to institutions in underserved areas)          | $r_s(27)=-.46, p=.017$    |
| The following categories were more likely to report having external funding denied due to how others perceive their background: |                           |
| ▪ Individuals on tenure track (compared to those on non-tenure track)   | $r_s(25)=.48, p=.016$     |
| The following categories were more likely to report being denied a promotion due to how others perceive their background:       |                           |
| ▪ Individuals on tenure track (compared to those on non-tenure track)   | $r_s(25)=.46, p=.020$     |
| The following categories were more likely to believe racism is still a relevant issue in society:                               |                           |
| ▪ Individuals who identified as Muslim (compared to individuals who identified as Christian)                                    | $r_s(25)=-.46, p=.021$    |
| ▪ Individuals who reported working more years (compared to individuals who worked fewer years)                                  | $r_s(25)=-.44, p=.027$    |

This paper is a call to action to address the structural racism, inequity, and discrimination facing faculty, especially those who are not of Western European descent and anyone who is perceived as the “other.”

This study has several limitations. While AAPE members worked hard to recruit more members, the questionnaire was limited to those who attended the AACP meetings and became AAPE members. Thus, the results from this study cannot be generalized to the entire community of Arab American faculty. However, the results are insightful to capture the overall experience and guide future studies with a large sample size to be able to conduct more robust statistical analyses. The AACP distribution list does not have a sublist based on member race or ethnicity. Obtaining the distribution list and allowing the respondents to self-identify may yield larger samples in future research. Even though general Arab American studies have steadily gained interest among some researchers,<sup>32,33</sup> especially since the early 2000s, research has primarily relied on convenience samples and has not been able to engage nationally representative samples of Arab Americans. Limited Arab American participation in health research may be rooted in distrust and discomfort resulting

from fear of surveillance, threats, and suspicion post-9/11. Additionally, Arab immigrants are sometimes subject to discrimination that can lead to trauma and suboptimal quality of life.<sup>34</sup> These challenges may apply to AAPE members and may pose unique barriers to understanding their unique needs and challenges.

## CONCLUSION

The majority of AAPE members in this study reported an overall positive academic experience; however, some participants shared negative experiences that may have hindered their ability to teach, practice, conduct research, and fully engage in service to their school or college, profession, and community. While it is important for AAPE members to make the effort to become acculturated to their institutions, it is also the responsibility of administrators, faculty, staff, students, and patients to engage and instill proactive mechanisms for fostering respect for DEI in the workplace. These findings may have implications for American faculty members who are not of Western European descent, where they may be perceived as the “other” at their institutions.

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