Master thesis

A repertoire of positives: the navigation of ambivalence in diversity work

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Abstract

Like other public and private domains, the health care sector sees an increase in diversity and inclusion ideology, initiatives, plans and strategies. Diversity workers, the people who execute these efforts or engage with diversity in (parts of) their work, are crucial in embedding diversity within these organizations. This thesis explores how diversity workers experience, execute and contest diversity work within the Amsterdam University Medical Centre by deploying a multi-sited ethnographic approach (Marcus, 1995).This is done through conversations with diversity workers, analyses of policy documents and public displays, and attendance at a couple events focused on or related to diversity work.

The diversity workers can be characterized as tempered radicals (Meyerson & Scully, 1995), as they simultaneously work in and on the organization in which they seek to implement their diversity endeavors (Kirton et al., 2007). As they try and further their diversity agenda, they experience resistance of this same organization (Ahmed, 2012). This results in an ambivalent state of being, characteristic to tempered radicalism, which they try to navigate through an interdependent repertoire of positives: strategic, optimistic, and authentic positivity. This inherently acquired expertise gives the diversity workers at Amsterdam UMC epistemological advantages on the diversity dialogue within the organization and should therefore be seen as a vital and valuable source of information.

Keywords
Academic hospital, cooptation, diversity work, tempered radical, resistance

Introduction

Institutions, including academic medical centers, where the majority of the people is white often results in lack of white consciousness and white supremacy, which (re)produces institutional racism and other forms of discrimination. Within the Netherlands, this roots from a paradox of on the one side a deeply engrained self-image that Dutch people are tolerant, open and progressive, which downplays or denies the existence of racism (Wekker, 2016). Yet, on the other side, covert and increasingly open forms of racism and xenophobia are prevalent (Bonilla-Silva, 2013; Wekker, 2016). Diversity and inclusion practices, which originate from equal opportunity and affirmative action approaches, are presented by institutions as ways to 'tackle' institutional racism (Ahmed, 2012). Besides this social justice stance, an increasing amount of literature focuses on 'the business case' of diversity (David & Ely, 2005). Diversity was popularized within managerial processes of the United States in the 1980's and came to Netherlands a couple decades later (Holvino & Kamp, 2009). Now, the business case of diversity is an increasingly popular topic both in Dutch public and private organizations (Sociaal Economische Raad, 2019). It argues that diverse personnel leads to positive monetary prospects and customer satisfaction, as well as more inventive and efficient processes and collaboration within organizations (Ghorashi & Ponzoni, 2014; Herring & Henderson, 2012).

This shift in organizations towards management of diversity work has resulted in criticism from numerous academic scholars. Due to professionalization and management approaches (Swan & Fox, 2010), diversity work has become detached from struggles of discrimination and other inequalities. Concretely, when trying to make diversity tangible and something to be tackled, it transforms diversifying into a range of institutional goals, which take attention away from the underlying problem of inequality (Ghorashi & Ponzoni, 2014). This can be noticed by how 'easy' diversity is incorporated into neo-liberal language of many organizations (Ahmed, 2012), including health organizations. However, it might be this easiness that makes diversity so attractive to organizations. Therefore, diversity has also been named a 'replacement term' (Ahmed, 2012): a happy and positive concept that fits easily with the dominant organization instead of heavier and more confronting topics such as equality and exclusion. This 'happy language' is one way through which diversity lost the sharp edge of its historical origins (J. M. Bell & Hartmann, 2007). In short, the criticism on diversity, especially the business case approach, is that it leaves space for (re)production of institutional whiteness and racism (Ahmed, 2012). As this shows, the diversity discourse is complex and creates tension between the different groups within this discussion.

In line with society and many other organizations, Dutch medical institutions see an increase in attention for diversity, which has spread – in various amounts – into healthcare, medical personnel, education and research (Helberg-Proctor et al., 2016; Helberg-Proctor & Busari, 2023). Medical institutions have an important function for health and wellbeing, but also take part in broader societal processes. For instance, analysis predict that in 2040 the health care sector will employ one in four people of the Dutch labor market (World Economy Forum, 2020). Alarmingly within academic hospitals, physicians and other health-related employees have experienced different forms of racism and discrimination, including otherism, lack of safe space to voice negative experiences and stigmatization (Peterson et al., 2004; Tweed et al., 2022). However, the push to diversify the medical world is instigated from a desire to attain to the needs of a 'culturally diverse' patient group (Betancourt et al., 2005). In line with the broader discussion, in academic hospitals the social justice and the business case approach are apparent (Leyerzapf, 2019). Although internationally there is an emphasis on best practices,

especially how to diversify the medical workforce (Hogan, O'Rourke, et al., 2023; Khuntia et al., 2022; Stanford, 2020), there is little information available on experiences of diversity workers within medical organizations.

One study from the US highlighted seven roles and responsibilities of 'chief diversity officers' in health organizations (e.g., internal strategies, health service, trainings, organizational change, workforce, external engagement and suppliers), highlighting the broad range of tasks when it comes to diversity work (Hogan, Stevens, et al., 2023). When looking at diversity workers in academic settings, Ahmed (2012) displays how diversity workers describe their work as embedding diversity within circulations and processes of the institution and overcoming obstacles. Paradoxically, by aiming to embed diversity, the diversity worker tries to render itself unnecessary. In varying amounts diversity workers aim to transform the organization they work at. However, all emphasize the hard work that comes with trying to institutionalize something that the institution would preferably not have institutionalize (Ahmed, 2012). In addition, diversity workers have been characterized as 'tempered radicals' (Meyerson & Scully, 1995), as they aim to change the status quo of their organization with the diversity work, while simultaneously being committed to that organization and aspire personal goals (Kirton et al., 2007). This duality in the diversity worker results in a state of ambivalence, which leads to different obstacles and strategies that they try to navigate (Kirton et al., 2007).

As diversity practices within organizations, including academic hospitals, are not going to disappear any time soon, it is important to see the diversity work from the perspective of people who simultaneously work in and on these organizations. As far as I know the tempered radicalism has not been linked to diversity workers within academic hospitals, especially within the Netherlands. Thus, the approach in this thesis to focus on tempered radicalism within medical institutions could, on the one side shine light on diversity work and the upcoming diversity discourse in Dutch medical organizations, and on the other side extent the conceptualization of tempered radicals and their way of navigating ambivalence through positivity.

This thesis aims to contribute to the complex understanding of diversity and diversity work. On the one side, to present how diversity workers experience and navigate the ambivalence in their work, their identity, and in broader organizational structures. On the other side, to display them as a source of vitality and resilience which could guide organizations in the ambiguity of diversity work. In all, it aims to add on to the ongoing discussion of tempered radicalism as a heterogeneous and flexible concept. This is done by answering the following research question:

"How is the formation and implementation of diversity policies understood, performed and contested by diversity workers within the Amsterdam University Medical Centre?"

This thesis is divided in four parts. Firstly, the theoretical framework establishes diversity workers as tempered radicals and elaborates on their struggles and strategies. Additionally, we take a closer look at Dutch academic medical institutions and what role diversity plays within it. Secondly, in the methodology section we see how the fieldwork was conducted. Thirdly, we see how the diversity workers at Amsterdam University Medical Centre (AUMC) experience the same ambivalence as tempered radicals and how they employ a repertoire of three types of positivity to navigate this ambivalence. Through this balancing of ambivalence, the diversity workers inherently develop the ability to navigate the dialogue on diversity within the organization. Finally, we reflect on the research process and implications of the thesis.

Diversity work, a state of ambivalence

Within Dutch academic medical institutions

The academic hospital is a complicated and unique combination of healthcare delivery, accommodation of people (e.g. patients), an academic research center, as well as a workplace for numerous types of medical and health-related personnel (Taylor, 2003; Wilson, 1963). This broad range of personnel gives rise to complex relationships which could involve authority and competition for prestige and status (Wilson, 1963). The dominant culture in academic hospitals is often described as exclusionary, hierarchical, preferential and culturally homogenies (Essed, 2005; Taylor, 2003), which makes it especially difficult for people of color to get in and remain. As an institution can also be recognized by its daily processes (Ahmed, 2012), medical organizations can be characterized by formalized and standardized evaluations and assessments, as well as audit cultures which focus on quantifiable outputs (Wear & Aultman, 2006).

Little to no research has been done on diversity work within Dutch medical institutions. However, a study by Leyerzapf's (2019) situated in the AUMC found three related notions of how cultural diversity was experienced by and related to health personnel. Although, this study mainly focuses on medical professionals, the broader notions emphasize and extend the description of the academic hospital. The first notion highlights that cultural diversity is primarily about personnel from a 'cultural minority'. Ahmed (2012) also pointed to diversity as only focusing on the one out of place or the 'other'. Secondly, Leyerzapf (2019) argues that the overlap between a neutral, normal, and good medical professional results in the dominant 'ideal worker norm', meaning a white, heterosexual and able bodied male (van den Brink & Benschop, 2012). Although the this norm establishes itself on formal qualities, automatic assumptions of who do not fit these qualities or who are different are prevalent (e.g., non-white, Muslim). This leads to a hierarchy between people who are seen as the norm, namely 'majority personnel', and the other that do not fit this norm, namely 'minority personnel', especially people with a Muslim background (Leyerzapf, 2019). The final notion shows how this racialized hierarchy has been normalized. It has been made invisible due to internalization and reproduction in everyday processes and interactions. As the idea circulates that people are solemnly measured by these neutral qualities, people who do not fit this norm are dismissed based on individual shortcomings (Leyerzapf, 2019).

This process of normalization of a racialized biases and hierarchy situate the dominant way of thinking and its resulting processes and structures in which the diversity workers of this thesis try to implement diversity.

Diversity work: tempered or radical?

The tempered radical is conceptualized as a person who holds opposing, possibly radically conflicting, views of the dominant organizational culture they are part of, while simultaneously a person who resonates with and is committed to that same organization (Meyerson & Scully, 1995). Their radicalism aims to change the status quo, yet they this might be tempered due to diverse reasons, such as disappointment or ambitions of personal advancement. Although Meyerson & Scully (1995) shortly touch upon diversity workers' ability to use 'multiple languages to the same constituency' (p.596), meaning the ability to talk to various stakeholders in different languages necessary to further their diversity agenda. Only until Kirton et al. (2007) applied the concept to 'diversity professionals' in numerous public and private organizations, an extensive depiction of diversity worker as tempered radicalist arose. Like the 'general'

tempered radical, diversity professionals intrinsically have a social justice agenda, which opposes and aims to explicitly change the dominant culture of their organization. Yet, they are also genuinely committed to the business case of diversity that is often the general approach within their organization. Where some view diversity as a next step in their social justice agenda through a 'short vs long-term agenda' (Cockburn, 1989), others viewed the social justice and business case of diversity more as intertwined and not contradicting per se (Kirton et al., 2007). The diversity professionals show their multiplicity as they are genuinely supportive of both the social justice and business case agenda. Exemplary, they do not think that the social justice agenda is in the way of the business stance, and they show their ability to speak to 'both sides' of the diversity discourse. This shows a genuine co-existence of their commitment to equality and business goals (Kirton et al., 2007). This dual view on diversity leads to a state of ambivalence.

On an personal level tempered radicals can feel a conflict between their personal and professional identity, by having a job that is not in line with their personal values (Meyerson & Scully, 1995). It is proposed by Kirton et al. (2007) that diversity professionals solve this conflict as their work on diversity allows them to work on the social justice agenda they internally aspire. However, some diversity professionals might still experience opposing beliefs with those of the dominant organization. Additionally, the diversity worker might experience other types of ambivalence due to identity struggles, such as balancing their dual identity as a professional role and a change agent. They seem to find ways to continue professionally in the organization, while also staying true to and acting based on their social justice beliefs.

Additionally, an important layer in diversity work is the progressing of the diversity agenda itself. Diversity work as tempered radicalism can be understood by the duality of being tasked to incorporate diversity (both the social justice and business case approach) in an organization where the dominant culture does not necessarily want diversity to be institutionalized. Throughout the diversity work, they experience what Ahmed (2012) conceptualized as 'the invisible wall' of the organization. Diversity workers come up against institutional barriers as they try to change something in or of the organization. For others, who do not hold such aspirations this wall is rendered invisible. Two institutional barriers in diversity work should be mentioned (Kirton et al., 2007). In the first-place diversity workers experience resistance and backlash against the diversity initiatives, projects and actions they try to incorporate. Secondly, diversity workers have limited operational and financial resources since their agenda is often not a priority within the organization. This ambiguity of diversity work itself adds a layer to the ambivalence of diversity workers, as ambivalence they work on an agenda that comes with certain resistance.

Resistance, cooptation or something in between

The state of ambivalence that diversity workers experience makes them at risk for backlash from both perspectives on diversity (Kirton et al., 2007). For the social justice proponent, they can be seen as too compromising, when striving for incremental change, yet for the business case proponent they are too radical with their agenda for structural change. This in-between state might result in accusations of hypocrisy, feelings of anger and guilt, or even turn into experiences of isolation (Meyerson & Scully, 1995), as neither side understands or can image the duality in the beliefs and agenda of the diversity worker. For some diversity workers these burdens could put pressure on the social justice aims and ultimately result in 'cooptation' (Meyerson & Scully, 1995) or assimilation to the dominant culture.

Opposingly, it is the way that the diversity workers utilize the ability to truly understand, speak and use the tools that arise from having an ambivalent stance on diversity, that allows them to navigate this ambivalence (Quinn & Meyerson, 2008). In the general literature, the tempered radical employs a broad range of strategies to effect change within their organization (Meyerson & Scully, 1995). These range from subtle day-to-day negotiations to long term schemes. Or open and more radical approaches, such as collective deliberate actions and forging collaborations, to covert individual actions, such as authentic acts and opportunities (Griffiths et al., 2023; Kirton & Greene, 2009). Besides these concrete attitudes and actions, Thomas & Davies (2005) argue that changing or resisting the status quo can also be 'discursive', meaning a focus on meanings, and language to intervene and transform the current understandings of diversity. In extension Swan & Fox (2010) propose two other forms of resistance. The first one focuses on the use of the body or embodiment of difference, as a symbolic action. It relates to the body being out of place or a 'guest' (Ahmed, 2012) within the medical institution that challenges the ideal worker norm. In addition, this allows them to draw on their bodily experiences within the organization to generate knowledge and forms of resistance (Bennett, 2000). The second one resides in the use of knowledge arising from professionalization and management of diversity work (Swan & Fox, 2010).

For a big part, the navigation of the ambivalence that diversity workers experience comes down to the balancing of 'avoiding' cooptation and resisting the status quo by finding ways to further the diversity agenda (Meyerson & Scully, 1995). However, Swan & Fox (2010) contest the binary of cooptation and resistance by showing how these practices are 'temporal, dynamic, intermingling processes' (p.585). Due to the many strategies a diversity worker can use, it is difficult to label a strategy as 'pure' resistant or coopted. For instance, by learning the language of professionalization people attain resources and power (Larner & Craig, 2012). Additionally, Swan & Fox (2010) argue that the way organizations operate forces of power and cooptation on the diversity worker should be considered as well, as for some it is easier to fit or embody to the dominant culture as for others, and some experience more pressure of coercion then others. This shows how cooptation or resistance is not solemnly a conscious choice. In short, (Swan & Fox, 2010) emphasize that cooptation and resistance in diversity and diversity work is complex and fluid both on an individual level and between different diversity workers, underlining the ambivalence in diversity work and the strategies that they use.

The ability of diversity workers to navigate the ambivalence and the tension between the social justice and business approach, gives them certain epistemic advantage. This extends on standpoint epistemology, which was originally conceptualized by Smith (1987), in which she proposed that women's knowledge production and views on knowledge, which have been overlooked in patriarchal knowledge production, can transgress current way of thinking and shine light upon topic of gender inequalities (Brooks, 2007). In case of diversity workers, this could mean that their marginalized position within the organization, could produce insightful and transformative perceptions and knowledge. The non-dominant position in the organizations hierarchy and in their challenging ways of thinking, gives them a specific way of looking at the problematics of diversity (Morales, 2019). Thus, extending on standpoint theory, the way that diversity workers might produce knowledge through navigating ambivalence and the diversity agenda, gives them an informative and noteworthy position within the discourse.

Multi-sited ethnography: conversing & observing

This thesis explores deploys a multi-sited ethnographic approach by 'following diversity around' (Marcus, 1995). This contemporary form of ethnography focuses on 'the circulation of cultural meanings, objects, and identities in diffuse time-space' (p.96). This required the researcher to approach the research subject with an openness and the circulation of the object as not yet identified. The aim was to 'go with the flow' (Ahmed, 2012, p.7) and make explicit my willingness to listen to anyone who wanted to talk to me. As described by Marcus (1995), the multi-sited ethnography forms an argument or theoretical underpinning that arises from the connection and associations between different types of research sites (e.g. both physical and immaterial), exemplary are the following of people, things, symbolic objects or thought and stories. The ethnographer explores the system of its studied subject, while simultaneously establishing and shaping parts of this system.

The research site

Amsterdam University Medical Centre (AUMC) is an academic health institution consisting of the merge of two academic hospitals in 2018 (Amsterdam UMC, 2020). In total around 19.000 people work at AUMC distributed over ten health divisions, eight research institutes and numerous staff departments (Amsterdam UMC, 2024). Although, several projects related to diversity were already initiated when the hospitals were still separate (e.g., a female career development program), after the merger AUMC a diversity & inclusion action plan emerged. This plan consists of stipulated and pre-set goals, actions and initiatives and is carried out by two committees, namely a steering committee and a program committee. Whereas the former gives advice and steers the direction of the policies, the latter plans and executes the official initiatives in name of AUMC. Besides this official approach, there are numerous individually initiated projects related to or within someone's field of work. These projects might be incorporated on the inclusion accelerators list. This list encompasses all the D&I initiatives undertaken by different professionals within the organization. Yet, some people are changing things within their field of work without encountering any other diversity workers or initiatives within the hospital. It should be noted that the diversity approach is not a as clearly divided or fixed as above described. In reality, people work on numerous initiatives by themselves or collaborate with others. This points to the many things that are happening within the organization revolving diversity.

To follow diversity around several data sources were used, including document analysis, public displays, conversations with diversity workers and fieldnotes of the research process (Essanhaji & van Reekum, 2022). The fieldnotes formed an integral part in connecting all the data sources by focusing contextualizing gathered data and reflections on the overall research process.

Policy documents

The 'following diversity around' (Marcus, 1995) started with a document analysis to see how diversity and diversity work was conceptualized and positioned in official policy strategy and communication of the AUMC, as well as if and how 'the diversity question' is problematized and subsequently posed as solved (Ahmed, 2012). In 2020 the medical institution published a policy plan: 'Diversity & Inclusion in Amsterdam UMC - Action plan 2021 and further', which focuses on three main objectives: diverse personnel composition, an inclusive work culture and

social security. Additionally, these documents were situated against the general mission, vision and strategy of the AUMC and the annual reports of both locations. The focus within these reports is on looking back on the initiatives that were undertaken and looking forward on new plans. Later, based on suggestions during conversations, other documents were added to the fieldwork, such as 'the Amsterdam UMC code of conduct', which focuses on appropriate behavior towards colleagues, patients, students, and other people within the organization and the organizational chart. All documents can be found in appendix 1.

Public displays

An analysis of public displays was performed to get a better understanding of how diversity is used in an by the institution (Ahmed, 2012), and how this shapes and creates the diversity work within the academic hospital (Tweed et al., 2022). This consisted of an analysis of online and physical public displays and artifacts that arose during the research period. Most were examples of or reports on the diversity initiatives undertaken within AUMC. Examples are the webpage on diversity & inclusivity, news articles and blogs on the general webpage (esp. the 'role models'), diversity posters spread through the hospital, and the 'Us together!' podcasts. Specific attention went to the webpage of Amsterdam UMC called 'We embrace difference', which is a page solemnly dedicated to diversity & inclusion (see appendix 2).

In addition, three events were attended. First, the public 'Van Reynvaan' event, the annual week of nursing, with theme 'Diversity and Inclusion' consisted of presentations, speeches, and a reception. Many different stakeholders were present, including some diversity workers. Second, an expert meeting by several stakeholders of the medical faculty of University of Amsterdam was attended. During both meetings the focus was on observation, but interaction with the attendants took place as seemed fit for the occasion. Due to limited accessibility no other internal events or displays were considered. Third, to contextualize and get a deeper understanding of diversity and inclusion work within the Dutch medical world, in February a conference on 'equal chances in care' was attended.

Conversations and interviews

To gain a deeper understanding of how diversity work was perceived, executed, and navigated within AUMC, numerous conversations were held with people that work or have worked in the medical organization. The diversity workers displayed in the next chapter, encompass all those who engage with diversity or execute diversity work as (part of) their job. For example, to encompass diversity in regulations, to engage with the theme in a broader agenda, to organize activities around diversity, to be a 'role model', or something different altogether. They might or might not self-identify as a diversity worker, but due to feasibility and its use in broader literature this term was chosen (Ahmed, 2012). Due to confidentiality the explicit function of the diversity worker is not given. They can be part of the steering or program committee, on the inclusion accelerator list or work on and with diversity all by themselves. However, they all work at AUMC. Additionally, some contextualizing conversations were held with people who collaborated with (one of) the diversity workers or had previously worked at AUMC. We interacted with each other in official and more casual conversations, during email contact, during one meeting and at the two public events on diversity and inclusion.

The first few people were approached directly through public contact information or through the researchers' informal network of medical personal. Thereafter new diversity workers were found through snowball sampling or encountered at events, as this was part of 'following the thing around' (Marcus, 1995). Seven of the conversations were in an official

interview setting. These interviews lasted around 45 to 60 minutes. A list of questions was used to start and conclude the interview (see appendix 3). The topics revolved around the (organizational) biography, diversity initiatives and experienced obstacles, understandings of diversity and the policy plan. Besides these general questions the conversation mostly focused on the things the diversity worker wanted to talk about or specific questions that arose from earlier fieldnotes. Two conversations were online and the other five were held at the department of the diversity worker. All interviews, except for one, were recorded and transcribed while keeping privacy at the forefront.

Data analysis

As proposed by Spradley (1980) as soon as possible data analysis was started, while going back and forth between the collection. The process started by assembling and preparing the data, such as making transcriptions of the interviews and typing up field notes from condensed to expanded accounts. After an initial reading, the data sources were analyzed, firstly, by using the qualitative data analysis program ATLAS.ti, secondly, by (re)constructing different graphic charts and accounts. This was an iterative process, in which newly collected data changed or refined the earlier established analysis. This continued until final codes were formed and a layered analysis and narrative arose (Spradley, 1980).

Several strategies were employed to achieve deep yet thorough exploration of the data (Creswell & Creswell, 2023). The most prominent is the use of triangulation by using various ways of data collection. Second, member checking was used for critical reflection of the informants on (part of) the findings. Third, thick description was used to display the findings which also includes attention for negative cases and a wide range of perspectives. Finally, reflexivity of the researcher was a central part in the research process, by creating awareness of possible biases and how these can influence data collection, analysis, and interpretation.

The researcher

The researcher is a white Dutch woman from middle social economic background. The researcher has followed a bachelor's in medicine (2018-2021) at AUMC and is following a master's degree in health economics and social inequalities. This results in broad knowledge on medical institutions on both an academic and person level. At the time of the research, there are no direct connections to the research site. Importantly, throughout the research project, diversity arose in different ways. As the researcher is a white person, special attention and reflection went to discussing racial diversity while in the field and during the research process (Chadderton, 2012).

Ethics and privacy statement

As talking about diversity and diversity work remains an ongoing and reflective process, and importantly it might be 'embodied' in various ways (Ahmed, 2012), safety and privacy was an important consideration throughout the project. This was done in various forms. Information and informed consent sheets were sent out to all the people participating in an interview (see appendix 4). Additionally, all interviews were transcribed and analyzed with special attention to anonymity (Gubrium et al., 2012). Additionally, as discussing diversity and related racial topics and other forms of power relations is highly sensitive, throughout the research project critical reflection took place in wording and communication, as well as interpretation of findings. For further information, see the privacy statement in appendix 5.

Navigating through ambivalence

During the field work it became apparent that diversity workers at AUMC resembled characteristics of tempered radicals. On the one side they possess idea's about structural change of inequalities, but on the other side they genuinely believe in the business case of the organization. This duality in their identity leads to an ambivalence in their diversity stance and work. Despite difficulties of working on and with diversity, the diversity workers employed a repertoire of positivity (e.g., strategic, optimistic and authentic) that simultaneously helped navigate this ambivalence and progress their diversity agenda. As we will see, this navigation of their ambivalence inherently makes them a valuable source for the diversity discourse.

We enter the field by taking a closer look at the ambivalence the diversity workers experience.

Layers of ambivalence

The diversity workers within AUMC showcase a deep awareness of their goals and responsibilities within the organization. They aim to change the status quo of the organization by their work, by which they directly or indirectly display a social justice stance. Like one diversity worker states:

> The driving force behind the D&I movement and the cultural change in the organization. ... we keep saying we are, we are on our way to an inclusive academic healthcare organization. Well, we actually need everyone for that and that development is a kind of slow-cooking development. And the movement hopes that we would ultimately like to have 16,000 employees. We haven't gotten that far yet.

Here she envisions a 'cultural change' within the organization and how the 'movement' will become an increasingly growing group until 'ultimately' all employees are part of the cultural change. By another diversity worker, those envisions were made more concretely, as she states that 'in addition to diversity and inclusion, I also want to talk about exclusion and racism. Those are less accessible', through which she envisions other topics she wants to touch upon within the organization. Opposingly, another person stated less radical perspectives, like: 'you want to look at the front end, I always say, to see how you can improve your culture, so that students feel more comfortable, feel safer'. Yet, we can still see how she envisions an improvement of the culture of the hospital, opposing current dominant organizational norms. Overall, the common feeling throughout the conversations was that diversity is seen as a way to structurally counter inequalities within the academic hospital. Or as one diversity worker states 'eventually it has to be in the heart of your organization'.

This radicalism is toned down due to the balance between a business and social justice perspective, and personal advancement within the organization. It is tempered due to the genuine believe in the business approach of diversity that the organization employs, for example:

> We are all different and we need something different to really use our competencies optimally in our work. With that focus on diversity, we want to get rid of the single-minded vision of: We are all equal, everyone is the same and equal treatment for everybody, because that does not allow us to empower everyone.

Here the focus of diversity on difference is on 'empowering' employers to make use of the different 'competencies' within their work. This difference was also emphasized by someone else when talking about implementing diversity and inclusion in a care policy:

> Because of course what you hear often enough is, you know, "it doesn't matter, I treat everyone equally!". But that [differences] is actually what you should also look for with that neutrality, and that is not the case if you treat everyone equally, then you will not see the differences. ... It is necessary that you know what the differences are between different groups, different genders, different sexes, in order to be able to provide that inclusive care.

This shows that a genuine believe in diversity, for the sake of diversity is present as well. As in the study of (Kirton et al., 2007) the diversity workers show genuine believe in the organizational approach towards diversity and do not per se separate their social justice agenda from the agenda of the business-case. One diversity worker states more explicitly the 'co-existence' (Kirton et al., 2007) of the two approaches, when she addresses how:

> The top wants to use that business perspective to convince people to move towards diversity and inclusion and I think that is a smart choice. Why not? But in addition to the business perspective, there is also the humanistic perspective, that everyone should have equal opportunities'.

Here you can see how she is not in conflict with the intent of the organization for a 'business perspective' if diversity but she might be in conflict with the nature of the organization itself, as she also emphasizes her equal opportunities stance. This co-existence has resulted in a combined approach of both the social justice and business case, for example:

> Because it is in all our processes. It is in processes that have to do with being an employer, it is in healthcare, it is in research, and it is also in education. … I have also always said that, you can appoint one person for diversity and inclusion, but then you know for sure that we will not get there, because this is really about our organization and a structural change too.

Here you can see how the diversity approach is a combination of current 'processes' and a focus on 'structural change' showcasing a 'pure expression of dualism' (Meyerson & Scully, 1995) in her diversity work.

The duality in supporting both diversity agenda's leads to a state of ambivalence. Similarly to the diversity workers in Kirton et al. (2007) and Swan & Fox (2010), there were no clear signs that the diversity workers at AUMC experience their work and personal identity to be out of balance. However, as they all have other functions besides their diversity work, they do balance the dual role of being a professional that simultaneously works on and in the organization (Ahmed, 2012). This means they are committed to their role of being a change agent but are also committed to their organization and might aspire personal advancement (Kirton et al., 2007). The latter is seen in the way that most of the diversity workers had additional activities or programs to get higher up in their department or organization. These roles add another layer to their ambivalent state of being.

Above sections showed the complex and multiplicit position of the diversity workers as they seek to balance various agendas and the ambivalence those give rise to (Swan & Fox, 2010). Thus, although most diversity workers at AUMC share resemblance with that of tempered radicals, it should be noted that some are more radical or liberal in their approaches. This

means that their beliefs and values, as well as strategies and styles revolving diversity work are not fixed both in situation or time (Swan & Fox, 2010).

As we will see, the diversity workers harnessed an interdependent repertoire of positivizes to navigate the ambivalence in their identity while simultaneously imposing change for their diversity agenda. Whereas, the strategic and optimistic positivity focus on change which also helps to balance their identity, the authentic positivity mainly focuses on their ambivalent identity which inherently also brings about change (Meyerson & Scully, 1995). In the next sections we will see how the diversity workers strategically highlight diversity as something positive to further their diversity agenda and through that find ways to navigate their ambivalence.

Negotiating diversity, crafting strategies

The diversity workers present diversity as positive in a strategic way within and for the hospital. At first it seems to overcome obstacles and tackle constraints which prevent diversity from being embedded in the organization, but when we take a closer look diversity is viewed as one step in a longer process to enable the social justice stance.

Throughout the conversations different institutional barriers are mentioned, which prevent D&I from being embedded in the organization. These barriers can be experienced in the attainment of resources, when arguing in favor of mandatory trainings on D&I, or in other ways to incorporate diversity in the structural or cultural processes of the organization. Like one person explained: 'when you talk about diversity and inclusion, then you notice that people think: what should we do with that?... Maybe they will find it scary or something. Or that they think there will be resistance if you stand up for it'. To overcome these operational and financial constraints, some diversity workers emphasize the need for a positive presentation of diversity. Here you see the presence of the 'institutional wall' (Ahmed, 2012), as these barriers show how by trying to change the institution, they experience resistance of the institution itself.

On the one side, the strategic positivity efforts of diversity workers are focused on anchoring the topic within the institution. This is done through multiple efforts on different levels of the organization, like but not limited to a focus on education, awareness and gaining support for diversity. As one diversity worker explained:

> We are actually trying to put it in, in a kind of positive daylight, which means there is more visibility and people are more likely to say, oh yes, it is important.

Through this 'positive daylight' there are hopes of gaining support and awareness for diversity when other people in the organization start seeing its importance.

On the other side, diversity is strategically posed as positive to overcome barriers in the inability to discuss other subjects, such as racism or exclusion. As one diversity worker explains:

> I chose a pragmatic position, because with my, with the words discrimination and exclusion I could not continue and now the minute I started using inclusion, people want to talk to me. You can't get any further. I have to adjust my strategy to move forward, because I want to create impact with my research ... and that is an ethical dilemma for me, because I wake up at night because I feel guilty that I don't pay, or pay little, attention to people that feel excluded. Maybe in the next 5 years I will focus a lot on inclusion and then people will be willing to look at exclusion. Maybe. I'm not going to let go of the subject. But at this moment I focus on inclusion. That is a strategical choice.

We can see that a moral deliberation is taking place, as she weighs the options of working on topics of exclusion or inclusion. This 'ethical dilemma' is substantiated with the 'emotional burden' of diversity work (Meyerson & Scully, 1995), as she talks about feelings of guilt. This has led her to make a 'strategical choice' to work with inclusion instead of exclusion. This deliberate decision seems to arise from a realization that talking about certain topics results in less 'impact' or progress. She decided to speak in the positive language that fits the organization, as she feels other people are more willing to listen. Here you see how the positivity is a means to an end, instead of the end.

Additionally, it should be noted how she talks about diversity work as strategy and even mentions a time span of five years. This time dimension arises again, as she relates her stance to that of the broader organization:

> I think we are currently in the phase where all the activities and the positive spin on diversity and inclusion are intended to create support for the subject, People are very afraid about this subject and after this phase perhaps we can look more at racism and exclusion.

This displays how diversity work becomes a strategy of 'short and long agendas' (Cockburn, 1989), as the diversity worker plans to discuss other topics at a later 'phase'. She displays an awareness of the strategy of the hospital working on embedding diversity and inclusion now and she postpones the discussion of subjects as racism and exclusion to a later moment. This was reciprocated by another diversity worker, who responded to whether the organization aims to create structural change: 'It certainly is. Well, mine anyway. I think in the long term yes. But yeah, I think in the long term'. This affirms how there is a distinction on changing things now and a 'long term' agenda.

The strategic positivity requires negotiation of diversity workers, as diversity cannot be made mandatory, there is a focus on incrementally establishing diversity and broader cultural change (Kirton et al., 2007). For instance, for their own position within the organization. One way of doing this is by making alliances with other diversity workers or with people in positions of power. For instance, using support from Board of Directors, as one diversity worker explains: 'I am really seen by the board of directors. So, this also allows me to ask for help or express my ideas more quickly. And people really listen to it'. She increases her 'positional power' (Bradley, 1999) through the support of the board of directors (Kirton et al., 2007). These negotiation allows the diversity worker to be taken seriously by management and advance their personal and diversity agenda within the organization, while furthering their diversity agenda. We can see that with strategic positivity diversity workers seek and find new ways to impose structural change while simultaneously furthering the organizational diversity agenda. This helps them balance their agenda for both types of diversity and simultaneously their ambivalence.

In the follow paragraph, it will be shown how an optimistic view on diversity stems from the genuine believe in the diversity agenda and leads to continuation of the diversity work.

Positive mind, genuine heart

Another way how diversity workers navigate their ambivalence is through optimistic positivity. This arises from the genuinely believe in the diversity approach for the organization, but it also supports them in continuing with the work. It highlights the positive effects and results from diversity and its constituent initiatives, while focusing on new projects or things that can be addressed. Throughout the research period, people emphasized the numerous initiatives that were undertaken and its positive effects on the organization. As one informant explained:

> Since we drew up that action plan and policies, we have actions every year that stimulate a focus on D&I, but we also see that many departments, divisions, business units themselves are now also getting started in this, in a way that suits them. So, all those stimulants, talking about it and providing information and showing things in the organization, has really had an effect. ... and suddenly a lot of things are happening that I still find out about.

Here we can see how she emphasizes the number of initiatives and best practices executed by them or other employees within the organization. She seems positively surprised that 'suddenly' there are initiatives she 'still' discovers. Additionally, we can see how the efforts from the action plan and policies, 'all those stimulants', are experienced to have a positive effect. This positive mind-set allows the diversity worker to continue with the – at times – discouraging work. For example, in the optimistic diversity approach there is a focus on opportunities (Kirton et al., 2007). One diversity worker responded to a question on whether there is room to point at errors in the organization that 'we always see opportunities and then I may not see it as not being good and more as an opportunity, like: "oh yes, this is still possible"'. He displays how obstacles are 'opportunities' to be addressed.

The diversity workers' genuine believe in the business approach allows them to use the positive side of diversity just for the sake of diversity. Through this the 'co-existence' (Kirton et al., 2007) of the social justice goals and business goals arises. As does the following diversity worker when linking the positive side of diversity to both goals:

> That being together [on the diversity festival] and that you can be yourself is just very important. That it is carried [by everyone], but that it is also a kind of positive, has a positive effect on the working atmosphere and on the quality of the work carried out, etc. What I notice, for example in our department, is, because there is so much room for your own things and that you can really say, "okay, I stand for this, I would like to have room for this", that the employee also works much harder for the department.

Although, she does not state either approach specifically, she uses both languages. On the one side she emphasizes that the ability to 'be yourself' is important and getting space to 'stand for' your values and beliefs, by which she emphasizes the importance of the social justice approach. Yet, on the other side, she emphasizes the 'positive effects' on and for the organization, such as quality of service, amount of effort, which relates to the business language of diversity.

Another way this co-existence becomes apparent is how the optimistic approach is used to highlight the positive effects of diversity and through that advance the agenda of the diversity worker. For example, one diversity worker states:

> I think we first have to demonstrate a little more. That is what I would really like to have, to list everything of what we have now achieved with the expertise group in order to show results, like we have now done all of this and that. How do you look at it? To ask for input. How do you want it? Again, how would you like to be more involved in this topic? How would you like to draw more attention to it? I would really like to hear that from them.

Here we can see how the diversity worker uses the number of initiatives, 'done all of this and that', and their progress and what they have 'achieved', to highlight to positivity of diversity. He uses the dominant language of the organization, focused on professionalization and audit, to establish the diversity case in which he genuinely believes (Swan & Fox, 2010). That is not

to say the optimistic approach might coopt to the dominant management focus of diversity, as it becomes more focused on progress and achievement. However, this is not as straightforward as above example showed (Swan & Fox, 2010).

In the next section, we will see how remaining authentic is used to navigate the ambivalence in the identity of the diversity worker.

Being and staying authentic

Diversity workers at AUMC navigate their internal ambivalence, by staying authentic to themselves and the duality of their social justice and business-case approach. Ultimately and inherently this also has positive effects on the diversity agenda. Most diversity workers express a connection to themselves by knowing their beliefs and personal story. For others, this also included that they feel connected with their identity and additionally that they stay true to that identity. As one diversity worker stated:

> I felt a lot of pressure to become a white Dutch person. And I didn't want that because I think that the integration of two cultures is my strength.

She expresses how she thinks the integration of two cultures are her strength and how she stayed true to that identity. Others show their authenticity through acting with 'authentic actions' (Kirton et al., 2007). For instance, a diversity worker explains how she aims to divide tasks to her colleagues in an inclusive way:

> And what I get in here often is that I really put people in their strength and see them for who they are. Yes, so I think that is a very nice compliment. … And I really stand for that. So, I do really look at that. I also do that in the [X] department, so to speak. I'm always really looking for what people like and then put them on that function, so to speak.

She found an authentic way of executing a certain project by putting people in their strength. We can see how she stays true to her way of working and 'really stands for that', which helps her overcome challenges in her work and simultaneously work inclusively.

These forms of authenticity not only help with navigating their ambivalent identity and work, but their behavior and story results in resisting the status quo. With this is meant that by acting in their natural and authentic way, it counters the dominant way of doing and being (Meyerson & Scully, 1995). Exemplary, the following diversity worker uses his authentic characteristics in the way he teaches:

> Many doctors have any of those different aspects of diversity. They don't look at it [diversity] through a certain lens, and they don't think about things that are self-evident for me. For someone else, they totally don't think about it. … previously I was very unconsciously involved in it and just thinking it is important, like I did focus on it when I teach. When I stand in front of the class, then, I always display aspects of myself, my personality to the class. But also, for example, giving LGBTQ examples, also pronouns, and what else, and how from different angles you can address people in an inclusive way. So, I always teach that indirectly.

We can see how something that is 'self-evident' and authentic to him results in the 'displaying of aspects' of himself during class. This shows how inherent to being himself, he resists the status quo by using his embodiment of difference (Bennett, 2000) and through that enables change.

In short, the authentic positivity has shown how staying one's self helps them to 'walk the tight rope' (Kirton et al., 2007) of their ambivalent identity, while simultaneously and inherently leading to change.

Lead the way

Depending on the situation and moment, diversity workers at AUMC employ authentic, optimistic, or strategic positivity, or a combination of all three to navigate the ambivalence in their beliefs and strategies to diversity work. It seems they are all necessary in varying amounts to keep going with the diversity work while simultaneously navigating their identity and different agendas within the organization. It results in a positive approach to diversity, which consists of many initiatives and projects. Although, they genuinely believe in diversity, the initiatives, and the progress they are making, for most it seems to be a stepping stone in a 'long agenda' (Cockburn, 1989). They see it as the best approach to achieve sustainable change which best balances the needs of the organization and the inequalities they are trying to address (Kirton et al., 2007). This repertoire underlines that the way diversity workers balance their ambivalence and diversity agenda is not straightforward and changes between different forms of resistance and cooptation (Swan & Fox, 2010).

The diversity workers are a unique source of vitality and hope, as they find ways to balance several contradicting agenda's and navigate the ambivalence resulting from this duality. Because this ambivalence is inherent to their being, they learnt the languages of different sides of the diversity discussion, albeit the business case, the social justice approach or totally against diversity altogether. Thus, their way of working and expertise of the organization could be a source of learning and guidance for organizations with the ambitions of becoming a diverse and inclusive organization.

Conclusion & discussion

As many organizations have taken the turn into the diversity realm, critics and proponents are still in debate if and how the diversity strategies should unfold. Diversity workers are in the middle of this 'debate'. They aim, both professionally as well as intrinsically, to further the precarious diversity agenda within organizations, while simultaneously balancing personal beliefs, aspirations, and strategies (Kirton et al., 2007). The aim of this thesis was to understand how diversity workers use a complementary and co-dependent repertoire of positives to balance the state of ambivalence arising from their dual position and identity.

We see that diversity workers at AUMC experience a duality in their work as they support the social justice and business case stance in varying amounts. This is made more complex as they try to embed the diversity agenda that the dominant culture in the organization seems to resist (Ahmed, 2012). Additionally, on a personal level the ambivalence is also felt by the simultaneous desire of staying authentic to their beliefs and aspiration in structural change and being a professional within the organization. In short, this results in a heterogeneous group that balances various agendas and finds ways to navigate their ambivalence.

Throughout the research period three positives emerge by the diversity workers to navigate their ambivalence. First, strategic positivity deliberately poses diversity as something positive in order to overcome institutional barriers. This is done through a short and long agenda (Cockburn, 1989), which seems to embed diversity now and strives for long term structural and cultural change. This allows them to work on the business case and social justice approach.

Second, the optimistic positivity arises through a genuine support for both 'types' of diversity. Additionally, this enables them to keep a positive mind-set which is necessary to continue with the work. Finally, with authentic positivity there is a focus on the personal ambivalence, meaning that by staying true to themselves and their beliefs, they enable themselves to act authentically with their dual identity. In accessory, this authentic behavior brings about change by challenging the dominant organizational norms.

In concordance with the findings of Swan & Fox (2010) the diversity workers' division of resistance and cooptation are not as clear and divided as the strategies of tempered radicals (Meyerson & Scully, 1995). Where some clearly spoke out their ambitions to change the academic hospital, others focused on changing what was right in front of them. Or where some took over the language of the dominant culture more clearly, for others this turned out to be a way of furthering their agenda's. In all making resistance and cooptation not as straightforward as might be thought.

The diversity workers' ability to speak to multiple constituencies (Meyerson & Scully, 1995) seems to have inherently developed in concordance with the navigation of their ambivalence. Albeit in a more strategic language, through a positive mind-set or in the language of authenticity, it lays bare the ability of the diversity workers to deal with obstacles and struggles inherent to their work and position within the organization. It is in this position that they acquired a epistemological advantage as they learnt to navigate these struggles within themselves and the organization (Brooks, 2007). Thus, their perspective and beliefs form a valuable source of information.

Questions could be raised as to why these types of positivity arose during the research period. On the one side this could have to do with the organizational culture of the academic hospital. The 'exclusive and hierarchical' culture (Essed, 2005; Taylor, 2003) was often, directly or indirectly, mentioned as the reason why the diversity workers started their initiatives in the first place. The dominant norms of 'audit' (Wear & Aultman, 2006) and 'professionalization' (Swan & Fox, 2010) require diversity workers to negotiate and come up with different approaches to embed diversity, hence strategic positivity arises. Additionally, the difficulties of embedding diversity necessitate a positive approach to diversity. Second, the optimistic approach arises from a genuine believe in both types of diversity. Especially the business case is spread throughout the policy plan, which could be internalized by the diversity worker (Kirton et al., 2007). Yet, a genuine commitment to the organization might reflect this as well. Finally, it is within themselves and their personal biography that the diversity workers stay true to and act authentic based their beliefs. However, these reasons might not be as straightforward, as most actions can, one way or the other, be linked back to the initial aim of changing culture and structure of the organization. This is dependent on the situation and time, as well as on the person itself. For these deeper explorations of each positivity a longer period in the field would be necessary.

On the other side, it could be that there are repertoires that revolved around 'discursive resistance' (Thomas & Davies, 2005) and 'resistance of the body' (Swan & Fox, 2010). Exemplary some diversity workers 'embodied' what could be described 'the diverse body' (Ahmed, 2012). However, in this thesis embodied resistance did not surface clearly. It might be that due time and other institutional constraints the diversity workers did not speak as freely as would be desirable for sensitive topics such as personal-professional and diversity matters. This points another limitation of the thesis, namely the short time span might not have allowed for deep connection and trust to be built between the researcher and the participants.

This thesis underlined the heterogeneity and fluidity of beliefs, values, strategies related to diversity and diversity work (Swan & Fox, 2010). Although the diversity workers work on the same topic, there is no uniform approach due focus on and feelings of urgency for different 'types' of diversity. A deeper exploration in the experiences of diversity workers as tempered radicals from an intersectional approach could be informative. Exemplary as research on and by tempered radicals has shown how experiences of ambivalence and used strategies differ of between women of color and white women (Bell et al., 2003).

Questions should be asked and continued to be asked about what it is the diversity workers are doing and why (Ahmed, 2012). These are interesting, tempting and difficult questions. This need was also highlighted in a positive way by the diversity workers during the conversations that were held throughout the research period. For instance, it can be questioned what the overall aim of the efforts are? Or whether diversity is seen as the endpoint or a next step in the aspirations for structural change? There are no straightforward answers, maybe there are no answers at all. However, when it becomes easy to embed diversity and inclusion, it might be at risk of overlooking and perpetuating structural inequalities (Ahmed, 2012). These questions do not aim to downgrade the unrelentless efforts of the diversity workers, in fact it wants to underline their input and prevent their efforts and initiatives to be obscured.

During the research period, a question often asked in reciprocity is: 'if not diversity, then what else should Amsterdam UMC do?'. There are fears that otherwise nothing will happen and through diversity initiatives at least something is done. This is a tempting approach but also has a risk of perpetuating unequal structures (Ahmed, 2012). Again, this question will be answered differently by each person you ask. It is highly context dependent and cannot be answered in one thesis or by one person. However, there is a group of people that has inherently acquired expertise on an organizational and personal level, that could attentively and authentically navigate this diversity conversation within the organization. Diversity workers navigate away

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Appendices

Wordcount (excluding ethics & privacy form): 1.561

Appendix 1: Consulted documents and webpages Amsterdam UMC

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- Amsterdam UMC. (2023). Nieuws: Diversiteit: progress in het Emma Kinderziekenhuis [News: Diversity: progress in the Emma Childrens Hospital]. https://werkenbij.amsterdamumc.org/nl/nieuws/verhalen/diversiteit-progress-in-het-emma-kinderziekenhuis#:~:text=De progress-vlag wappert al,badgeclip met daarop dezelfde afbeelding.
- Amsterdam UMC. (2024). Organisatieschema [Organizational chart]. https://amsterdamumc.org/nl/organisatie/schema.htm

Appendix 2: Pictures webpage AUMC

Three pictures of the webpage of Amsterdam UMC Diveristy & inclusion webpage

Amsterdam UMC. (n.d.-b). Onze organisatie - Diversiteit & inclusie - Wij omarmen verschillen [Our organization - Diversity & inclusion - We embrace difference]. https://werkenbij.amsterdamumc.org/nl/over-amsterdam-umc/diversiteit-en-inclusie

Figure 1 - Picture 1 Amsterdam UMC. (n.d.-b). Onze organisatie - Diversiteit & inclusie - Wij omarmen verschillen [Our organization - Diversity & inclusion - We embrace difference]. https://werkenbij.amsterdamumc.org/nl/over-amsterdam-umc/diversiteit-en-inclusie

Figure 2 - Picture 2 Amsterdam UMC. (n.d.-b). Onze organisatie - Diversiteit & inclusie - Wij omarmen verschillen [Our organization - Diversity & inclusion - We embrace difference]. https://werkenbij.amsterdamumc.org/nl/over-amsterdam-umc/diversiteit-en-inclusie

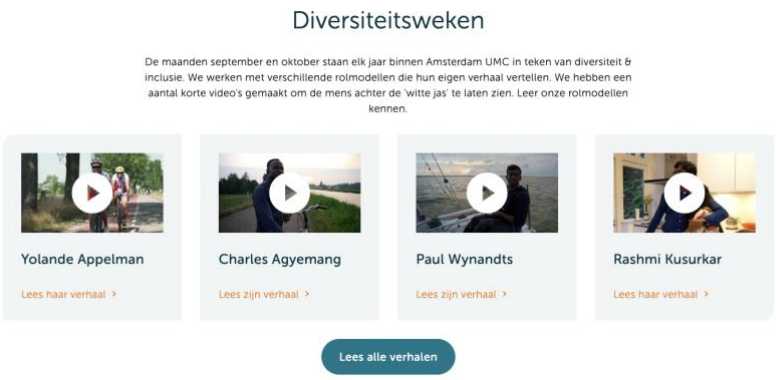


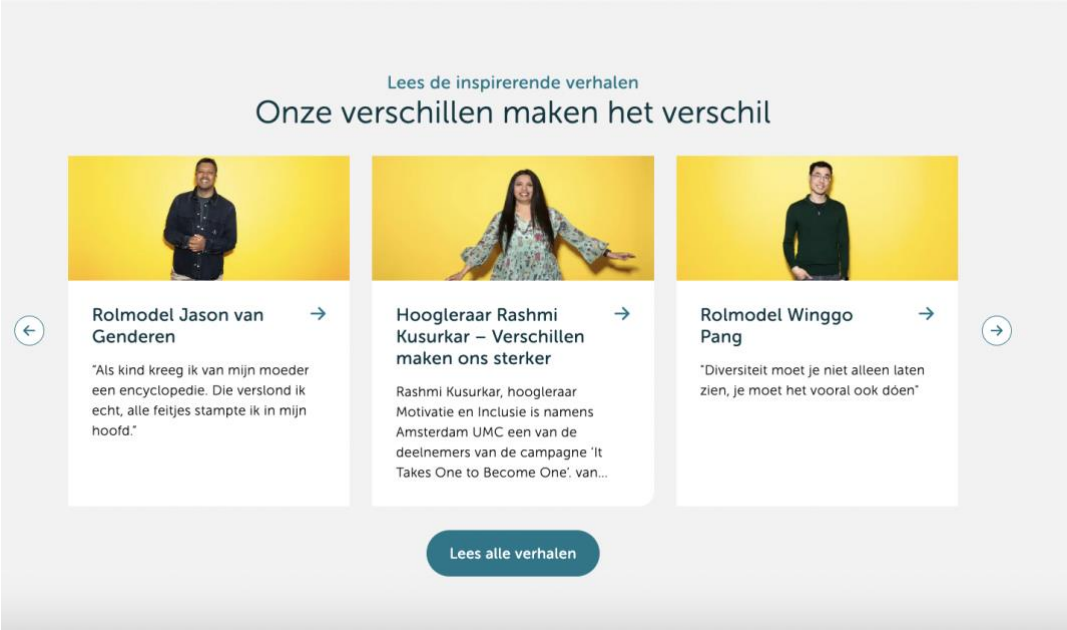
Figure 3 - Picture 3 Amsterdam UMC. (n.d.-b). Onze organisatie - Diversiteit & inclusie - Wij omarmen verschillen [Our organization - Diversity & inclusion - We embrace difference]. https://werkenbij.amsterdamumc.org/nl/over-amsterdam-umc/diversiteit-en-inclusie

Onze intitiatieven

In Amsterdam UMC zijn allerlei initiatieven, programma's en projecten gaande om diversiteit binnen de organisatie en een nieuwsgierige, open en begripvolle houding te bevorderen. Deze initiatieven richten zich op alle pijlers van onze academische zorgorganisatie: wetenschap, onderwijs, werkgeverschap en zorg. Klik op de afbeelding om deze te vergroten. Wil je meer weten mail naar diversiteit@amsterdamumc.nl

En hebben we een eigen podcast serie: Wij samen! waarin we belangrijk onderwerpen bespreken met onze collega's.

Luister onze podcast: Wij samen!



Appendix 3: Interview talking points

→ Start the interview

Introduce the researcher and thank again for the time

Introduction and purpose of the research

- Since 2021, there has been a diversity & inclusion action plan within the Amsterdam UMC. Within it, different targets have been set and various projects have been discussed in the field of diversity and inclusion, such as role models or the code of conduct.
- The purpose of this thesis is to explore the diversity policy and its circulation within the Amsterdam UMC.
- And also to gain insight into what is meant by doing and having diversity by different stakeholders within Amsterdam UMC.

Interview talking points

- Introduction questions

- Content questions about diversity and policy document
- Practical questions

Practical information and privacy
- The interview will last approximately 0.5-1 hour. The conversation will be recorded and processed; only the researchers of this project can see the concrete content of this conversation. The applicant (i.e. the university) and other third parties do not have access to the data.
- Citations will be unrecognizable to you as a person.
- Finally, participation is voluntary and you can decide to withdraw your participation at any time without having to give a reason.
- Do you have questions?
- Have you signed the consent form?
- Permission to start the audio: START AUDIO!
- Ask again whether the consent form has been approved

→ Questions

Introduction
- Can you introduce yourself?
- How long are you working at Amsterdam UMC and what function?
- What is your relation to diversity within the organization?

Content-related
- The policy plan
    - Do you have information about that? Or do you know who I should talk to about that?
    - How are the processes and writing of these documents going?
- What is diversity within Amsterdam UMC?
    - Why do you use this word?
    - How is this word used?
    - What does this mean for you?

Practical
- Is there anything else I can follow for you? Participant versus observer
    - Organize
    - Meetings
- Are there events? Or other meetings or happenings I could attend?
- Do you have any tips for who else I could interview?

Introduce artifacts into the conversations

→ Ending the interview

- Explain that the interview is over
- Repeat the main points of the interview
- End
    - Do you have something you would like to discuss?

    - What did you think of the interview?
- Practical issues
    - A short summary of the conversation will be sent by email for feedback
    - At the end of the research, sometime in June, the final results will also be shared
- Thank you

Appendix 4: Information sheet and informed consent form

Information page research: "Diversity within Amsterdam UMC"

Aim of the research

This research is being led by Emma Scheepens, master student of 'Social Inequalities'. With this information letter you are cordially invited to participate in this research. The aim of the research is to gain insights in the circulating understandings of diversity policies & diversity within the Amsterdam University Medical Centre (UMC).

Further context

In 2021, the Amsterdam UMC published an action plan on diversity & inclusion, named 'Difference makes u stronger together'. The research wants to gain a deeper understanding of how this policy document and diversity more broadly is understood, performed, and contested by different actors within the medical institution.

The methods

The (online) interview will be approximately one hour. An audio recording will be taped, from which a transcript will be made for further analysis in the research. You do not have to prepare for the interview. We are curious to hear your ideas and opinion.

Possible risks and inconveniences

There will be no physical, juridical, or economic risks connected to participating in the study. You do not have to give answers to questions, you do not want to answer. Your participation is on a voluntary basis, and you can stop participation at any moment you wish to.

Compensation

You will not receive any compensation for participating in the research. By participating in this research, you will gain insights in a broader understanding of diversity practices within Amsterdam UMC.

Confidentiality of data

We will do everything in our power to maximally protect your privacy. In no way will confidential information on personal data of/about you be published, by which someone could recognize you.

Your research data will solemnly be used by research within the same research group of the Erasmus University. Moreover, will your name and other information pseudonymized as much as possible. In the publication will only anonymous data or pseudonyms be used.

Your answer and data will be handled with utmost discreetness and safety. The audio recordings, forms, and other documents, that will be made or gathered in context of the research, will be saved on secured (encrypted) data carriers of the researcher. Said documents will be deleted as soon as the transcript is made.

The research data could be made available for persons outside the research groups, when deemed necessary and only in anonymous form (e.g., for being check on scientific integrity), in this case to a qualified research committee of the Erasmus University Rotterdam.

Voluntariness

Your participation in this research is completely voluntary. At any moment within the research, you as a participator can choose to end you participation or refuse the usage of your data for the research, without specification of a reason. The retracting of participation will not have any negative consequences for you.

When at any moment during the research you decide to retract your participation, this also will have no consequences for you in any way. The data that has been provided by you up until the point of ending the participation will be used in the research, taken into account by the protection of privacy as described above.

When you decide to quit participating in the research, or you have questions or complaints, please contact the head of research:

Emma Scheepens
ebbscheepens@gmail.com

Consent form
The aim of this form is to establish the conditions of participation within the project. You will receive a signed copy of this consent form

By signing this consent form you recognize the following:

1. I am well informed on the research by the information page. The aim of participating as an interviewee in this project is clearly explained and I know what this will mean for me. There has been space to ask questions and they were answered to my satisfaction.
2. My participation as an interviewee in this project is voluntary. There has been no explicit or implicit force exercised on me to participate in this research. It is clear to me that, if I have any objections I retract my participation at any moment, without having clarification of the reason. I have the right to not answer questions.

Hereafter it is possible to explicitly give permission per sub part of the research:.

	Yes	No
1. I give the researcher permission to process the data gathered on me during the research, as stated on the information page.	☒	☐
2. I give the researcher permission to make recording (audio / visual) and notes on paper during the interview. That thereafter will be transformed into transcripts.	☐	☐
3. I give the researcher permission to use my answers for quotations in the research publications.	☐	☐

Name participant:	Name researcher: Emma Scheepens
Signature:	Signature:
Date:	Date:

Appendix 5: Ethics & privacy checklist

CHECKLIST ETHICAL AND PRIVACY ASPECTS OF RESEARCH

INSTRUCTION

This checklist should be completed for every research study that is conducted at the Department of Public Administration and Sociology (DPAS). This checklist should be completed *before* commencing with data collection or approaching participants. Students can complete this checklist with help of their supervisor.

This checklist is a mandatory part of the empirical master's thesis and has to be uploaded along with the research proposal.

The guideline for ethical aspects of research of the Dutch Sociological Association (NSV) can be found on their website (http://www.nsv-sociologie.nl/?page_id=17). If you have doubts about ethical or privacy aspects of your research study, discuss and resolve the matter with your EUR supervisor. If needed and if advised to do so by your supervisor, you can also consult Dr. Bonnie French, coordinator of the Sociology Master's Thesis program.

PART I: GENERAL INFORMATION

Project title: Diversity within Amsterdam UMC

Name, email of student: Emma Scheepens, 669363es@eur.nl

Name, email of supervisor: Rogier van Reekum, vanreekum@essb.eur.nl

Start date and duration: 10-01-2024 until 23-06-2024

Is the research study conducted within DPAS **YES -** NO

If 'NO': at or for what institute or organization will the study be conducted?
(e.g. internship organization)

PART II: HUMAN SUBJECTS

1. Does your research involve human participants. **YES** - NO

   If 'NO': skip to part V.

   If 'YES': does the study involve medical or physical research? YES - **NO**

   Research that falls under the Medical Research Involving Human Subjects Act (WMO) must first be submitted to an accredited medical research ethics committee or the Central Committee on Research Involving Human Subjects (CCMO).

2. Does your research involve field observations without manipulations that will not involve identification of participants. YES - **NO**

   If 'YES': skip to part IV.

3. Research involving completely anonymous data files (secondary data that has been anonymized by someone else). YES - **NO**

   If 'YES': skip to part IV.

PART III: PARTICIPANTS

1. Will information about the nature of the study and about what participants can expect during the study be withheld from them? YES - **NO**

2. Will any of the participants not be asked for verbal or written 'informed consent,' whereby they agree to participate in the study? YES - **NO**

3. Will information about the possibility to discontinue the participation at any time be withheld from participants? YES - **NO**

4. Will the study involve actively deceiving the participants? YES - **NO**
   Note: almost all research studies involve some kind of deception of participants. Try to think about what types of deception are ethical or non-ethical (e.g. purpose of the study is not told, coercion is exerted on participants, giving participants the feeling that they harm other people by making certain decisions, etc.).

5. Does the study involve the risk of causing psychological stress or negative emotions beyond those normally encountered by participants? YES - **NO**

6. Will information be collected about special categories of data, as defined by the GDPR (e.g. racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data for the purpose of uniquely identifying a person, data concerning mental or physical health, data concerning a person's sex life or sexual orientation)? **YES** - NO

7. Will the study involve the participation of minors (<18 years old) or other groups that cannot give consent? YES - **NO**

8. Is the health and/or safety of participants at risk during the study? YES - **NO**

9. Can participants be identified by the study results or can the confidentiality of the participants' identity not be ensured? YES - **NO**

10. Are there any other possible ethical issues with regard to this study? YES - **NO**

If you have answered 'YES' to any of the previous questions, please indicate below why this issue is unavoidable in this study.

As the thesis focuses on how diversity and diversity policy documents are understood, performed and contested, it might be that different types of diversity come up surrounding or during the interviews (e.g., racial or ethnic origin, mental physical health, sexual orientation). It should be noted that these special categories of data are not asked directly but participants might mention or discuss them during of surrounding the interviews and other parts of the research to contextualize certain viewpoints.

What safeguards are taken to relieve possible adverse consequences of these issues (e.g., informing participants about the study afterwards, extra safety regulations, etc.).

Throughout the whole study the privacy of participants is guaranteed. After transcripts have been made of the interviews, summaries will be sent to the participants for reflection and remarks.

Are there any unintended circumstances in the study that can cause harm or have negative (emotional) consequences to the participants? Indicate what possible circumstances this could be.

Although participants are not directly asked to talk about their work or personal experiences, it could be that during the interviews participants relate to or mention experiences in which they felt discriminated or in other ways disadvantaged. It will be highlighted that the participants does not have to share this information.

Please attach your informed consent form in Appendix I, if applicable.

Continue to part IV.

PART IV: SAMPLE

Where will you collect or obtain your data?

Interviews with key stakeholders of diversity operations and initiatives within Amsterdam UMC or in online interviews
Document analysis of policy reports and annual reports obtained from the website of Amsterdam UMC
Public discourse of webpage, social media channels and other online platforms of Amsterdam UMC
Fieldnotes during the whole research process

Note: indicate for separate data sources.

What is the (anticipated) size of your sample?

10-15 people

Note: indicate for separate data sources.

What is the size of the population from which you will sample?

Several people from ±19.000 employees of Amsterdam UMC

Note: indicate for separate data sources.

Continue to part V.

Part V: Data storage and backup

Where and when will you store your data in the short term, after acquisition?

Directly after recording the digital data recording will be backed-up on a locked computer device.
The transcripts will be saved on a locked device as well.

Note: indicate for separate data sources, for instance for paper-and pencil test data, and for digital data files.

Who is responsible for the immediate day-to-day management, storage and backup of the data arising from your research?

Me

How (frequently) will you back-up your research data for short-term data security?

Once a week

In case of collecting personal data how will you anonymize the data?

Personal data will be anonymized by making a excel sheet in which each participant will receive a number, on a computer with log-in wall. After the recording and transcript is made, the name of the participant will be deleted from the transcript and replaced by the number.
When analysing, interpreting, and writing down the results special attention will be put on anonymization and privacy of the participants.

Note: It is advisable to keep directly identifying personal details separated from the rest of the data. Personal details are then replaced by a key/ code. Only the code is part of the database with data and the list of respondents/research subjects is kept separate.

PART VI: SIGNATURE

Please note that it is your responsibility to follow the ethical guidelines in the conduct of your study. This includes providing information to participants about the study and ensuring confidentiality in storage and use of personal data. Treat participants respectfully, be on time at appointments, call participants when they have signed up for your study and fulfil promises made to participants.

Furthermore, it is your responsibility that data are authentic, of high quality and properly stored. The principle is always that the supervisor (or strictly speaking the Erasmus University Rotterdam) remains owner of the data, and that the student should therefore hand over all data to the supervisor.

Hereby I declare that the study will be conducted in accordance with the ethical guidelines of the Department of Public Administration and Sociology at Erasmus University Rotterdam. I have answered the questions truthfully.

Name student: Emma Scheepens

Date: 24-03-2024

Name (EUR) supervisor: Rogier van Reekum

Date: 15-04-2024

APPENDIX I: Informed Consent Form (if applicable)

Information page research: "Diversity within Amsterdam UMC"

Aim of the research

This research is being led by Emma Scheepens, master student of 'Social Inequalities'. With this information letter you are cordially invited to participate in this research. The aim of the research is to gain insights in the circulating understandings of diversity policies within the Amsterdam University Medical Centre (UMC).

Further context

In 2021, the Amsterdam UMC published an action plan on diversity & inclusion, named 'Difference makes u stronger together'. The research wants to gain a deeper understanding of how this policy document and diversity more broadly is understood, performed, and contested by different actors within the medical institution.

The methods

The (online) interview will be approximately one hour. An audio recording will be taped, from which a transcript will be made for further analysis in the research. You do not have to prepare for the interview. We are curious to hear your ideas and opinion.

Possible risks and inconveniences

There will be no physical, juridical, or economic risks connected to participating in the study. You do not have to give answers to questions, you do not want to answer. Your participation is on a voluntary basis, and you can stop participation at any moment you wish to.

Compensation

You will not receive any compensation for participating in the research. By participating in this research, you will gain insights in a broader understanding of diversity practices within Amsterdam UMC.

Confidentiality of data

We will do everything in our power to maximally protect your privacy. In no way will confidential information on personal data of/about you be published, by which someone could recognize you.

Your research data will solemnly be used by research within the same research group of the Erasmus University. Moreover, will your name and other information pseudonymized as much as possible. In the publication will only anonymous data or pseudonyms be used.

Your answer and data will be handled with utmost discreetness and safety. The audio recordings, forms, and other documents, that will be made or gathered in context of the research, will be saved on secured (encrypted) data carriers of the researcher. Said documents will be deleted as soon as the transcript is made.

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Voluntariness

Your participation in this research is completely voluntary. At any moment within the research, you as a participator can choose to end you participation or refuse the usage of your data for the research, without specification of a reason. The retracting of participation will not have any negative consequences for you.

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Emma Scheepens
ebbscheepens@gmail.com

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Hereafter it is possible to explicitly give permission per sub part of the research:.

	Yes	No
4. I give the researcher permission to process the data gathered on me during the research, as stated on the information page.	☐	☐
5. I give the researcher permission to make recording (audio / visual) and notes on paper during the interview. That thereafter will be transformed into transcripts.	☐	☐
6. I give the researcher permission to use my answers for quotations in the research publications.	☐	☐

Name participant:	Name researcher: Emma Scheepens
Signature:	Signature:
Date:	Date: