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LOYOLA UNIVERSITY CHICAGO

A DACA INITATIVE: TRANSFORMATIVE ORGANIZATIONAL CHANGE AT THE SCHOOL OF MEDICINE

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

PROGRAM IN HIGHER EDUCATION

BY

CYNTHIA CHAIDEZ

CHICAGO, IL

AUGUST 2024

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ABSTRACT

The purpose of this revelatory case study is to explore how the DACA Initiative (DI) transformed the School of Medicine (SOM) beyond just changing student demographics. In this research, I specifically explored if, through the DI, SOM organizationally changed enough to be considered transformative change in its efforts to enhance the acceptance and support of DACA medical students. In addition, I looked at the evolution of the financial operations at SOM to support DACA medical students. The research questions that guided this study were: As a result of the DI, did the organizational changes implemented by SOM to accept and support DACA medical students result in transformative change for SOM? What makes DACA students feel welcomed at an institution and how did SOM evolve to make them feel welcomed? Data was collected from focus groups and interviews that explored what the DI means to different SOM stakeholders: DACA alumni, and key personnel from leadership and administrators. In addition, individual interviews were conducted with three of the five financial institutions that loaned money to SOM DACA medical students for medical school tuition. Transformative Organizational Change theory and Institutional Culture and Context framework were combined to allow me to look at both the change that is occurring and the location of that change within the organization. The research uncovered SOM's journey embracing DACA students and showcases resilience and commitment to diversity, though commitment levels vary within the university. Potential discrepancies between public support and private hesitations raise questions about true dedication to inclusivity, urging transparency and consistent communication from the

University. As competition to attract DACA students into professional programs increases, sustaining support and evolving initiatives beyond recruitment become essential for long-term success.

CHAPTER ONE

INTRODUCTION

Statement of the Problem

Given a long history of stability and steady growth, higher education now finds itself in a new era and environment in which it is confronted with an array of challenges and forces for change. Significant change at this point in the evolution of higher education appears imminent due to powerful environmental forces related to technology, competition, and the workplace (Kezar & Eckel, 2003; Welsh & Metcalf, 2003; Kemelgor et al., 2000). Higher education is on the cusp of major changes due to the combined influence of technology, competition amongst institutions, and shifts in the demands of the workforce. Higher education institutions (HEI) are now pressured to implement organizational changes to keep up with the changes in the demographics of incoming students.

While SOM initiated the DI, it remains uncertain how the institution has evolved since its implementation. It's worth noting that enhancing diversity in medical student admissions holds the potential to enhance healthcare access for marginalized populations, as highlighted by Marrast et al. (2014). Though the primary focus of my study is not to demonstrate the broader impacts of diversity in medical student enrollment, the DI stands as a significant step and model towards providing opportunities for underrepresented individuals in medicine (URiM) to pursue medical education. DACA medical students are considered URiM. Acknowledging the importance of diversity in the medical workforce, the Liaison Committee on Medical Education (LCME) and the Association of American Medical Colleges (AAMC) emphasize the benefits of

a diverse physician workforce, as noted by Dickins et al. (2013). Nevertheless, challenges persist. In 2003, the AAMC defined URiM as racial and ethnic groups that are underrepresented in the medical profession compared to their representation in the general population (AAMC, 2003). This category encompasses four specific groups: Black, Native American, Mexican American, Mainland Puerto Rican, and individuals from disadvantaged socioeconomic backgrounds (AAMC, 2003). Although DACA is not an ethnicity or race they typically come from disadvantaged socioeconomic backgrounds.

This research explores if, through the DI and specifically efforts to enhance the acceptance and support of DACA medical students, SOM experienced organizational change significant enough to be considered transformative change My research questions aim to generate data to provide insights into the processes of change, adaptation, and evolution within a medical school context, with a specific focus on transformative organizational change and the evolution of financial operations to support these students. These questions touch on both organizational and financial dimensions, as well as the social and cultural aspects of creating a welcoming environment for this student demographic.

Background of the Problem

It is estimated that currently there are approximately 652,880 active DACA recipients, defined as people who came or were brought by their parents to the United States before the age of 16 without legal documentation for immigration or residency and have been raised and educated in the United States as Americans (Alulema, 2019). In 2012, President Barack Obama implemented the Deferred Action for Childhood Arrivals (DACA) executive order in the United States (US). This executive order enables undocumented immigrants who entered the US as

children to receive temporary relief from deportation and to apply for work authorization (Batalova et al., 2014).

In 2022, 18% of DACA recipients were in post-secondary education, the precise number of DACA recipients in medical school is unknown, with estimates varying from 70 to 100 DACA recipients currently enrolled (Kirch, 2022; Conway & Hernandez, 2019). Although medical schools implemented no formal policy for addressing applications from prospective DACA students (Association of American Medical Colleges, 2018), between 2012 and 2014, the two years immediately following Obama's executive order, the Association of American Medical Colleges (AAMC) reported an 8-fold increase in the number of medical school applicants indicating DACA status (AAMC, 2018). Based on these estimates, DACA medical students are projected to account for 5,400 to 31,860 new, underrepresented minority physicians entering the workforce over the next few decades (Anaya et al., 2014).

The creation of DACA opened the doors for undocumented students to not just attend medical school but also to match in a residency program and become licensed to work as doctors in most states (Kuczewski & Brubaker, 2014). Prior to DACA, even if undocumented students could get into medical school and had money to pay for it, they would hit a dead end since they could not practice medicine in the US because they were not legally permitted to work or apply for a medical license (Redford, 2019). There were additional constraints for undocumented students that DACA alleviated, and I highlight several in the following paragraphs.

During the clinical years in medical school and as resident physicians, all students must drive to distant clinical sites to fulfill their clinical rotation requirements. While on clinical rotations medical students spend time as members of a medical team to learn what is involved with each medical specialty, and students could be sent to different locations. Before 2012,

undocumented students could not obtain driver's licenses, which posed a significant hardship in traveling to dispersed clinical sites (Anaya et al., 2014). Since 2012, DACA-eligible youths have been able to obtain driver's licenses in most states (National Immigration Law Center, 2014). Although there is some variation in different states' policies, at least 45 states offer driver's licenses to DACA beneficiaries. Only Arizona and Nebraska, specifically, bar DACA beneficiaries from obtaining a driver's license (National Immigration Law Center, 2014). DACA status is valid for two years. Recipients may reapply every two years to renew their status and work authorization (National Immigration Law Center, 2014).

Previously, undocumented physicians could not be employed after graduating from medical school because they did not have employment authorization. This has changed for DACA students, who can now obtain work permits and Social Security numbers and thus continue to residency (Anaya et al., 2014). DACA students may be employed in the same way as any other individual possessing a work permit. There is no need for additional paperwork or sponsorship in the employment process of an individual who is a DACA beneficiary (Anaya, et al., 2014).

According to Anaya et al. (2014), these youths' educational achievements and aspirations are like those of their native-born peers, yet their unchosen undocumented status has hindered their pursuit of higher education, especially in medical and other graduate health sciences. They have traditionally had limited access to financial assistance, as well as an inability to obtain legal employment, among other barriers, because they lack legal status (Anaya et al., 2014).

There are also significant financial barriers. Financing a medical education is challenging for all medical students, but it is particularly difficult for DACA students because they are legally excluded from receiving federal financial aid (Anaya et al., 2014). However, DACA students

may be eligible to apply for private need- and merit-based scholarships, private loans, school loans, and institutional aid. Also, some state laws allow undocumented students to apply for publicly funded grants (National Immigration Law Center, 2014). Medical schools can assist DACA students by offering financial planning advice early on to prevent financial status from being a prohibitive barrier to their matriculation in the face of limited options for financial assistance. Medical schools can further encourage students to join their programs by creating flexible and generous scholarship packages and providing paid opportunities, such as research positions, within their programs (Anaya et al., 2014).

Once this executive order was implemented, in 2012 the School of Medicine (SOM) of The University enacted the DACA Initiative (DI), a three-step commitment: (1) open the SOM admissions policy to welcome DACA students to apply, (2) evaluate DACA applicants equitably with all others, and (3) seek funding to enable these students to matriculate, as they are not eligible for federal loans (Kuczewski & Brubaker, 2014). SOM is a Jesuit institution, and its mission to promote social justice and serve the underserved guided the DI's policy and actions (Kuczewski & Brubaker, 2014). As of May 2022, SOM has conferred Doctor of Medicine degrees to 32 DACA-eligible individuals (SOM Admissions Office, 2023).

Transformational Change

A recent definition of transformative organizational? change is:

> Transformational change is a result of either organizational transformation or the implementation or installation of a program, project, or initiative that impacts the structure and culture of the organization. For instance, in some places, an educational assessment, implemented properly, requires changes in the structure (rules, roles, and relationships) and culture (beliefs, values, traditions) of the school and/or district. (Egan, 2018, p. 1)

One major component that the current definition lacks is that transformational change occurs over time and is intentional. Eckel et al. (1998) define transformational change as: Transformation (1) alters the culture of the institution by changing select underlying assumptions and institutional behaviors, processes, and products; (2) is deep and pervasive, affecting the whole institution; (3) is intentional; and (4) occurs over time.

In higher education, as institutional change initiatives have become increasingly common, it is notable that many fail due to institutionalization (Kezar, 2011). What Kezar means is that colleges and universities make efforts to change but they fail because they become too rigid and stuck in the old ways of the institution. In fact, Beer and Nohria (2000), state that an estimated 70% of change initiatives fail, whether they involve new technology, restructuring, or organizational culture. Structural changes in universities are often the source of a great deal of upheaval, cost, disruption, and in many cases discontent (Bishop et al., 2020). These changes might include alterations in leadership, reorganization of departments or faculties, shifts in curriculum or academic programs, changes in funding models, mergers or closures of academic units, or the adoption of new policies and procedures.

Structural changes often lead to various challenges such as resistance to change among faculty and staff, financial strains associated with implementing changes, disruptions in academic operations, and general dissatisfaction of unease among stakeholders, including students, faculty, and staff (Bishop et al., 2020). However, March (1981) argued that “organizations are continually changing, routinely, easily, and responsively, but change within an organization cannot be arbitrarily controlled” (p. 563). Essentially, institutional change initiatives have a high chance of failing because organizations are continually changing, making it hard to develop effective initiatives, programs, or policies. In addition, ineffective leadership, faculty reluctance,

financial tensions, public scrutiny, competing values, and conservative institutional traditions (Kezar, 2011; Klempin & Karp, 2018) may hinder such efforts. Although the statistics seem daunting and discouraging, intentional change that occurs over time is possible – and necessary.

Transformational change is not merely an instantaneous event but occurs intentionally over time. Eckel et al.'s (1998) definition identifies key characteristics of transformational change, such as altering underlying assumptions, affecting the entire institution, and being a deliberate, time-consuming process. Despite these challenges and the complexity of institutional change I would like to emphasize that intentional change over time is essential to HEIs.

There is little research on the experience of DACA students in undergraduate or graduate medical education (Gonzales, 2011). Undergraduate medical education is referring to medical students and graduate medical education is referring to residents which is a medical school graduate and doctor in training who's taking part in a graduate medical (GME) program (Association of American Medical Colleges, 2018). As of 2020, the AAMC reported an estimate of 200 medical students and residents that have benefitted from the DACA over the last eight years (Balch, 2020). While I coauthored research aimed at understanding how DACA impacted the experiences of medical students at one medical school, this study revealed little about how the SOM itself was affected by the initiative (Wasson et al., 2019). We found that DACA students integrated into the school and that their classmates better understood the DACA student experience and formed solidarity with DACA students over time (Wasson et al., 2019). Students highlighted the change process by emphasizing the importance of communication, advocacy, curriculum, and the political climate (Wasson et al., 2019). The benefits of the DI showed how the students changed but didn't get at how the institution changed.

Students captured how the DI was received and largely embraced. Additionally, it created a climate of inclusion and solidarity for all students, which was built on institutional values (Wasson et al., 2019). Using the five core strategies of Transformative Organization Change Theory (TOCT) and connecting it to the Institutional Culture and Context framework is guiding my exploration of organizational change beyond the impact on the students themselves. I seek to explore if the organizational changes of the DI implemented led to the transformation of SOM as an organization.

Research Purpose and Questions

In this research, I will specifically explore if and how, through the DI, SOM organizationally underwent transformative change in its efforts to increase the acceptance and support of DACA medical students. Specifically, I will examine the evolution of the financial operations at SOM to support these students. While the aim of the prior research study in which I was involved was to look at medical student's experiences, the purpose of my dissertation is to empirically investigate if the DI led to organizational changes that resulted in transformative change at SOM. Qualitative research is often described as hypothesis-generating or as generating new research questions (Sullivan & Sargeant, 2011). The initial study aimed at understanding specifically how the DI impacted the experience of medical students. This generated a new research question that I am now exploring. The research questions that guided this research study are:

1. As a result of the DI, did the organizational changes implemented by SOM to accept and support DACA medical students result in transformative change for SOM?
2. How did the financial operations of SOM evolve?

3. What makes DACA students feel welcomed at an institution and how did SOM evolve to make them feel welcomed?

Significance of the Study

This research is significant for two reasons. First, increased medical student diversity is often associated with greater access to care for patients with low incomes, racial and ethnic minorities, non-English speaking patients, and individuals with Medicaid (Marrast et al., 2014). The DI increased the number of URiM medical students in SOM. Diversity in medical student matriculates will improve overall healthcare access to marginalized populations by providing a more culturally competent workforce that understands the unique challenges faced by these communities. This representation helps reduce healthcare disparities, improves patient-provider communication, and enhances trust in the healthcare system among marginalized populations. Additionally, diverse medical teams are more likely to engage in research that addresses health disparities and advocate for policies that promote equity in healthcare delivery. Ensuring medical school innovations that contribute to access and equity are well developed and supported is essential to the health of diverse patient communities in this country. Attempts to scale up programs cannot presume that all environments are ready for innovation (Kezar, 2011). The viability and success of a new program depends on whether the culture, policies, and practices of an institution can change enough to render meaningful outcomes for the targeted population (Kezar, 2011; López et al., 2022). My research questions are vital for understanding the potential transformative impact of DI on SOM, exploring the financial changes within the institution, and examining the factors contributing to the sense of belonging and inclusion of DACA students. Ultimately these findings will guide HEIs in effectively addressing broader issues of diversity, access, and equity.

Preview of Literature

The next chapter commences by providing context and background information about SOM concerning underrepresented in medicine (URiM) medical student enrollment and its comparison with national averages. This section aims to establish the study's setting. Subsequently, attention is directed towards the background of DACA (Deferred Action for Childhood Arrivals) medical students, shedding light on their barriers in medical education to depict the challenges they face throughout their medical school journey. Medical school, by itself, presents a demanding educational path, but having DACA status introduces additional hurdles for students. The subsequent section delves into an extensive exploration of the DI to offer readers a comprehensive understanding of both its positive and negative aspects of implementation. It is essential to underscore areas where the initiative's implementation at SOM could have been enhanced to maximize its effectiveness and address any unintended consequences. By identifying these areas for improvement, the chapter aims to provide actionable recommendations for refining the initiative, ensuring it better supports URiM and DACA medical students. The goal is to foster an inclusive and equitable environment that enhances the academic and professional success of all students, thereby contributing to a more diverse and capable healthcare workforce.

Following this, non-traditional students in medical school are described. The AAMC's 2016 definition characterizes non-traditional students in medical school as “lane changers” and “career changers.” However, this definition overlooks categories such as students of color (URiM), parents, and working students. It is recommended that higher education institutions (HEIs) in the United States adopt the more inclusive definition of non-traditional students used in the United Kingdom. Research indicates that a combination of diverse factors—individual,

social, and cultural—converge to sustain the aspiration for a medical career over time, as demonstrated by various studies (McHarg et al., 2007; Gore et al., 2017; Mathers et al., 2011; Wouters et al., 2016).

The medical school educational environment is intricate and multifaceted (Genn, 2001), making it exceptionally challenging to navigate. Consequently, many medical students experience stress, and some develop resilience as a positive response to this stress. However, existing evidence suggests that the health status of medical students tends to be poorer than that of the general population, as evidenced by several studies (Dahlin et al., 2005; Dyrbye et al., 2005; Kurth et al., 2007; Seliger & Brähler, 2007).

Finally, the chapter concludes by introducing the two theoretical frameworks that will underpin this study: transformational change (Kezar & Eckel, 2002) and institutional culture and context (Eckel et al., 1998). Kezar and Eckel (2002) and Eckel et al. (1998) contemplate the broad aspects of what change might entail, including aspects like support, leadership, vision, and action. However, they also acknowledge that change might only affect the surface of an organization, leaving its core untouched. Combining both frameworks allows for a comprehensive examination of both the changes occurring within the organization and the specific? locations within the institution where these changes are taking place.

Research Design

The goal of my revelatory case study is to explore if and how the DI organizationally changed SOM. Incorporating different stakeholders is necessary when using TOCT. To do so, I conducted focus groups of key personnel of leadership and administration and DACA alumni to explore if SOM organizationally changed as a result of the implementation of the DI. In addition, I conducted interviews with representatives of three of the five financial institutions that

provided loans to DACA medical students to understand the evolution of financial operations at SOM to support these students.

Yin (2018) defines a revelatory case study as a situation that exists when a researcher has an opportunity to observe and analyze a phenomenon previously inaccessible to social science inquiry. This revelatory case study examines the organizational changes at SOM as a result of implementing the DI. The case study approach is particularly useful for gaining an in-depth appreciation of an issue, event, or phenomenon of interest (Crowe et al., 2011). I explored how, through the DI, organizational changes, environment, and finance operations evolved at SOM.

I explored the meaning of the DI by conducting focus groups that explore how SOM changed as an organization to accept and support DACA medical students. Individual interviews were conducted to demonstrate how the financial operations evolved for SOM stakeholders. Focus groups will explore the experiences, motives, and opinions of key personnel and DACA students (Rubin & Rubin, 2011). In addition, it will aid in creating portraits of complicated and intangible processes such as transformative change (Rubin & Rubin, 2011). Qualitative focus groups are especially important when the processes being studied are nearly invisible. One example is understanding how culture, which is not visible, is understood by different stakeholders and how it changed, if at all. Individual interviews enable researchers to delve deeply into the richness of a participant's narrative, providing a comprehensive understanding of their viewpoint (Kvale, 1994).

Findings

In Chapter Four, I explore the significant organizational changes at the School of Medicine (SOM) prompted by the DACA Initiative (DI) and the challenges faced by DACA medical students. Three major themes emerge: (un)intentional culture shifts, visible (in)action,

and (in)flexible commitment. SOM, guided by Jesuit values, publicly supported the DI but privately struggled with implementing changes at various levels of leadership. The chapter highlights the dichotomy in commitment, especially at The University and SOM leadership levels, and examines how financial constraints and political uncertainties tested SOM's dedication to diversity. The narrative underscores the importance of intentional and unintentional cultural shifts in fostering a welcoming environment, particularly through initiatives like the Summer Prep Program. Additionally, the chapter reflects on the unique challenges DACA students face, the pivotal role of supportive faculty and administration, and the positive media attention that bolstered SOM's reputation as an inclusive institution. Overall, the chapter illustrates how collective efforts and strategic leadership are essential in advancing diversity, equity, and inclusion within medical education.

The culture at SOM played a pivotal role in sustaining the DACA initiative by fostering a collaborative and transparent environment, particularly through the DACA Partnership Meetings. These meetings, described by Ana as platforms for sharing opportunities, advocacy roles, and updates, encouraged DACA students to actively engage in advocacy alongside faculty and administrators. This collaborative spirit, coupled with the efforts of key individuals like Joseph and Emily, who spearheaded and sustained the initiative, helped navigate significant challenges such as admissions hurdles and financial obstacles. The SOM community saw a transformative increase in awareness and engagement surrounding DACA status, despite encountering resistance from some alumni and faculty. The unwavering commitment to the initiative, consistent messaging, and proactive communication efforts were crucial in addressing misconceptions and fostering support. However, the backlash and challenges faced by DACA

students, including feelings of unwelcomeness and the need to justify their presence, underscored the ongoing need for internal efforts to create a genuinely inclusive environment.

The examination of visible action and inaction within SOM's stance on DACA highlights the institution's tangible commitment to inclusivity, as well as moments of apathy. The narrative underscores SOM's proactive stance on welcoming DACA students, with faculty and staff providing crucial support, navigating complexities, and implementing curriculum shifts to create a holistic approach. Testimonials from administrators John and Christopher reveal the profound impact of SOM's public embrace, emphasizing the institution's commitment despite ethical, financial, and political challenges. Administrators William and Ana highlight collaborative efforts and transformative outcomes, showcasing curriculum adjustments, residency placements, and broader discussions on diversity. However, the University's contrasting public and private stance on DACA, as noted by administrators Roberto and Sarah, reveals internal discord, contrasting with SOM's efforts. These dual narratives underscore the complexities SOM navigated to sustain the DACA initiative amidst internal challenges. Notable actions include SOM's public welcome, faculty and staff support, and efforts to overcome ethical, financial, and political complexities, all of which demonstrate a committed and collaborative effort to create a supportive environment for DACA students.

Discussion and Implications

Reflecting on my application for the PhD program at The University, I recall struggling with my statement of purpose and diving into literature on higher education. This exploration revealed a pattern: students adapt to institutional norms, rather than institutions evolving to meet the needs of a diverse student body. This insight ignited my desire to drive change. As a passionate advocate for transformative education, I focus on how higher education systems,

particularly medical schools, must evolve to embrace and celebrate diversity. This study highlights the complexities and importance of fostering inclusivity and diversity within medical education, addressing challenges like financial constraints and internal resistance. It underscores the need for collective efforts and transformative collaboration, supported by influential leaders willing to take risks. By embracing diversity, supporting change agents, and fostering inclusive environments, institutions can significantly advance social justice and equity in healthcare education.

To successfully navigate transformative change, institutions must focus on three critical areas: the learning environment, individuals threatened by change, and collective efforts of change agents. First, institutions need comprehensive diversity, equity, and inclusion (DEI) training programs that address systemic issues and align with their mission of promoting social justice. These programs must ensure inclusivity and actively address disparities in access and representation. Second, institutions should establish clear communication channels to address concerns from stakeholders who feel threatened by change, adopting distinct strategies to prevent initiatives from being overshadowed by dominant narratives. Articulating a clear theory of change is essential for maintaining the unique identity and impact of initiatives. Lastly, fostering a culture of bravery and transparency is crucial, encouraging stakeholders to voice their vision for change and providing platforms for marginalized voices. Collaborating with community organizations and advocacy groups can amplify efforts towards a more equitable environment. By addressing these three aspects—enhancing the learning environment, supporting individuals threatened by change, and promoting collective efforts—medical institutions can drive innovation that aligns with their mission and promotes DEI in healthcare education and practice.

Researcher Assumptions

I have worked at the SOM for 18 years and I am closely connected to the staff and students. I am aware that my positionality will affect how I conduct and write this research. Working at the institution I am researching alone is not cause for concern. However, I feel gratitude for my employment and the mentorship I received from staff and faculty at SOM. This may lead me to justify or explain shortcomings. It might also be awkward writing about your place of employment out of fear of retaliation. To address this limitation, I wrote reflexive journals to help me reflect upon my own predispositions, positionality, and blind spots. While my connection to SOM can be seen as a limitation, there are two benefits for case studies: (1) it is useful if the researcher knows the case well and the participants who will be approached; (2) it ensures a smooth process and builds rapport between the researcher and the participant (Perecman & Curran, 2006). I know SOM and DI very well. In addition, I know the research study participants, which will help build rapport.

The first two DACA cohorts at SOM were predominately Hispanic medical students. I need to be conscious of the fact that I come from an immigrant Hispanic family and see myself in a lot of the DACA medical students. Throughout the study I attempted to not project my own experiences onto the questions I ask or the data I collect. Thus, operationalizing my interview guide to follow my guiding framework was crucial. Lastly, DACA students might feel obligated to participate in my study because they know me. I informed potential participants about the study via email, asking them to contact me within three weeks if interested. In the email, emphasized that participation is voluntary. I only sent one follow up invitation to those that I did not hear from one month after the initial invitation and if I did not hear from them, I no longer reached out to them.

One of the biggest benefits of me knowing key personnel of leadership and administration is that they may think of me as an insider helped them be more open to sharing what they think. A limitation of knowing key personnel of leadership and administration is that they may have only felt comfortable saying good things about SOM. I have heard different opinions about the DI, and I know how some people feel, but going into this research, I did not know for certain if they would express themselves honestly. Another limitation is some key personnel of leadership and administration still see me as the 14-year-old high school intern they first hired instead of a researcher, and I fear they may not take me seriously. Reflexive journaling will help me stay grounded, and I worked on my confidence as a researcher.

Definition of Key Terminology

Deferred Action for Childhood Arrivals (DACA) **-** This executive order enables undocumented immigrants who entered the US as children to receive temporary relief from deportation and to apply for work authorization (Batalova et al., 2014).

Transformational Change **-**

> Transformational change is a result of either organizational transformation or the implementation or installation of a program, project, or initiative that impacts the structure and culture of the organization. For instance, in some places, an educational assessment, implemented properly, requires changes in the structure (rules, roles, and relationships) and culture (beliefs, values, traditions) of the school and/or district. (Egan, 2018, p. 1)

CHAPTER TWO

THEORETICAL FRAMEWORK

Context

The SOM was established in 1909 as the University's Department of Medicine (About Us, 2018). This occurred following the affiliation of the University and the Illinois Medical College (IMC). In 1910, Bennett Medical School purchased the Illinois Medical College and the Reliance Medical School. Bennett retained the IMC's affiliation with the University and became the department of Medicine (University Archives, 2023). In 1917 the University purchased the Chicago College of Medicine and Surgery and combined it with Bennett, thus creating the University's School of Medicine (University Archives, 2023).

The University's School of Medicine is one of only four Catholic-affiliated medical schools nationwide. The SOM has over 1,000 physician faculty members, 650 residents and fellows and 600 medical students (About Us, 2018). The Association of American Medical Colleges (2018) published a table reflecting total enrollment at the University School of Medicine by race and ethnicity: currently, there are 333 students that are White, 62 are Black, 48 are Hispanic, and 35 are non-U.S. citizens or non-U.S. permanent residents enrolled in medical school. In 2021, AAMC reported that matriculants of all medical schools are more diverse now than in past years: White 51.5%, Asian 26.5%, Hispanic 12.7%, and Black 11.3% (Boyle, 2021). However, SOM's proportion of URiM medical students still falls below the national average.

DACA Medical Students

An estimated 44.9 million immigrants reside in the United States, including 11 million undocumented immigrants who have limited protections, and over 640,000 youth with Deferred Action for Childhood Arrivals Status (Batalova et al., 2020). In 2012, former President Barack Obama enacted the Deferred Action for Childhood Arrivals (DACA) program. The program permitted persons brought into the United States (US) before age 16, who typically either lacked proper immigration documentation or overstayed a visa, to apply for deferral of action on their immigration status and receive a work permit. DACA offers a path forward for eligible undocumented young people brought to the United States as children to remain in the country, receive work authorization, and participate in the Social Security Program (Gillezeau et al., 2021). This deferral enabled them to work and improved their prospects of attending medical school (U.S. Department of Homeland Security, 2012).

Under DACA, eligible youths have permission to reside and work in the United States. DACA-eligible youths must prove that they arrived in the United States prior to turning 16; were under the age of 31 in June 2012; have continuously resided in the United States since June 15, 2007; are currently in school, graduated from high school, or obtained a general education development certificate (GED); and have not been convicted of a felony, a significant misdemeanor, or three or more other misdemeanors (U.S. Department of Homeland Security, 2012). Once an eligible youth is approved, DACA defers deportation and grants lawful presence in the United States, work permits, Social Security numbers, and, in most states, driver's licenses, all renewable every two years (U.S. Department of Homeland Security, 2012). These policy changes give undocumented students with DACA approval greater freedom to reach their educational goals.

To date, there are 649,070 active DACA recipients (U.S. Department of Homeland Security, 2012-2018). In 2017, the Trump Administration sought to end DACA through executive order but was blocked by two federal appellate courts, allowing previous recipients to renew their status (DACA Preliminary Injunction, 2018). In June 2020, the United States Supreme Court ruled on this matter and rejected the effort to deconstruct and abolish the DACA program. However, as this ruling does not prevent future policies regarding DACA, the status of DACA recipients living in the United States remains in limbo (Gillezeau et al., 2021). President Joe Biden has promised to reinstate DACA and ensure that DACA recipients continue to be eligible for federal student aid but has not yet implemented a plan for citizenship for DACA recipients (Biden for President, 2020).

As of September 2017, 62% of DACA recipients who were inactive in the labor force were enrolled in school (Zong et al., 2018). While 18% of DACA recipients were in post-secondary education, the precise number of DACA participants in medical school is unknown, with estimates varying from 70 to 100 recipients currently enrolled (Kirch, 2022; Conway & Hernandez, 2019). Although medical schools have implemented no formal policy for addressing applications from prospective DACA students (Association of American Medical Colleges, 2018), from 2012 to 2014, the Association of American Medical Colleges (AAMC) reported an 8-fold increase in the number of medical school applicants indicating DACA status (AAMC, 2018). Based on these estimates, DACA medical students are projected to account for 5,400 to 31,860 new, underrepresented minority physicians entering the workforce over the next few decades (Anaya et al., 2014)

There is little research on the experience of DACA students in undergraduate or graduate medical education (Gonzales, 2011). As of 2020, the AAMC reported an estimate of 200 medical

students and residents that have benefitted from DACA over the last eight years (Balch, 2020). Due to the limited research of DACA students in undergraduate or graduate medical education, research on DACA college student experiences may be informative given some similarities such as uncertainty about legal status, financial barriers, and emotional stress. However, there are also important differences in terms of challenges: academic rigor, length of study, licensing and residency, even greater financial burdens, and barriers to achieving career aspirations. In summary, while DACA students in both undergraduate and medical programs share some common challenges related to their legal status and financial constraints, the unique demands and career goals associated with medical education make the experiences of DACA medical students distinct and often more complex.

Medical Education Barriers

Anaya et al. (2014) note that despite similar educational aspirations and achievements to their native-born counterparts, undocumented youths face obstacles in pursuing higher education, particularly in fields like medicine and graduate health sciences, due to their undocumented status. These barriers include limited access to financial aid and the inability to secure legal employment, stemming from their lack of legal status.

Medical school comes with a hefty price tag, posing financial challenges for all students. DACA students face additional hurdles as they are ineligible for federal financial aid (Anaya et al., 2014). Despite this, they may still qualify for private scholarships, loans, and institutional aid, with some states allowing access to publicly funded grants. Medical schools can support DACA students by offering early financial planning guidance, flexible scholarship options, and paid opportunities like research positions to make their programs more accessible packages and

providing paid opportunities, such as research positions, within their programs (Anaya et al.,2014).

During medical school, students complete clinical rotations which may require them to travel to various clinical sites (Anaya et al., 2014). Before 2012, undocumented students faced challenges as they couldn't obtain driver's licenses, hindering their ability to reach these sites. However, since 2012, DACA-approved individuals have been eligible for driver's licenses in most states, with only Arizona and Nebraska excluding them from this privilege (National Immigration Law Center, 2014). In the past, undocumented physicians faced barriers to employment after medical school due to a lack of work authorization. However, DACA students can now acquire work permits and Social Security numbers, allowing them to pursue residency (Anaya et al., 2014). Employers can hire DACA students like any other individual with a work permit, without the need for additional paperwork or sponsorship (Anaya et al., 2014).

A DACA beneficiary's ability to apply for medical licensure most likely depends on each state's regulations. In the four states with the highest numbers of DACA eligible medical students potentials (California, Texas, Florida, and New York) (American Immigration Council, 2012) there are no laws that explicitly prohibit licensure of a U.S.-trained undocumented resident physician, though both Texas and New York have a similar stipulation that noncitizen, non-permanent-resident physicians must practice in physician shortage areas within the state for a minimum of three years (Medical Board of California, 2022; Occupations Code, 2022; Florida Medical Licensure, 2022; Education Law, 2022).

Given the assortment of challenges their documentation status presents, youth with DACA status may report feelings of sadness and fear associated with the uncertainty intrinsic to their educational and career paths (Gonzales et al., 2013). Therefore, medical programs that

choose to accept and support undocumented students should recognize that these students might have unique psychosocial needs. Notably, undocumented youth who continued their education through college reported that their success was facilitated by strong social support from teachers, counselors, and other mentors (Gonzales, 2011). Medical programs can actively provide this social support and create a welcoming environment for their students by training staff to be sensitive and informed of their specific circumstances. The high-achieving students who successfully enter medical school are likely to have developed reliable and productive coping strategies that are advantageous when undergoing the rigorous medical training process (Anaya et al., 2014). Due to these productive coping strategies, it is very common for most if not all DACA students to be considered resilient. Still, their unique circumstances and challenges warrant the availability of sensitive and supportive staff, faculty, and administration (Anaya et al., 2014).

DACA Initiative (DI)

After the national policy change, The University's SOM implemented the "DACA Initiative" (DI), which comprised three steps: (1) opening admissions to DACA students, (2) evaluating DACA applicants fairly alongside others, and (3) securing funding to support these students due to their ineligibility for federal loans (Kuczewski & Brubaker, 2014). Guided by its Jesuit mission to promote social justice and serve the underserved, the institution initiated this policy change (Kuczewski & Brubaker, 2014). At the time of 2014 study, the School of Medicine had three cohorts of DACA recipients, ranging from seven to 14 students per class, uniquely positioning SOM to study the impact of this initiative on the experience of all medical students and the institutional culture. One of the themes that came up was securing funding to attend medical school.

DACA students must secure funding to attend medical schools and not having citizenship or residency makes this difficult (Wasson et al., 2019). While funding was secured for DACA students, the high cost of living in the city where the University is located was not considered in their loans, which meant that money was short for things like rent, other home essentials, board exam fees, and transportation. During the DACA Partnership meetings I coordinated, I learned that many DACA students at SOM could not rely on their parents to help financially. For example, there were two students whose parents were farmers living paycheck to check. Students mentioned not having enough money for essentials such as toilet paper.

DACA students do not fit into the conventional medical student box. SOM's heart was in the right place when they implemented the DI. However, they failed to see that many of these students were not just DACA, but so many more. Many times, during DACA Partnership meetings I attended which were held monthly as a support group for DACA students at SOM, students would tell the administration that they were being treated the same when they all had complex cases. The SOM administration was looking at these students as one identity their DACA status. They are so much more than just their immigration status. In addition, many members of the administration in SOM and the University Medical Center did not know what DACA meant and therefore, students recognized the existence of assumptions and misconceptions, particularly the negative political connotations of undocumented immigration. For example, there was a misconception that all DACA students were Hispanic at SOM.

For many DACA students, the emotional barriers to what? To success? included the uncertainty of their prior undocumented status, the accompanying fear and anxiety, and its impact on their mental health and others. Practical barriers included not being able to obtain a driver's license or be eligible for financial aid (Wasson et al., 2019). Communication from the

medical school was not always perceived to be consistent among the different cohorts of students and the wider University community. The administration provided information sessions to address the policy changes, which were seen as partly successful, although students thought it was harder to convey this information in the hospital setting than in the medical school, given the number of sites, faculty, and staff involved (Wasson et al., 2019). The medical school had less control over the messaging outside of its walls. Consequently, there may have been misperceptions about the DI and DACA students in some areas of the institution (Wasson et al., 2019).

Colleges and Universities are adapting to the diverse composition of students due to rapid massification. Diversity in HEIs is not only more prevalent in colleges and University's but in medical schools as well. Transformational change for DACA students in HEI's and medical schools is necessary to accommodate the growing DACA student population.

Non-Traditional Students in Medical School

The Association of American Medical Colleges (AAMC) (2016) puts non-traditional students in medical school into two categories which are "lane-changers" and "career-changers." In addition, there is some literature suggesting that being over a certain age makes you a non-traditional medical student. Career-changers are people who have been out of college and in the workforce for at least several years. Lane-changers are college students and recent graduates who did not intend to apply to medical school (AAMC, 2016). AAMC's non-traditional student definition fails to mention students of color, DACA students, parents, working students, etc.

Over the past years, concerns about inequalities in admissions have yielded an increase in research investigating the mechanisms through which non-traditional students (e.g., first generation higher education students, students from low socioeconomic backgrounds, etc.) might

be disadvantaged and their aspirations affected by admissions practices (Wouters, 2020). Non-traditional students are more than just low-income students, first-generation students, or part-time students. They have multiple identities and do not fit into HEI's traditional student boxes. Specifically, regarding the narrow definition of a non-traditional medical student in medical school. They have multiple layers of identities and are so much more than just a lane or career changer. Non-traditional students are made up of multiple identities.

Ball et al. (2020) mention that medical schools in several countries across the globe are putting increasing focus on widening access. This initiative aims to attract a more diverse pool of applicants, with the goal of increasing social mobility and social accountability in the societies they serve (O'Connell et al., 2017; Medical School Council, 2017; Marginson, 2013). In the UK context, a non-traditional student refers to those who live in areas of socioeconomic deprivation or low progression to university, attend low-attainment high schools, come from low-income households, have been in state care, or are entering medicine as a mature student, amongst other indicators (Universities and Colleges Admission Service, 2019). The identified challenges include financial worries, perceived cultural barriers, and lack of information (Bassett et al., 2018; Martin et al., 2018; Southgate et al., 2015; Wouters et al., 2016; Mathers et al., 2011; Sianou-Kyrgiou & Tsiplakides, 2009; Brosnan et al., 2016).

Moreover, the odds of achieving the required academic entrance grades are steeply stacked against children in poorly resourced and low-attainment schools (Southgate et al., 2015; Wouters et al., 2016; Mathers et al., 2011; Sianou-Kyrgiou & Tsiplakides, 2009; Brosnan et al., 2016; Chowdry et al., 2013). HEIs in the United States should adapt the United Kingdom's non-traditional definition as it is more encompassing of non-traditional students in medical schools. Research suggests that a combination of multiple and intersecting factors—individual, social,

and cultural—need to come together to maintain aspiration to medicine over time (McHarg et al., 2007; Gore et al., 2017; Mathers et al., 2011; Wouters et al., 2016).

The social and cultural factors related to aspiration to medicine for non-traditional students have been relatively well-researched, as have certain individual factors (Cleland, et al., 2012). Individual factors which have been explored in relation to widening access to medicine relate to self-esteem (Cleland et al., 2012; Greenhalgh et al., 2004), self-efficacy (Griffin & Hu, 2015; Gore et al., 2017) and the personal preferences that drive motivation for medicine (Wouters et al., 2016; Hadinger, 2017; Gore et al., 2015). Motivation is a steppingstone toward resilience which is the next topic.

Medical Students' Stress and Resilience

The health and well-being of medical students has attracted increasing research interest (Bergmann et al., 2019). The available evidence suggests that medical students' health status is poorer than that of the general population (Dahlin et al., 2005; Dyrbye et al., 2005; Kurth et al., 2007; Seliger & Brahler, 2007). This holds true for medical students' mental health (Silva et al., 2017; Brenneisen Mayer et al., 2016; Hope & Henderson, 2014; Samaranayake & Fernando, 2011; Jadoon et al., 2010). For instance, the prevalence of depression in this population has been estimated at about 40% (Brenneisen Mayer et al., 2016; Jadoon et al., 2010). Academic stress has been identified as an important predictor of poor mental health (Voltmer et al., 2012). Also, stress is an important cause of declining empathy among medical students (Neuman et al., 2011; Park et al., 2015). This is further aggravated by the observation that every fifth medical student at the beginning of his/her/their studies shows excessive commitment and propensity to exhaustion (Voltmer et al., 2008). Medical students are perceived to be characterized by competition, lacking time for leisure activities or social contacts, and schedules that demand

exclusive dedication, all of which can lead to reduced life satisfaction (Tempski et al., 2012; Pereira & Barbosa, 2013; Kjeldstadli et al., 2006).

Stress among medical students has been a concern of educators for decades (Huebner et al., 1981; Bjorksten et al., 1983; Michie & Sandhu, 1994; Wolf, 1994; Thompson et al., 2016). Despite this concern, medical students are still experiencing higher levels of stress, depression, anxiety, and overall psychological distress than the general population (Dyrbye et al., 2006; Compton et al., 2008; Dahlin et al., 2005). A study by Howe et al. (2012) found that depression in medical students worsens over time, suggesting that emotional distress for medical students is "chronic and persistent rather than episodic."

Resilience has been defined in many ways and contexts. In the field of psychology, where research in resilient individuals started decades ago (Masten et al., 1990; Garmenzy, 1993), resilience has been defined as the ability to recover and thrive in the face of adversity (Masten & Powell, 2003; Evans & Hardaker, 2015; Finn, & Hafferty, 2014). Antonovsky (1987), a medical sociologist, described resilient individuals as those who manage stress well and find meaning in situations that could be considered overwhelming psychological threats (Howe et al., 2012). Resilience has been theorized to exist within individuals, families, communities, and institutions (Masten et al., 1990). Indeed, resilience acts across all levels of the ecological model (Ungar, 2015). A resilient community may function as a protective factor for resilience at the individual level (Howe et al., 2012). For example, at the individual level, resilience involves a connection to the social environment (Denz-Penhey & Murdoch, 2008). A community or social environment can support or impair a person's ability to build resilience (McAllister & McKinnon, 2009). These findings suggest that resilience can be developed or learned (Thompson et al., 2016).

Howe et al. (2012) studied resilience in medical students and described the components of resilience as self-efficacy, self-control, ability to engage support systems (social support), learning from difficulties, and persistence. Generally, social support is a function of social relationships (Berkman et al., 2000), and it can be both positive and negative. Resilience often depends on the number of manageable obstacles. Immigration is beyond the control of the people who live with it, so they may utilize maladaptive coping which means ignoring the problem rather than seeking support because it is externally controlled (Stanton-Salazar et al., 2001). Researchers have proposed four types of social support: emotional support involving empathy, love, trust and caring; tangible support involving tangible aid and services that assist a person in need; informational support which involves advice, suggestions, and information that a person can use to address problems; and appraisal support involves constructive feedback and affirmation (House et al., 1998). There is strong evidence that social support—particularly perceived social support—functions as a protective factor for health (Reblin & Uchino, 2008; Uchino, 2006; Tittman et al., 2016). In the context of medical education, research has found a strong association between group membership and well-being (McNeill et al., 2014). A medical schools' educational environment can affect students' well-being.

Medical School Educational Environment

Many curricular innovations are evaluated considering their impact on the learning environment and are even designed to improve it (Gruppen & Stansfield, 2016). Findings such as these have led accrediting bodies to include expectations for the educational environment, such as the Liaison Committee on Medical Education Standard 3.5, which states that "[a] medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical

students" (Liaison Committee on Medical Education, 2022). However, understanding the dynamics of the educational environment is complex and multifaceted (Genn, 2001).

Moos and Moos (1978) suggest three key categories of educational environment components, personal development, and goal direction, which relates to educational goals, relevant learning content, and constructive criticism (Wayne et al., 2013). From this perspective, much of the research on the educational environment has focused on the individual level, seeking learner characteristics or experiences that reflect the educational environment or influence it. A few studies examined the impact of social structures (the group level—e.g., Hafferty et al., 2013). Very few studies have examined the institutional or organizational level. The organizational relationships between medical schools and the hospitals, physician groups, and other components of the clinical delivery systems that support the academic mission have always been important issues in academic medicine (Weiner et al., 2001). However, a wide variety of simultaneous changes in health care organization, financing, and delivery have rendered the management of these organizational relationships increasingly problematic and time-consuming for medical school leaders (Weiner et al., 2001).

Theoretical Framework - Transformational Change (TC)

After experiencing a prolonged period of stability and consistent growth, higher education now faces a new era marked by various challenges and pressures for change. The sector is on the brink of significant transformation due to influential factors such as advancements in technology, increased competition, and shifting demands in the workforce. (Kezar & Eckel, 2002; Welsh & Metcalf, 2003; Kemelgor et al., 2000). HEIs are pressured now to implement organizational changes to keep up with the change in the demographics of incoming students. This case study centers on how, if at all, the DI transformed SOM as an

organization and how DACA alumni and key personnel from leadership and administration experienced change with the DI.

I was coauthor of a study called, “We Have a Lot of Power…” A Medical School’s Journey Through Its New Deferred Action for Childhood Arrivals (DACA) Initiative,” in which students described the diverse benefits of the DI both now and for the future (Wasson et al., 2019). While interviewing DACA students during this study was helpful to gaining insight into their personal experiences and challenges, looking at the DI through a transformational change lens encompasses the perspectives of all change agents responsible for this initiative. We may arrive at new questions and alternative understandings by applying the Transformative Change framework lens. While the aim of the initial focus group study was to look at medical student’s experiences, the purpose of my dissertation is to empirically investigate whether and if so, how, DI transformed SOM as an organization.

History of Transformational Change

A more recent definition of transformative organizational change is:

> Transformational change is a result of either organizational transformation or the implementation or installation of a program, project, or initiative that impacts the structure and culture of the organization. For instance, in some places, an educational assessment, implemented properly, requires changes in the structure (rules, roles, and relationships) and culture (beliefs, values, traditions) of the school and/or district. (Egan, 2018, p. 1)

One major component that the current definition lacks is that transformational change occurs over time and is intentional. Eckel et al. (1998) define transformational change as: Transformation (1) alters the culture of the institution by changing select underlying assumptions and institutional behaviors, processes, and products; (2) is deep and pervasive, affecting the whole institution; (3) is intentional; and (4) occurs over time.

In higher education, despite the growing prevalence of institutional change initiatives, a significant number end in failure (Kezar, 2011). According to Beer and Nohria (2000), approximately 70% of change initiatives fail, spanning various areas such as technology adoption, restructuring efforts, or shifts in organizational culture. Structural changes in universities are often the source of a great deal of upheaval, cost, disruption, and in many cases discontent (Bishop et al., 2020). Although, the statistics seem daunting and discouraging change is necessary. March (1981) argued, "Organizations are continually changing, routinely, easily, and responsively, but change within an organization cannot be arbitrarily controlled" (p. 563). Institutional change initiatives have a high chance of failing because organizations are continually changing making it hard to come up with effective initiatives, programs, or policies. Moreover, ineffective leadership, faculty resistance, financial constraints, public scrutiny, conflicting values, and entrenched institutional traditions further exacerbate the challenges. (Kezar, 2011; Klempin & Karp, 2018).

Institutional Culture and Context and Its Impact on Transformational Change

Transformation requires major shifts in an institution's culture. Institutional culture is a common set of beliefs and values that create a shared interpretation and understanding of events and actions. Institution-wide patterns of perceiving, thinking, and feeling; shared understandings; collective assumptions, and common interpretive frameworks are the ingredients of this "invisible glue" which is institutional culture (Kuh & Whitt, 1988; Schein, 1992). Organizational culture is inflexible. In organizations, culture is often a composite of many different subcultures rather than a single culture. Before providing a definition of organizational culture as you read, think of the definition as an onion with many layers.

The outer skin of the onion is the organization's artifacts, the middle layers are the espoused values, and the inner core is the underlying assumptions. Eckel et al. (1998) state that artifacts are what we see, such as the products, activities, and processes that form the landscape of the institution's culture. Espoused values are what we say, which are the articulated beliefs about what is "good," what "works," and what is "right"; for example, valuing promoting lifelong learning or faculty-student contact outside of the classroom is important. Espoused values are what we say, and what we promote, but not always, what we do (Eckel et al., 1998). The innermost core of a culture is what we believe are underlying assumptions. Underlying assumptions can be defined as deeply ingrained beliefs that are rarely questioned and taken for granted. In addition, underlying assumptions are difficult to identify since only careful observers or cultural insiders can truly understand them. For example, length of service is more important than expertise or scholarly production (Eckel et al., 1998).

Colleges and universities possess varied cultural forms that evolve over time and remain dynamic through human actions. Through habit, repetition, and socially constructed organizational forms (e.g., decentralized, and centralized structures, religious and secular affiliations), a cultural context takes shape (Manning, 2018). Since culture is created through human action, organizations are rich places for meaning and culture building: "Clothes, spaces, symbols, games, roles, and rituals are seen to be deployed and arranged in complex constellations" (Parker, 2000, p. 50). These constellations form a unique perspective on an organization reflected in its history, mission, and stories. It is literally built into the architecture and physical features of the institution.

Language, Saga, Symbols, and Architecture

Language within an organization is more than simply a way to communicate. It is a fundamental and highly symbolic aspect of culture (Manning, 2018). Language represents and recreates habits of thinking, mental models, and organizational paradigms (Schein, 2010). Taught to newcomers through the socialization process, the jargon of a field, terms employed within a group, and expressions unique to a college or university distinguish membership and cultural belonging (Manning, 2018).

> Language, in its most general sense, is central since an organization's culture is manifested in and through its local languages. Slang, jargon, acronym and technicality hence become exemplifiers of cultural processes because they are…illustrative of the kinds of communities that organizational members inhabit. (Parker, 2000, p. 70)

In addition to signals about membership and belonging, language has the capacity to shape reality (Manning, 2018). It is important to note that "Language is power. It literally makes reality appear and disappear. Those who control language control thought, and thereby themselves and others" (Greenfield, 1986, p. 154).

Language is powerfully used by storytellers to convey organization culture (Kuh et al., 1991). Values and assumptions are communicated to those new to the organization through these myths and sagas (Bess & Dee, 2008). Clark (1985) defined saga within higher education contexts as "a collective understanding of current institutional character that refers to a historical struggle and is embellished emotionally and loaded with meaning" (p. 82). These cultural artifacts serve many purposes including: (a) establishing normative behavior, (b) creating standards of excellence, (c) honoring founders, and (d) communication core values (Birnbaum, 1991). They identify the behaviors that are acceptable as well as adding to the organization's future (Bess & Dee, 2008).

Every action contains meaning within it that refers to or symbolizes something else. Everything is symbolic (Parker, 2000) and all actions are symbolic acts. The complex nature of symbols is evident in higher education organizations, which encompass multiple cultures in the same institutional space. As with all cultural forms, symbols have the potential to express mixed messages. Symbols that are meant to include can inadvertently be excluded. Action meant to set expectation for excellence can provoke against student expectation of adult freedom and independence (Manning, 2018). Like language symbols carry weight and are powerful ways of enforcing transformational change. It will be interesting to see what language my study participants will use during the focus groups and what it will symbolize.

Lastly, it is important to highlight architecture which can at times intertwine with symbolism. The architecture of a campus immediately communicates the values, aspirations, and character of an institution (Bergquist & Pawlak, 2008; Kuh & Whitt, 1988; Kuh et al., 1991). These qualities may be conveyed in mission statements and include beliefs about academic excellence, leadership, and access (Bergquist & Pawlak, 2008). The physical space of colleges and Universities, when placed, for example, on top of a city hill or sequestered behind forbidding walls conveys exclusion, elitism, and separation. The physical heigh of bell towers, steeples, and administration buildings communicates the desire to pursue lofty ideas (Bergquist & Pawlak, 2008).

The direction that buildings face, placement of parking, and the position of academic buildings in relation to other structures tangibly convey institutional values and intentions (Manning, 2018). Residential campuses often focus inward, community college and commuter-based campuses project outward (Bergquist & Pawlak, 2008). A quick tour of a campus provides

students with the impression about what is important to a campus, how they will be treated, and what kind of community they can expect.

> Where buildings are placed, what they look like, and how they are maintained, the amount of open space provided, the care taken to provide places for large and small groups to interact, the priority given to space for students, and the amount of control students have over their setting can be viewed as demonstrating the institution's commitment to community and student life. (Kuh et al., 1991, p. 91)

For-profit campuses, community colleges, and institutions with highly specialized curricular offerings often rent space in office buildings, schools, and other settings that do not resemble traditional colleges (Manning, 2000). While these spaces are often incorrectly called nontraditional, the non-campus-like physical space communicates the message that all students, adult, first-generation college students, returning learners, are welcome. Traditional campuses were built with traditional students in mind. In this way, students connect to the campus and link their purpose to an entity larger than themselves (Manning, 2000). Regardless of the style of the college or university, campuses evoke a sense of place that remains with students for years after graduation (Bott et al., 2006; Clemons et al., 2005; Gruenwald, 2003).

The Importance of Depth, Pervasiveness, and Intentionality in Transformational Change

Transformation does not require fixing discrete problems or adjusting and refining what is currently being done. Transformation is deep (Eckel et al., 1998). In other words, transformation touches the core of the institution. Such change is also pervasive. It is a collective, institution-wide movement, even though it may occur within one unit, department, or person at a time. When enough people act differently or think in a new way, that new way ultimately becomes the new norm (Eckel et al., 1998). To further clarify what depth means, depth focuses on how profoundly the change affects behaviors or alters structures. The deeper the change, the more it is infused into the daily lives of those affected by it. For example,

redesigning a course with new incorporated technology may result in an entirely different kind of learning experience for the student, one in which both the professor and the student think and act differently (Eckel et al., 1998). In essence, deep change implies a shift in values and assumptions that underlie the usual way of doing business. Deep change requires people to think and act differently.

Given the decentralized nature of academic institutions and the loosely coupled nature of their components, it is possible for deep change to occur within specific units or academic departments without change being widespread throughout the institution (Weick, 1976). Pervasiveness on the other hand refers to the extent to which the change is far-reaching within the institution. The more pervasive change, the more it crosses unit boundaries and touches different parts of the institution. A good example of pervasive change is the use of computers. Computers sit on most faculty members' desks, students have access to them through the computer labs and most have laptops (Eckel et al., 1998). Implementing initiatives is accomplished not only through changes in how institutional work is organized and the facilities in which the work is carried out but also through concurrent shifts in the institutional culture (Holley, 2009).

Transformational change has an intentional component that leads to purposeful, desirable outcomes. It does not just happen. Intentionality has two elements: (1) a conscious decision to act, and (2) a purposeful choice of how or in what direction to act (Eckel et al., 1998). Transformation occurs when institutions succeed at the changes they desire and move in the directions they choose. Pure intentionality is rare as institutions often respond to environmental changes by changing themselves (Eckel et al., 1998). Nevertheless, whichever way institutions reach transformation; they still have a purposeful goal.

Critics of transformational change argue that HEIs are incapable of transformation because it is stagnated by tenure, faculty governance, unions, and an overabundance of traditions (Eckel et al., 1998). Because critics see change occurring at a slow pace, they equate speed with extent. Although the speed of change represents one portion of institutional change, one could argue that one portion may not be important to transformation. There are two paces of speed when referring to transformative change: revolutionary change and evolutionary change (Eckel et al., 1998). Revolutionary change usually refers to the suddenness of the change. At the other end of the spectrum, evolutionary change refers to slow, methodical processes. Both revolutionary and evolutionary change can lead to transformation because it is not the speed of change but its other dimensions, specifically its depth, pervasiveness, and impact on culture that matters most (Eckel et al., 1998).

> Paradigm shifts are not accomplished overnight; change that is sufficiently pervasive and deep to qualify as transformational change requires changing processes, values, rewards, and structures throughout an institution, all of which take time. These changes build on each other. Because the transformation process is difficult and ambiguous, and because institutions themselves are complex, higher education is unlikely to see many "big bangs." But over time, institutions may reinvent themselves and become transformed. (Eckel et al., 1998, p. 11)

For institutions to be successful, change must be both intentional and continuous. In today's environment, it is insufficient to accomplish one or more important changes and stop there. Colleges and universities are constantly undergoing some type of change. "Organizations are goal-directed, boundary-maintaining, and socially constructed systems of human activity" (Aldrich & Ruef, 2006, p. 4). The real challenge is to change repeatedly, and to become more responsive to the needs of higher education's many stakeholders and its external environment. Colleges and universities must assess their environments to decide when, and how to act, and to change accordingly. Successful institutions will learn from their patterns of testing and

experience to respond and change again when necessary (Eckel et al., 1998). It is necessary for HEIs to experience, and practice change to learn from their patterns and change accordingly.

Five Core Strategies Essential to Transformational Change Efforts

Eckel and Kezar (2002) identified five core strategies essential to transformational change efforts, including senior administrative support, collaborative leadership, flexible vision, faculty and staff development, and visible action. Senior administrators provide the resources necessary, and they can also convey a shift in institutional priorities through their language and behavior. Collaborative leadership brings together individuals from across the campus, even those who do not hold formal positions of authority (Kezar & Eckel, 2002). By encouraging members of the campus community to become involved in transformational change, ownership of the initiative spreads well beyond the senior administration.

Flexible vision determines a defined plan for action while acknowledging the possibilities of unanticipated opportunities. Faculty and staff development communicates the clear commitment by the organization to support the change efforts while visible action provides evidence that change is occurring over an extended period (Kezar & Eckel, 2002). Change can be daunting and seeing a light at the end of the tunnel can help push change efforts forward. Cumulatively, these strategies indicate the necessity of consistently communicating the need for change and throughout the organization as well as introducing change efforts in all elements of the organization (Holley, 2009). It is important to highlight that transformative change is a collaborative effort. It is not a top-down approach in which leadership enforces change. The goal of implementing change is to transform the core of the “onion,” that is, the underlying assumptions; but in order to do so we must get through the outer skin of the onion which are the

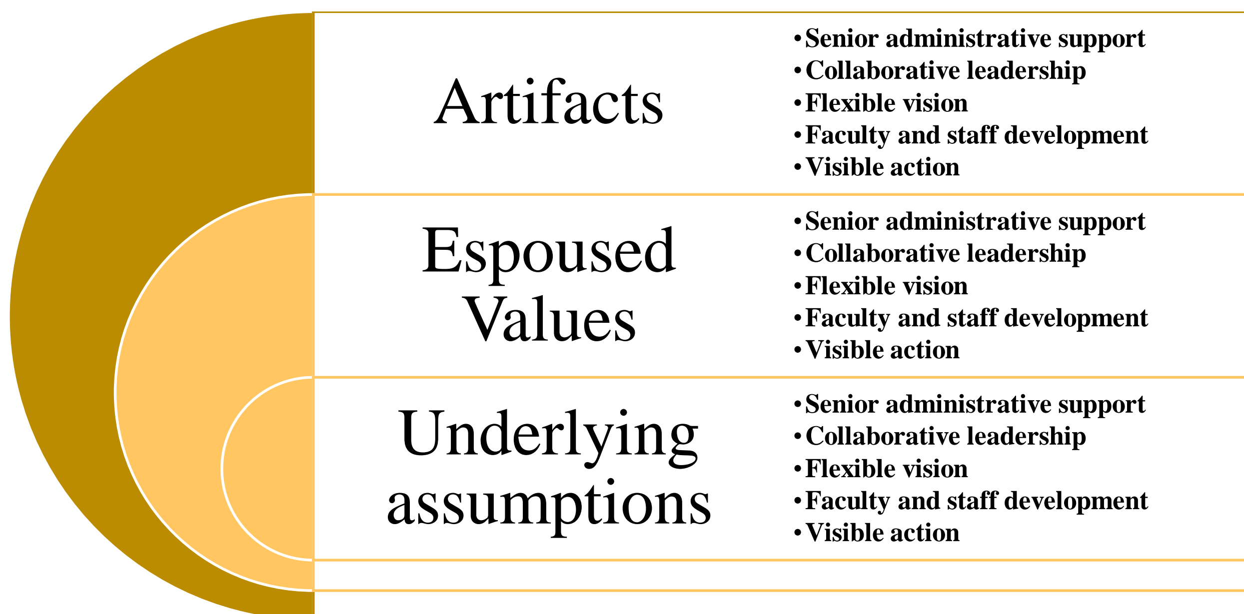
organization's artifacts and the middle layer of the onion which are espoused values (Eckel et al., 1998).

Although higher education institutions are considered mature organizations and often referred to as fossilized structures (Manning, 2017), it is important to highlight that mature organizations have a choice to change. Transformational change is a result of organizational transformation which directly impacts structures and culture, but it is necessary to consider that it occurs over time, and it must be intentional and flexible. Institutional change initiatives are common, but many fail due to HEIs not being able to adapt to continual change.

Conceptual Framework

Kezar and Eckel (2002) and Eckel et al. (1998) considered what change might look like in broad terms, looking at support, leadership, vision, and action, but also recognized that change could influence only the outer layer of an organization and leave the core of the institution unchanged. Therefore, combining the two frames allows me to look at both the change that is occurring and the location of that change within the organization.

Figure 1. Conceptual Framework



CHAPTER THREE

METHODOLOGY

In this chapter, I briefly describe the purpose of the study and restate the research questions. I provide a narrative of my positionality and a detailed description of the paradigms from which I operate in this research and then connect them to the rationale for using Transformative Organizational Change theory (TOCT) as my primary lens. Then I describe the research design, focusing on participant selection, data collection, data analysis, trustworthiness, study evaluation, and ethical considerations.

Purpose of the Study and Research Questions

The purpose of this revelatory case study is to explore how the DACA Initiative (DI) organizationally changed the School of Medicine (SOM) beyond just changing student demographics. The impact of the DI was experienced by students on multiple levels, including the individuals, community, and institution (Wasson et al., 2019). The students were aware of and reflected on the benefits of the DI on these levels and for themselves. I coauthored a study that resulted in a publication titled, "We Have a Lot of Power…": A Medical School's Journey Through Its New Deferred Action for Childhood Arrivals (DACA) Initiative" (Wasson et al., 2019). Students who participated in focus groups described the diverse benefits of the DI both now and for the future. Students discussed opportunities due to the DI in broad terms, including the benefits to the DACA students, allies, and the role of resources and education in this journey (Wasson et al., 2019). For example, non-DACA students described how having DACA students as classmates and learning about their stories and their realities gave them first-hand knowledge

of the challenges faced by those who are undocumented immigrants. Non-DACA students also articulated their appreciation of the opportunity to learn from their DACA classmates in the present and apply those insights in the future when they are physicians treating patients (Wasson et al., 2019).

In this research, I specifically explored if, through the DI and in its efforts to enhance the acceptance and support of DACA medical students. I also looked at the evolution of the financial operations at SOM to support DACA medical students. While the aim of the first research study was to look at medical student's experiences, the purpose of my dissertation is to empirically investigate if the DI organizationally changed SOM and if the changes lead to transformative change. Qualitative research is often described as hypothesis-generating or as generating new research questions (Sullivan & Sargeant, 2011). The initial study, aimed at understanding specifically how the DI impacted the experience of medical students, generated a new research question that I am now exploring. The research questions that guide this research study are:

1. As a result of the DI, did the organizational changes implemented by SOM to accept and support DACA medical students result in transformative change for SOM?
2. How did the financial operations of the SOM evolve?
3. What makes DACA students feel welcomed at an institution and how did the SOM evolve to make them feel welcomed?

Positionality and Epistemology

The term positionality describes an individual's worldview and the position they adopt about a research task and its social and political context (Foote & Bartell, 2011; Savin-Baden & Howell-Major, 2013; Rowe, 2014). Epistemological assumptions mean an individual's beliefs about the nature of knowledge and assumptions about human nature and agency (individual's

assumptions about the way we interact with and relate to our environment) (Sikes, 2004; Bahari, 2010; Scotland, 2012; Ormston et al., 2014; Marsh & Furlong, 2017; Grix, 2019). These are colored by an individual's values and beliefs that are shaped by their political allegiance, religious faith, gender, sexuality, historical and geographical location, ethnicity, race, social class, and status (Sikes, 2004; Wellington et al., 2005; Marsh & Furlong, 2017).

I adopt an interpretivist epistemological stance to understand if DI transformed SOM. I believe that knowledge is constructed through subjective interpretations and meanings assigned by individuals within a social and cultural context. As Pascale (2011) states, "Interpretivists are committed to the philosophy of social construction but believe that the social world is produced through meaningful interpretations" (p. 22). Interpretivism aligns with the underlying principles of this research, as it allows for an exploration of the multiple perspectives, experiences, and social dynamics involved in the organizational change process.

Positionality "reflects the position that the researcher has chosen to adopt within a given research study" (Savin-Baden & Howell-Major, 2013, p. 71). It influences how research is conducted, its outcomes, and results (Rowe, 2014). My positionality in my study will require me to acknowledge my views, values, and beliefs as the researcher when it comes to formulating my research design, conduct, and outputs. Self-reflection and a reflexive approach are both a necessary prerequisite and an ongoing process for the researcher to be able to identify, construct, critique, and articulate their positionality. A way to help me dissect my positionality is through the process of reflexivity.

Reflexivity is the concept that researchers should acknowledge and disclose themselves in their research, seeking to understand their part in it or influence in it (Cohen et al., 2002). Reflexivity informs positionality. It requires an explicit self-consciousness and self-assessment

by the researcher about their views and positions and how this may directly or indirectly influence the design, execution, and interpretation of the research data findings (Greenbank, 2003; May & Perry, 2017). Reflexivity requires sensitivity by the researcher to their cultural, political, and social context (Bryman, 2016) because the individual's ethics, personal integrity, and social values, as well as their competency, influence the research process (Greenbank, 2003; Bourke, 2014). To monitor my positionality, I wrote researcher reflexivity journals. The population I am working with in my study are colleagues I have known for many years, and I have similarities with the DACA medical students as the child of immigrant parents.

I will start by describing my positionality in relation to DACA students. For as long as I can remember, I wanted to be an educated Hispanic woman. I did not want to be like the women in my neighborhood or family many of whom did not complete high school and were single mothers. I wanted to be different, and I wanted to make my immigrant parents proud. For a long time, my sole purpose was to "make it." In my eyes, being successful meant being educated, middle-class, and owning a home. The only way I could attain my goal, or the American Dream was by being smart in school and getting a college degree which my parents encouraged every day. Growing up, this was considered my "common sense." Chang (2011) states that the common sense of people becomes common sense "naturally" and this is all restructured by class position. I saw education as my ticket out of my current socioeconomic status.

As a low socioeconomic Latina who comes from immigrant parents in Little Village, I bring a unique positionality that shapes my understanding of this research. I firmly believe that knowledge is constructed through subjective interpretations and meanings assigned by individuals within their social and cultural context. Drawing from my own experiences and background, I understand the transformative potential of initiatives like the DI, particularly for

underrepresented communities like the one I come from. My positionality compels me to explore and uncover the perspectives, experiences, and social dynamics that contribute to or hinder transformative change within SOM.

Banks (1996) explains that the knowledge we create is influenced by our experiences within various social, economic, and political systems. Knowledge and education cannot be free of interest and bias. In data collection, there will always be an agenda, and this happens unconsciously. My positionality affects the way I approach this PhD program, work, and everything in between. According to Sensoy and DiAngelo (2017), positionality asserts that knowledge depends on a complex web of cultural values, beliefs, experiences, and social positions. Coming from a low-income family, I can see how my knowledge has been socially constructed.

My whole life, I assumed that the information I was learning in school was free of biases. Sensoy and DiAngelo (2017) state that one of the persistent myths of mainstream society is that the knowledge we study in schools is factual and neutral. Knowledge is reflective of the values and interests of those that produce it. It is important to see the frames of reference and what knowledge we accept and reproduce. I agree with Sensoy and DiAngelo when they say that addressing difficult issues such as racism, discrimination, and microaggressions forces people to take off their blindfolds and step away from what is familiar and comfortable to them. We should really be examining surface patterns and tensions that arise. Mainstream media and narratives would rather we stay in our comfort zones and believe that we will all get along and that society is fair. I will not dive deep into meritocracy, but this notion that society is fair stems from the belief that hard work can lead to economic mobility for all (Ellis, 2017). For many who contend with structural racism, hard work does not always yield change in their socioeconomic status.

Although society is not fair, it does not mean there is not anything I can do about it. I know that as a Hispanic woman, it was harder for me to get from point A to point B as opposed to a White, middle-class, heterosexual, Christian man. Do not cry for me just yet. Boggs (2012) brought up a good point that I have always thought about but never said out loud, "... we urgently need to stop thinking of ourselves as victims and to recognize that we must each become part of the solution because we are each part of the problem" (p. 29). I do not win anything by complaining about how hard I had it or how easy John Smith had it over me. I must take accountability; this dissertation is my attempt at taking action.

Given this background and my work with DACA students, I need to be conscious that I come from an immigrant family and see myself in many of the DACA medical students. I need to be conscious not to project my own experience onto the questions I ask or the data that I collect. I will do this by writing reflexive journal entries regularly to help me be more conscious of my biases which will help the trustworthiness of my data.

Additionally, I have worked at SOM for 18 years. I started as a Cristo Rey Jesuit High School Intern and worked at SOM throughout my four years of high school. In fact, some key personnel from leadership and administration wrote recommendation letters for me for my undergraduate and graduate studies. Once I graduated high school, I was hired part-time while I attended college full-time. Once I graduated college, I was brought on full-time to the Bioethics Institute, where I worked for eight years before coming to my current department, the Department of Medical Education. The University's tuition reimbursement program allowed me to pursue my Master's in Higher Education and PhD. I have immense gratitude to SOM, its faculty, students, and staff, hence the importance of monitoring my positionality through reflexive journals. Therefore, while interviewing SOM key personnel from leadership and

administration, I actively wrote reflexive journals due to how close I am to some of the people I interviewed.

Interpretivism seeks to take participants and researchers to a deeper understanding of a phenomenon by uncovering aspects that have been hidden (Crotty, 1998). I studied a phenomenon, which is the DI in depth and within its real-world context. I recognize that organizational change is a complex and multifaceted phenomenon influenced by various social, cultural, and historical factors. Through an interpretivist lens, engaged in a process of sense-making and understanding, seeking to reveal the underlying social constructions and contextual influences that shape individuals' perceptions, actions, and interactions within the organization. Furthermore, as an insider to the SOM community, I acknowledge the potential biases, assumptions, and preconceptions that may arise during the research process. To address this, I approached data collection and analysis with reflexivity, acknowledging and critically examining my own positionality and its potential impact on the interpretation of findings.

To capture a nuanced understanding of the organizational change that occurred through the DI, qualitative research methods, specifically interviews and focus groups, were employed. These methods enabled? me to explore the subjective experiences, beliefs, and narratives of key stakeholders involved in the DI and organizational change, allowing for a rich and contextualized understanding of the transformative processes at play. Overall, the interpretivist epistemological stance adopted in this research recognizes the importance of individual and collective perspectives, meanings, and interpretations in shaping transformative organizational change.

Design of the Study

Background: The SOM DACA Initiative

In 2012, President Barack Obama implemented the Deferred Action for Childhood Arrivals (DACA) executive order in the United States, granting temporary relief from deportation and work authorization to undocumented immigrants who arrived as children (Batalova et al., 2014). Prior to DACA, even if undocumented students could get into medical school and had money to pay for it, they would hit a dead end since they could not practice medicine in the US because they were not legally permitted to work or apply for a medical license (Redford, 2019). DACA enabled undocumented students to pursue medical education, residency programs, and licensure as doctors in most states, overturning previous barriers to practicing SOM at The University implemented the DI in 2012, committing to admit DACA students, evaluate them fairly, and secure funding for their education (Kuczewski & Brubaker, 2014). Guided by the University's Jesuit mission of promoting social justice and serving the underserved, as of May 2022 the DI has facilitated the graduation of 32 DACA-eligible individuals (School of Medicine Admissions Office, 2023).

Previous Research

By using TOCT combined with the institutional culture and context framework, this dissertation expands on previous research on the DI at SOM to include the perspectives of key personnel from leadership and administration to explore how DI may have transformed SOM as an organization.

Theoretical Frameworks: Transformational Organizational Change and Institutional Culture and Context

Research on the experience of DACA students in undergraduate and graduate medical education is limited (Gonzales, 2011). I was involved in an initial study aimed to understand how DACA impacted medical students' experiences, which generated new research questions. The implementation of the DACA Initiative (DI) at SOM transformed the school's culture, making the integration of DACA students the norm and fostering solidarity among classmates over time (Wasson et al., 2019). Students highlighted the importance of communication, advocacy, curriculum, and the political climate in this change process (Wasson et al., 2019), illustrating personal and institutional benefits. They expressed how the DI was widely embraced, fostering an inclusive and supportive climate aligned with institutional values (Wasson et al., 2019). There are multiple definitions of transformative organizational change, and these have evolved over the last decade. A more recent definition is: "Transformational change is a result of either organizational transformation or the implementation or installation of a program, project, or initiative that impacts the structure and culture of the organization" (Egan, 2018, p. 1).

Older definitions emphasized that transformational change also occurs over time and is intentional. According to Eckel et al. (1998), transformation: (1) alters the culture of the institution by changing select underlying assumptions and institutional behaviors, processes, and products; (2) is deep and pervasive, affecting the whole institution; (3) is intentional; and (4) occurs over time. Change can be perceived in different ways by different institutional agents.

March (1981) argued, "Organizations are continually changing, routinely, easily, and responsively, but change within an organization cannot be arbitrarily controlled" (p. 563). Change initiatives in universities often face obstacles such as structural upheaval, financial

tensions, and resistance from faculty and leadership (Bishop et al., 2020; Kezar, 2011; Klempin & Karp, 2018). Beer and Nohria (2000) even suggest that 70% of change initiatives fail due to various factors like new technology or organizational culture. Despite these challenges, change remains inevitable.

A definition of transformative organization is helpful, but core strategies take it one step further by spelling out what is required for change. I used the core strategies to guide my research, specifically, my interview guide and data analysis. Kezar and Eckel (2002) identified five core strategies essential to transformational change efforts, including senior administrative support, collaborative leadership, flexible vision, faculty and staff development, and visible action. Senior administrators provide the resources necessary, and they can also convey a shift in institutional priorities through their language and behavior. Collaborative leadership brings together individuals from across the campus, even those who do not hold formal positions of authority (Kezar & Eckel, 2002). By encouraging campus community members to become involved in transformational change, ownership of the initiative spreads well beyond the senior administration. Flexible vision determines a defined plan for action while acknowledging the possibilities of unanticipated opportunities. Faculty and staff development communicates the clear commitment by the organization to support change efforts while visible action provides evidence that change is occurring over an extended period (Kezar & Eckel, 2002).

Transformation requires major shifts in an institution’s culture which is a component of overall institutional change (Kuh & Whitt, 1988; Schein, 1992). Institutional culture is a common set of beliefs and values that create a shared interpretation and understanding of events and actions. Institution-wide patterns of perceiving, thinking, and feeling; shared understandings; collective assumptions, and common interpretive frameworks are the ingredients of this

"invisible glue" which is institutional culture (Kuh & Whitt, 1988; Schein, 1992). Organizational culture is inflexible. In organizations, it is often a composite of many different subcultures rather than a single culture. Institutional culture change is required to execute institutional change (Kuh & Whitt, 1988; Schein, 1992).

Eckel et al. (1998) provided an analogy of an onion that helped me understand the core of transformative change. The outer skin of the onion is the organization's artifacts (what is most visible), the middle layers are the espoused values (what is said), and the inner core is the underlying assumptions (what is not always visible). Eckel et al. state that artifacts are what we see, such as the products, activities, and processes that form the landscape of the institution's culture. Espoused values are what we say, which are the articulated beliefs about what is "good," what "works," and what is "right." Espoused values are what we say, and what we promote, but not always, what we do (Eckel et al., 1998). The innermost core of a culture is what we believe are underlying assumptions. Underlying assumptions can be defined as deeply ingrained beliefs that are rarely questioned and taken for granted (Eckel et al., 1998).

Kezar and Eckel (2002) and Eckel et al. (1998) considered what change might look like in broad terms, looking at support, leadership, vision, and action, but also recognized that change could influence only the outer layer of an organization and leave the core of the institution unchanged. Therefore, combining the two frames allowed me to look at both the change that is occurring and the location of that change within the organization.

Study Aims

The primary study aim was to determine if the extent of organizational change within SOM meets the criteria for being considered transformative in its efforts to enhance the acceptance and support of DACA medical students. I achieved this aim by examining how key

personnel and DACA medical students experienced change. A second aim was to explore how financial operations at SOM evolved through the lens of key personnel from leadership and administration and five financial institutions that provided loans to DACA medical students. A third aim was to look at how DACA medical students experienced the changes at SOM as a result of the DI and if they felt welcomed. The study is focused on how the DI changed SOM as an organization, not how it changed for an individual person.

Research Design

The goal of this revelatory case study was to explore if the DI transformed SOM. In order to do so I used focus groups and interviews to see if the DI changed SOM as an organization to facilitate the acceptance and support of DACA medical students. I assessed if the organizational changes led to the transformation of SOM. Incorporating different stakeholders is necessary when using TOCT. Yin (2018) defines a case study as an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-world context. My case study looked at the transformative effects of the DI in the SOM. The case study approach is particularly useful to gain an in-depth appreciation of an issue, event, or phenomenon of interest (Crowe et al., 2011). I conducted focus groups and interviews to determine if the extent of organizational change within SOM meets the criteria for being considered transformative in its efforts to enhance the acceptance and support of DACA medical students. In addition, I looked at the evolution of the financial operations at SOM to support these students.

Case Studies

Case studies are intensive to achieve richness (Yin, 2018). Revelatory case studies exist when a researcher has an opportunity to observe and analyze a phenomenon previously inaccessible to social science inquiry (Yin, 2018). Being a qualitative study with an interpretive

stance, my involvement as the researcher in the process of empirical material generation and interpretation is crucial. Before the collection of empirical material, it is useful if the researcher knows the case well and the participants who will be approached (Perecman & Curran, 2006). This ensures a smooth process and builds a rapport between the researcher and participants. Since case studies are bounded, getting access to context can be, at times, difficult but being an insider and having a strong connection to SOM will help with this limitation. In addition, I know the participants I interviewed; therefore, I will have a rapport with them prior to the interview. Before entering the field, it is important that I am fully ready and capable of recording the potential material that can help to create strong findings (Perecman & Curran, 2006).

Focus Groups (and Interviews)

I conducted two focus groups and 26 interviews to determine if the extent of organizational change within SOM qualifies as transformative in its efforts to enhance the acceptance and support of DACA medical students. Focus groups and interviews? explored the experiences, motives, and opinions of key personnel from leadership and administration and DACA students (Rubin & Rubin, 2011). In addition, a qualitative approach aided in creating portraits of complicated and intangible processes (Rubin & Rubin, 2011). Qualitative methods are especially important when the processes being studied are nearly invisible; for example, culture is not visible.

A qualitative approach with focus group and interview methods will be used. Focus group research is the method of choice when the goal of the study is to explore a new topic and early insights and gather opinions and perceptions of individuals (Morgan, 1997; Marshall & Rossman, 2006; Burkhart & Hogan, 2008). Focus groups are especially useful when the researcher is looking for rich and detailed information, such as experiences, narratives, and

stories when little is known about a particular topic. In my study, focus groups are particularly helpful because I asked open-ended questions that will give me more freedom when asking the questions as I do not have to stick to a specific order (Rubin & Rubin, 2011). Quantitative research is limited in that it can only explore what experiences influence behavior; qualitative research is useful to explore how experiences impact individuals. Demographic information will be collected from the DACA physicians during the interview.

Interviews

I explored how five financial institutions financed DACA medical students' tuition and how that led to changes in SOM's financial operations. Interviews allow researchers to delve deeply into participants' experiences, perspectives, and emotions, providing rich and detailed data (Creswell & Creswell, 2017). Interviews enable researchers to understand the context in which participants' experiences occur, providing a holistic view (Rubin & Rubin, 2012). Researchers can ask follow-up questions to clarify responses, ensuring a thorough understanding of participants' viewpoints (Kvale & Brinkmann, 2009). Interviews offer flexibility to adapt questions based on participant responses, allowing researchers to explore unexpected insights (Silverman, 2015). Interviews give participants a voice to express their thoughts and feelings, capturing their lived experiences (Seidman, 2013). Interviews are well-suited for complex or sensitive topics where participants' narratives are essential (Fontana & Frey, 2005).

Thick Description

I conducted semi-structured focus groups and interviews. This combination of multiple sources of empirical material in a case study method is best understood as a strategy to add rigor, breadth, complexity, richness, and depth to the study (Flick et al., 2004). Geertz (1973) defines thick description in qualitative research that focuses on making explicit patterns of cultural and

social relationships and giving detailed descriptions and interpretations of the observations made. The combination of multiple categories of stakeholders will aid in providing a thick description of my study which will help my reader understand the study. By interviewing key personnel of leadership and administrators, individuals involved in financing, and DACA medical students I gathered perspectives from different agents that aid in change.

Data Collection

Stratified Purposive Sampling

When seeking to understand a phenomenon a smaller sample size is sufficient. Rather than absolute numbers, saturation is the most common guiding principle for assessing the adequacy of purposive samples in qualitative research (Morse, 1995, 2015; Sandelowski, 1995). Categories with data from multiple individuals? expressing the same opinions are viewed as saturated categories. The goal of this study is to obtain a comprehensive understanding of the experiences of SOM DACA alumni who experienced DI firsthand.

Participants

Based on other similar studies, I aimed to recruit 7-9 people in 4-8 focus groups (Hennink & Kaiser, 2022). I sent out a blanket email recruitment to all DACA students that have graduated but was mindful and included those that represent the full range of study experiences, for example, balance in terms of gender, ethnicity, and years since graduation. I was only able to conduct two focus groups with two DACA alum before switching to interviews due to difficulties scheduling these physicians. I obtained informed consent (see Appendix E) by reviewing key requirements of study and asking each participant to sign a consent form. The interview protocol was read before each focus group or interview began (see Appendices F, G,

H). I started the focus groups and interviews with a review of what will happen and laid out some ground rules.

In inviting key personnel from leadership and administration, I employed stratified purposive sampling to ensure inclusion of participants who could provide a great amount of detail about a phenomenon and weren't selected just to meet a sample size. I recruited 3-5 participants across different departments such as Student Affairs, Admissions, Institute of Bioethics, Office of Medical Education, and SOM Administration, etc. While recruiting I sought balance across departments (e.g., avoiding zero participants from one department and ten in another). In order to participate in the focus group, key personnel from leadership and administration needed to be involved in the DI. In an effort to ensure I invited the right personnel from leadership and administration I met with the Director of the Institute of Bioethics to discuss whom I should target. Seventeen key personnel were interviewed.

In this study, I conducted focus groups and interviews of DACA medical students and key personnel from leadership and administration and asked them if SOM organizationally changed to facilitate the acceptance and support of DACA medical students. The reason I selected DACA medical students and key personnel from leadership and administration is because they encompass change agents in TOCT. In addition, I asked them to describe how DI transformed SOM. Transformation does not require fixing discrete problems or adjusting and refining what is currently being done. Transformation is deep (Eckel et al., 1998). In other words, transformation touches the core of the institution. Such change is also pervasive. It is a collective, institution wide movement, even though it may occur within one unit, department, or person at a time. When enough people act differently or think in a new way, that new way ultimately becomes the new norm (Eckel et al., 1998). Students, leaders, and administration are

all part of an organization and are required to enforce change. By encouraging members of the campus community to become involved in transformational change, ownership of the initiative spreads well beyond the senior administration.

DACA Medical Student Alumni

To obtain a comprehensive understanding of the experiences of SOM DACA alumni who experienced the DI firsthand, I conducted interviews and focus groups with 10 DACA SOM medical student alum (students matriculating on or before May 2024). In addition, I asked what makes DACA students feel welcomed at an institution. It was beneficial to interview SOM DACA alumni since they completed medical school and can reflect on their whole experience.

To ensure confidentiality, in reporting results, I presented the participant profiles in a general manner. I conducted interviews with a total of 10 DACA alumni, consisting of six women and four men. Their specialties include three in Family Medicine, three in Emergency Medicine, two in Psychiatry, one in Internal Medicine-Pediatrics, and one in Internal Medicine. Additionally, the participants were from diverse countries, including Argentina, Columbia, Mexico, Africa, Brazil, and Pakistan (see Figure 2). It is crucial to emphasize that not all DACA recipients identify as Hispanic.

Figure 2. Demographic Information of DACA Alum

Pseudonyms	Matriculation Year	Specialties	Country of Origin
Catherine	2021	Family Medicine	Columbia
Alex	2023	Psychiatry	Mexico
Christopher	2018	Emergency Medicine	Mexico
Veronica	2018	Internal Medicine-Pediatrics	Argentina
Cleo	2020	Family Medicine	Mexico
Emma	2018	Psychiatry	Pakistan
John	2024	Internal Medicine	Mexico
Alexander	2021	Emergency Medicine	Brazil
Charlotte	2020	Emergency Medicine	Africa
Shannon	2023	Family Medicine	Pakistan

Key Personnel of Leadership and Administration

Additionally, 12-20 key personnel of SOM leadership and administration were invited to participate in this study to discuss how the DI changed SOM and how financial operations at SOM evolved to support DACA medical students. Interviews were conducted with 17 key personnel of SOM. Key personnel of leadership include deans, program directors, and others in decision-making positions; key personnel of administration include individuals in student-facing positions that impact students' day-to-day experience of medical school, such as individuals in student affairs, the registrar's office, and financial aid. It was important to involve a range of key personnel from the medical school because collaborative leadership brings together individuals from across the campus, even those who do not hold formal positions of authority (Kezar & Eckel, 2002).

The number of total participants and interviews is consistent with similar research (Hennink & Kaiser, 2022). Saturation of the data occurs in the axial coding step, when a researcher identifies no new data in subsequent participant's transcripts (Hays & Singh, 2012).

I worked with the Director of the Institute for Bioethics to recruit alumni. The director was instrumental in the DI and maintains contact information for all current and former DACA medical students. He currently chairs the DREAMER Committee at The University and hosts DACA Partnership meetings (which I attend). He is on my dissertation reading committee and I worked for him for eight years. I sent the recruitment email directly to DACA alumni (see Appendix A) and to key personnel from leadership and administration (see Appendix B).

To maintain anonymity, LUC Key Personnel have been categorized into two groups: (1) Administrator 1, consisting of individuals in currently or formerly in leadership roles with decision-making authority, and (2) Administrator 2, individuals who were involved in the implementation of the DI but who do not have decision-making authority. Administrator 1 group includes the current and former Vice Dean of Administration, Vice Dean of Education, current and former Assistant Dean for Admissions, Recruitment, and Student Life, the Vice President of Graduate Medical Education, Senior Associate Dean of Student Life, two former and the current Chief Executive Officer, and Provost of the University. Administrator 2 group includes the Director of Bioethics, Associate Professor in Bioethics, Director of Campus Ministry, Former Director of Global Health, and Former Assistant Director of Global Health (see Figure 3).

Figure 3. Administrator 1 and 2

Administrator 1

*Leadership **with** Decision Making Power*

- Henry, Javier, Vero, John, Roberto, Dominic, Charles, William, Emily, Charlotte, and Alice.

The individuals included are the current and former Vice Dean of Administration, Vice Dean of Education, current and former Assistant Dean for Admissions, Recruitment, and Student Life, the Vice President of Graduate Medical Education, Senior Associate Dean of Student Life, two former Chief Executive Officers, and the current Provost of the University.

Administrator 2

*Leadership **without** Decision Making Power*

- Anna, Sarah, Elizabeth, Aurora, Joseph, and Mary.

The individual included are the Director of Bioethics, Associate Professor in Bioethics, Director of Campus Ministry, Former Director of Global Health, and Former Assistant Director of Global Health.

Financial Institutions

There were five financial institutions that provided loans to DACA medical students between 2012-2022: Climate Bank of the State (CBS), Bank, Community Organization, Hospital, and Credit Union. Representatives from each of these financial institutions were invited to participate to share insight into how the financial operations evolved at SOM. The financing of DACA medical students' tuition was institutionalized after ten years.

The following three financial institutions were interviewed: The Bank, Community Organization, and Hospital. Cassandra was the former Senior Vice President and Director of Community Development and Investment at the Bank. Michael is the former Director of Safety Net Transformation and Community Health Innovation at the Hospital. Lastly, Tonich was interviewed who is the current Chief Executive Officer of The Community Organization. The Climate Bank of the State declined to participate, and Credit Union initially agreed but later declined.

Recording Focus Groups and Interviews

I moderated all focus groups and interviews and was responsible for directing the discussion, probing for depth and clarification of responses, and managing the focus group and interview process. Each focus group or interview was held via Zoom and recorded with video and audio, and written transcripts were auto generated. Demographic information was collected from participants at the beginning of the focus group or interview by asking. Recordings served three purposes: (1) to allow for cleaning of the focus group/interview transcriptions, (2) to be able to ascertain participants' tone (audio recording), and (3) to interpret participants' facial expressions and body language.

Reflexive Journal

The researcher reflexive journal (see Appendix I) helped me reflect upon my own predispositions, positionality, and blind spots in conducting this research (Patton, 2015). In essence, it is my way of conducting checks and balances and will help me monitor my positionality. In my work with DACA students, I was conscious of the fact that I come from an immigrant family and see myself in a lot of DACA medical students. We have similarities such as having immigrant parent(s), being underrepresented in higher education, and in some cases, being Hispanic. I was conscious not to project my own experience onto the questions I asked or the way I interpret the data that I collect.

Interview Guide

Development of the semi-structured interview guide (see Appendix D) was informed by Transformative Organizational Change theory and Institutional Culture and Context framework. The interviewer guide includes open-ended questions with prompts. The first column of the interview guide lists the questions I will be asking. In the second column, I list whether the question is for key personnel or DACA medical students. The third column addresses which Kezar and Eckel (2002) five core tenets of TOC applies to the question. In the fourth column, I address which institutional culture and context layer the question provides insight to. In the final column labeled framework connections I write out how the TOC theory and institutional culture framework are connected.

Data Analysis

To ensure the accuracy of the data**,** it was necessary to first inventory and organize the data, which are the audio recordings and transcripts (Patton, 2015). I wrote memos, ideas, and notes about each code comparing how codes will relate to one another to represent a repeated

pattern and story. The transcripts were further coded in Dedoose and categorical coding was done line by line. Coding was done in layers, first open coding, focused on a deductive analysis.

Data was first analyzed through a deductive approach looking specifically for transformational change as I have operationalized by Transformative Organizational Change theory (TOCT) and looking at the Institutional Culture and Context and its impact of transformative changes. Specifically, I examined artifacts, espoused values, and underlying assumptions. I then analyzed data through an inductive approach to capture new categories or themes that may not be directly tied to TOCT. I created a codebook based on TOCT. An inductive approach was useful in examining research questions in a new area where little is known. The constant comparison method of data analysis proceeds by carefully reading transcripts in order to become sensitized to the data. All the data was analyzed in this manner with new categories generated as necessary to account for all the data. Categories were continually scrutinized to be certain that they are unique and not overlapping in content (Thomas, 2006). I created a codebook based on TOCT.

Analysis Procedure

To accomplish all of the above, all data was first inventoried and organized (Patton, 2015). I began by doing a categorical organizational and analysis of interview transcripts, and researcher reflective journal. Categories included the five core strategies essential to transformational change efforts: senior administrative support, collaborative leadership, flexible vision, faculty and staff development, and visible action (Eckel & Kezar, 2022). Because each focus group and interview question were on the five core tenets of change, they were simply coded separately for themes and epiphanies. In addition, I applied Institutional Culture and Context framework and its impact on transformational change which uses an analogy of an onion

to break down how institutional culture can impact transformational change (Eckel et al., 1998). Comparisons were drawn between each type of interview's themes as well as across different types of interviews.

First, I moderated the focus group or interviews. Second, I took notes in my journal right after the interview or focus group. Third, I watched the recording of the focus group or interview. Fourth, while I watched the recording of the focus group interview, I took notes on body language, tone, and facial expressions. In addition, the observations that guide coding notes were different from the notes I take in my reflexivity journal. The final step I did was a second listen when I cleaned up the auto-generated audio transcript and deidentified the transcripts.

The transcripts were further coded in Dedoose and categorical coding was done line by line. Coding was done in layers, first open coding, focused on deductive analysis, or "coming from other sources such as theory or other prior research" (Ravitch & Carl, 2016, p. 249) and then on inductive analysis, or "generating new concepts, explanations, results, and/or theories" (Patton, 2015, p. 54). After developing the list of codes, I used axial coding and thematic analysis to find patterns between themes and subthemes between codes.

Thematic Analysis and Categorical Coding

A thematic analysis strives to identify patterns of themes in the interview data. One of the advantages of thematic analysis is that it is a flexible method which you can use both for explorative studies, where you don't have a clear idea of what patterns you are searching for, as well as for more deductive studies, where you know exactly what you are interested in (Braun & Clarke, 2023). I followed six steps to help with thematic analysis: (1) familiarize myself with the data, (2) assign preliminary codes to my data in order to describe content, (3) search for patterns

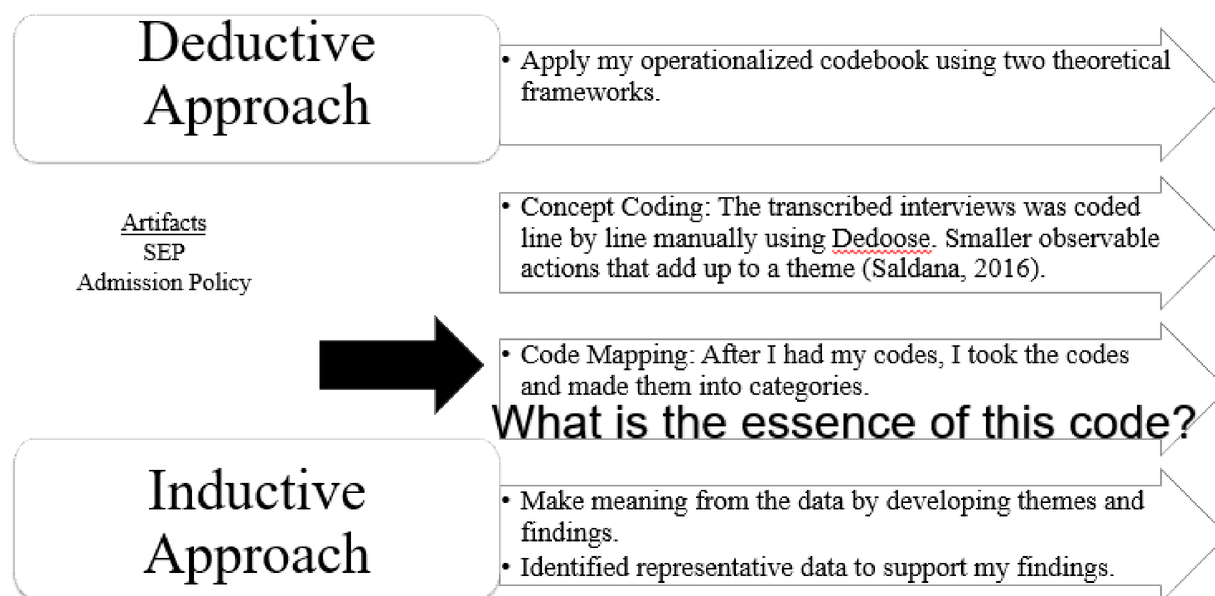
or themes in my codes across different focus groups, (4) review the themes, (5) define and name the themes, and (6) produce my report (Braun & Clarke, 2023).

I operationalized my interview guide based on the five core tenets TOCT and looking at the Institutional Culture and Context and its impact of transformative changes. Specifically, I looked at artifacts, espoused values, and underlying assumptions. There are definitions and questions that helped guide me as I review the data. For example, I asked key personnel from leadership and administration how the DI changed their job or day-to-day at SOM. I connected this to the core tenant of collaborative leadership which is defined by Kezar and Eckel (2002) as the positional and nonpositional individuals throughout the campus that are involved in the change initiative from conception to implementation. I then made a connection to espoused values which are defined by Eckel et al. (1998) as what we say and what we promote, but not always what we do. To initiate and implement the DI at SOM, collaboration among leadership, faculty, and staff is required. I wanted to know how key personnel collaborated and what needed to change in their day-to-day to implement the DI.

In the analysis process, a Categorical Coding method was employed, involving a manual, line-by-line coding of each transcribed interview or focus group statement using the Dedoose platform. Following this initial coding, the codes were systematically categorized to enhance the consolidation of meaning, as outlined in Saldana’s methodology (2016). A Deductive Approach was then applied, incorporating an operationalized codebook aligned with two theoretical frameworks. This involved organizing the data into predefined categories to ensure relevance to the established research questions. Additionally, an Inductive Approach was implemented to derive meaning from the data. This involved the development of themes and findings through a process of identifying representative data that substantiated the emergent insights. This approach

allowed for a nuanced exploration beyond predefined categories, enabling a more comprehensive understanding of the data (see Figure 4).

Figure 4. Data and Analysis Process



Data Security

Demographic information collected from participants was stored in the University One Drive cloud-based system. All files that included participant identifiers had additional password protection. Focus group discussions and individual interviews were audio-recorded and transcribed. I tracked the participant data using an excel spreadsheet to track names, ID numbers and pseudonyms. Demographic information was stored separately from the interview transcripts. Audio recordings were kept during the course of the study since I used them during data analysis so I can listen to intonations and inflections. Transcripts were de-identified; individual comments were attributed to pseudonyms and any other identifying information was redacted. Individual names and identifying information will not be used in publications. I did not print hard copies of the transcripts or demographic information.

Trustworthiness

In qualitative research, data reliability and validity of data are achieved by providing evidence of the trustworthiness of the findings. This was done by providing four kinds of evidence: (1) credibility, (2) transferability, (3) dependability, and (4) confirmability (Marshall & Rossman, 2006). *Credibility* of the data is assured by faithfully representing the participant data and keeping participant data as closely worded as possible to the participants' opinions, views, ethical statements, and decision-making process without analyst interpretation. Since I performed the study alone, I used member checking also known as respondent or participant validation, which is the process of soliciting feedback from one's participants or stakeholders about one's data interpretations (Birt et al., 2016; Doyle, 2007). I will write up a data report and share it with the participants and ask them if the data report is an accurate reflection of their focus group or interview. This will help me validate, verify, or assess the trustworthiness of my qualitative results. *Transferability* of findings refers to the generalizability of the findings to others who have similar beliefs and opinions as the medical students and SOM key personnel from leadership. Studying the DI by applying Eckel and Kezar's (2002) five core strategies essential to transformational change efforts may provide lessons learned for other medical schools and higher education institutions who are seeking to transform their organizations. That is, transferability in qualitative research is not a recipe, but rather a suggestion that must itself be researched for its applicability to a new context (Stahl & King, 2020). Transferability relies on thick description so that readers can decide if the study is applicable to them (Tracy, 2013).

The *dependability* of findings, like internal consistency in qualitative research, is demonstrated by determining the saturation of data for each category (Marshall & Rossman 2006). Categories with data from many different medical students in each group expressing the

same opinions are viewed as saturated categories. Saturation of the data generally refers to the point in data collection and analysis where the researcher does not identify any ideas, themes, or large constructs as new data are collected (Corbin & Strauss, 2014). By contrast, categories with data from only a few medical students or key personnel from leadership and administration will be viewed as the exception and not considered for use in the final analysis or item extraction. *Confirmability* demonstrates that the manner in which the researcher obtained the data is visible and evidentiary. I provided evidence of confirmability by illustrating a direct trail of evidence for the congruence among the study participant statements, each conceptual definition, and categorical label.

Study Evaluation and Ethical Considerations

The main role of human participants in research is to serve as sources of data. As a researcher, I have the duty to respect people, and make sure I apply beneficence and justice to my study (Yip et al., 2016). Ethical considerations were taken into account as participation in the study is entirely voluntary; those who did volunteer completed an informed consent process and signed a consent form. The primary risk of this study is breach of privacy and confidentiality. I used best practices to protect participant data during storage and analysis such as using OneDrive storage, password protection, redaction, and keeping names and data separate. There is a risk that a focus group participant might repeat what another study participant said outside of the focus group. While I took all the necessary steps to protect data as described above, I cannot control the behavior of other participants in each focus group. At the start of each group, I emphasized the importance of not discussing what was said in the focus groups outside the focus group to all study participants. Lastly, I reminded participants that what happens in a focus group should stay in a focus group but be careful not to say anything you may regret.

SOM Connection

I am closely connected to SOM due to how long I have worked there. I am aware of my positionality and understand the conflict of interest. In addition, working at the institution I am researching may lead me to justify or explain shortcomings. Not to mention it is awkward writing about your place of employment out of fear of retaliation. In order to address this limitation, I wrote reflexive journals to help me reflect upon my own predispositions, biases, and blind spots. While my connection to SOM can be seen as a limitation there are two benefits: (1) for case studies it is useful if the researcher knows the case well and the participants who will be approached, and (2) ensures a smooth process and builds rapport between the research and the participant (Perecman & Curran, 2006). I know SOM and DI very well. In addition, I know the research study participants which will help with building rapport.

DACA Medical Student Alumni

The first two DACA cohorts at SOM were predominately Hispanic medical students. I was of the fact that I come from an immigrant Hispanic family and see myself in a lot of the DACA medial students. I did not project my own experiences onto the questions I asked or the data I collected. Hence, why operationalizing my interview guide was so crucial. In order to address this limitation, I wrote reflexive journals to help me be conscious of my biases. In addition, DACA students might feel obligated to participate in my study because they know me. I informed potential participants about the study via email, asking them to contact me within three weeks if they are interested. In the email, I emphasized that participation is voluntary. I sent one follow up invitation to those that I don’t hear from one month after the initial invitation and if I still do not hear from them, I will no longer reach out to them.

Key Personnel of Leadership and Administration

One of the biggest benefits of me knowing key personnel of leadership and administration is that they may think of me as an insider which may help them be more open to sharing what they think. A limitation of knowing key personnel of leadership and administration is that they may only say good things about SOM. I have heard different opinions about the DI, and I know how some people feel but I do not know for certain if they will express themselves honestly. I have been here a long time and I know who they are. Another limitation is some key personnel of leadership and administration may still see me as a 14-year-old high school intern instead of a researcher and I fear they may not take me seriously. Reflexive journaling will help me stay grounded and I will work on my confidence as a researcher. In addition, key personnel might feel obligated to participate in my study because they know me. I will inform potential participants about the study via email, asking them to contact me within three weeks if they are interested. In the email, I will emphasize that participation is voluntary. I will send one follow up invitation to those that I don't hear from one month after the initial invitation and if I still do not hear from them, I will no longer reach out to them.

Financial Institutions

There is a limited sample size to analyze. In addition to some limitations on contextual factors such as why these five institutions have chosen to finance DACA medical students may be influenced by geographic location or institutional policies that may not apply universally. Findings from a study focused on a small number of institutions may not be easily generalizable to a broader population. It may be challenging to draw conclusions that apply to DACA medical students at institutions that do not have financial support from these specific institutions. The selection of only five financial institutions might introduce bias into my study, as it may not represent the diversity of financial support options available to DACA medical students

nationally. Data availability and access to these institutions may be limited, making it challenging to obtain comprehensive and detailed information for my research. To address this limitation, I acknowledged the constrains of my sample size and focus on the qualitative approach that explores the experiences of DACA medical students who received financial support from these institutions from 2012-2022.

CHAPTER FOUR

DACA AT THE UNIVERSITY: CULTURE SHIFTS, ACTION, AND COMMITMENT AT A SOM

In this chapter, I delve into the intricate organizational changes catalyzed by the School of Medicine (SOM) through the DACA Initiative (DI). I will discuss three major themes that arose in interviews and focus groups with: (un)intentional culture shifts, visible (in)action, and (in)flexible commitment. The narrative unfolds within the context of SOM's Jesuit values, shaping a welcoming culture that advocates social justice. Although perspectives among alumni, medical students, and administration varied, it was clear that SOM publicly supported the DI. Yet, the SOM also privately struggled with changes at different levels and inflection points.

The themes that follow will explore the dichotomy in commitment and resulting consequences. This contradiction was especially felt in the culture, actions, and overall commitment at different levels of leadership: The University and SOM. As a reminder, Administrator 1 describes university-level or SOM leadership with decision-making power (provost, CFO, Deans etc.), and while I did not interview all individuals involved in implementation the DI, key players are referenced by many interviewees. Administrator 2 is SOM-level leadership without decision-making power in the DI (Directors, Professors, etc.); however, many hold powerful influence with leaders at all levels (see Figure 2 for DACA alum participant information and Figure 3 for participant info on admin). It is important to note a distinction between university-level leadership and SOM leadership. Essentially, university-level leadership has the final say in matters related to finance. The financial institutions involved are

referred to as: Climate Bank of the State (CBS), Bank, Community Organization, Hospital, and Credit Union. Their role in this process was important as each offered different potential solutions, but ultimately, it was the institution's decisions that controlled the change.

The financial realm posed a significant test to SOM's institutional commitment to diversity as the University's financial limitations and liability came to the forefront. This section chronicles the evolution of the institution's financial strategies, navigating political uncertainties, changing leadership, and legal complexities. The journey of SOM embracing DACA medical students stands as a testament to the institution's resilience, adaptability, and dedication to diversity in medical education. SOM is no longer the sole medical school accepting DACA students, urging continued support and enhancements to the campus environment amid rising competition.

(Un)intentional Culture Shifts

Cultural shifts are an important part of organizational change. In this section, I detail both the intentional and unintentional cultural shifts that impacted the DI and how they contribute to students' feeling welcomed or unwelcomed. It is evident that intentional actions aimed at fostering a welcoming environment within the educational community have had predominantly positive effects, particularly in terms of creating a sense of belonging and support for DACA students at the SOM. Initiatives like the Summer Prep Program, alignment with Jesuit values, and the explicit support for DACA students have contributed to a culture of inclusivity and support, as reflected in positive media coverage and impactful first-day experiences. These intentional efforts have been instrumental in shaping the perception of SOM as a welcoming and supportive institution, not only for DACA students but for underrepresented minorities more broadly.

However, it is important to note that not all intentional actions may have universally positive outcomes. While the intention behind initiatives like the Summer Prep Program and alignment with Jesuit values was undoubtedly positive, their impact varied among DACA students. Some found these initiatives pivotal in their decision to attend SOM, while others, like Cleo, expressed that they did not play a significant role in their decision-making process. Thus, while intentional actions may have positive intentions, their outcomes can vary depending on individual perspectives and experiences.

Conversely, unintentional actions, such as the initial apprehension among deans regarding the DI, may have led to positive outcomes once the importance of supporting DACA students became apparent. In this case, the unintentional hesitation eventually gave way to a supportive stance, aligning with the institution's mission and values. Similarly, the unintentional impact of positive press coverage due to political support led to increased awareness and commitment to supporting DACA students within the SOM community.

Overall, the pattern observed suggests that intentional actions aimed at fostering inclusivity and support within educational institutions often lead to positive outcomes, although their impact may vary among individuals. Unintentional actions, while initially hesitant or unforeseen, can also result in positive outcomes, particularly when they align with the institution's values and mission. Thus, a combination of intentional and unintentional actions, guided by a commitment to inclusivity and support, contributes to creating a welcoming environment for most members of the educational community.

Feeling Welcomed

The first section of themes delves into (Un)intentional Culture Shifts, focusing on the theme of feeling welcomed within the educational community. The "Early Welcome and Values Alignment" emphasizes the proactive efforts made to create a welcoming atmosphere for all, through initiatives such as the Summer Prep Program Jesuit values align with the perspectives of DACA students, elucidating how these core principles foster a supportive culture. "First to Openly Welcome and Positive Press" highlights the pioneering role of SOM in openly embracing DACA students, which explores the positive media coverage and the impactful first-day experiences of DACA students. "DACA Awareness and Champions" details the active support mechanisms implemented within SOM such as collaborative partnership meetings, while also addressing the broader awareness of DI and subsequent impact on the SOM community. Lastly, this section identifies key individuals who have emerged as champions in advocating for DACA within the educational setting. Together, these elements form a comprehensive exploration of the ("Un) intentional Culture Shifts" related to feeling welcomed within the SOM community.

Early Welcome and Values Alignment

SOM has an intensive summer program conducted in June, designed to equip individuals for the medical school application process, enhance their applications, familiarize them with health disparities, and introduce them to the local community. Admissions funded this program with the aim of diversifying the student population at SOM. William, an administrator in category 1, expressed, "So, one of the programs we had was a summer program where we invited some students to familiarize themselves with the SOM culture." Transitioning into higher education poses its own challenges, and these challenges intensify as you embark on a medical education journey. Sharon stated,

> So within my gap years, I just worked as hard as I could to meet SOM's competitiveness and what they were looking for. And then I also did [Summer Prep Program], and I learned even more about it, and I just loved it. It fit with who I am as a person, and the values that SOM had. So, then I was even more determined that, "This is it, this is where I want to go." And then of course there were many other schools that started opening up afterward, but was it for me because they were a leader for the nation, for other medical schools to, I think, start thinking about themselves and their mission statement, especially when it comes to helping people and underserved communities, and then other things I was looking for at SOM as well, like a community and mentors and people who thought the same. So, it all came together, and I made it at SOM.

The Summer Prep Program played a crucial role in the medical education journey for individuals like Sharon. Sharon highlighted the significance of the Summer Prep Program in her own journey during her gap years. She expressed that working diligently during this period was essential to meet SOM's competitive standards. Participating in the Summer Prep Program at SOM further deepened her understanding of the institution's values and mission, aligning with her personal beliefs.

The program became a decisive factor in her determination to pursue medical education at SOM. Sharon emphasized the leadership role of SOM in influencing other medical schools to reflect on their mission statements, particularly concerning the support of underserved communities. Ultimately, SOM fulfilled Sharon's criteria for a medical school, offering a sense of community, mentorship, and shared values, making it the ideal choice for her medical education journey at SOM. It is important to note that half of the DACA physicians I interviewed participated in the Summer Prep Program. William, administrator 1, mentioned that at some point, this program changed some of the demographics at SOM. This program was specifically funded for SOM diversity efforts. This indicates that prior to the implementation of the DI at SOM, the institution was proactively striving to increase diversity on its campus in response to existing homogeneity.

Being a person for others and caring for the human spirit is SOM's Jesuit mission and something that DACA physicians and University key personnel, even those who were not Catholic, brought up countless times. Alex a DACA physician stated,

> So, I myself, I'm not from a Catholic background or Jesuit background, but what I really appreciated is that Jesuit values at its core, I feel that they're big proponents of social justice and just representing the underserved, and that's something that really resonated with me. And in talking with different, at least with the handful of programs that I talked to, I could tell right away that maybe their lectures would be similar, but the culture was very different, and I wanted to go to a place that would not only tolerate me being outspoken about social issues, but might even be supportive, which is actually what happened.

Emma, a DACA physician, echoed what Alex said, "They also emphasize not just treating the body, but the whole human spirit, which I really, really like. Obviously, the psychiatrist in me enjoys that, and I definitely saw that being echoed throughout my time in medical school." She emphasized that the SOM was not superficial, but they were really valuing students as people, and she could see that through their explicit support. She ended by saying as someone who is not from that background that this resonated with her.

However, there were DACA medical alumni in which the SOM's Jesuit values did not factor into their decision to attend SOM. Cleo stated,

> Honestly, for me, that didn't play a role at all. I would've gone to a Satanic school if they had…No, seriously, I would've gone to a Satanic school if they had had financial aid and what the program that SOM has. Because for me, it was really about going to med school and really getting there.

SOM's Jesuit values, encapsulated in the commitment to being a person for others and nurturing the human spirit, emerged as a recurrent theme in most of the narratives of DACA alum and the University's key personnel. This emphasis on social justice and serving the underserved resonated deeply with individuals like Alex and Emma, despite their non-Catholic backgrounds. They found a welcoming culture that not only tolerated but supported their

outspokenness on social issues. However, it is noteworthy that not all DACA medical alumni shared the same perspective. Cleo's candid admission reveals that, for some, SOM's Jesuit values did not play a decisive role in their decision to attend SOM. but instead, it was simply the institution's commitment to admitting DACA students that mattered. Ultimately, these diverse perspectives underscore the multifaceted considerations that shape the choices and experiences of DACA medical students at SOM.

First to Openly Welcome DACA Students and Positive Press

All DACA physicians and residents that I interviewed were aware that few medical schools were accepting DACA medical students at the time they applied to SOM. In fact, for the first 2 years after Obama signed the executive order for DACA (2012), the SOM was the only medical school publicly accepting DACA medical students. Many DACA medical students researched through the Student Doctor Network and Pre-Health Dreamers websites to determine which medical schools were open to DACA. Charlotte said, "I think, at the time when I applied, SOM was really the only school I knew that openly accepted DACA students and actually provided them with resources to be able to attend medical school." She described this as one of the main reasons she attended the SOM. She recalls her interview and says,

> …one of the people that interviewed me actually took the time to take me aside and talk about my situation, and I really felt welcomed. I think that was the first time that I was made to feel like it's okay to pretty much be undocumented.

She described that this faculty member painted a picture of an environment where she would be able to thrive, and she really felt welcome.

Alexander, a physician, echoed this sentiment, highlighting the scarcity of options for undocumented students with DACA status during that time. He noted, "There were very few schools that were, for one, accepting students of that status, and two, offering any kind of

financial incentives." In his search for suitable options, SOM stood out as one of the top choices and a leader in accepting such students. Sharon, a physician, reflected on her experience of learning about SOM online, expressing a profound sense of resonance. She remarked, "I think it was as if someone was speaking to my soul, I guess. I've always struggled having to explain to so many other places what DACA meant, and some of our own struggles and everything. But then this time it was like, "Oh, you already know. You already get it."

Not all DACA medical students were as trusting. Alexander stated,

> I think growing up undocumented, I feel like you are very suspicious of everything. I grew up, my parents were always scared to even mention to anyone that we were undocumented for one. Like scared of teachers, scared of police, scared of hospitals and doctors. What you say, you have to be very careful. So, when I first started there, like I was everywhere else, I was very careful about who I talked to and what about, and what they knew about my financial situation, what they knew about immigration status. But over time, when I realized how passionate they were and how open they were about helping my kind of student, I became much more trusting and open with them. Yeah, I think towards the end of it, I would trust them wholeheartedly.

In reflecting upon the pivotal role played by SOM as the first medical school to openly welcome DACA students, the sentiments shared by those interviewed underscore the profound impact of this inclusive and pioneering approach. The shared sentiment among DACA physicians and residents reveals the scarcity of medical schools willing to embrace students with DACA status during that period. The exclusivity of SOM in publicly accepting DACA medical students became a beacon of hope for individuals like Charlotte and Alexander, who, while exploring their options, found limited schools offering acceptance and financial incentives.

The personal stories of these former students highlight the transformative effect of SOM's welcoming environment. Charlotte's recounting of a compassionate interviewer who took the time to understand her situation and Alexander's initial caution, followed by a growing trust, exemplify the profound shift experienced by DACA students within SOM. Sharon's

acknowledgment of SOM understanding and resonating with her struggles further reinforces the profound connection that DACA students found within the institution. Through these narratives, it becomes evident that SOM's pioneering stance not only opened doors but also created a nurturing space where DACA students could thrive, fostering trust and a sense of belonging that went beyond the academic realm.

The first day of medical school for these DACA medical students was nothing short of overwhelming as recounted by Veronica.

> I remember that I walked into the school, and I remember texting my parents and I was like, “This is the place where I'm meant to be.” It's crazy to think about it now, gosh, 10 years ago. And I still am so grateful and so emotional about how life-changing this was for me and for my family. And I remember when I first met Joseph, as an undocumented person, you don't trust anyone, you have a really thick shell, you don't talk, you're pretty cold. And there was something different about Joseph. It was such a warming welcome. And that alone I think was enough for me to feel like I was at home and I knew that I was supposed to be where I was supposed to be. My mom was always the one that would say, "God will put you where you're meant to be and you will be able to overcome anything as long as you have faith in yourself.

In reflection, the overwhelming first day of medical school for DACA medical students transformed into a profound and emotional journey of gratitude, resilience, and a sense of belonging. Veronica's moving recollection encapsulates the transformative power of that day, where the seemingly insurmountable challenges of being undocumented were met with a warm welcome from individuals like Joseph, administrator 2. This genuine reception not only thawed the protective shell of distrust but also fostered a profound sense of home. Veronica's experience echoes the wisdom imparted by her mother about faith and destiny, reinforcing the idea that, despite the initial overwhelming nature of that first day, it set the stage for a life-changing and purposeful chapter in her journey.

Emma’s first day in medical school like Veronica’s was not your typical first day as they were busy participating in press releases, as they were part of the first group of DACA students to matriculate. Emma stated,

> I was excited. I was very enthusiastic about it. I was just super excited. Joy was one of the biggest emotions and just this very large amount of motivation, I would say, to just start medical school. It was a dream I had, and it was finally coming into reality. So, all that hard work, that day just felt like a very humbling moment, and it was a little unusual. My first day was a press conference at the school, so it's not your typical day of med school, but yeah.

In retrospect, Emma’s first day in medical school, much like Veronica's, deviated from the conventional experience, marked by the unique responsibility of representing DACA recipients on a broader scale in a press conference. Emma’s sentiments of excitement, enthusiasm, joy, and profound motivation painted a picture of a long-cherished dream materializing into reality. Despite the atypical nature of her first day of medical school, which involved a press conference rather than the traditional routines of medical school, Emma viewed it as a humbling moment. Her journey's commencement was intertwined with advocacy and representation, setting the tone for a distinctive and purposeful medical education.

The SOM received positive press because of the DI. Henry, an administrator 1, emphasizes SOM's consistent dedication to their mission, highlighting that the DACA initiative isn't just a piece of paper but a lived commitment. Henry stated, “So Senator, for instance, was a huge supporter of our DACA initiative and how it worked. So we probably earned a little bit of good publicity. That wasn't the intent to do this, but good publicity for this.” The University’s perception changed positively due to political support, particularly from a Senator, which garnered favorable publicity for their DI.

Dominic an administrator 1, furthered this sentiment when he said,

> I think that it increased our national reputation significantly. Although that was not one of the planned goals of it, it significantly did. Because people like Senator, a long-term senator for a State, was an enthusiastic supporter of our DACA program and arranged for our students to speak on Capitol Hill about the importance of this initiative, not only at SOM, but at other institutions of higher learning. We were able to get Senator to speak at our graduation last year, which was huge, simply because of this work. That's one side benefit, if you will. But I think that it has been a living example to our other students that not only do we talk the talk, but we walk the walk. We really put our money behind our initiatives and our full support behind important initiatives like this.

This sentiment is echoed by Dominic an administrator 1, another SOM personnel, who speaks to the significant impact on SOM's national reputation, driven by the enthusiastic support of influential figures like a Senator. Dominic describes the inspiring stories of DACA students overcoming hardships and their families expressing gratitude during DACA graduation events, underscoring the depth of SOM's support. In addition, Sarah and administrator 2, said that, "It changed the awareness level and commitment, not just lip service, but tangible action within our control. It's about continued commitment, even when it's not easy." Sarah emphasizes the moral responsibility and alignment with SOM's mission in providing opportunities for talented individuals facing barriers.

DACA Awareness and Champions

Amidst the challenges, SOM's culture played a crucial role in sustaining the DACA initiative. Amidst these challenges, SOM's unique approach and collaborative spirit became evident, laying the foundation for the DACA Partnership Meetings. Ana, an administrator 2 describes these meetings as,

> I feel like we were meeting monthly, and it was to share opportunities, advocacy roles, media roles. The DACA students had to take an advocacy role. They had to speak for themselves. We couldn't just have faculty and others. So, there were constant changes in rules, information sharing. So, I was a faculty representative in that meeting and individual needs, social needs would come up, political needs, support, and marketing. And so, we needed that regular touchpoint to communicate. It was sort of shared leadership with Joseph and maybe with my own personal history of being undocumented,

> I was, maybe my voice could have a different role than other faculty, something like that. And because my background in psychology, a lot of what I do is really be trusting, is relationship building, whereas other people were dealing with the technical, the financial, and the political change.

Many DACA students described these meetings as a great opportunity to just have an idea of what the program was thinking and what was going to happen about obstacles coming up. Alex supported this by stating "It was very transparent, and we would often have the deans there, and they were really open about what was happening."

SOM's unique culture emerged as a driving force in sustaining the DI. The collaborative spirit and transparent approach, epitomized in the DACA Partnership Meetings, fostered an environment where DACA students actively engaged in advocacy, addressing their own needs alongside faculty and administrators. As Ana highlighted the shared leadership with Joseph and the valuable insights gained from these regular touchpoints, the meetings became instrumental in navigating obstacles, reflecting SOM's commitment to transparency, support, and open communication.

The subsequent section delves into the evolving dynamics within the SOM community, highlighting a shift in awareness and engagement surrounding DACA status among students, faculty, and staff. There was a change in the cohort and SOM community. Sarah, an administrator 2, highlighted increased awareness across the university. "Many people, from students to faculty, now understand DACA's significance," she said. "There's a personal connection, to people who have DACA status, and to think, oh, one of our students or one of my classmates might lose that, or something really significant can happen to them." Vero, an administrator 1, echoed Sarah's sentiments: "We saw students at protests, rallying to have their voices heard. It changed our community for the better, a transformative step." Vero, an

administrator 1, observed students and colleagues standing in solidarity with students being directly impacted. The evolving dynamics within the SOM community reflect a significant transformative step, fostering heightened awareness and engagement surrounding DACA status.

A whole chapter can be dedicated to the tremendous efforts of Joseph, an administrator 2, and Emily, an administrator 1. Joseph was mentioned in every single transcript. Emily was mentioned in most transcripts. Alice, an administrator 1, emphasized Emily and Joseph's pivotal role, "They led the DI, inspiring other schools like the Law School to support DACA students and find a path forward." Roberto, an administrator 1, furthered this when he said "Emily along with Joseph are the creators of the DI. But it was Emily's neck on the line, not Joseph's."

Javier, an administrator 1, furthered this when he expressed that while there may have been initial apprehension among deans, they ultimately recognized the importance of supporting DACA students aligning with the institution's mission and the values of the Catholic Church. He credited Joseph with 90% of the initiative's success, emphasizing Joseph's role as a dedicated champion who initiated, advocated for, and sustained the program.

John, a DACA alum, agrees and said, "Joseph has been really the father of the program to me." He goes on to share that he was interested in a medical school that would support and "advocate for things that I didn't even know I needed." Many participants felt that the dedicated efforts of Joseph and Emily in spearheading the DI deserve special recognition, highlighting the pivotal role played by Joseph and Emily in championing the DI.

Feeling Unwelcomed

Former DACA medical students at SOM also experienced challenges. The first subtheme, "Early Unwelcome (Admissions), Disinvestment, and Politics," delves into instances where feelings of unwelcome were prevalent during the admissions process, showcasing the initial

hurdles faced by DACA students in gaining acceptance. There were times when the DI faced opposition, reflecting internal challenges to inclusivity within the medical school community. Lastly, justifying DACA presence at SOM underscores the additional burden placed on both DACA students and staff in validating the very presence of DACA individuals within the SOM community. Through these examples, the section provides a comprehensive examination of the multifaceted challenges that contributed to a sense of unwelcomeness among DACA medical students at SOM.

Early Unwelcome (Admissions), Disinvestment, and Politics

The inception of the DI can be traced back to a pivotal email. In 2011, before DACA, Joseph, an administrator 2, received an email about an exceptional student from a math professor at a West Coast Jesuit institution. Described as the best student the professor had ever taught, she excelled academically, engaged in service activities, and was bilingual. However, she faced the challenge of being undocumented. Intrigued, Joseph explored the possibility of her pursuing medical education and a medical career. Joseph identified a significant hurdle during his investigation—the absence of a mechanism for undocumented students to obtain a work permit, posing a potential issue during residency. Consequently, there was no possibility for SOM to accept an undocumented student, no matter how qualified – until DACA.

Then, in 2012, the executive order's provision of work permits for DACA recipients prompts Joseph to compile a report for the Dean of the medical school and the president of SOM. Fortunately, Joseph and SOM's dean had plans to attend a workshop shortly after Obama's announcement. During a week-long series of workshops at Lake Shore campus, the dean suggests, "We should try to take one of them." Excited by the opportunity, Joseph reaches out to the exceptional student, thrilled about the prospect.

The dean's approval to admit DACA medical students marked the initial step for their inclusion at SOM. However, considerable challenges lie ahead, particularly in addressing the significant financial hurdle posed by the students' ineligibility for federal loans. Moreover, resistance within SOM's administration, notably the Admissions department, created additional complications. Joseph reflects, "In fact, everybody was on board except admissions. That was the thing. Admissions just didn't want to do it." William, the former dean (who was not interviewed) of Admissions, at the time, exhibited reluctance prompting the former Dean of SOM to intervene.

> Finally, Emily in a meeting had one of these moments where she looked straight at William…she was about half his size, and I remember her looking straight into his belly button and saying, "Joseph is going to send you the wording for the website, and you will put it up. Do I make myself clear?" Joseph recalls thinking, "He'd better watch what he says next 'cause she'll fire him right now."

Emily, an administrator 1, furthered expanded on this sentiment during her interview when she stated,

> …I probably would want to add is that when we made the decision, not everybody on the medical school leadership supported this. I could tell that there some dragging of feet kind of thing. I had to kind of say, "No, no, I made the decision. I expect you to do this X, Y, and Z and I better see it in place by Monday." And so, I did have to have a few of those, "You don't get to revisit the decision. I make the decision. The decision's been made. Implement." And so, I did have to have a few of those conversations, but they were few and far between.

Emily's goal was to take steps in the change process that are noticeable such as publicly posting that SOM is opening their doors to DACA medical students.

After overcoming the admissions office hurdle, the next challenge was securing financing. During a university board meeting, the chair of the Climate Bank of the State (CBS) (who has unfortunately since passed away) offered, "We'll try to make loans to these students," thereby addressing the initial financing question. The initial arrangement involved CBS

providing loans for the tuition of DACA medical students, while SOM covered their living expenses using scholarship funds. However, SOM couldn't fully resolve this financial obstacle. The issue stemmed from their expectation that immigration reform would pass after a couple of classes which led to an assumption that funding would not be an issue moving forward. Consequently, CBS provided assistance to the first and second cohorts of DACA medical students, marking the beginning of the institutionalization process for establishing a program to fund DACA medical students within SOM. In this case, external influences such as immigration law prohibiting financial aid to DACA medical students made students struggle to secure funding for their medical education. We will revisit this topic later in the chapter.

The disinvestment and political dimension surrounding DACA at SOM are encapsulated in the perspectives shared by key stakeholders. The University agreed in the loan agreement to be the "servicer" of the loans. In that role, the university is responsible for keeping track of the alumni to determine when they are eligible for deferments, notifying the students when they are due to pay, collecting the money, and reporting to the IFA on the status of the loans. When the University changed Presidents, the new President felt strongly that the university should not do this. Efforts by CBS and the University were made to identify an external organization to do this. None were found. Hence, the participation of CBS in issuing new loans eventually came to a halt. The Hospital, Community Based Organization, and Bank stepped in, but struggled with concern about their own risks. Michael, from the Hospital, provides insight into the apprehension faced by the Hospital Government Relations team due to potential political turmoil during the Trump campaign. The decision to proceed with supporting DACA students, despite perceived political risks, highlights the hospital's commitment to its values. Michael stated,

> I'll be candid, the Hospital GR team was quite nervous about Hospital putting the organization into political turmoil, because even though we knew it was the right thing to do, everything related to immigration status, Dreamers, can become very political. We were hearing at that time, Donald Trump on the campaign trail... he wasn't even then President Trump, he was candidate Trump, and the rhetoric around immigrants in America was fever pitched. I think the most interesting story about this program is that Hospital went ahead and did it anyway, in spite of what was perceived to be real political risk to the organization. How we navigated that was very cautious. The communications team was deeply involved in helping navigate the announcements, preparing talking points, tough questions, and answers. I don't remember all the details, but I would just say there were many places along the way where the plug could have been pulled on this.

Every year, the funding mechanism for these medical students was changing. The political climate was not friendly when it came to topics of immigration during the Trump administration. As a result, some of these financial institutions were getting nervous about funding medical students so DACA medical students had to take out high interest loans to cover their medical education tuition because there were not enough loans to go around. Internally DACA medical students were battling with the misinformation of some of their classmates and staff at SOM and externally they were battling with rhetoric of Trump administration's stance on immigration reform. Together, these accounts shed light on the intricate interplay between disinvestment, politics, and the evolving awareness within SOM regarding the significance of supporting DACA students.

Opposition and Justifying DACA Presence

As the SOM community underwent a transformative step with heightened awareness surrounding DACA status, the subsequent section delves into the challenges faced by SOM in dealing with unsupportive alumni and medical student parents. As described by Charlotte and Emily, administrators 1, the resistance encountered unveils the cultural and political tensions that emerged, requiring a consistent messaging strategy to address misconceptions and maintain institutional commitment to diversity in medical education. Charlotte, an administrator 1 recalls,

> In the beginning there was a little bit of undertone from a small subset of students that felt that having DACA students meant other students were not getting the kind of financial support or resources, and that simply was not true. SOM had to message that pretty consistently. It didn't last long, and it wasn't a huge group, but it was a challenge in the beginning.

Emily, an administrator 1, expanded on this when she mentioned that alumni expressed that they were not going to give any money to SOM if the school was taking "illegal aliens or illegal immigrants" a term that the alumni used. She shared that based on their language they had deeply held emotions and strong political convictions about the appropriateness of this. But she responded to them by saying,

> SOM did not make the law. President Obama made the executive order, and SOM was simply taking advantage of that to diversify our student body, which is of absolute critical importance given the healthcare landscape and the need to diversify the physician workforce. You show me which part of this doesn't make sense because it makes perfect sense from every angle. Actually, nobody ever stopped contributing. I'm sure somebody stopped contributing, but nobody was really in my face about it. As we were resolute and continued with this, people began to come over and really take pride in this.

William, an administrator 1, echoed this when he shared that much of the opposition came from students who saw the DACA initiative as "taking legitimate spots from other students who were worthy." He recognized how much work there was left to do in terms of shifting the culture of the SOM. Roberto an administrator 1, agreed, "It showed people we uphold the mission…some alumni said they'll never give another dollar to SOM. But on the same day, we got alumni who said, I'm going to up what I give SOM because of what they're doing." Roberto expanded on this and mentioned that the intentions of some of the alumni were politically motivated and they felt that SOM was giving a seat to a person when it should have gone to a citizen.

Emily, Roberto, and William discussed the challenges SOM faced with unsupportive alumni and parents regarding DACA student inclusion. Emily stressed the importance of

consistent messaging to dispel misconceptions, addressing concerns about resources and financial support. William notes lingering opposition due to the perception of DACA students taking spots from deserving candidates, while Roberto highlights SOM's commitment to its mission despite initial pushback. He emphasizes the need for clear communication to explain how DACA student admissions align with SOM's mission and expand opportunities without displacing others.

Vero, an administrator 1, began to find creative ways in responding to this backlash. She noted that there was more than one kind of response, and ultimately decided to publish a blog? to address some of the misinformation. Vero said, "Because I think people often are misinformed about what this looks like, and biases tend to show up, … [publishing a blog? provided] an opportunity to talk about the broad benefits of the program..."

In navigating the challenges presented by unsupportive alumni and medical student parents, the resistance encountered, as detailed by Charlotte, Emily, and others, showcased the cultural and political tensions surrounding DACA. Emily's steadfast response to alumni concerns, coupled with consistent messaging about the program's legitimacy, proved crucial in dispelling misconceptions. Despite initial opposition, the institution's unwavering commitment to diversifying the physician workforce and upholding its mission garnered increasing support over time. As William acknowledged lingering cultural barriers, SOM strategically addressed these concerns through open communication and creative initiatives, such as the blog response by Vero. The section underscores the importance of proactive communication and institutional resolve in overcoming challenges, ultimately fostering a more inclusive and supportive environment for DACA students at SOM.

Unfortunately, the backlash trickled down to students. Not only did administrators have to navigate unsupportive alumni and medical student parents, but these challenges also influenced the experiences of DACA medical students at SOM. Charlotte, a DACA alum, states,

> I think that, all in all, this initiative, again, was helpful. I know that it was well intended, but I do hope that, through these research projects you're doing and the many years that… has had the opportunity to have the DACAs in its campus, they have had the opportunity to learn what works and what doesn't, and I do hope that they spend the time to really prepare their community to create a welcoming environment because nobody want to be in an environment where they don't feel welcomed. I know that, overall, that's the intention, but if you don't do the internal work to teach people about what you're actually trying to do once you bring people in this environment, people that have already gone through a lot of trauma, and you expose them in an environment where there are people that don't want them there, although you're trying to do a good thing, it's making their trauma a little bit worse, if that makes sense.

Mary, an administrator 2, spent some time having difficult conversations with peers, including SOM employees in IT and housekeeping, as to why DACA medical students go to SOM. Mary recalls, “So I have had to have some of those conversations …. More than I would have liked…. with some peers as to why people come here, why are they here illegally, why don't they just get in line.” Mary felt like those questions were very narrow-minded.

Charlotte, a DACA alum, not only felt unwelcome from SSOM faculty and staff, but it bled into her cohort of medical student peers. She stated,

> I don't think this is generally the view of the whole institution, there were students in my class in particular that had the perception or the idea that the DACA students that were there got a preference, that throughout the selection process there were other students that were not undocumented that were not chosen, and those parts were just given to DACA students. Because of that perception, there were instances where DACA students, myself included, did not feel welcome. Personally, I tried not to internalize it. I was there for a purpose, and I took the opportunity for what it was, and I made the best of it.

Charlotte, a physician, received many invitations to teach her community about DACA. She understood the purpose but felt that she was being sat in front of her whole class to prove that she deserved to be there. Charlotte expressed, “Personally, I chose not to attend because, dealing

with the stresses of medical school already, I did not want to have to prove to anyone that I deserve to be in a way because I knew that I earned the spot, so that was that."

The unfortunate reality of the DACA initiative at SOM is revealed through the challenges faced by DACA medical students who found themselves unwelcome in certain quarters. Charlotte's reflection underscores the complexity of the situation, acknowledging the initiative's helpful intentions but emphasizing the need for continuous internal efforts to foster a genuinely welcoming environment. Mary's accounts of difficult conversations with peers shed light on the narrow-minded perceptions and questions faced by DACA students, highlighting the necessity for ongoing education and advocacy. The impact extended beyond faculty and staff, as Charlotte describes instances within her cohort where unwarranted perceptions led to a sense of exclusion of DACA students. Despite these challenges, Charlotte's personal resilience and determination to make the best of the opportunity signify the strength of DACA students facing adversity within the SOM community.

Visible (In)action

In the examination of visible action and inaction within SOM's stance on DACA, various instances highlight the institution's tangible commitment to inclusivity and support for DACA students, as well as moments of apathy. Below, I chronicle the Visible Action taken by the SOM and University and the Inaction that led to who questioned the commitment for the program. Together, these highlight SOM's proactive stance on welcoming DACA students and faculty and staff support. Navigating complexities and curriculum shifts showcases a holistic approach. Notably, John and Christopher's (both administrator 1), testimonials highlight the profound impact of SOM's public embrace. Despite ethical, financial, and political changes, SOM remained committed, with William, an administrator 1, and Ana, an administrator 2, emphasizing

collaborative efforts and transformative outcomes. Curriculum adjustments, residency placements, and broader discussions on diversity underscore the DI's far-reaching impact, as highlighted by Charlotte, a physician, and Tonich from the Community Organization.

While SOM demonstrated commitment, the University's contrasting public and private stance on DACA revealed internal discord. Roberto, an administrator 1, and Sarah, an administrator 2, shed light on The University's reluctance and inconsistent support, contrasting with SOM's efforts. These dual narratives underscore the complexities SOM navigated to sustain the DI amidst internal challenges.

Visible Action

The first subtheme, 'SOM Publicly Welcomes DACA Students,' underscores the importance of a public declaration in creating a welcoming atmosphere. SOM's clear and open acknowledgment of DACA students contributes significantly to fostering an inclusive environment. 'Faculty and Staff Support Incoming DACA Medical Students' emphasizes the crucial role played by faculty and staff in providing support to incoming DACA students, showcasing a collaborative and community-driven approach. 'Navigating Ethical, Financial, and Political Complexities at SOM' explores SOM's efforts in navigating the intricate ethical, financial, and political complexities that arose within SOM, demonstrating a commitment to overcoming challenges for the greater good. Lastly, 'Curriculum Shifts and Border Immersion Trips for DACA Inclusivity' delves into the proactive steps taken by SOM in adapting the curriculum and organizing border immersion trips to ensure a more inclusive experience for DACA students. Together, these examples paint a comprehensive picture of SOM's visible actions, showcasing a holistic and concerted effort to create a supportive environment for DACA students.

SOM Publicly Welcomes DACA Students

SOM’s public embrace of DACA students marked a transformative moment for individuals like John and Christopher, DACA alum, both of whom vividly recall the significant impact of this inclusive policy. John stated,

> So, at the time I graduated (college) in 2013, there was no medical schools that were openly accepting DACA students. So, it was very challenging to really understand what my future was, if at all in medicine. So, since I was doing research and I was very invested in the type of research that I was doing, I decided to stay and finish my project that I was working on. So that took me all the way to 2015. So, by 2014, if I remember correctly, SOM was the first medical school that publicly announced that they will be accepting DACA students. And so when it came time to apply in 2015, I decided to apply to SOM. I knew that it was going to be a place that will support me and allow me to grow as a medical doctor and also as a researcher, because I really wanted to become a physician scientist.

John, a DACA recipient, expressed the challenges he faced in finding medical schools that openly accepted DACA students before SOM’s announcement in 2014. This prompted him in 2015 to apply to SOM, which he recognized as a supportive environment where he could pursue his aspirations as a medical doctor and researcher. Christopher, another DACA student, recounted the emotional experience of discovering SOM’s acceptance of DACA students through an online forum, the Student Doctor Network. He said, “…I mean, that statement was, I mean, life-changing really. I’m getting emotional thinking about it….” At that moment, he knew he wanted to go to SOM.

This life-changing revelation, coupled with the supportive community he found during SOM's Summer Prep Program, solidified Christopher’s decision to pursue his medical education at SOM. Vero, an administrator 1 at SOM, acknowledged the institutional commitment to openness and values alignment, highlighting the proactive stance taken by Deans at SOM in addressing alumni opposition. SOM's public welcome of DACA students not only opened doors

for aspiring medical professionals but also fostered a sense of belonging and solidarity within the institution.

Faculty and Staff Support Incoming DACA Medical Students

The proactive engagement of faculty and staff at SOM, led by dedicated individuals like Vero, Javier, Henry, and William, all administrators 1, played a crucial role in supporting incoming DACA medical students. Vero, an administrator 1, focused on training the admissions committee to raise awareness about the unique needs and challenges faced by DACA students, saying:

> So, my goal in that was to ensure that we had training in the admissions committee awareness of what that looked like to continue to provide education on the student life side and student affairs staff side for what support would look like for students. And included a lot of one-on-one support and group support for students who came to SOM to make sure that we were able to adapt our institutional policies and processes to meet their needs or to fill in any of the gaps that existed. Her efforts extended to the student affairs staff, emphasizing one-on-one and group support mechanisms to adapt institutional policies for the benefit of DACA students.

Javier collaborated with Roberto to assess the impact of the DI on students and determine any necessary adjustments. Henry, an administrator 1, had a pivotal role in finances and external funding conversations, and served as a link and to upper administration at SOM University Chicago (The University), ensuring seamless communication. Henry, an administrator 1, shared that he was invited to the process because of his role in financing the program. Specifically, he was the mediator between SOM and the university leadership. Additionally, he contributed to creating internal policies and procedures, fostering a DACA-friendly environment within the admissions process.

William, an administrator 1, worked on marketing the DI, communicating expectations to prospective DACA students, and educating them about the unique challenges they might encounter during medical education. William described his role as,

> And so, what I was responsible for was creating policies and procedures that our admissions committee could adapt, adopt, and then find ways to incorporate those students within our process. So, it was multilayered. So, the first thing we had to do was market it and figure out a way to get it out to those students so that they were aware that this was an institution that was DACA friendly, would accept their applications. The other part of that was to communicate with students what the expectations were, because as much as these students were excited, many of them did not understand some of the other specific challenges that they needed to overcome in order to not only get accepted but get through medical education. So, a part of my role was educating the students. In addition to that, my job was to work with the admissions committee in terms of helping them understand the value that these students brought to the school.

Integrating DACA students into SOM's admissions process required the establishment of specific policies and procedures. These measures were essential to ensure that DACA students were aware of the institution's acceptance policies and to educate them about the challenges they might encounter in pursuing medical education. In addition, to convince the admissions committee that the DACA medical students were valuable to have at the SOM.

Navigating Ethical, Financial, and Political Complexities at SOM

Navigating the intricate ethical, financial, and political complexities at SOM during the DACA initiative involved thoughtful consideration and collaboration across various facets of the institution. Michael from Hospital reflects on the financial risks and political uncertainties, acknowledging that despite the challenges, key members, including the Jesuit? Sisters who are on the Hospital Board of Directors, were committed to finding a way to support DACA students. Michael stated,

> When you hear this rhetoric being used against them, and you realize they truly do live in educational poverty. I do think that there were members of the Board of Directors, the Sisters in particular, who felt like even though it was a financial stretch for the

> organization, even though it was financially risky, and even though there was political risk, that we had to find a way to get to yes. But that could have cut either direction. The idea that the organization can lose every penny, after these Dreamers potentially face mass deportations, if candidate Trump becomes President Trump, was a very real consideration. I will say, I remember there being some fears about that. You can hear my voice choking up. I think that the political rhetoric at the time nearly killed all of this.

The political rhetoric of the time posed a significant threat to the initiative, but the determination to overcome potential obstacles prevailed.

William, an administrator 1 at SOM, details the multifaceted approach taken to support DACA students. This involved collaboration with different offices within the university, such as Student Affairs and Financial Aid, and the Bank to secure funding and create a program that benefited both students and underserved communities in rural Illinois. The comprehensive effort also included engagement with the Office of Ministry and Diversity Affairs, highlighting the institution's commitment to providing holistic support for DACA students.

Ana, an administrator 2, emphasizes the transformative impact of DACA on the institution’s dynamics, fostering a shift from faculty-led initiatives to collaborative efforts with students. This change reflects a deeper respect and collaboration for social change, aligning with the Jesuit tradition of education for world transformation. Ana said, “…we started to shift from being faculty and students or faculty having to lead students, to being in solidarity with our students.…” Ana emphasized that The University or SOM could not have created the DI without the students. And of course, the students could not have made the change without the institution. Ana said, “There's a deeper respect and collaboration for social change with our students rather than a them and us.”

Navigating the intricate ethical, financial, and political complexities at SOM during the DI required unwavering commitment and collaborative efforts across various institutional facets.

Michael’s reflections on the financial and political risks underscore the challenges faced, with the Sisters on the Board of Directors displaying a steadfast determination to find a way to support DACA students. Despite the real concerns surrounding political rhetoric and potential mass deportations, the collective commitment prevailed. William's account of the multifaceted approach and collaboration with different university offices further illustrates the comprehensive efforts undertaken to secure funding and support for DACA students. Ana’s, an administrator 2, perspective on the transformative impact of DACA on institutional dynamics, fostering a shift toward collaboration with students, echoes the Jesuit tradition of education for world transformation. SOM’s journey through these complexities signifies a deeper respect and collaboration for social change, emphasizing the institution's dedication to aligning values, ethics, and mission to ensure DACA students receive the education they deserve.

Curriculum Shifts

The DI also influences some changes in the SOM curriculum. For example, there are now three hours in in Patient Centered Medicine 3 (PCM-3), the patient doctoring course, related to immigration and immigrant patients). This gives all students perspective on the needs of immigrant patients and insight into what it is like to be a person who is undocumented. William, an administrator 1, also stated that there were mission trips that were a requirement for all medical students and the focus used to be on it being international. Due to DACA medical students not being able to travel outside the country border immersion trips were created.

Initially, there was concern that medical students with DACA status would not be accepted into residency programs. However, to date, all DACA students who have graduated have been able to secure work permits and enter residency programs. The importance of DI is highlighted in patient-centered outcomes. Charlotte, an administrator 1, states,

> Well, I think there has become a very broad understanding of the importance of diversity, broader than just this population, into the importance of diversity in the field of medicine. It really raised many, many discussions, conversations among our students, as well as faculty and staff for sure. But really, I think our students were able to learn a great deal from watching their peers be trailblazers, be brave, speak out, go to Washington and testify, just about how critical it is to diversify our physician workforce. So, I think it was an incredible moment for all of our students, and all of us, frankly, to learn about the importance of trying to support individuals who we know will make a huge difference in healthcare.

Tonich, from the Community Based Organization, highlights the importance of seeing people like you in the field of medicine.

> Right, and that's encouraging, because it also gives hope to other young people. Hey, I did it. I had to go through all these trials and tribulations, but in the end, I persevered because somebody gave me the opportunity. Others gave me the opportunity to finance my education, helped … to accept me, based on my status.

In conclusion, the impact of the DI goes beyond the immediate changes in curriculum and residency programs for DACA medical students. The DI catalyzed curriculum modifications, introducing dedicated hours to address the needs of immigrant patients and fostering empathy and insight into the experiences of the undocumented. The creation of border immersion trips in lieu of international missions showcased an innovative response to the limitations faced by DACA students. Overcoming concerns about licensure, DACA alumni successfully matriculated into Graduate Medical Education programs, dispelling initial worries about residency placements. The DI's ripple effect extended to broader conversations about the vital role of diversity in the medical field, inspiring students to advocate for inclusivity and underscoring the transformative power of supporting individuals who contribute significantly to healthcare. Tonich aptly captures the essence of this impact, emphasizing the importance of representation and perseverance in the face of challenges, providing hope and encouragement for future generations in the field of medicine.

Inaction

In this section, I provide examples of SOM's inaction. The exploration of The University's stance on the DI reveals a disconcerting disparity between the University's public embrace of the program and its private hesitations, even to the extent of contemplating discontinuation. SOM bore the heavy lifting in supporting DACA students, while from the program's inception, The University was not always an enthusiastic supporter, and in fact, at one point the University's leadership willing to offer no further student loans though it's partner organizations rather than agree to take on the administrative burden of being the servicer of the loans even if this lack of funding altogether, something known to only a few people. Joseph intervened effectively meant the end the program. Joseph's intervention with The University's president and prevented the termination of the DI. However, the University continued to take credit for the initiative in public discourse, with speeches and publications heralding their support for DACA, creating frustration among true DI supporters. Despite this internal discord, the DI continued to generate positive press for, and SOM hosted Senator Durbin multiple times. This intricate dance between public endorsement and private reservations within The University's leadership unveils a complex interplay that SOM navigated adeptly to sustain the DI amid conflicting narratives and internal *challenges.*

Dual Narrative: The University's Contrasting Public and Private Stance on DACA

The upcoming section explores the disparity between The University's public embrace of the program and its reluctance, even suggesting discontinuation, in private discussions, shedding light on the contrasting dynamics at play. Roberto, an administrator 1 stated,

> Okay. So, it's interesting where we (SOM) did the heavy lifting…The University has not been the greatest supporter from day one with…Okay. And they almost caused us to stop funding altogether. Most people don't know that. They basically said, you all should stop.

> And it took Joseph who really convinced The University's president not to stop it. So, she allowed us to continue, and then we started using our own scholarship dollars to fund them. But at the same time, they take all the glory of it, all their publications. It was in her speeches and DACA, and this is what we're doing for DACA. And so that was pissing us off because we know behind the scenes, you're telling us to cut the program, but you're constantly bragging about the program in every speech you make.

Sarah, an administrator 2, echoed Roberto saying, “I think over the course of 10 years, different parts of the administration, particularly downtown (meaning the University), has not always wanted to fight for the program.” She continues, saying, “I do think behind closed doors there were probably some conversations sometimes that weren't always so supportive of the program.” This revelation unveils the intricate dance between public endorsement and private reservations within The University's leadership, exposing a delicate balance maintained by SOM in sustaining the DACA initiative despite internal challenges and conflicting narratives.

(In)flexible Commitment

The commitment of the university and the SOM was at times flexible. Leadership was able to pivot when obstacles arose, but there were some obstacles to which the university leadership would not commit to addressing, specifically financing. This theme highlights the institution's struggle to balance financial responsibilities with ethical commitments to diversity and inclusion.

Despite initial hurdles and uncertainties, The University, through Joseph and Emily's efforts, partnered with financial institutions like CBS, Bank, Hospital, and Community Based Organization to establish funding mechanisms, but each of these solutions was short term. Due to various reasons, including financial risks and sustainability concerns, each of these partnerships eventually faltered. Ultimately, The University's flexible commitment and perseverance paved

the way for innovative funding models that are more sustainable, showcasing its dedication to inclusivity and leadership in higher education.

Inflexible Commitment

In this section of the findings, I provide examples of The University's inflexible commitment. The financial constraints raised concerns about the institution's liability in the DI. Balancing the financial responsibility with the ethical commitment to diversity and inclusion presented a complex landscape for The University. The potential risks and legal implications associated with supporting DACA students required careful navigation to ensure the institution's stability and adherence to its mission while accommodating the needs of DACA medical students.

The University's Financial Limitations

Dominic, an administrator 1, with over three decades of service, shares his perspective on the DACA program's financial underpinnings. Dominic revealed that the DACA initiative gave him "a renewed or improved sense of purpose working" at the SOM. He was moved by the commitment to supporting DACA students, even while worrying about the financial aspects of the program. Although he thought the finances could have been better planned initially, he has since thought this was remedied. Despite his long-standing commitment to SOM and the program's noble goals, Dominic raised concerns about the initial lack of strategic financial planning. He believes that the approach could have been more well-thought-out from the outset but acknowledges subsequent efforts to rectify these early missteps.

Cleo, a DACA physician, shed light on the overarching influence of financial considerations within institutions. Cleo stated,

> But I think at the end of the day, the reality is that money is going to kind of rule them all. And where are they going to find that money if institutions, banks, the government are not willing to put it up? Yeah, like put it forward, bring it forward, right? And so did I trust that the people that worked on this mission had my best interest? Absolutely. But the institutions, not always, the institutions are always going to put money and profits first. And I'm not, I think, saying that SOM and in general, SOM, not just some school of medicine, puts profits first. Maybe it's unfair to say, I don't really know. I don't know anything about their whole budget or how they do everything. But the reality is that this world is governed by money and where it goes. And so if there's no money or if they don't feel like this is enough of a good initiative, or if they haven't seen the returns, then yeah, why are people going to invest on it? And so that's kind of where my head was at, and I was just like, I'm going to pray. I'm going to cross my fingers. I'm going to do all the things that I need to do to hope for funding to come out of wherever it's going to come out of.

Expressing trust in individuals driving the mission, Cleo emphasizes the pivotal role money plays in governing decisions. The challenges arise when institutions, banks, or the government are hesitant to allocate funds, potentially hindering initiatives like DACA. Cleo reflects on the delicate balance between institutional intentions and the financial realities that shape the program's fate.

Henry, an administrator 1, provides insights into the tangible impacts of financial commitments to DACA students. Acknowledging the support SOM gave some DACA students through half-tuition scholarships, Henry states,

> So, we would grant three half scholarships, half tuition. So to the people that support DACA immensely, it's phenomenal. And I know I'm being recorded here, so I have to, but I mean it. It is a great thing to do. From an outside in looking person, just looking unbiased to this, we don't offer half scholarships to any other student population really. It's a little bit of a DACA student getting a great thing from SOM, but it does hurt the non-DACA students in the process too, because our scholarship pool didn't necessarily expand by that amount. We had a scholarship. It's expanded a little bit, but we had a scholarship pool that now, it's just we divided the pie up differently. I'm a supporter of DACA. I don't want to come across saying I'm not a supporter of DACA, but there are ramifications when we offer a sizable scholarship like this.

Henry raises awareness about the unintended consequences. He points out that the scholarship pool did not necessarily expand proportionally, resulting in divisions that affected non-DACA

students. Despite his support for DACA, Henry underscores the complex ramifications of such sizable financial commitments. Vero, an administrator 1, echoed Henry's concerns, "We really wanted to have a cohort and a critical mass of students, and also wanted to not have the weight of finances be part of the additional stressor that would make an inequitable educational experience." She highlighted the challenges of financing, noting, "The timing of it was always touch and go, it was always very stressful." Vero underscored the limitations of scholarship funds, lamenting, "Our scholarship money was so small…not even half a million dollars of scholarship money to give away every year." She expressed frustration at the lack of sufficient funds, questioning, "Why haven't we come forward and provided more scholarship money for all our students?"

Vero emphasized Henry's sentiment when she stated,

> Acknowledging the perpetual stress and touch-and-go nature of managing finances, Vero highlights the inherent challenges. As an overseer of admissions and enrollment management, she emphasizes the struggle with limited scholarship resources, questioning why additional funds weren't provided for all students. These firsthand accounts collectively illuminate the financial constraints faced by The University in executing the DI, emphasizing the need for careful planning and resource allocation to support vulnerable communities adequately.

The University Liability

Navigating the complexities of the DACA initiative at The University involved not only ethical considerations, financial intricacies, and political uncertainties but also a significant element of institutional liability. This section unveils the challenges and risks associated with The University's role in the DACA program, exposing the interplay between the university's stance and the financial responsibilities it assumes.

Joseph, an administrator 2, sheds light on the multifaceted nature of this liability, from potential financial risks to the institution's responsibility for the DACA students. As the

program's scope expanded, so did the apprehensions about what might happen if external funding sources were to withdraw their support or if DACA itself faced legal uncertainties. This raises questions about how the institution, particularly how it manages and mitigates these risks while ensuring the continuity of the program. Joseph stated,

> Of course, it felt unfriendly to me to have the university just being the biggest problem with saying, "We just can't be the servicers of the loan," because I felt like we could solve the problem overnight if they would just give up on that. We haven't had a lot of other obstacles, but those were big enough, and of course, there's always the fear that DACA will go away. We faced that during the Trump Administration where he actually did issue an order to rescind it, and fortunately, the court stopped that. But yeah, so basically, there was a lot of fear and we supported the students through that, but it wasn't a concrete obstacle. Things that we thought would be obstacles didn't really turn out to be obstacles. We were worried that a lot of residency programs wouldn't want to take a risk on these students or anything like that. Nothing could be further from the truth. Even at that first year when our graduating students were graduating under the Trump rescission, these programs took chances on them, and so some obstacles never materialized. There's a lot of good people out there.

Henry, an administrator 1, outlined the evolution of the DACA program, the financial risks to the organization, and the continuous struggle to strike a balance between financial prudence and fulfilling the institution's commitment. Henry explained how his role evolved, noting, “The initiative was originally set up by our admissions office, and there wasn’t a good connection with the financial side.” Henry emphasized his responsibility in defining the DACA program and managing the financial obligations, saying, “My role was to truly define what the program…would be on a yearly basis.” He acknowledges the need to limit the number of DACA students based on financial considerations, adding, “When I came on the job…it was all over the board, in terms of how many students were admitted.”

The variability in the number of admitted DACA students over the years reflects the ongoing effort to align the program with the institution's financial capacity and risk tolerance. Charles, an administrator 1 at SOM, faced challenges in negotiating with The University

regarding the servicing of loans, underscoring the complexities of bureaucratic hurdles within the institution. The University halted funding with CBS due to liability concerns. Joseph's recounting of Charles taking personal initiative to cover a student's shortfall emphasizes the dedication and determination required to overcome financial obstacles. Joseph stated,

> He fought with the university about the servicing thing, but every other dean lost that too. When there was a shortfall when there was a student who was waiting to get some loan money and it wasn't coming through, he actually took out his checkbook and wrote them a check to cover it.

Despite facing challenges with the discontinuation of CBS and Hospital loans and encountering resistance from The University, Joseph persevered in his efforts to secure funding for DACA medical students. This section delves into the complicated nature between The University's commitment to DACA students and the practical challenges, financial risks, and potential liabilities that accompany such a commitment. Through the accounts of key personnel, it offers insights into the dynamics of navigating institutional obligations and the continuous effort to secure resources for DACA medical students.

Flexible Commitment

In this section of the findings, I provide examples of The University's flexible commitment. This behind-the-scenes intensity persisted through the inception of the program, revealing the complexities and uncertainties faced by SOM in ensuring the success of its DACA medical students. Amidst this financial labyrinth, the creation of a nationwide funding program for DACA students took shape. The absence of a dedicated scholarship pool led to coordinated efforts, utilizing loans from the CBS, Bank, Hospital, Credit Union, and the Community Organization. This approach, while successful, introduced risks, placing the onus on SOM to see these students through potential program shutdowns or political changes. The program's risks

and successes attracted national attention, prompting other institutions to follow suit and, in some cases, offer more generous funding, transforming the landscape for DACA recipients interested in medical school and posing challenges for SOM's DI.

Partnerships with Financial Institutions

For over ten years, SOM worked towards creating a sustainable funding mechanism for DACA medical students. All ten DACA alumni interviewed mentioned financing their medical education as a major obstacle to becoming physicians. In this section, I aim to clearly outline how four institutions: CBS, Bank, Hospital and Community Based Organization funded DACA medical students and why each institution had to discontinue their funding program for these students. CBS offered loans that held The University liable if DACA medical students defaulted on their loans. The Bank, Hospital, and Community Based Organization did not have a sustainable funding model because it put all the risk on the Community Based Organization, and they were not in a position to be consumer lenders.

Climate Bank of the State (CBS). During the spring of year 2013, Emily an administrator 1, announced the DI at an The University Board Meeting. Following this, the former CBS Chairman, also a SOM Board Member, promptly scheduled a meeting in late April to explore the creation of a loan program open to all medical and dental schools in Illinois, modeled after public health service loans. The CBS approved the loan program in principle during the Board Meeting. After Governor Quinn lost his re-election bid, the CBS Board underwent replacement. Despite the change, CBS committed to honoring its previous commitment and even disbursed five additional loans that had been allocated the previous year. However, by the SOM going through CBS that meant The University would no longer be the servicers of the loans. If there were talks about CBS allocating more money (e.g., State Senator),

the talk got shut down because The University would not agree to be the servicer and no external service could be found. So, they stopped funding DACA Medical Students.

Community Based Organization, Trinity, and the Bank. Tonich from the Community Based Organization reaches out to Cassandra from the Bank and asks her to meet with Joseph. Cassandra and Tonich have had a long working relationship together and were trying to find a way to help SOM fund DACA medical students' medical education. Cassandra was trying to find ways in which she could mitigate the risk of the principle. Cassandra outlined the challenges, stating, "Some of the issues identified were…if someone gets elected…and they decide this program is no longer available and these people are now at risk of deportation." She emphasized the uncertainty, saying, "So, if you are a trained physician, it's not like you can just divert…most likely they would go to another country." Cassandra reflected on the political environment, recalling, "There was a conversation about whether or not Trump could get elected…Honestly, at that time, it was identified as a risk, but I really wasn't thinking that it was possible." She explained her risk mitigation strategy, noting, "How I decided I could mitigate that risk was to make an investment or a loan into the Community Based Organization…they were willing to take the debt themselves."

The third piece of the puzzle is Hospital. The Hospital's Senior Vice President of Safety Net and Community Health visits SOM and offers to help with a loan program which involves the Community Based Organization and the Bank. Michael from recalls,

> … Joseph was talking around to folks about how SOM was going to be, I think the very first med school ever, to openly invite DACA students to apply, which was very pioneering, very groundbreaking, game changing. But it wasn't clear how they were going to pay. If I remember correctly... and my memory is faulty, so you should fact check this, I do think that there was one, possibly two cohorts that entered, that had access to student loans through the state of Illinois, but that went away with the change in leadership…That's when Joseph started asking around for how we might create an

> alternative. He came to the Hospital System and was soliciting ideas. I don't know if it was Senior Vice President of Community Health and Wellbeing at Hospital, at the time, or if it was, the CEO of Hospital at the time, who basically said to Joseph, "Yes, we will try to find a way…At that point, it was basically dumped in my lap."

A hurdle Michael from the Hospital had to overcome was to convince the finance department at Hospital that Hospital may recuperate some of their funds someday. Michael explained, "Honestly, not only was there difficulties of trying to figure out how we would involve a community-based bank…there was the issues of how do we show our support with our chief financial officer." He elaborated on the financial challenges, stating, "Hospitals in general are just bleeding money…It was actually important that there was, at least some hope, that we could someday recuperate these funds." Despite obstacles, Michael highlighted the effort to secure support noted,

> There was a lot of work done to shore up support from finance folks who said, 'No, we can't do this.'…We put together case studies, and assured folks that medical students are the least likely …to default on student loan debt.

He emphasized the altruistic motive, saying, "Ultimately, the loans were made understanding that we could lose everything, and it was still conserved the right thing to do." Michael outlined the terms, stating, "The interest rate for these loans that we charged…I think was 0%." He mentioned that they were not hoping to make a return, the return was in pursuit of the organization mission.

An addition to the complex problems mentioned, Michael had a complex problem that he had to solve which was how to get the money to SOM. The money could not flow directly from Hospital to SOM. There had to be an intermediary with a well trusted community-based organization, 501(c)(3), because the Hospital couldn't impact invest into their own entity. It

would be like Hospital giving a loan to itself. Lastly, ironing out all the kinks of the loan program was important to avoid indentured servitude. Michael stated,

> Initially we wanted to say, "We will give out these student loans, and if they come back into the Hospital System, and work for a Hospital, especially maybe in a community where we need diversity, or where there's a lack of access, that these student loans could be forgivable student loans, then they could work them off. Thank goodness, legal and all the really smart people involved, and they said, "Actually requiring somebody to come and work for you, as a condition for a student loan, really gets very close to the concept of indentured servitude, which is illegal. You can't do that." These student loans were not written in a way where students have the opportunity to have their debts forgiven by coming back to Hospital. It certainly was not a requirement that they come back to Hospital.

Michael from the Hospital recalled the challenges faced by SOM in openly inviting DACA students without a clear funding mechanism. He played a pivotal role in navigating the complexities and challenges associated with financing this program, emphasizing the importance of potential fund recovery for Hospital. The intricate details of the loan program were carefully ironed out to avoid legal issues. Initially considering forgivable loans tied to future employment within Hospital, legal advice cautioned against such arrangements as it could verge on indentured servitude. Consequently, the loans were not contingent on returning to Hospital, ensuring compliance with legal standards.

At this point Cassandra from the Bank, Tonich from the Community Based Organization, and Joseph, an administrator 2, met to discuss how they can create a sustainable model. What was initially put in place with the Bank and Hospital was not sustainable for the Community Based Organization because they are not consumer lenders and thus are not in a position to be making loans to individual DACA Medical Students for the time they were in medical school and then they would flip them into a traditional loan for medical students. Cassandra from the Bank recalls, "…they were really trying to focus on what that would like and who do these loans

because they are still DREAMERS, but at least at that point they would hopefully have jobs and the ability to show income and could repay these loans.” Due to the Trump administration, the Community Based Organization could not see a future for converting those loans. Tonich said, “I’ve got these loans. Now what am I going to do with them? Because I can’t service these for the next 20 years.…” So, the purpose of the meeting was for the three of them to get together and think of the next steps. The Bank, Hospital, and Community Based Organization had to stop funding DACA medical students because serving as the intermediary for the Bank and Hospital is unsustainable. Due to the Trump administration, they couldn’t see a future for how they would convert? these loans. The Community Based Organization could not service those loans for the next 20 years.

SOM Scholarships. SOM begins a system of issuing half tuition scholarships to DACA recipients. Limiting admission to three DACA recipients and students scramble on the private loan market for additional funds. Henry describes this process as complex. The admissions office was not communicating with the financial office about how they were going to support these students long term. Leadership put pressure on Henry to devise a solution ensuring that SOM would not bear financial liability. Charlotte, an administrator 1 stated,

> I think like most of us we had so much to learn about whether or not us encouraging this path for students, who would ultimately take on a tremendous amount of debt with absolutely no assurance that they were going to be able to get residencies and ultimately be employed. And so, I was very concerned at the beginning, not about the basic principles, not about the rights of these individuals to be able to go to medical school, but what we were putting on them should they not be successful. And way back then, we didn't have a lot of faith that institutions would give them opportunities for residencies and thus a future career, so I suggest those early medical students were courageous and truly pioneers in this effort. It gave me great concern initially.

In navigating the intricate landscape of supporting DACA medical students, SOM’s financial commitments, and the complexities surrounding scholarships, it becomes apparent that the

institution had pioneered a transformative path, shaping opportunities for DACA students in medical education across the country. While acknowledging the challenges and financial risks involved, the program's ongoing legacy and the broader impact on underrepresented minorities showcase SOM's dedication to inclusivity and leadership in influencing other medical schools to embrace similar initiatives.

Financial Triumphs of SOM - Establish Funding Mechanism

During the press conference, the first cohort of DACA medical students SOM was sweating behind the scenes. Michael from the Hospital stated,

> In fact, it took us right up until the 11th hour to get this across the finish line. I think they were down to literally the day of... or the night of when these documents had to be signed, and loans had to be funded to students, or they couldn't matriculate. Students had actually applied, been accepted, enrolled, and I think some students could actually even move to the Chicagoland area on a hope and a prayer that funding would come through, knowing that it might not. If I remember correctly, we informed students that they would have a sourced the funding at truly the 11th hour. There was no time left, and it was a huge gamble. Sometimes I look back and wonder how in the world we made it across the finish line.

During the press releases and the commencement of the first cohort of DACA medical students, SOM faced intense challenges behind the scenes. Michael's revelation provides a glimpse into the high-stakes efforts required to bring this initiative to fruition. The culmination of these endeavors occurred at the 11th hour, with deadlines looming close. The process involved intricate negotiations, document signings, and securing funding for students who had invested their hopes and aspirations in the program. The uncertainty persisted until the final moments, pushing both students and the institution to the limits. Reflecting on this pivotal moment, there is a sense of marvel at how SOM navigated the complexities and uncertainties, successfully crossing the finish line against all odds.

Nationwide Funding Program for DACA

Now that the Bank, Community Based Organization, and the Hospital had to step back with funding due to the Community Based Organization taking all the risk and the program not being sustainable Joseph, an administrator 2, decided to start fundraising. Joseph held events to fundraise for DACA students and began discussions with Don Graham of Dream.us about building a sustainable loan fund. Joseph reconnects with Cassandra from the Bank to help with the fundraising. Cassandra refers Joseph to Credit Union. Cassandra states,

> So there is a group called Credit Union, which is a Community Development Financial Institution (CDFI) and a low-income credit union… they have a long history of providing capital in disadvantaged communities, in neighborhoods that have been left behind. So, I reached out to the Credit Union, and said, "Hey, you're a credit union, would you guys consider making these loans that Credit Union has done? Would you consider doing these long-term?" Had a lovely conversation with them. They came back and said, "No. No, we're not interested…So we are kind of back to square one." But in the interim, interesting enough…Don Graham, who is the son of Virginia Graham as in the Pentagon Papers that owned The Washington Post… So her son, who then ran The Washington Post who then sold it to Jeff Bezos, decides that he is going to start investing in immigration issues, particularly Latino immigration issues. So, Don now is out in the hinterland with this capital and interested in investing and he knows Tonich. So, then Tonich says to him, "Would you be interested in this?" And he says, "Yes." And so, then I have a conversation with Don Graham and then I'm able to go back to Credit Union, because now we've got grant capital that would be interested in doing a layer of debt or forgiveness so that Credit Union could then say okay. They knew that the number of loans to doctors for medical school, that default is 0%. Doctors don't default on their loans.

Cassandra from the Bank describes that now the potential for deportation must be addressed. She mentions that with Don potentially providing those grant dollars, they then came back and said, "You know what? We think we could do this, and we actually think that it does align with our mission." And we were like, "Yay." So, what Cassandra was able to do is make an investment into the Credit Union on similar terms to what I had done for the Community Based Organization, so $5 million dollars at 25 basis points. And then Credit Union actually then got

the loans from Community Based Organization, so they took all of those loans, put them on their books and then opened the product. They created a product for SOM so that they then worked directly with SOM, to SOM students, to allow them to come into the credit union and to get that loan.

Credit Union, in collaboration with SOM, aimed to extend the impact investing program beyond SOM to other medical schools willing to admit Dreamers. However, the attempt to replicate SOM's partnership approach with other schools proved challenging, as not many schools were interested in adopting a similar model. Instead, the program garnered individual interest from students nationwide who lacked financing for medical school. In response, the Credit Union shifted its strategy, pivoting away from school partnerships and opening avenues for individual students to participate. Currently, Credit Union manages the entire process, from admissions to financing, with capital from Bank and Don Graham, aiming for sustainability through the program's ability to refund itself and continue funding future students.

Conclusion

The journey of the SOM in embracing DACA medical students underscores its resilience, adaptability, and commitment to diversity in medical education. Throughout this transformative process, SOM exhibited varying levels of commitment within the university, with most individuals at SOM dedicated to inclusivity but not uniformly so. This discrepancy had a tangible impact, as students experienced both feelings of being welcomed and included, as well as harmed and excluded. While some administrators were willing to take risks, others were hesitant to take on such risks, contributing to a nuanced cultural landscape.

The University’s public stance on DACA appears supportive and inclusive, however, there may have been discrepancies between its public actions and private hesitations. Despite the

visible support for DACA students, internal challenges within The University's leadership, including contemplation of discontinuation and reluctance to provide funding, suggest a lack of genuine commitment to the cause. Joseph's intervention may have prevented program termination, but the frustration stemming from The University's conflicting narratives and internal challenges underscores the complexities faced by SOM in sustaining the DI. This dual narrative raises questions about The University's true dedication to inclusivity and transformative collaboration, as it highlights potential inconsistencies between its public image and private actions. To address any discrepancies between The University's public image and its actual support for DACA students, The University should aim to ensure transparency and consistency in communication. This includes providing steadfast support aligned with institutional goals and long-term planning.

SOM is no longer the sole medical school accepting DACA medical students. In the initial phase of campus diversification, the focus was on bringing students to campus. However, the current objective is to not only attract them but also provide the necessary resources for their sustained success. Transforming a campus is one thing, but ensuring its continued support is another challenge. With increasing competition, particularly from other institutions, SOM must now address additional issues, such as improving the campus environment to mitigate instances where students may feel unwelcome. While The University changed the landscape of DACA medical school admissions, they may struggle to continue their early success now that other institutions have access to the financial key. Without the cultural shift and visible action in other realms of the institution they will not remain competitive. A handful of dedicated SOM leaders cannot alone sustain the program and evolve it as competition for DACA students grows.

CHAPTER FIVE

DISCUSSION, IMPLICATIONS, AND STUDY EVALUATION

While applying for the PhD program at The University I was struggling with writing my statement of purpose. Reflecting on that time, I remember immersing myself in a plethora of literature on higher education, particularly on how individual students adapt to conform to institutional norms instead of fossilized higher education institutions changing to accommodate these new students. This exploration ignited a profound desire within me to enact change. As a practitioner deeply passionate about transformative change, I am driven to investigate the essential question of how higher education systems must evolve to embrace the expanding diversity among student populations, with a specific focus on medical schools. My aim is to contribute to the discourse on fostering environments that not only accommodate but celebrate the richness of diversity within academic institutions, particularly within the context of medical education.

This study has illuminated the nuanced dynamics of institutional change within higher education within the context of a medical school. The findings underscore the importance of proactive efforts to foster inclusivity and diversity, while also acknowledging the challenges and complexities involved in navigating internal hesitations and reconciling financial constraints with institutional values. The findings emphasize the significance of collective efforts and transformative collaboration in driving meaningful change, highlighting the need for ongoing reflection, adaptation, and resilience within academic institutions. Further, transformational change that involves innovation requires having influential leaders who are willing to take risks.

Ultimately, this research serves as a reminder of the vital role that institutions play in shaping the experiences and opportunities of diverse student populations, and the ongoing imperative to strive for environments that truly embrace and celebrate diversity in all its forms.

Discussion

In this chapter, I consider how the findings contribute to the extant literature. First, I focus on SOM's proactive efforts in fostering an inclusive environment, evident in its alignment with Jesuit values and the experiences of DACA students expressing feelings of gratitude and belonging. However, it also acknowledges ongoing challenges and the need for continuous improvement. The second section delves into the visible actions and internal qualms within The University regarding its support for DACA, revealing potential discrepancies between public image and private actions. Despite the commitment shown, internal challenges persist, raising questions about true dedication. The third section examines the complexities faced by The University in reconciling financial constraints with its commitment to diversity and inclusion. It explores the evolution of financial mechanisms and partnerships, underscoring the broader impact of SOM's initiatives on reshaping institutional culture and fostering discussions on diversity in medicine. Throughout these sections, the narrative emphasizes the importance of collective efforts and transformative collaboration in fostering inclusivity and diversity in healthcare education, acknowledging the obstacles posed by resistance to change and highlighting the need for institutional resilience and adaptability.

The illumination of the multifaceted nature of transformative change within higher education institutions, particularly in the context of fostering diversity, equity, and inclusion. The study offers a comprehensive understanding of the dynamics at play in driving sustainable transformation by combining theoretical frameworks and introducing the concept of Innovators

and Risk Takers (Robertson & Oliver, 2020; Rogers, 1995). This integrated framework not only highlights the challenges and strategies for promoting institutional change but also underscores the critical role of individuals in spearheading initiatives and overcoming resistance. The findings emphasize the importance of collective efforts, transformative collaboration, institutional resilience, and influential risk-takers in navigating complex change processes. Ultimately, by embracing diversity, empowering change agents, and fostering inclusive environments, institutions can drive positive societal impact and advance social justice in healthcare education and beyond.

Cultural Evolution

The University's proactive initiative, aligned with Jesuit values, emphasize a welcoming environment at the SOM for DACA students. Positive media coverage and impactful first-day experiences underscore the cultural shifts towards inclusivity. DACA students expressed profound gratitude and a sense of belonging on their first day of medical school, highlighting SOM's shifting environment. Despite SOM emphasis on welcoming DACA students, ongoing efforts are crucial to educate the community and foster a truly inclusive environment. With SOM no longer being the sole medical school accepting DACA students, efforts extend beyond attracting them to campus, focusing on providing sustained support and necessary resources. As competition from other institutions increases, addressing campus environment issues becomes imperative to mitigate instances where students may feel unwelcomed. While SOM prioritizes welcoming DACA students, underlying challenges persist, impacting their sense of belonging. Continuous efforts are needed to address institutional issues and ensure a genuinely inclusive environment. With competition rising, SOM must prioritize creating a supportive environment for DACA students, emphasizing value, support, and inclusion.

Progress has been made, but further improvements are essential to enhance inclusivity and support for DACA students at SOM. Research indicates that underrepresented in medicine (URIM) students, including DACA students, face challenges such as exhaustion-related burnout and less favorable student-faculty interactions (O'Marr et al., 2022). Addressing learning environments and discrimination is crucial for URIM student success, emphasizing the need for deep and authentic institutional changes to support these students. Additionally, regardless of URIM status, students reporting poorer learning environments or experiencing discrimination were more likely to experience burnout (O'Marr et al., 2022). Moreover, these challenges compound the need for higher education institutions to enact policies and practices that not only support URIM students but also address learning environment disparities. DACA students encounter not only unwelcoming environments in higher education but also the exclusionary nature of immigration laws. Their status means Universities need to make all the more effort to welcome DACA students (O'Marr et al., 2022).

Immigrant students often face a multitude of exclusionary federal, state, local, and institutional policies as they strive to access and persist in higher education (Nienhusser, 2015). They are left on their own to overcome a plethora of exclusionary federal, state, local, and institutional policies in their plight to access and persist in higher education (Nienhusser, 2015). This underlines the need for higher education institutions to enact policies and practices (Nienhusser & Espino, 2017; Tapia-Fuselier, 2019) that foster more undocufriendly campus environments (Suárez-Orozco et al., 2015). Failure to foster such environments will only continue to heighten these students' anxiety as they navigate exclusionary campuses (Muñoz & Vigil, 2018). For example, Charlotte, a physician, received invitations to teach her medical school community about DACA which made her feel like she had to prove to her cohort that she

deserved to be there and earned her spot. She was already dealing with the stresses of medical school and adding being the face of DACA at her school just added to her stress.

The role of immigration status as a social determinant of health is gaining attention. Undocumented status produces stressors that reflect limited material resources, marginalization and isolation, fear of deportation, uncertainty about the future, acculturative stress, discrimination, and stigmatization (Enriquez et al., 2018; Garcini et al., 2016). Regular exposure to chronic and acute stress has been linked to poor mental health (Marin et al., 2011). Indeed, undocumented immigrants have a higher prevalence of depressive symptoms, poorer self-assessed mental health, and higher rates of major depressive disorders compared to their documented counterparts or the general population (Hatzenbuehler et al., 2017; Venkataramani et al., 2017). Despite their highlighted vulnerability for mental health problems, undocumented immigrants are significantly less likely to seek out mental health services (Derr, 2016). Being undocumented affects students' mental health significantly as they may have a harder time building trust; these effects may persist even after a change in legal status. Plus, they also have other minoritized identities which adds layers of other potential stresses (Wouters, 2020).

In conclusion, the journey of DACA students within higher education institutions reflects the intersection of systemic challenges and individual resilience. Despite facing unwelcoming environments and discriminatory public policies, DACA students have demonstrated remarkable perseverance and determination to pursue their educational goals. It is evident that fostering inclusive campus environments and advocating for supportive institutional policies are essential steps towards addressing the barriers faced by DACA students (O'Marr et al., 2022). As we move forward, it is vital for higher education institutions to prioritize the well-being and success of DACA students by implementing concrete measures to mitigate systemic challenges and

create environments that nurture their academic and personal growth. By embracing diversity, promoting equity, and advocating for inclusive policies, we can strive towards a more inclusive educational landscape where all students, regardless of their immigration status, have the opportunity to thrive and contribute to society. Next, the discussion shifts to an examination of The University's public stance on DACA, highlighting its visible actions and potential discrepancies in support for DACA students.

A Call for Collaborative Change

The University's public stance on DACA showcases visible actions supporting DACA students, backed by financial investment and faculty support. This commitment has led to a supportive environment for DACA students, evidenced by curriculum shifts and innovative solutions such as border immersion trips. SOM success in supporting DACA students has extended to residency programs, sparking broader conversations about diversity in medicine. Overall, SOM dedication showed its commitment to inclusivity and transformative collaboration within the institution.

However, the data also reveals a contrasting narrative within The University, highlighting discrepancies between its public support for the DACA initiative and internal hesitations. While SOM actively supported DACA students, The University's leadership privately contemplated discontinuation and showed reluctance to provide funding. Joseph's intervention prevented program termination, but frustration persisted due to conflicting narratives and internal challenges within The University's leadership. This dual narrative underscore the complexities faced by SOM in sustaining the DI amid conflicting narratives and internal challenges within The University's leadership.

Despite The University's public stance on DACA appearing supportive and inclusive, there are discrepancies between its public actions and private vacillations. While visible support for DACA students is evident, internal challenges within The University's leadership suggest a lack of genuine commitment to the cause. The efforts of individuals such as Joseph served to prevent program termination in the short term, but the frustration stemming from The University's conflicting narratives underscores the complexities faced by SOM in sustaining the DI. These discrepancies raise questions about The University's true dedication to inclusivity and transformative collaboration, highlighting potential inconsistencies between its public image and private actions. However, amidst these challenges to institutional commitment and transformative collaboration, it is crucial to acknowledge the broader context in which such changes occur.

Some people perceive innovation as a threat, as noted by Kezar (2011), particularly when it challenges existing norms and traditions within a community. Joseph mentioned that when he arrived at the SOM in 2000, the SOM student body was not diverse. Joseph stated, "That's probably the biggest understatement ever to say we're not diverse. We were all white, and were Irish Catholic, typically." The SOM's norm was to be White and changing the norm seemed to make people, specifically, some medical students, alum, and their parents, uncomfortable.

Kezar (2011) argues that too often practices change briefly, but underlying beliefs do not change. In this case the strength of institutional agents was powerful enough to bring transformational change even though there was push back from some change agents and the community. Stanton-Salazar et al. (2001) define an institutional agent as an individual who occupies one or more hierarchical positions of relatively high-status and authority. Gomez et al. (2021) mentions that grassroots leaders often do not hold positional authority, their change

efforts rely heavily on support from individuals who have authority within the institution. Transitioning from Stanton-Salazar et al.'s (2001) definition of institutional agents to the insights of Gomez et al. (2021), it becomes evident that while institutional agents may wield significant hierarchical authority, grassroots leaders often lack such positional power. In this case Joseph relied heavily on support from SOM leadership to support the DI. Supporting grassroots leaders requires a combination of policies, practices, and values that together transforms an institution's larger culture (Gomez et al., 2021). Yet, individuals threatened by innovation can still pose significant obstacles, hindering efforts to diversify and transform institutions like the SOM. Transitioning from the discussion on the role of grassroots leaders in driving institutional change, it becomes apparent that despite their pivotal role, challenges persist in reconciling financial constraints with the commitment to diversity and inclusion, especially within initiatives like the DI.

The relevance of this theme lies in its exploration of the complexities surrounding institutional support for DACA students and the broader issue of diversity and inclusion in higher education. By examining the discrepancies between public statements and internal actions within The University, the theme sheds light on the challenges faced by institutions in translating their professed values into tangible support for marginalized student populations. These discrepancies underscore the importance of genuine commitment to inclusivity and transformative collaboration within institutions, highlighting potential inconsistencies between public image and private actions and the importance of transformational agents. Transformational leaders encourage followers to become part of the overall organizational environment and its work culture (Kelly, 2003). They empower followers through persuasion and empathic understanding to propose new and controversial ideas without fear of chastisement or ridicule (Kelly, 2003;

Stone et al., 2003). They tend to nurture the idea of receptivity to organizational transformation process widely and tend to successfully bring the process to an end (Shanker & Sayeed, 2012).

Moreover, the theme delves into the resistance to change and the cultural norms that perpetuate exclusionary practices within academic institutions (O'Marr et al., 2022). It highlights the discomfort and pushback experienced when challenging existing norms and traditions, particularly regarding diversity and representation. By addressing these underlying beliefs and advocating for transformative change, the theme emphasizes the need for sustained efforts to shift institutional culture towards greater inclusivity.

Furthermore, the role of grassroots leaders in driving institutional change emerges as a central aspect of the theme. It underscores the importance of individuals who advocate for diversity and inclusion within the institution, despite facing obstacles and resistance from within the community. By recognizing the significance of these leaders and the support they require from institutional authorities, the theme emphasizes the collaborative efforts necessary to effect meaningful change (Kezar & Eckel, 2002). Building upon the recognition of collective efforts in driving institutional change, the focus shifts towards the pivotal role played by informal leaders within the organization. Informal leaders, also known as opinion leaders, are individuals within an organization who do not hold formal leadership positions but have the ability to influence others due to their expertise, experience, or interpersonal skills (Ng'ambi & Bozalek, 2013). They play a crucial role in influencing decision-making processes by advocating for innovative practices and technologies, thus accelerating the diffusion of new ideas within the institution (Ng'ambi & Bozalek, 2013).

Rogers et al. (2009) define innovators as individuals who are eager to try new ideas or technologies before the majority of the population. They are typically adventurous, risk-takers,

and open to experimentation. However, my findings found that this was not the case with SOM. Instead, they were resource strapped (Robertson & Olivier, 2020) so the issue of innovators being risk-takers due to their resources does not hold here (Rogers et al., 2009). Instead, I theorize that in lieu of resources, innovative and transformational change can rely on informal leadership's influence. In the case of Joseph and Emily, their risk-taking derived from their influence.

Overall, the theme underscores the ongoing struggle to reconcile financial constraints with the commitment to diversity and inclusion in higher education. Cleo a physician brought this to the forefront when she said,

> …the reality is that money is going to kind of rule them all…And so did I trust that people that worked on this mission had my best interest? Absolutely. But the institution, not always, the institutions are always going to put money and profits first.

The persistent challenge of balancing financial limitations with the imperative of promoting diversity and inclusion within higher education institutions. As Cleo's perspective illustrates, while individuals may prioritize inclusive initiatives, institutional priorities may often prioritize financial interests, underscoring the ongoing tension between values and financial constraints in driving transformative change.

Navigating Institutional Commitment and Challenges

The University faced challenges in reconciling financial constraints with its commitment to diversity and inclusion, particularly regarding the DI. Concerns about liability and financial risks arose, with administrators expressing apprehensions about strategic financial planning and the ramifications of sizable commitments. Despite bureaucratic hurdles and financial uncertainties, SOM remains dedicated to supporting DACA students, with ongoing efforts to secure funding and mitigate risks.

The narrative also explores SOM commitment to supporting DACA medical students and the financial mechanisms established, involving various financial institutions like the Climate Bank of the State, Bank, Hospital, and Credit Union. Partnership dynamics between The University and financial institutions evolved over the years, addressing challenges such as sustainable models and legal complexities. Furthermore, SOM initiatives have broader impacts, reshaping the institution's image and fostering discussions on diversity in the medical field. However, challenges such as ineffective leadership, faculty reluctance, and financial tensions may hinder these efforts (Kezar & Eckel, 2002). Understanding institutional culture and patterns is crucial, as successful institutions learn from testing and experience to respond and adapt when necessary.

Change necessitates resources and collaboration among change agents, emphasizing the importance of collective efforts in fostering inclusivity and diversity in healthcare education (Kezar & Eckel, 2002; Klempin & Karp, 2018; Kuh & Whitt, 1988; Schein, 1992; Eckel et al., 1998). In navigating these challenges, it becomes evident that the commitment to supporting DACA students at SOM goes beyond mere financial considerations. The establishment of partnerships with various financial institutions reflects a concerted effort to find sustainable solutions and navigate legal complexities. Moreover, SOM's initiatives have far-reaching impacts, not only reshaping the institution's image but also sparking crucial conversations on diversity within the medical field. However, the journey towards inclusivity is not without its obstacles, including ineffective leadership, faculty reluctance, and financial tensions. Despite these challenges, understanding institutional culture and patterns remains crucial, as it allows for informed responses and adaptive strategies. Ultimately, the collective efforts of change agents underscore the transformative potential of collaboration in fostering inclusivity and diversity in

healthcare education (Kezar & Eckel, 2002; Klempin & Karp, 2018; Kuh & Whitt, 1988; Schein, 1992; Eckel et al., 1998). By prioritizing these initiatives, institutions like SOM can play a pivotal role in advancing social justice and promoting healthcare equity for all. Understanding the complexities of diversity backlash is essential in navigating the challenges faced by institutions like SOM in reconciling financial constraints with their commitment to diversity and inclusion.

Patel (2015) defines diversity backlash as a dynamic of complicated, historic, and intertwined desire for racial diversity and white entitlement to property. She argued that diversity backlash is best understood as a consequence of the desire for diversity being connected to white supremacy and leading to subsequent backlash against the presence of people of color, particular those in positions of authority. Diversity efforts to move forward are being held back by the lack of a clear theory of change in initiatives, which often collapse under dominant narratives and fail to address the deep-rooted structures of inequality (Patel, 2015). Additionally, the desire for diversity is often limited to symbolic gestures that do not lead to substantial structural change, preserving institutional settler culture and reinforcing white supremacy (Patel, 2015). For example, in Chapter Four students, alumni, and parents felt that DACA students were taking the spots of deserving citizens due to misinformation. In addition, they felt that DACA students were getting preferential treatment. Harper and Reskin (2005) offer another explanation as to why students, alumni, and parents felt upset about DACA medical students attending SOM. Although opponents may frame their disapproval of affirmative action in terms of fairness, survey data casts doubt on the claims that whites' opposition to affirmative action's stems from their commitment to meritocracy (Harper & Reskin, 2005). Rather, findings suggest that Whites'

opposition to affirmative action resides in their sense of group-based entitlement (Harper & Redskin, 2005).

Diversity backlash is important because it sheds light on the complex dynamics surrounding efforts for diversity and inclusion, particularly in institutions like The University. This understanding is crucial in contextualizing the challenges faced by The University in reconciling financial constraints with its commitment to diversity and inclusion, especially concerning the DI. The concerns about liability and financial risks are not just about budgetary concerns but also reflect deeper tensions related to the dynamics of diversity and inclusion in institutional settings. Institutions may only want to make changes that support diversity when other institutions are doing it too (isomorphism) so as not to be left behind (López et al., 2022). However, as the innovators of this initiative, SOM recognized the necessity for a unique approach to fulfill their commitment to inclusion, setting the precedent for other medical schools to follow.

In conclusion, the exploration of cultural evolution within the University's initiatives for DACA students illuminates both progress and persistent challenges in fostering inclusivity. While proactive measures and visible shifts towards inclusivity are evident, ongoing efforts are crucial to address underlying challenges and ensure genuine support for DACA students. Additionally, the discussion on institutional commitment and challenges underscores the complexities faced in reconciling financial constraints with the imperative of promoting diversity and inclusion. Despite hurdles such as financial uncertainties and bureaucratic hurdles, the commitment to supporting DACA students remains steadfast, emphasizing the transformative potential of collective efforts and collaboration among change agents. However, the journey towards inclusivity is fraught with obstacles, including faculty reluctance and financial tensions,

highlighting the need for continued reflection, adaptation, and resilience within academic institutions. Ultimately, by prioritizing inclusive policies and transformative collaboration, institutions can strive towards a more equitable educational landscape where all students, including DACA recipients, have the opportunity to thrive.

Implications for Policy and Practice

When it comes to institutional change in higher education, there are three things that should be addressed: (1) the learning environment (2) individuals threatened by change (3) collective efforts of change agents. In the learning environment institutions must implement comprehensive training programs focused on diversity, equity, and inclusion (DEI) for all faculty, staff, and students. These programs should go beyond surface-level understanding and address systemic issues within the institution (Ellis & Kendal, 2021). In developing and enforcing policies that align with the institution's mission of promoting social justice, leaders must ensure that these policies prioritize inclusivity and actively address disparities in access and representation. The words of The University's' mission statements all speak of knowledge, and increasing social justice, but the actions do not reflect that. In essence, addressing the learning environment is a pivotal step in navigating transformative change within institutions, ensuring that actions align with the professed values of social justice and inclusivity.

In order to address individuals threatened by change the institution needs to establish clear communication channels to address concerns and misconceptions among stakeholders who may feel threatened by proposed changes (Chapman, 2002). To prevent the absence of an explicitly stated theory of change, it becomes imperative to adopt an alternative approach. Often, initiatives' language and practices are subsumed within prevailing or majority narratives, necessitating a distinct strategy to counteract this phenomenon (Patel, 2015). When there isn't a

clearly defined theory of how change will occur, the language and practices associated with initiatives tend to get overshadowed or merged into the dominant narratives or perspectives (Patel, 2015). This can dilute the unique identity and impact of the initiative. Therefore, by articulating a clear theory of change and adopting a distinct approach, organizations can ensure that their efforts towards inclusion and change remain authentic and effective, rather than being absorbed into broader, potentially less impactful narratives (Patel, 2015). Lastly, there must be collective efforts made with various change agents. Fostering a culture of bravery and transparency by encouraging stakeholders to articulate their vision for change boldly and explicitly.

Platforms should be provided for marginalized voices to be heard and actively incorporate their perspectives into the decision-making process. Patel (2015) mentions that for the long term, we must also begin to articulate more clearly, more bravely, what we seek to change, from the vantage point of higher education, in a "post-racial" society that is as racially identified, segregated, and hobbled by discrimination as it has ever been in its colonial history. Collaborating with community organizations, advocacy groups, and other institutions to amplify efforts towards creating a more equitable and inclusive environment. By addressing these three key aspects—learning environment, individuals threatened by change, and collective efforts of change agents—a medical institution can pave the way for successful innovation that not only aligns with its mission, but also promotes diversity, equity, and inclusion in healthcare education and practice. In this multi-modal approach Emily understood that she had the final say within the SOM and made bureaucratic decisions. However, Joseph used his influence and political approach to convince the university-level leadership, maybe without knowing it or being fully aware. Joseph understood that as risk takers, they could not be risk averse.

Implications for Future Research

Aligned with the discussion above that highlights this study's contributions to the body of knowledge on transformative organizational change and promoting healthcare equity for all, there must be a reconsideration about how to approach transformative change theory and research. Combining the Institutional Culture and Context Framework (Eckel et al., 1998) and the Five Core Strategies Framework (Eckel & Kezar, 2002) provides a comprehensive approach to understanding and implementing transformational change within higher education institutions. While the Institutional Culture and Context Framework (Eckel et al., 1998) illuminates the broader context of institutional culture and its impact on change, the Five Core Strategies Framework (Eckel & Kezar, 2002) offers specific strategies necessary for successful transformation. By integrating these frameworks, I examined both the nature of change within the organization and the essential strategies required to navigate and influence that change effectively. This combined approach enabled a deeper understanding of the dynamics at play in fostering transformative change within higher education institutions, emphasizing the importance of addressing both cultural context and strategic implementation for lasting impact.

To enhance the two theoretical frameworks I've merged, I propose adding Innovators as Risk Takers at the core of the Culture and Context Framework and the Five Core Strategies Framework (see figure 4). In the Potter and Devecchi (2020) book, *Delivering Educational Change in Higher Education,* there is a reader response by Shelleyann Scott, and she brings up risk-taking. She mentions that care is essential in the messaging regarding risk-taking as it might be counterproductive to trust-building if leaders are punished for mistakes. Scott (2020) states, "…leaders have the unenviable task of maintaining a balance between (1) successfully driving change while (2) caring for the change implementers (3) fostering risk-taking; and (4) using

lessons learned from mistakes for further knowledge mobilization and innovation." "We essentially need the 'right people' in leadership, who can keep their eye on the big picture while keeping a relational focus on the people who embody the culture" (Manning, 2020, p. 79). Incorporating Innovators as Risk-takers within the proposed theoretical framework acknowledges the importance of these individuals in driving transformative change. By recognizing their contributions and characteristics, organizations can better understand and leverage the dynamics involved in change processes, ultimately enhancing their capacity for innovation and adaptation.

Rogers (1962) defines innovators as the smallest percentage of the population at 2.5%. They are the first people to adopt the innovation. They take risks, tend to be young, and have upper-class standing. They have the financial means to take the risk on a new product or innovation. Innovators are people who want to be the first to try innovation. They are venturesome and interested in new ideas (Rogers, 1962). These people are very willing to take risks and are often the first to develop new ideas. Very little, if anything, needs to be done to appeal to this population (Rogers, 1962) (see Figure 4). Overall, innovators play critical roles in driving progress and facilitating the diffusion of innovation throughout society. Their openness to change, willingness to take risks, and ability to influence others are essential for driving forward positive transformation and fostering a culture of innovation. In my case study, I didn't apply this concept to an individual but to the institution. The University and SOM were the Innovators as they were the only medical school in the country to admit DACA medical students.

Figure 4. Theory of Innovative and Transformational Change

This is crucial because, going forward, research that undertakes a similar process is going to need a framework that encompasses all factors without being so unwieldy. The DI would not have survived without there having been a risk-taker and the institution serving as the Innovator. In my findings, I called the risk-takers DACA Champions, specifically, talking about Emily and Joseph. The University and SOM did not hire new staff to spearhead the DI. It is unrealistic to create a program without the appropriate staff, but it is realistic for institutions to make resources stretch.

Roberto, an administrator 1, said, "The University has not been the greatest supporter from day one…They basically said, you should all stop. And it took Joseph who really convinced the University's president not to stop it." Roberto furthered this when he said, "Emily along with Joseph are the creators of the DI. But it was Emily's neck on the line, not Joseph's." Adding innovators and risk-takers to the Institutional Culture and Context Framework and the Five Core Strategies Framework is crucial for several reasons. Including this layer acknowledges the importance of individuals who embody these qualities in driving transformative change within higher education institutions.

Moreover, Rogers' (1962) delineation of innovators emphasizes the role of these individuals in the adoption and diffusion of innovations. Innovators, comprising the smallest percentage of the population, are crucial for initiating change by taking risks and embracing new ideas. Recognizing and involving these individuals as part of the change process can accelerate the adoption of new practices and initiatives.

In the DI context discussed in this study, the presence of innovators and risk-takers, —in this case the DACA Champions—was instrumental in its success. Individuals like Emily and Joseph demonstrated leadership by spearheading the initiative despite initial resistance from the university. Their willingness to take risks and champion the cause ultimately persuaded key stakeholders to support the initiative, highlighting the pivotal role of such individuals in driving transformative change.

Furthermore, acknowledging the contributions of innovators and risk-takers in implementing initiatives like the DI underscores the importance of leveraging existing resources and personnel within institutions. While hiring new staff may not always be feasible, identifying, and empowering individuals within the organization who possess these qualities can effectively

drive change initiatives forward. Incorporating this layer into the theoretical framework not only provides a more comprehensive understanding of the dynamics involved in transformative change, but also offers practical insights for institutions seeking to navigate complex change processes. By recognizing and leveraging the contributions of innovators and risk-takers, institutions can better position themselves to successfully implement and sustain transformative initiatives while maximizing existing resources.

Study Evaluation

The objective of this study was to share the lived experiences of DACA medical students at the SOM and to determine if the DI led to transformative organizational change at SOM and The University level, particularly in its acceptance and support of DACA medical students. In addition, to examining the evolution of the SOM's financial operations to support these students. Building on prior research focused on medical student experiences, this dissertation aims to empirically assess the impact of the DI on organizational change at SOM. These experiences can only account for a small number of possible experiences. Again, in doing research like this, I hope the understanding of organizational change will be extended to include the experiences of students with DACA status and the variation of those experiences.

Being Hispanic

During the recruitment process for this study, I encountered a prevalent misconception that all DACA recipients are Hispanic, which prompted me to reflect on the importance of inclusivity in research. Interpretivism, the theoretical framework guiding this study, emphasizes the exploration of diverse perspectives and experiences inherent in organizational change (Crotty, 1998). Despite my initial concern about the predominance of Hispanic participants, I realized that the responses I received were primarily from individuals with whom I had

established close relationships. The journey of recruiting participants for this study led me to confront a common misconception regarding DACA recipients, highlighting the critical need for inclusivity in research practices. Guided by the interpretivist framework (Crotty, 1998), which underscores the value of exploring diverse perspectives in organizational change efforts, I came to recognize that the predominance of Hispanic participants stemmed from the close relationships I had fostered rather than from any inherent bias in the study's design. This realization underscores the importance of actively seeking out and embracing diverse voices to enrich the depth and authenticity of research endeavors.

Interpretivism aims to uncover hidden aspects of phenomena by delving into their real-world context (Crotty, 1998). In this study, I examined DI within the SOM community, acknowledging the multifaceted nature of organizational change influenced by social, cultural, and historical factors. Through an interpretivist lens, I engaged in sense-making to understand the social constructions and contextual influences shaping individuals' perceptions and interactions within the organization (Crotty, 1998). Additionally, as an insider to the SOM community, I remained mindful of potential biases and preconceptions, approaching data collection and analysis with reflexivity to critically examine my own positionality and its impact on the interpretation of findings.

Trustworthiness

I followed through on my research plan in recruiting DACA medical students who had previously attended the SOM, Key Personnel from the SOM and The University, and three of the five financial institutions that provided funding to DACA medical students. I provided students with consent forms (see Appendix E), interview descriptions (see Appendices F and G), and eventually I will write a data report and share it with the participants and ask them if the data

report is an accurate reflection of their focus group or interview. Since I performed the study alone, I used member checking, also known as respondent or participant validation, which is the process of soliciting feedback from one's participants or stakeholders about one's data interpretations (Birt et al., 2016; Doyle, 2007). I kept a journal of research, but more than that, I genuinely engaged in vulnerable reflection.

Upon reflecting on the analysis process, it becomes apparent that signs of bias and influence stemming from my insider status may have surfaced. To address this, I implemented a reflexive journaling practice after each interview and focus group session. This enabled me to acknowledge and critically reflect on the potential impact of my insider status on the research process, emphasizing the importance of maintaining integrity and validity in my findings. This ongoing self-assessment was crucial for ensuring transparency and mitigating any undue influence on the data collection and analysis process.

Conclusion

The narrative of The University's journey towards supporting DACA medical students is characterized by various themes, reflecting both intentional and unintentional cultural shifts within the institution. Theme 1, "Feeling Welcomed," highlights proactive diversity initiatives aligned with Jesuit values, fostering an environment of inclusivity and support for DACA students. Conversely, "Feeling Unwelcomed" underscores ongoing efforts needed to ensure a truly inclusive environment amid increasing competition from other institutions. "Visible Action" showcases The University's public support for DACA students, juxtaposed with internal hesitations and challenges, as depicted in the "Inaction" theme. Despite these hurdles, SOM remained committed to supporting DACA students, navigating financial complexities while fostering transformative partnerships with various financial institutions. "Inflexible

Commitment" and "Flexible Commitment" delve into The University's challenges in balancing financial constraints with ethical commitments, highlighting the institution's dedication to supporting DACA students despite bureaucratic hurdles and financial uncertainties. Overall, the DI initiatives have not only reshaped its institutional culture but have also sparked broader conversations about diversity in the medical field. The narrative underscores the resilience of DACA students and the transformative impact of inclusivity efforts in healthcare.

Increased diversity among medical students is often linked to improved access to healthcare for marginalized communities, including those with low incomes, racial and ethnic minorities, non-English speakers, and individuals with Medicaid (Marrast et al., 2013). The DI implemented at the SOM has led to a rise in underrepresented in medicine (URiM) medical students, which is expected to enhance overall healthcare accessibility for these populations. Ensuring the development and support of innovative medical school programs that contribute to access and equity is crucial for diverse communities nationwide. The success of a new program hinges on whether the culture, policies, and practices of an institution can adapt sufficiently to yield meaningful outcomes for the targeted population (Kezar, 2011; López et al., 2022). Therefore, my research questions play a vital role in understanding the potential transformative impact of the DI on SSOM, investigating financial changes within the institution, and exploring factors contributing to the sense of belonging and inclusion of DACA students. Ultimately, addressing these broader issues is essential for advancing diversity, access, and equity in medical education and healthcare.

The findings of this study contribute significantly to the broader literature on transformative organizational change, particularly within the context of higher education institutions and medical education. The study confirms the theoretical frameworks of

Institutional Culture and Context and the Five Core Strategies by highlighting the nuanced dynamics of institutional change, the challenges faced in promoting diversity and inclusion, and the essential strategies required for successful transformation. However, it also deviates from these frameworks by proposing an additional layer for Innovators and Risk Takers, acknowledging their pivotal role in driving change within organizations.

By integrating the Institutional Culture and Context Framework with the Five Core Strategies Framework and adding an intermediary layer for Innovators and Risk Takers, this study offers a comprehensive approach to understanding and implementing transformative change. This combined framework provides insights into the broader context of institutional culture, the specific strategies necessary for successful transformation, and the crucial role played by individuals who embody qualities such as risk-taking and innovation.

The presence of Innovators and Risk Takers—referred to as DACA Champions in the context of this study—was instrumental in the success of initiatives like the DI. These individuals demonstrated leadership by spearheading initiatives despite initial resistance, ultimately persuading key stakeholders to support transformative change efforts. Moreover, recognizing and empowering these individuals within institutions can accelerate the adoption of new practices and initiatives while maximizing existing resources. By incorporating this layer into the theoretical framework, institutions can better navigate complex change processes and drive sustainable transformation.

In conclusion, this study contributes to a deeper understanding of the dynamics of transformative change within higher education institutions, offering practical insights for policymakers, administrators, and practitioners seeking to promote diversity, equity, and inclusion. By embracing the contributions of Innovators, Early Adopters, and Risk Takers,

institutions can foster environments that celebrate diversity, drive innovation, and promote social justice in healthcare education and beyond.

APPENDIX A

RECRUITMENT EMAIL FOR DACA ALUMNI

Hello,

My name is Cynthia Chaidez, and I am a doctoral student at Loyola University Chicago's Graduate School of Education. I am contacting you to participate in a study I am conducting about the DACA Initiative.

In this research, I will specifically explore if, through the DI, SOM organizationally underwent transformative change in its efforts to increase the acceptance and support of DACA medical students. In addition, to looking at the evolution of the financial operations at SOM to support these students.

If you are interested in participating:

- I will email you a **consent form**, as is required for research involving human subjects. You will have an opportunity to review it and asking me any questions before signing and returning it.

- If you consent, we will **schedule an approximately 60-75-minute focus group** to be held via Zoom.
- If you agree, I would like to **record the focus group** so that I may focus on understanding your responses.

- **Questions will focus on your experience with changes at SOM as a result of the DACA Initiative**

If you choose to participate, you will receive **monetary compensation** at the end of the interview in the form of a **$100 Amazon gift card**. Please know that your participation is completely voluntary, and you are free to leave the focus group at any time or not answer any question. Your **identity will be kept confidential** and in reporting results, a pseudonym, of your choosing, will be used in order to protect your privacy while reporting.

I understand that you are very busy, so your participation is greatly appreciated. Please let me know if you have any questions or concerns. Thank you for your time and consideration.

APPENDIX B

RECRUITMENT EMAIL FOR KEY PERSONNEL FROM LEADERSHIP AND ADMINISTRATORS

Hello,

My name is Cynthia Chaidez, and I am a doctoral student at Loyola University Chicago's Graduate School of Education. I am contacting you to participate in a study I am doing about the DACA Initiative (DI) and its impact on the experiences of DACA medical students, staff, and the school as a whole.

In order to be eligible for participation you must:

1. Were you involved in the implementation of the DI?

If you are interested in participating:

- I will email you a **consent form**, as is required for research involving human subjects.
- If you consent, we will **schedule an approximately 60-75-minute focus group** to be held via Zoom.
- If you agree, I would like to **record the focus group** so that I may focus on understanding your responses.

- **Questions will focus on your experiences with the DACA Initiative.**

If you choose to participate, you will receive **monetary compensation** at the end of the interview in the form of a **$100 Amazon gift card**. Please know that your participation is completely voluntary, and you are free to leave the study at any time. Your **identity will be kept confidential** and a pseudonym, of your choosing, will be used in order to protect your privacy. I understand that you are very busy, so your participation is greatly appreciated. Please let me know if you have any questions or concerns. Thank you for your time and consideration.

APPENDIX C

RECRUITMENT EMAIL FOR KEY FIVE FINANCIAL INSTITUTIONS

Hello,

My name is Cynthia Chaidez, and I am a doctoral student at Loyola University Chicago's Graduate School of Education. I am contacting you to participate in a study I am conducting about the DACA Initiative.

In this research, I will specifically explore if, through the DI, SOM organizationally underwent transformative change in its efforts to increase the acceptance and support of DACA medical students. In addition, to looking at the evolution of the financial operations at SOM to support these students.

If you are interested in participating:

- I will email you a **consent form**, as is required for research involving human subjects. You will have an opportunity to review it and asking me any questions before signing and returning it.

- If you consent, we will **schedule an approximately 60-75-minute focus group** to be held via Zoom.
- If you agree, I would like to **record the focus group** so that I may focus on understanding your responses.

- **Questions will focus on your experience with changes at SOM as a result of the DACA Initiative**

If you choose to participate, you will receive **monetary compensation** at the end of the interview in the form of a **$100 Amazon gift card**. Please know that your participation is completely voluntary, and you are free to leave the focus group at any time or not answer any question. Your **identity will be kept confidential** and in reporting results, a pseudonym, of your choosing, will be used in order to protect your privacy while reporting.

I understand that you are very busy, so your participation is greatly appreciated. Please let me know if you have any questions or concerns. Thank you for your time and consideration.

APPENDIX D

INTERVIEW GUIDE – OPERATIONALIZING TOTC

Questions	Study Participant	5 Core Tenents of TOC Kezar & Eckel, (2002)	Institutional Culture & Context Eckel, Hill and Green (1998)	Framework Connections
1. Write down some words that to you represent SOM values. What did you say? Why did you say it?	DACA Alumni Students & Key Personnel of Leadership and Administrators & Financial Institutions	**Flexible Vision** leaders develop a "desirable" and flexible picture of the future that is clear and understandable and includes set goals and objectives related to the implementation of that picture.	**Underlying assumptions** are difficult to identify since only careful observers or cultural insiders can truly understand them.	Leaders develop goals and objectives for institutions that tie to the mission and its values. Values are difficult to identify but as employees and students of SOM, they can truly understand and explain those values.
2a. Describe in your own words what you understand to be the goals of the DI.	DACA Alumni Students & Key Personnel of Leadership and Administrators	**Flexible Vision** leaders develop a "desirable" and flexible picture of the future that is clear and understandable and includes set goals and objectives related to the implementation of that picture.	**Underlying assumptions** are difficult to identify since only careful observers or cultural insiders can truly understand them.	Leaders developed and implemented the DI with goals in mind that may have or not been conveyed by SOM to students and employees which could have made the future of the DI unclear.
2b. What do you know about the DI?	DACA Alumni Students & Key Personnel of Leadership and Administrators & Financial Institutions	**Visible Action** steps in the change process that are noticeable. Activities must be visible and promoted so that individuals can see that the change is important and continuing.	**Espoused values** are what we say, and what we promote, but not always, what we do.	The DI was an important initiative created by SOM. This visible initiative was promoted which may have changed students and employee's beliefs on what is good, works, and right in medical school.
3. You are DACA. When you first heard of the DI what were your reactions? As it relates to the DI, what did you expect when you got to SOM? Were your expectations met?	DACA Alumni Students	**Visible Action** steps in the change process that are noticeable. Activities must be visible and promoted so that individuals can see that the change is important and continuing.	**Underlying assumptions** are difficult to identify since only careful observers or cultural insiders can truly understand them.	The DI was created for DACA medical students. I want to know if SOM did a good job of promoting and making the DI visible so, that the DACA students knew that the change is important and continuing. As

				SOM medical students they served as insiders and would provide insight to the success or shortcomings of the DI.
4. How did it feel to work at/attend SOM during/after DI was implemented?	DACA Alumni Students & Key Personnel of Leadership and Administrators	**Flexible Vision** leaders develop a "desirable" and flexible picture of the future that is clear and understandable and includes set goals and objectives related to the implementation of that picture.	**Underlying assumptions** are difficult to identify since only careful observers or cultural insiders can truly understand them.	The DI aligns with SOM's Jesuit mission. I want to know SOM's patterns of perceiving, thinking, and feeling. The aim is to look at SOM's shared understanding and collective assumptions.
5. How did DI change your job or day-to-day?	Key Personnel of Leadership and Administrators & Financial Institutions	**Collaborative Leadership** the positional and nonpositional individuals throughout the campus are involved in the change initiative from conception to implementation.	**Espoused values**, are what we say, and what we promote, but not always what we do.	To initiate and implement the DI at SOM, collaboration among leadership, faculty, and staff was required. I want to know how key personnel collaborated and what needed to change in their day-to-day to implement the DI.
6. Were you invited to participate in a committee or work group related to DI?	DACA Alumni Students & Key Personnel of Leadership and Administrators	**Faculty and staff development** a set programmatic effort to offer opportunities for individuals to learn certain skills or knowledge related to issues associated with the change effort.	**Artifacts** can be processes that form the landscape of the institutions culture.	The DI required programmatic efforts from key personnel at SOM and beyond to inform the University and hospital of the DI. I want to know how information was disseminated and what opportunities were offered to LUHS and SOM key personnel and students to learn more about DI.

7a. What obstacles did you encounter while implementing the DI?	Key Personnel of Leadership and Administrators	**Senior Administrative Support** activities and structures that support the change efforts and might include hiring a person to oversee the effort, supplying a center, or a program with money or personnel.	**Espoused values**, are what we say, and what we promote, but not always what we do.	The DI like many other initiatives encounters obstacles along the way. I want to know how key personnel at SOM pivoted to support the change efforts.
7b. What obstacles did you face during medical school that were specific to your DACA status? And how did you observe SOM staff/faculty/ leadership working to address these obstacles (or not)?	DACA Alumni Students	**Senior Administrative Support** activities and structures that support the change efforts and might include hiring a person to oversee the effort, supplying a center, or a program with money or personnel.	**Underlying assumptions** are difficult to identify since only careful observers or cultural insiders can truly understand them.	The DI like many other initiatives encounters obstacles along the way. I want to know how DACA medical students were offered support during the change efforts at SOM. As students that experienced the DI firsthand, they would be able to provide insight.
8. Do you think the DI had other trickle-down effects at SOM?	DACA Alumni Students & Key Personnel of Leadership and Administrators	**Flexible Vision** leaders develop a "desirable" and flexible picture of the future that is clear and understandable and includes set goals and objectives related to the implementation of that picture.	**Underlying assumptions** are difficult to identify since only careful observers or cultural insiders can truly understand them.	When leadership developed the DI, they had a flexible picture of the future with specific goals and objectives. However, they have no way of predicting other potential outcomes until the DI was implemented. Key personnel and students can provide insight to other effects caused by the DI.
9. Why did your institution finance DACA medical students education?	Financial Institutions	**Flexible Vision** leaders develop a "desirable" and flexible picture of the future that is clear and understandable and includes set goals and objectives related to the implementation of that picture.	**Artifacts** can be processes that form the landscape of the institutions culture.	When leadership developed the DI, they had a flexible picture of the future with specific goals and objectives. However, they have no way of predicting other potential outcomes until the DI was implemented.

10. Tell me how you were involved.	Financial Institutions	**Collaborative Leadership** the positional and nonpositional individuals throughout the campus are involved in the change initiative from conception to implementation.	**Espoused values**, are what we say, and what we promote, but not always what we do.	To initiate and implement the DI at SOM, collaboration between SOM and financial institutions was required. I want to know what changed at these financial institutions and how the interviewee was involved in financing.
11. Tell me about your role.	Financial Institutions	**Visible Action** steps in the change process that are noticeable. Activities must be visible and promoted so that individuals can see that the change is important and continuing.	**Underlying assumptions** are difficult to identify since only careful observers or cultural insiders can truly understand them	To initiate and implement the DI at SOM, collaboration between SOM and financial institutions was required. It is important to understand the interviewees' role.
12. Tell me how your financial institution created and disbursed the loans. Tell me the story from beginning to end.	Financial Institutions	**Flexible Vision** leaders develop a "desirable" and flexible picture of the future that is clear and understandable and includes set goals and objectives related to the implementation of that picture.	**Underlying assumptions** are difficult to identify since only careful observers or cultural insiders can truly understand them	To initiate and implement the DI at SOM, collaboration between SOM and financial institutions was required. I want a descriptive narrative of how the finance institutions established a funding mechanism for DACA medical students.

APPENDIX E

INFORMED CONSENT EMAIL

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

Project Title: DACA Initiative Influences Transformative Organizational Change
Researcher(s): Cynthia Chaidez
Faculty Sponsor: Norma López and Demetri Morgan

Introduction:
You are being asked to take part in a research study being conducted by Cynthia Chaidez for dissertation research under the supervision of Drs. Norma López and Demetri Morgan in the School of Education at Loyola University Chicago.

You are being asked to participate because you are a SOM DACA alumni or key personnel from leadership and administration in SOM.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose:
The purpose of this study is to explore how the DACA Initiative (DI) transformed the School of Medicine as an organization. As a result of the DI, did the organizational changes implemented by SOM to accept and support DACA medical students result in transformative change for SOM? How did the financial operations of SOM evolve? What makes DACA students feel welcomed at an institution and how did SOM evolve to make them feel welcomed?

Procedures:
If you agree to be in the study, you will be asked to:

*Participate in a 60–75-minute focus group. You will receive specific information via email about how to prepare prior to the interview. You will be asked to relate to your experiences as a current or former DACA student in medical school through a lens of intersectionality. Time will be mutually agreed upon and interviews will be conducted via phone call, video conference, or in person. You will be emailed to schedule this interview. If you consent, the interview will be voice recorded to obtain highly accurate transcriptions of the interview. If you would like to participate in the interview but not be recorded, please check the box below.

- ☐ Yes, I agree to audio recording
- ☐ No, I do not agree to audio recording

Risks/Benefits:
I cannot guarantee to safeguard privacy and confidentiality as I cannot control the behavior of other participants in each focus group. I will emphasize the importance of not discussing what was said in the focus groups outside the focus group to all study participants. Thus, there are known risks to the study which is that a focus group member might repeat what study participant said in the study to someone else. There is a risk of breach of confidential

information.

Compensation:
For your participation you will receive a monetary compensation after the interview in the form of a $100 Amazon gift card. If you complete half of the interview, you will receive compensation.

Confidentiality:
During the interview, you will be asked to choose a pseudonym to be used for all written material. Once your interview is matched to your pseudonym, all references to your information will be using this pseudonym. All transcripts of interviews, documents, notes, and audio recordings will be saved in a secure location and on a password protected computer. Access to files will be restricted and only used for research purposes. Anonymous data from this study will be analyzed and reported to the dissertation committee, Dr. Norma López, Dr. Demetri Morgan, Dr. Mark Kuczewski, and Dr. Emily Anderson.

Audio-recordings, real names, and contact information will be destroyed upon completion of the research. Consent forms will be stored separately from the data and kept indefinitely as per Loyola's policy. Transcripts, using pseudonyms only, will be stored separately as well and kept for 10 years.

Voluntary Participation:
Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty.

Contacts and Questions:
If you have questions about this research study, please feel free to contact Cynthia Chaidez at cchadiez@luc.edu or the faculty sponsor Norma López at nlopez12@luc.edu.

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

APPENDIX F

INTERVIEW PROTOCOL DACA ALUMNI

Introduction to Researchers

• Before interview
    - Email "Informed Consent Form" and explanation of terms and preparation information

Script to be read before each interview:

Hello, my name is Cynthia Chaidez, and I am a doctoral student in the higher education program at Loyola University Chicago (LUC). In this research, I will specifically explore if, through the DI, SOM organizationally underwent transformative change in its efforts to increase the acceptance and support of DACA medical students. In addition, to looking at the evolution of the financial operations at SOM to support these students.

As I mentioned in our email exchange, I will be recording this focus group. Is that still acceptable? The interview should take about 60-75 minutes. Neither your name nor any identifying information will be used in any written material. If at any time during this interview, you wish to end the conversation, please let me know. Please tell me what pseudonym you have chosen?

I would like to give you a sense of how the interview will go. I will begin with general questions about your background and how you started working at SOM. Then move on to how the DACA Initiative transformed the way you viewed medical education and the SOM DACA experience. In addition, to looking at downstream effects. Some will be the same after each story and others will be clarifying questions and will vary. To be clear, there are no right or wrong answers, the interview goal is to understand your lived experience and should feel like a conversation.

If you experience emotional or psychological discomfort in recounting these stories, the number for the counseling department on your campus is (**fill in for each student's campus**).

Interview Questions

1. Write down some words that to you represent SOM values. What did you say? Why did you say it?
2. What do you know about the DI?
3. What do you think were the goals of the DI?
4. You are DACA. What did you think of the DI? Were your expectations met?
5. How did it feel to work/attend at SOM after DI was implemented?
6. Were you invited to participate in a committee or work group to keep up with the changes of DI?
7. What do you think changed about SOM?
8. What obstacles did you encounter while implementing the DI?

Notes for Interviewer

If you hear of unfair treatment to DACA alumni by key personnel from leadership and administration remain neutral and don't get upset. There is nothing you could have done.

APPENDIX G

INTERVIEW PROTOCOL KEY PERSONNEL OF LEADERSHIP AND ADMINISTRATION

Introduction to Researchers

- Before interview
  - Email "Informed Consent Form" and explanation of terms and preparation information

Script to be read before each interview:

Hello, my name is Cynthia Chaidez, and I am a doctoral student in the higher education program at Loyola University Chicago (LUC). I am working on this research project for my dissertation proposal. In this research, I will specifically explore if, through the DI, SOM organizationally underwent transformative change in its efforts to increase the acceptance and support of DACA medical students. In addition, to looking at the evolution of the financial operations at SOM to support these students.

As I mentioned in our email exchange, I will be recording this interview. Is that still acceptable? The interview should take about 60-75 minutes. Neither your name nor any identifying information will be used in any written material. If at any time during this interview, you wish to end the conversation, please let me know. Please tell me what pseudonym you have chosen?

I would like to give you a sense of how the interview will go. I will begin with general questions about your background and how you started working at SOM. Then move on to how the DACA Initiative transformed the way you viewed medical education and the SOM DACA experience. In addition, to looking at downstream effects. Some will be the same after each story and others will be clarifying questions and will vary. To be clear, there are no right or wrong answers, the interview goal is to understand your lived experience and should feel like a conversation.

If you experience emotional or psychological discomfort in recounting these stories, the number for the counseling department on your campus is (**fill in for each student's campus**).

Interview Questions

1. Write down some words that to you represent SOM values. What did you say? Why did you say it?
2. What do you know about the DI?
3. What do you think were the goals of the DI?
4. How did it feel to work/attend at SOM after DI was implemented?
5. Were you invited to participate in a committee or work group to keep up with the changes of DI?
6. How did DI change your job or day-to-day?
7. What do you think changed about SOM?
8. What obstacles did you encounter while implementing the DI?

Notes for Interviewer

If you hear of unfair treatment to DACA alumni by key personnel from leadership and administration remain neutral and don't get upset. There is nothing you could have done.

APPENDIX H

INTERVIEW PROTOCOL FINANCIAL INSTITUTIONS

Introduction to Researchers

- Before interview
  - o Email “Informed Consent Form” and explanation of terms and preparation information

Script to be read before each interview:

Hello, my name is Cynthia Chaidez, and I am a doctoral student in the higher education program at Loyola University Chicago (LUC). I am working on this research project for my dissertation proposal. In this research, I will specifically explore if, through the DI, SOM organizationally underwent transformative change in its efforts to increase the acceptance and support of DACA medical students. In addition, to looking at the evolution of the financial operations at SOM to support these students.

As I mentioned in our email exchange, I will be recording this interview. Is that still acceptable? The interview should take about 60-75 minutes. Neither your name nor any identifying information will be used in any written material. If at any time during this interview, you wish to end the conversation, please let me know. Please tell me what pseudonym you have chosen?

I would like to give you a sense of how the interview will go. I will begin with general questions about your background and how your institution first developed a relationship with the School of Medince. Then move on to how the DACA Initiative transformed the way you viewed medical education. In addition, to looking at downstream effects. Some will be the same after each story and others will be clarifying questions and will vary. To be clear, there are no right or wrong answers, the interview goal is to understand your lived experience and should feel like a conversation.

If you experience emotional or psychological discomfort in recounting these stories, the number for the counseling department on your campus is (**fill in for each student’s campus**).

Interview Questions

1. Write down some words that to you represent SOM values. What did you say? Why did you say it?
2. What do you know about the DI?
3. What do you think were the goals of the DI?
4. How did DI change your job or day-to-day?
5. Why did your institution finance DACA medical students education?
6. Tell me how you were involved.
7. Tell me about your role.
8. Tell me the story from beginning to end.

APPENDIX I

RESEARCHER REFLEXIVE JOURNAL

Label each with the date and include any thoughts or reflections that have occurred to you after the interview. Include any thoughts or reflections on the process. How you feel about the memories or thoughts these interviews evoke. Additionally, use this space to distinguish your thoughts, memories, and feelings from those of the participants, specifically when it appears that your experiences feel similar.

Below is an example.
1/22/23

Follow-up – I remembered hearing a DACA medical student get a lower grade due to them having an accent. I forgot not to look upset and remain neutral. Keep that in check.

Process – I have realized I haven't thought about some of this in a very long time. This makes me feel upset.

Distinguishing factors – When the participant spoke about their family housing relatives, it reminded me of my own family's values. But the difference in how we viewed this similar experience was vast. I viewed it as helpful in overcoming obstacles because I could go to different people for different needs. The participant felt differently in the following ways.

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VITA

Dr. Chaidez was raised in Chicago, the daughter of a Mexican-born immigrant father and a mother from a small rural town in Texas. She attended a public elementary school in Chicago, fulfilling her parents' dream of obtaining an education, as they had not finished high school. As the family learned about opportunities beyond secondary education, their aspirations grew higher. Dr. Chaidez graduated from Cristo Rey Jesuit High School and went on to attend Dominican University, where she earned a Bachelor of Arts in Political Science and Pre-Law. She discovered her passion for higher education while working at Loyola's Stritch School of Medicine at the age of 14, beginning as a work-study intern, a requirement of her high school.

Subsequently, Dr. Chaidez focused on expanding her professional experience in higher education. She transitioned from the Neiswanger Institute of Bioethics to the Leischner Department of Medical Education, aligning more closely with her professional goals of beginning a Master of Health Professions Education, where she would teach physicians and healthcare professionals how to teach. During this period, Dr. Chaidez felt the need for more time to learn about and process educational theory and practice. This prompted her to enter the PhD program at Loyola University Chicago, where she ultimately earned her doctorate.

Dr. Chaidez's research is focused on spearheading transformative organizational change within higher education, particularly in medical schools. Her research delves deep into strategies aimed at implementing positive shifts within educational institutions. With a keen interest in organizational dynamics, she explores innovative approaches to foster inclusive learning environments and promote equity across all aspects of academic life.

Her focus extends to driving systemic changes that address structural inequalities and promote diversity, equity, and inclusion within medical education. By championing anti-racist pedagogy practices, she aims to cultivate a culture of understanding, empathy, and cultural competence among future healthcare professionals, ultimately enhancing patient care and outcomes. In addition, to her research endeavors, Dr. Chaidez is deeply committed to mentorship, recognizing its transformative potential in nurturing talent and fostering professional growth. Through mentorship programs, she actively contributes to shaping the next generation of leaders and change agents, guiding them on their journey to enact meaningful transformations within their organizations and beyond.