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Toward More Inclusive Healthcare Organizations: Lessons from a Participatory Case Study and a Conceptual Framework Proposal

Vers des établissements de santé plus inclusifs : leçons apprises d'une étude de cas participative et proposition d'un cadre conceptuel

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Keywords

participatory approach; health sector; stakeholders; EDI plan; historically marginalized groups

Abstract

Introduction: Inequalities and discrimination against historically marginalized groups (HMGs) persist in Quebec's (Canada) healthcare system. In response, healthcare institutions have implemented equity, diversity, and inclusion (EDI) initiatives based on diverse experiences, but these efforts remain insufficiently analyzed and documented. **Objective:** This article documents an initiative that led to the development of an EDI action plan in a healthcare institution in Quebec. The article aims to identify lessons learned from a participatory approach with stakeholders in developing such an EDI plan. **Method:** Single, instrumental case study design informed by conceptual perspectives on inclusive organization, stakeholder participation, and the organizational learning process. **Results:** The findings highlight several key lessons from the hospital's participatory approach, including the importance of knowledge sharing and communicating opportunities for EDI development, consulting healthcare staff about their EDI experiences, and co-constructing a shared understanding through collaborative decision-making processes. These elements ultimately supported the institutionalization of the approach and the adoption of an EDI action plan. **Discussion and Conclusion:** The article proposes a reference framework for a participatory approach and organizational learning process in EDI. This framework contributes to advancing both theoretical and practical knowledge in the field.

Résumé

Introduction : Des inégalités et des situations de discrimination envers les personnes des groupes historiquement marginalisés (GHM) persistent dans le milieu de la santé au Québec (Canada). C'est face à ce constat que des démarches en équité, diversité et inclusion (EDI) issues d'expériences diversifiées dans les établissements de santé ont été entreprises, lesquelles sont toutefois encore peu analysées et documentées. **Objectif :** L'objectif de cet article est de documenter une démarche menant à l'élaboration d'un plan d'action EDI dans un établissement de santé au Québec. Il vise à répertorier les apprentissages pouvant émerger d'une démarche participative avec les parties prenantes dans l'élaboration d'un tel plan EDI. **Méthode :** Une étude de cas unique et instrumentale, et des approches conceptuelles sur l'organisation inclusive, la participation des parties prenantes et le processus d'apprentissage organisationnel ont été mobilisées. **Résultats :** Les principaux apprentissages de la démarche participative du centre hospitalier reposent sur l'importance de partager des connaissances et de communiquer les possibilités de développement en EDI, de consulter le personnel de la santé et d'interpréter leurs expériences en EDI et, enfin, de co-construire une compréhension commune par des actions et mécanismes de décision menant à l'institutionnalisation de la démarche et à l'adoption d'un plan d'action en matière d'EDI. **Discussion et conclusion :** Un cadre de référence pour une démarche participative et un processus d'apprentissage organisationnel en EDI est proposé pour contribuer à l'avancement des connaissances sur les plans théorique et pratique.

Mots-clés

démarche participative; secteur de la santé; parties prenantes; plan EDI; groupes historiquement marginalisés

INTRODUCTION

Despite advances in efforts to reduce discrimination within healthcare organizations, inequities continue to affect individuals from historically marginalized groups (HMGs), including women, Indigenous Peoples, members of visible and ethnic minorities, and persons with disabilities. These populations, recognized under the “Act respecting equal access to employment in public bodies” (CQLR, c. A-2.01), remain exposed to systemic discrimination and structural barriers in workplace settings. In addition, academic and health institutions increasingly acknowledge individuals of sexual and gender diversity (2SLGBTQ+) as part of these groups. However, there is no universally accepted definition of HMGs, as the concept is highly context-dependent and shaped by historical, social, sector-specific factors (Centre intégré de santé et de services sociaux de Laval, 2025; Université de Moncton, 2024; Université Laval, 2026).

These structural dynamics are reflected in empirical studies documenting persistent inequities across education, workforce participation, and healthcare delivery. A substantial body of literature indicates that individuals from HMGs remain underrepresented in medical programs (Bahrini, 2022) and across health professions (Nguyen et al., 2023). Within academic contexts, persistent systemic inequities and biases continue to affect compensation, career progression, and representation across medical specialties (Blanchet Garneau et al., 2021; Tricco et al., 2021). These disparities extend to health delivery, where inequitable access to services tailored to the needs of people from HMGs has been consistently documented (Daley, 2020; Kalich et al., 2016; Kurzawa et al., 2022).

Moreover, the health workforce often lacks diversity and fails to reflect the sociodemographic composition of the populations it serves (Khuntia et al., 2022; Pearson et al., 2007; Rosenkranz et al., 2021). Collectively, these findings underscore the need for critical analyses of broader systemic and societal forces, such as racism, sexism, and ableism, that influence the social determinants of health and perpetuate inequitable social and

economic relations among groups (Public Health Agency of Canada, 2020).

In response to these persistent and systemically rooted inequities, healthcare organizations have implemented a range of equity, diversity, and inclusion (EDI) initiatives. The literature, predominantly originating from the United States, suggests that certain promising practices can positively influence quality of care, organizational performance, and staff members’ sense of belonging (Kayingo et al., 2022; Kline, 2019). In particular, the development and implementation of EDI policies and action plans (Leslie Dan Faculty of Pharmacy, 2021; North York General Hospital, 2022; Pino-Jones et al., 2021) have been associated with the promotion of organizational climates characterized by trust and inclusivity (Downey et al., 2015), as well as with increased representation and more equitable recruitment and compensation processes for individuals from HMGs (Pino-Jones et al.).

For several years, ministerial guidelines in Quebec (Canada) have encouraged healthcare institutions to implement action plans targeting specific populations such as people with disabilities (Ministère de la Santé et des Services sociaux, 2025). In response, numerous institutions have adopted policies related to EDI (Centre intégré de santé et de services sociaux de Laval, 2025; Centre intégré universitaire de santé et de services sociaux de l’Estrie – Centre hospitalier universitaire de Sherbrooke, 2022; Centre intégré universitaire de santé et de services sociaux de l’Ouest-de-l’Île-de-Montréal, 2022). Nevertheless, tragic events associated with systemic racism toward Indigenous Peoples (Froese, 2025; Josselin, 2021) have raised persistent concerns regarding cultural safety in healthcare settings and have reignited debates on the effective implementation of these EDI measures.

Despite these efforts, to our knowledge, few studies have documented organizational EDI practices in healthcare organizations in Quebec (Luasa et al., 2023). Evidence from studies conducted in the United States, however, provides relevant insights into the conditions that support the successful implementation of such initiatives in healthcare settings. These studies highlight the importance of staff engagement in the change

process, particularly the inclusion of individuals from marginalized groups (Dorsey et al., 2022; Stanford, 2020). They also emphasize the need to allocate sufficient time to these processes, including the creation of dedicated spaces for sensitive discussions during working hours (Lingras et al., 2023). In addition, strong commitment from senior leadership has been identified as a critical factor (Downey et al., 2015; Kline, 2019; Lingras et al.; Rosenkranz et al., 2021), alongside the establishment of committees representing diverse stakeholders (Lingras et al.; South-Paul et al., 2013) and the designation of individuals responsible for overseeing implementation (Pino-Jones et al., 2021; Shahi et al., 2019). Finally, literature underscores the importance of adapting initiatives in their specific organizational contexts (Khuntia et al., 2022) and embedding them within an organizational learning framework that actively involves staff from HMGs (d'Agincourt-Canning et al., 2024; Gillespie et al., 2018; Kayingo et al., 2022; Pearson et al., 2007).

OBJECTIVE

Given the need to advance the implementation of EDI measures in healthcare organizations and to generate knowledge grounded in diverse experiential perspectives, this article aims to document a recent participatory process involving multiple stakeholders that led to the development of an EDI action plan in a healthcare organization. The research question guiding this study was: "What lessons can be drawn from a participatory stakeholder process in the development of an EDI plan in a health and social services organization?" To address this question, this study adopted a case study design focusing on the *Centre hospitalier universitaire de Québec – Université Laval* (CHU), a large healthcare organization comprising five hospitals and employing approximately 13,000 staff members. In January 2023, the CHU initiated a process to develop an EDI action plan integrated into its broader strategic planning. This case is particularly relevant, as the initiative was grounded in a participatory approach and reflected several conditions for success documented in the literature. Drawing on the case study methodology (Dahl et al., 2020; Yin, 2018) and informed by

conceptual frameworks related to stakeholder participation, and organizational learning processes (Akhmouch & Clavreul, 2017; Crossan et al., 1999; Galindo & Surply, 2013; Massari et al., 2023; Palmer et al., 2022; Rosetti et al., 2022) and inclusive organizations (Adamson et al., 2021; Brière et al., 2022; Ferdman & Deane, 2014; Shore et al., 2018), this article analyses the lessons learned from the development of the CHU's EDI action plan. The discussion culminates in the proposal of a conceptual framework that contributes to both theoretical and practical advances in the field.

METHOD

CONCEPTUAL APPROACHES

The conceptual framework guiding this study integrates insights from works on participatory approaches and organizational learning (Akhmouch & Clavreul, 2017; Crossan et al., 1999; Galindo & Surply, 2013; Massari et al., 2023; Palmer et al., 2022; Rosetti and al., 2022). This body of literature is particularly relevant, as it identifies steps for engaging stakeholders in projects and change initiatives.

A first step in stakeholder engagement is communication – namely, the sharing of relevant information and data, the strengthening of stakeholders' knowledge, and the encouragement of their identification with the initiative and willingness to act (Akhmouch & Clavreul, 2017). This process of information sharing (Rosetti et al., 2022) combined with a co-production of knowledge (Palmer et al., 2022) constitutes the first step of co-creation. It aims to incorporate stakeholders' knowledge and foster a shared understanding of complex problems. In turn, it supports organizational learning, whereby individual intuitions contribute to collective knowledge development and the identification of opportunities for action and improvement (Crossan et al., 1999; Galindo & Surply, 2013).

The second step involves consulting stakeholders to elicit their perceptions, interpretations, and experiences within their specific contexts, and to synthesize these

contributions (Akhmouch & Clavreul, 2017; Crossan et al., 1999; Galindo & Surply, 2013). By giving stakeholders a voice, this step is central to a participatory co-learning approach (Massari et al., 2023; Palmer et al., 2022). It requires the inclusion of a diversity of stakeholders, each bringing distinct perspectives on the issues and potential solutions, thereby enabling collective learning (Massari et al.; Rosetti et al., 2022). As emphasized by Massari et al., consultation must be carefully facilitated with particular attention to equality among participants, as trust and collaboration are essential to fostering a meaningful exchange of experiences. This step supports organizational learning through interpretation: that is, the process of translating individual intuitions into shared language and actions (Crossan et al.; Galindo & Surply). It encourages dialogue through which participants develop shared reference points and integrate learning at both the individual and organizational levels (Crossan et al.; Galindo & Surply). At this step, consultation was conducted within a conceptual framework of inclusive organizations. This framework refers to policies and practices that leverage individuals' experiences and skills while respecting their uniqueness and valuing their participation in decision-making (Mor Barak, 2015; Nishii & Rich, 2014; Shore et al., 2018). Inclusion, grounded in the removal of structural and social barriers and in the transformation of organizational practices, can act as a driver for creating genuinely inclusive environments (Adamson et al., 2021; Combs et al., 2019). From this perspective, inclusive organizations implement practices that ensure all members feel respected, valued, and fully included in the workplace (Ferdman & Deane, 2014). These practices encompass, among others, managerial commitment, equitable recruitment processes, supportive working conditions, work-life balance measures, the promotion of an inclusive organizational culture, policies addressing harassment and gender-based and sexual violence, and supporting individual career development (Brière et al., 2022).

Finally, the literature indicates that, while the initial steps of stakeholder engagement are expected to evolve toward co-planning, co-decision-making, and power-sharing (Akhmouch &

Clavreul, 2017; Palmer et al., 2022), subsequent focus on the establishment of shared processes of influence and decision-making. These later steps translate into actions, plans, and projects that become formally institutionalized within the organization (Galindo & Surply, 2013; Rosetti et al., 2022). Such a process supports the co-construction of both individual and collective learning through structured and formalized interventions (Galindo & Surply).

STUDY DESIGN

A qualitative methodology was adopted to enable an in-depth analysis of complex, contextually embedded situations (Paillé & Mucchielli, 2012). A single, instrumental case study was selected to provide a detailed examination of a phenomenon within its real-life setting, thereby fostering an empirically grounded understanding (Dahl et al., 2020). The case under study was a university hospital (CHU) that, in 2023, initiated the development of an EDI action plan and sought support from university researchers specializing in EDI. This collaboration aimed to structure a co-constructed approach that integrates scientific rigor with experiential and practical knowledge. This study is anchored in a socio-constructivist framework and informed by an interpretive epistemological stance, wherein stakeholders are regarded not merely as sources of data but are active co-producers of meaning and knowledge (Goldkuhl, 2012). Beyond theoretical insights, the data collected also supported the development of practices that stakeholders can meaningfully appropriate and implement in their own contexts.

Table 1 indicates that the data collection, conducted between February 2023 and March 2024, relied on multiple sources: participant observation, individual semi-structured interviews, an online questionnaire, and a literature review. This combination of methods enabled data triangulation and ensured the reliability of the findings (Yin, 2018). Invitations to participate were distributed via email to staff members, with particular care taken to ensure voluntary participation among individuals identifying with HMGs, as well as representation across departments and professional levels. The interview guide, questionnaire, and observation grid were

developed based on the conceptual framework of inclusive organizations. They focused on inclusive practices at the CHU, the challenges associated with their implementation, and potential venues for improvement.

ETHICAL CONSIDERATIONS

The study received approval from the CHU's ethics committee (CER-CHU 2023-6665). Data were analyzed using NVivo software, and each participant was assigned with a code to guarantee anonymity.

RESULTS

An inductive analysis was first conducted by two researchers to identify categories, after which the findings were interpreted considering the conceptual framework (Dahl et al., 2020). A comprehensive report synthesizing all consultation data was subsequently produced (Béguerie-Goddaert & Brière, 2025). All participant quotations presented in this article were translated from Quebec French.

KNOWLEDGE SHARING AND IDENTIFICATION OF DEVELOPMENT OPPORTUNITIES IN EDI

An initial level of learning generated through this process relates to the capacity to share knowledge and identify opportunities for development in EDI. This learning was facilitated by several training sessions designed for members of the various committees. These sessions proved essential, as although team members were well acquainted with their organizational contexts, they lacked specialized expertise required to carry out the project on a solid conceptual foundation.

From the very beginning, we took a very humble approach; when we looked around, there was no expertise in EDI [...] once we realized we needed the theoretical and conceptual foundations [...] for me, that was a good move because we had a collaboration that was very dynamic and sustained [...] it resulted in something very valuable that spread throughout the institution. (P29 – Manager)

Thus, the literature review provided stakeholders with an overview of current knowledge regarding organizational EDI practices in healthcare institutions across different countries. It generated valuable data on the representation of HMGs among staff, as well as on existing EDI-related policies and initiatives, committee minutes, and complaint records, thereby offering an initial portrait of the hospitals' EDI context.

In addition, 300 individuals serving on various committees and decision-making bodies received an EDI training. These sessions contributed to the development of a shared vocabulary and a common understanding of EDI issues. They also enhanced participants' comprehension of the concept of an inclusive organization and its associated practices.

I learned so much about equity, diversity, and inclusion – and especially about what we should do, what we shouldn't do, what we should say, and what we shouldn't say. It was really interesting. I think this is a training session that many people should take. (P50 – Manager)

Communication tools were also developed by the EDI team in collaboration with the communications department. For instance, an EDI page was created on the staff intranet, featuring content from the training sessions, as well as short videos on current and upcoming EDI measures, produced by and for staff members. A toolkit for managers was designed to “promote, educate, and raise awareness within teams” (P32 – Professional staff). A comprehensive communication strategy supported this information sharing: “We must ensure that information is sent to the right people and establish a diverse and ongoing communication plan for a broad audience” (P29 – Manager). Moreover, “having a strategic direction and a clear commitment is essential to convey the importance of valuing diversity, recognizing its contributions, and committing to meaningful change” (P57 – Professional staff). This approach also contributed to addressing some of the resistance expressed by staff toward the EDI initiative, which was highlighted in a local media outlet (Facal, 2024).

Table 1*Data Collection Methodology for the Case Study*

Methods	Number of meetings	Number of individuals	Number of documents
Participant observation			
Committee and training sessions	49	57	-
Survey			
Individual interviews	16	16	-
Focus groups (2 to 7 individuals)	12	40	-
Online questionnaire	-	298	-
Literature review			
Institutional documentation (e.g., initiatives, human resources department data, action plans, monitoring reports, committee minutes, toolkits, reference frameworks, complaints)	-	-	17
Scientific articles	-	-	44
Books and book chapters	-	-	19
Reports, theses, and statistics	-	-	15

At first, we couldn't get on the communications radar, but the day we did, it helped us a lot. We had channels to monitor what was being said in the media, what was being said at the ministry, what our counterparts' intentions were, and what was being said in other institutions' communications departments. (P29 – Manager)

This also allowed staff to internalize EDI concepts: Whenever we wanted to undertake a communication initiative – whether conveying messages through our print media or through events – it was me, as the subject matter expert, who had to write the message [...] Now what happens is that they suggest a message to me [...] in barely a year, the process has completely flipped. (P32 – Professional staff)

This phase specifically facilitated the development of tools (emails, newsletters, staff intranet, scrum meetings organized with the various teams) to recruit and consult staff on EDI issues.

INTERPRETING AND TRANSLATING STAFF EDI EXPERIENCES

A second level of learning relates to the ability to interpret and translate staff members' experiences of EDI, particularly belonging to HMGs. Participation took the form of "open calls" for consultation activities, through which HMGs were invited to voluntarily share their experiences and, if they wished, discuss their affiliation with one or more HMGs during interviews.

The main experiences reported by staff are summarized in Table 2.

These experiences highlight several issues and challenges, including the persistence of racism and discrimination toward various groups, reluctance among some individuals to disclose disabilities, limited awareness of complaint mechanisms, and the need for enhanced staff training in EDI.

The exchange of experiences also made it possible to identify relevant initiatives within hospitals that can serve as a foundation for future action (see Table 3). Examples include the Indigenous Cultural Safety Center in collaboration with Indigenous communities, as well as the recruitment of Indigenous “navigators” who support patients in navigating the healthcare system.

Areas for improvement and potential solutions were identified through this exchange of experiences, such as mechanisms for managing conflicts and accommodation requests, the allocation of personal leave within a unionized context, and the development of childcare services. Selected examples are presented in Figure 1.

BUILDING BENCHMARKS AND SHARED UNDERSTANDING OF EDI AMONG STAFF

A third level of learning involves establishing benchmarks and fostering a shared understanding among staff. As illustrated in Figure 2, at this step of co-planning, a participatory process was prioritized for the adoption and dissemination of actions. In this approach, “needs emerge from the field and are elevated in order to be effectively reintegrated into practice” and “the process led to the development of an action plan addressing field needs despite a complex work environment,” alongside several other issues and initiatives identified as “priority [and] concurrent” (P29 – Manager).

This process, however, presented several challenges. Despite a strong willingness to participate, staff workloads often led to last-minute meeting cancellations with no possibility of rescheduling. It was also noted that invitations to participate sent by email may have been overlooked in the high volume of daily communications. In addition, meetings were

sometimes scheduled outside typical working hours, limiting participants’ availability, even when they were formally planned during working hours. Furthermore, a staff strike occurred during the consultation period, further complicating participation. Some individuals also expressed reservations about the approach: “Sometimes anonymously, people would say, ‘We’ll start by making sure Quebecers are taken care of, and then we’ll deal with the others’” (P29 – Manager). Resistance was likewise mentioned:

It’s resistance to change, that famous inertia in organizations, especially large ones. It often takes the time to explain things to them or just meet with them, engage them, see how it resonates with them. [...] It took time with some stakeholders to get them on board. [...] There was perhaps also some questioning about why now? Why this issue over another? (P32 – Professional staff)

INSTITUTIONALIZATION OF THE APPROACH THROUGH ACTIONS AND DECISION-MAKING MECHANISMS WITHIN THE INSTITUTION

The final stage of implementation involves embedding the approach through concrete actions and decision-making mechanisms within the organization. As illustrated in Figure 3, an EDI governance structure was established, comprising a strategic committee of a dozen individuals (the CEO and heads of various departments), an operational committee and an advisory committee, made up of 15 and 50 volunteer staff members, respectively. The figure also highlights the creation of committees representing HMGs, as well as HMG-specific action plans.

Participation in EDI operational and advisory committees was highlighted as a key success factor:

We asked if anyone was interested, and then we were a bit taken aback because we got about six times the number of people we were looking for. But instead of sticking to our initial plan and saying that we were looking for 10 people and not 60, we made room for everyone, even though it resulted in something very different from our original plan. (P29 – Manager)

Table 2

Key Experiences Shared by Healthcare Workers

Key experiences shared	Excerpts from individual and group interview transcripts and responses to the online questionnaire (P indicates an in-person interview and Q the online questionnaire)
<p>Racialized people and/or immigrants are perceived as incompetent and experience discriminatory situations and racist remarks.</p>	<p>“Patient care assistants, nursing aides, security guards [...] who are told: ‘Well, he doesn’t understand anything! He doesn’t know anything, and anyway, he doesn’t have the necessary judgment!’” (P8 – Care staff)</p> <p>“Employees fleeing a break room when an employee of African descent arrives with his aromatic lunch. A nurse who says loud and clear at the nursing station that a Black patient is incompetent and doesn’t understand anything.” (Q160 – Care staff)</p> <p>“She had already decided I wouldn’t be able to handle the job, to do the position, even before I could have a job interview.” (P45 – Professional staff)</p>
<p>Sexual diversity and gender diversity are emerging topics that remain taboo and under-documented.</p> <p>Gender transition within the organization is an issue.</p>	<p>“She dresses as a woman, so I suppose I’ll refer to her as ‘she.’ I’ll keep making the effort, I’ll get used to it and all that, but maybe some awareness-raising – you know, something from those people that would explain to me how we adapt to this.” (P23 – Professional staff)</p> <p>“A significant challenge also arises regarding the recognition of gender identity in human resources and technological processes. For example, a person whose gender differs from their sex at birth and whose preferred name differs from their administrative name will still be identified by their administrative name on their ID card, their Office 365 access, or even in virtual Teams meetings.” (Q66 – Research staff)</p>
<p>People with disabilities are underrepresented.</p> <p>Issues regarding accessibility to facilities and specific tools were highlighted.</p> <p>People with disabilities bear the burden of having to disclose their disability to receive necessary accommodations and do not feel supported by their employer.</p> <p>Managers need to be made aware of the needs of people with disabilities.</p>	<p>“There is also a lack of representation or even recognition of people with disabilities working at the <i>CHU de Québec</i>. When we hire someone with a disability, there is no mechanism in place to address their specific needs.” (Q66 – Research staff)</p> <p>“Our offices are not very accessible to people with disabilities like me. The parking situation is complicated; the closest parking spot requires climbing a warehouse staircase and navigating uneven flooring while maneuvering around material carts, and there is no button to open the doors.” (Q106 – Professional staff)</p> <p>“As for my situation as a person with a disability, I have nothing. I had to do everything myself if I wanted accommodation, for example, if I wanted anything at all. That’s why I say, as a member of a group, I don’t consider there to have been much support from my employer. [...] In my opinion, it shouldn’t necessarily be up to me to have to say it.” (P35 – Professional staff)</p> <p>“I think it might be about raising awareness among managers [...] making them aware of how to approach a person with a disability and that it’s not a taboo. For me, there’s nothing embarrassing about my disability. I actually prefer it when people come to me to ask questions rather than seeing them stare or looking uncertain.” (P35 – Professional staff)</p>
<p>Sexism exists in places and institutions of power.</p>	<p>“I’ve been feeling it a lot lately – that so-called ‘boys’ club’ – that’s just how it is. It’s as if [...] what we say doesn’t really matter because it comes from a woman. I didn’t feel it at first, but now I feel it much more on my end.” (P37 – Manager)</p>
<p>People from HMGs are underrepresented in the governance structure.</p>	<p>“It might sound a little ‘harsh’, but we were just talking about the organizational chart, which is pretty white, male, and of a certain age. Maybe we need a breath of fresh air at the top, a changing of the guard – I don’t know – to shake things up.” (P41 – Manager)</p>

Key experiences shared	Excerpts from individual and group interview transcripts and responses to the online questionnaire (P indicates an in-person interview and Q the online questionnaire)
Onboarding practices vary widely and depend on the manager.	<p>“It varies a lot when it comes to orientation and integration during the first few weeks.” (P12 – Professional staff)</p> <p>“I think it really does depend on the manager.” (P34 – Professional staff)</p> <p>“In practical terms, aside from support for our managers, it varies depending on the person.” (P51 – Supervisory staff)</p>
Awareness-raising and training on EDI issues are needed for all staff, particularly managers.	<p>“[Need to] raise awareness among people, especially managers, through mandatory training that includes specific examples. What I’ve seen so far has been very generic and mainly presented to employees.” (Q138 – Professional staff)</p>
The complaint process for EDI situations is either missing, little known, or poorly understood, particularly regarding the follow-up actions taken.	<p>“I think it’s not discussed enough when it comes to filing a complaint because the fear of retaliation is there, even if the consequences aren’t necessarily severe, like job loss or anything like that. It’s more that, if this information gets out, colleagues and supervisors find out, and then the work environment becomes toxic for the person who filed the complaint.” (P30 – Medical staff)</p> <p>“Variable levels of understanding in the absence of an institutional policy. Fear among some of reporting racism, discrimination, or harassment, or lack of awareness of dedicated resources for information and support.” (Q11 – Management staff)</p>
There is no clear policy regarding inclusive communication.	<p>“Some people are completely closed off because, for them, it’s like an additional hurdle to overcome. Our writing is already difficult, our analyses are already difficult, so if we have to add a specific writing style on top of that, it just makes things more complicated. And then, for others, on the contrary, they’re very, very open.” (P6 – Research staff)</p>

Table 3

Key Existing and Valued EDI Initiatives

Historically marginalized groups	Key existing initiatives that are valued	Excerpts from individual and group interview transcripts
Indigenous Peoples	<p>2023–2024 Action Plan for Indigenous Partnerships</p> <p>Indigenous Cultural Safety Center implemented in collaboration with Indigenous communities</p> <p>An Indigenous person known as a “navigator,” whose mission is to help people “navigate” the particularly complex healthcare system</p> <p>Air-medical evacuation project using hospital aircraft between the Far North and specialized centers in the South</p>	<p>“We created a gathering place following the death of a child [...] we planted a tree; it has become a place of contemplation and fellowship for our Indigenous Peoples and others. We have built a new guesthouse. They wanted a room where they could also feel connected to their environment, with a sense of their people.” (P50 – Management staff)</p> <p>“I think they’re very good at the [navigator] role they play. [...] I don’t know enough about the reality; I couldn’t do that. I think they’re very capable of helping, of navigating the care pathway for Indigenous patients. But it took a long time before they found someone.” (P45 – Professional staff)</p>
Racialized people and immigrants	<p>Highlighting the journeys and individuals of racialized people and immigrants’ groups in internal communication channels</p> <p>Social activities organized by an integration committee dedicated to internationally educated nurses (e.g., mentoring, social events, Christmas parties, or sugar shacks)</p> <p>French language practice sessions for immigrants during lunch breaks to encourage interaction and language practice with colleagues</p>	<p>“I know that in the latest issues of <i>Le Chuchoteur</i>, which is like the hospital’s little newsletter, there have been a few testimonials from nurses who come from Brazil and who talked about their adjustment to Canada, to the CHU <i>de Québec</i>, etc.” (P13 – Administrative staff)</p> <p>“We created a Facebook page for them, we set up an internal cultural integration committee for new employees, [...] We also organize language mentoring exchanges, social activities, a Christmas party, and a gift-giving event with Santa Claus.” (P50 – Management staff)</p> <p>“A few years ago – it hasn’t been done for about four years now, I’d say – but for several years, there were French language sessions during lunch break, once a week, where people, the international students, could eat together. Then there was a facilitator. It was someone from different teams who led the lunch to encourage these people to speak French, and to help them adapt not only to the language, but also to our customs and everything. This went on for several years. It was really interesting.” (P24 – Research staff)</p>
People with disabilities	<p>Recruitment data shows a 400% increase between 2017–2018 and 2023–2024 – rising from 8 to 43 people with disabilities</p> <p>Incorporation of accessibility building standards in new facilities</p>	<p>“We’re required to have doors that open automatically with buttons in the right places for everyone with reduced mobility. Even in the labs, there are designated sections. [...] All restrooms will have universal access; we even have a shower with universal access that has a low floor. [...] Everything has been planned for in the new buildings.” (P24 – Research staff)</p>

Figure 1

Key Areas for Improvement and Solutions Identified Through the Consultation

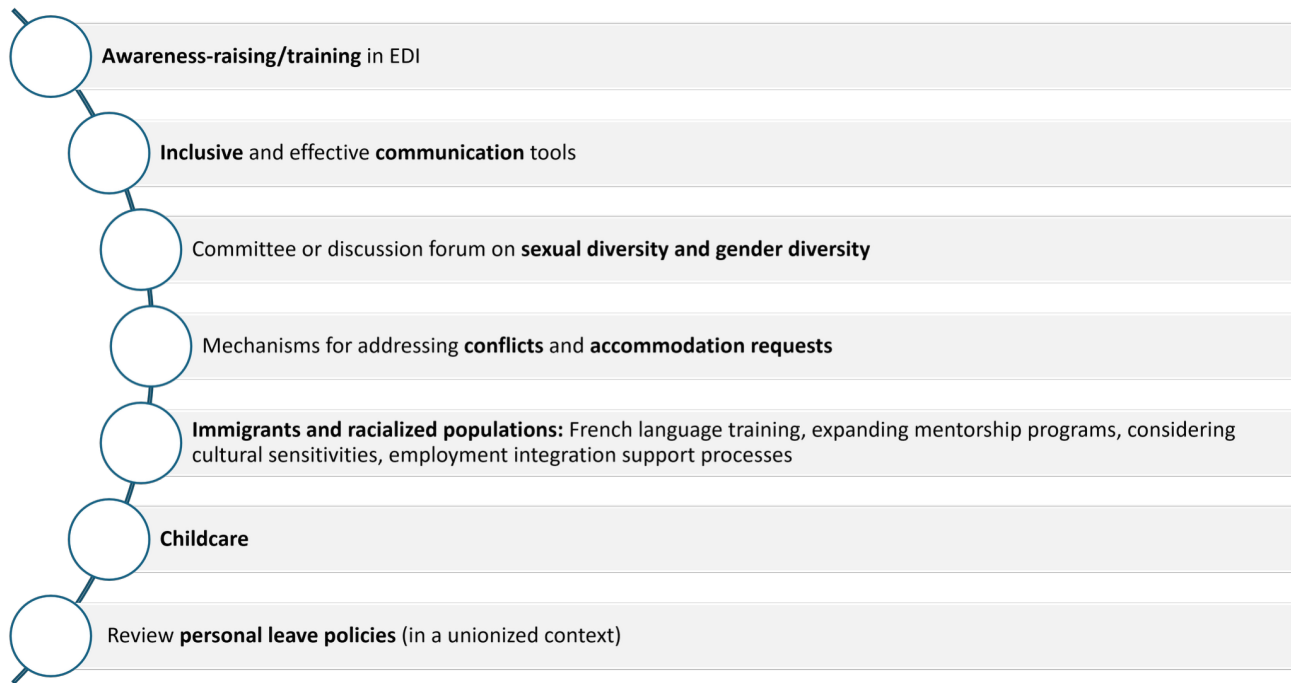


Figure 2

Process for Building a Shared Understanding of the Actions to Be Taken

Adoption and Dissemination Process

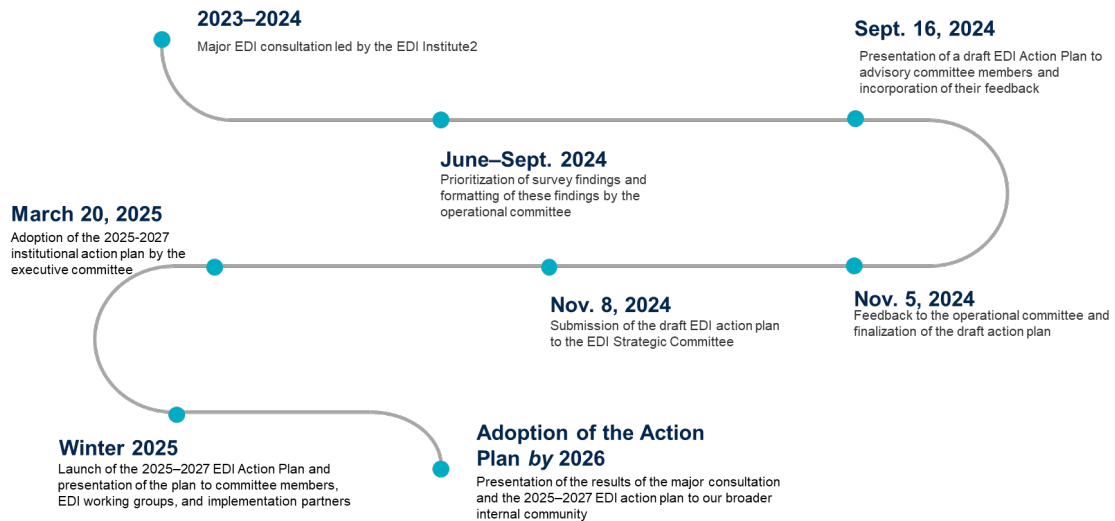


Table 4

Key Action Areas of the EDI Plan

	Inclusive climate and culture		Management commitment	Working conditions	Human resources processes	Work processes	Applicable regulatory and legal frameworks
Examples of actions, tools, and measures resulting from the stakeholder consultation and included in the <i>CHU de Québec's</i> action plan for 2025–2027	Demonstrate the hospital center's commitment to equity, diversity, and inclusion (EDI)	Promote people's health and improve the experience of those working at the facility	Demonstrate a management approach that values diversity	Encourage the participation of individuals HMG within the organization	Demonstrate a management approach that values diversity	Commit to improving working conditions for HMG within the organization's constraints	Comply with the organization's obligations
	Procedure for supporting individuals undergoing a gender transition	"Navigators" and the Academy of Administrative Assistants to refer an HMG person to available resources	EDI intranet page for staff working at the institution	Database of individuals interested in getting involved in EDI	Highlighting inclusive "Good Move" practices in various media	Strategy supporting racialized population or from ethnocultural diversity	Guidelines for the health and well-being of sexual diversity and gender diversity staff
	EDI awareness video for managers on the integration of individuals from HMGs	Directory of external resources with community organizations	Promote the emerging leaders' development program for everyone	Mechanism for reporting issues and needs to measure the effectiveness of the plan's actions	Tailor onboarding, orientation, and integration activities to the needs of new individuals from an HMG	Strategy to support individuals with disabilities	
	Policy and procedure regarding inclusive communication	Mechanism for best practices in EDI					

The governance structure demonstrated “its effectiveness and its ability to adapt to ensure that the approach translates into an action plan that meets the needs on the ground” (P29 – Manager). One challenge within this structure was maintaining consistency among the various committees and actions to be undertaken.

I have five or six small tasks like this, and then I have 36 major responsibility files at the center. Almost every day, I need to reassess my priorities. [...] Although I’m extremely lucky to be able to count on dedicated, competent resources here, maintaining consistency and keeping track of these files are a constant challenge. (P29 – Manager)

Table 4 outlines the main actions associated with each of the practices of an inclusive organization.

DISCUSSION

The objective of this article was to document, through a case study, a recent participatory process involving stakeholders that led to the development of an EDI action plan in a healthcare organization. By presenting the key learnings derived from this process, the findings highlight three main contributions to both scientific and practical knowledge.

PARTICIPATORY APPROACHES AS CONDITIONS FOR SUCCESS IN EDI INITIATIVES

Consistent with other studies in the healthcare domain, the data underscore several conditions that support the success of EDI initiatives. These include the active participation of staff members in the change process, particularly those of HMGs (Dorsey et al., 2022; Stanford, 2020), and the importance of allocating time and creating dedicated spaces for dialogue on sensitive issues (Lingras et al., 2023). The findings also reaffirm the critical role of senior management commitment (Downey et al., 2015; Kline, 2019; Lingras et al.; Rosenkranz et al., 2021), the establishment of committees representing diverse stakeholders (Gillespie et al., 2018; Lingras et al.;

South-Paul et al., 2013), and the designation of dedicated personnel within the institution to lead the initiative (Pino-Jones et al., 2021; Shahi et al., 2019).

This study extends prior research on EDI initiatives by documenting a comprehensive, completed process and proposing a set of concrete organizational practices that support inclusion, as recommended in the literature (Adamson et al., 2021; Brière et al., 2022; Ferdman & Deane, 2014). In line with Pino-Jones et al. (2021), it offers a detailed account of key components, such as consultation processes, communication mechanisms, governance structures, identified challenges, and promising actions that can foster inclusion within healthcare organizations (Luasa et al., 2023).

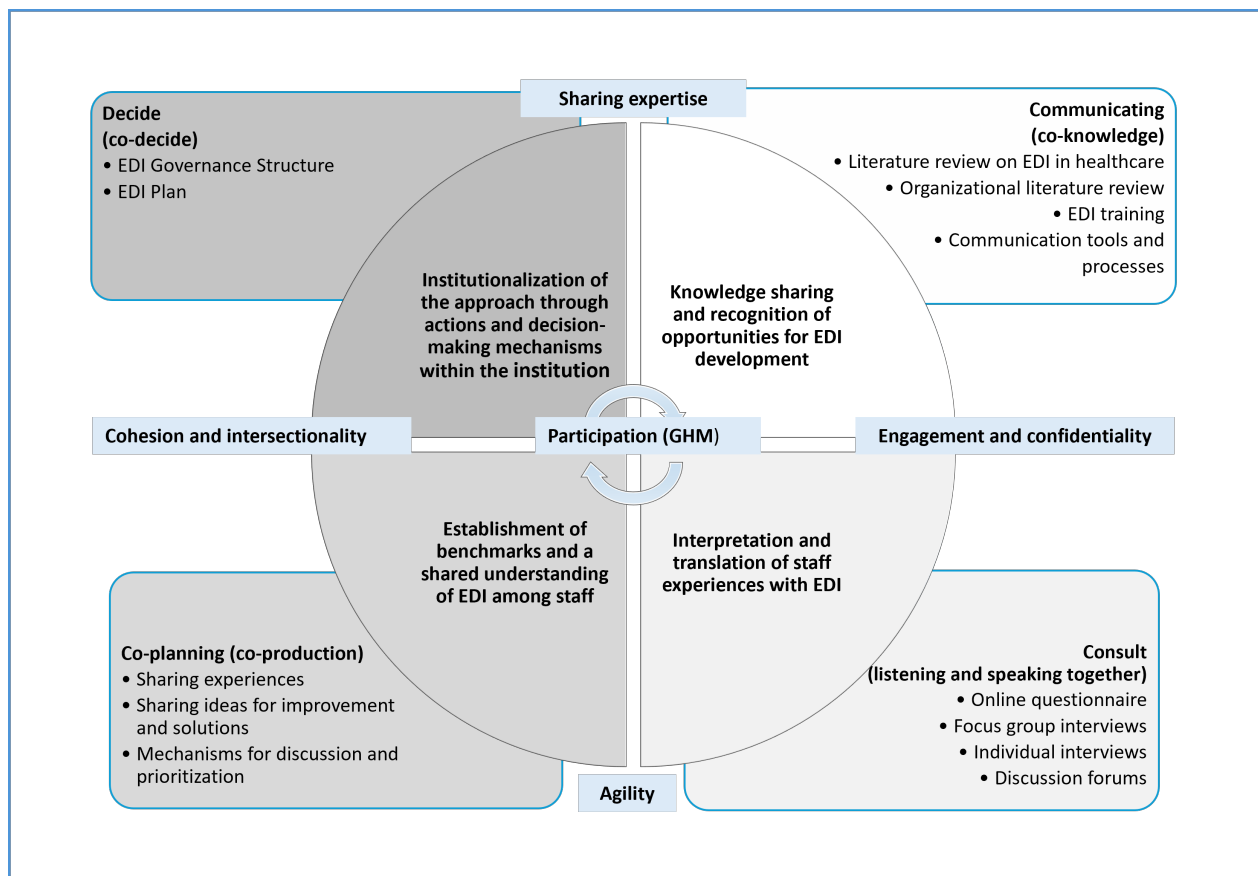
AN ORGANIZATIONAL LEARNING PROCESS THAT PROMOTES AGILITY

In line with previous studies, this case underscores the importance of adapting inclusion strategies in the specific context of the institution (Khuntia et al., 2022), thereby fostering meaningful organizational learning (Gillespie et al., 2018; Kayingo et al., 2022; Pearson et al., 2007). Contributing to existing research on the topic (Crossan et al., 1999; Galindo & Surply, 2013), this study demonstrates concretely how an organization can interpret and translate staff experiences related to EDI, establish benchmarks and a shared understanding among staff, and support institutionalization to ensure the long-term sustainability of these efforts.

This case study contributes to participatory and co-constructed approaches involving a diverse range of stakeholders (Akhmouch & Clavreul, 2017; Massari et al., 2023; Palmer et al., 2022; Rosetti et al., 2022) by highlighting the importance of organizational agility in addressing challenges and resistance. These challenges include limited staff availability to engage in the process amid resource constraints, the need to ensure coherence among EDI initiatives across the organization from an intersectional perspective and managing reactions from individuals who may hold biases or openly critique these approaches.

Figure 4

A Framework for a Participatory Approach and an Organizational Learning Process in EDI



Corinne Béguerie-Goddaert, Sophie Brière, Yannick Gallant, Jean-Philippe Turcotte, Michèle Ricard, 2026.

FRAMEWORK FOR A PARTICIPATORY APPROACH AND AN ORGANIZATIONAL LEARNING PROCESS

Building on prior research (Akhmouch & Clavreul, 2017; Crossan et al., 1999; Galindo & Surply, 2013; Massari et al., 2023; Palmer et al., 2022; Rosetti et al., 2022), this case contributes to advancing knowledge for both experts and practitioners. Figure 4 presents the main stages of a participatory approach and an organizational learning process in EDI conducted at a healthcare organization, while also highlighting key success factors and challenges. Emerging inductively from the case study (Paillé & Mucchielli, 2012), this framework offers a foundation for future

interventions and research, and may be tested, refined, or further developed.

Although the phenomena observed are closely tied to their organizational context, this study provides a basis for future research examining inclusion initiatives, particularly those related to the development of EDI action plans. Such research could draw on theoretical perspectives from the sociology of health or organizational psychology. Building on the framework proposed in this article, future studies may further investigate participatory approaches that foster organizational learning processes, both in healthcare institutions and in organizations across other sectors.

CONCLUSION

Studies on equity, diversity, and inclusion initiatives offer limited documentation of organizational practices and approaches in the healthcare domain. The aim of this article was therefore to document, through a case study, a participatory process involving stakeholders that led to the development of an EDI action plan at the *CHU de Québec* as well as the key lessons derived from this experience. The findings highlight those participatory approaches, along with organizational agility in responding to challenges and resistance, which are essential conditions for the success of EDI initiatives. This case study also proposes a framework for guiding participatory approaches and fostering organizational learning processes in EDI.

Authors' contribution: CBG conducted all interviews; SB participated in several of them. CBG analyzed the data. CBG

and SB prepared the summary of the analysis. CBG drafted the literature review and methodology, which were summarized by SB and reviewed by YG, JPT, and MR. SB drafted the analytical framework and prepared the tables. CBG and SB wrote the summary of the results; YG, JPT, and MR contributed to the writing of the results. The authors reviewed and approved the final version.

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