Beyond Numbers

Achieving Equity, Inclusion, and Excellence

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With the growing awareness of racial, ethnic, and sex inequities in surgery, an increased emphasis has been placed upon ensuring adequate representation from individuals from underrepresented and marginalized populations (eg, racial and ethnic underrepresented groups, women, and LGBTQI individuals). Thanks to movements such as #MeToo, #ILookLikeASurgeon, and others, many within the surgical education community now feel comfortable speaking up against sex-biased language, pointing out the inappropriateness of "Manels" (all male panels), and discussing other topics pertaining to diversity, equity, and inclusivity.

Along with this increased awareness, many institutions and other organizations are actively seeking opportunities to increase the representation of diverse populations within their respective groups. Relying upon the abundance of research showing that individuals from diverse backgrounds bring with them differences in how they interpret new information and environmental cues, make sense of uncertain environments, and adopt unique solutions to solve problems (ie, cognitive diversity),[1] organizations are changing their practices. These initiatives range from focused mentoring of individuals from underrepresented backgrounds to the incorporation of race- or sex-based quotas for hiring, promotion, or selection into leadership roles.

This last effort, demographic-based quotas for selection, needs to be thoughtfully examined among the surgical community prior to implementation. Preferential treatment via demographic-based quotas may offer a "quick fix" (ie, rapid improvement of race or sex representation), but can have a number of unintended consequences for the recipients and the organization itself. Not only can quotas increase vulnerability to legal action if used for selection,[2] but recipients may also experience deleterious consequences in terms of social stigmatization and perceptions of worth.[3,4] For example, in one of the classic studies examining quota-based leadership selection, Heilman et al[5] demonstrated that women who were told they were selected for a leadership position on the basis of sex devalued their leadership performance, took less credit for successful outcomes, and reported less interest in persisting as a leader.

These potential negative outcomes resulting from quota-based efforts are clearly at odds with the overarching goals of increasing diversity in surgery. As such, it is important that efforts to create more inclusive and equitable environments are pursued in conjunction with the best available evidence and with an eye toward endurable success. The following provides 5 recommendations for strategies aimed to enhance organizational diversity and inclusion efforts.

One of the primary ways to implement evidence-based solutions to enhance diversity and inclusion is to leverage the expertise of those in the field. Topics such as diversity, inclusion, and equity warrant thorough expertise and depth given the high stakes and potential risks of ineffective implementation. It is not just about being informed, but it is the years of formal training and experience to be able to think and practice in this space carefully, cogently, and creatively that is needed from outside experts. Consultation with individuals from organizational behavior, human resource management, and similar fields are critical before adopting any new organizational initiatives. In short, to achieve diversity, we need diversity.

Another important recommendation is to avoid specific demographic-based quotas for selection purposes. Implementation of recruitment strategies that have broadened the diversity of the candidate pool, such as the Rooney Rule,[6] has been shown to be effective. However, quota-based strategies for promotion and hiring based primarily upon group status are not only in direct contrast with legal guidelines,[2] but it can also set its recipients and organizations up for failure. One of the very real outcomes associated with quota-based promotion and selection centers on perception. Diversity policies are placed upon a spectrum from weak to strong, with quotas representing the strongest. Researchers have found a direct association between policy strength and the perception of competency of those brought in under that policy, such that recipients are seen as less competent than would be perceived in the absence of race and sex quotas.[4,7] Concerningly, this effect may also be internalized by the recipients themselves, who can experience more social isolation, self-handicapping strategies toward tasks, selection of less challenging tasks, and devaluation of their own work compared with non-recipients when informed about those quotas.[3,4,8] Thus, individuals from marginalized and underrepresented backgrounds may be inadvertently impacted in a number of ways after organizations adopt quota-based policies.

Given the potential negative ramifications for the individual and organization if even a *perception* of preferences exists, these processes also highlight the importance of transparency and communication of how and why selection and promotion decisions are made. Leaders must be sure to adopt and communicate the data-driven metrics used in decision-making throughout the process. Distribution and frequent reference to the metrics against which candidates are compared will be important. As erroneous perceptions are more likely to emerge in uncertain environments, leaders should make efforts to reduce any uncertainty and be transparent about how decisions are made. For example, providing candidates who were not chosen accurate and honest feedback in relation to these standards can help reduce likelihood that other assumptions may emerge. Reliance and outward promotion of relevant and competency-based

data-driven processes will help ensure transparency in the process and reduce potential for erroneous perceptions to emerge from all stakeholders.

Additionally, organizations need to articulate how they define diversity and develop reporting methods accordingly. Diverse groups are believed to be successful because they are composed of individuals who have unique perspectives and different approaches towards problem-solving (ie, cognitive diversity).[1] Indeed, work has shown a number of benefits from a diverse healthcare workforce, ranging from creation of research agendas to patient outcomes.[9] Unfortunately, demographics are important, but insufficient, metrics to capture these differences. Thus, organizations must also consider other metrics deemed valuable for organizational success, such as educational backgrounds and prior work experiences, and routinely monitor and document those as well. Just as assessment drives learning, reporting drives processes. Further, effectiveness outcomes should go beyond a count of the number of women and underrepresented groups and also include the perceived fairness of those practices. Using an organizational justice framework, Leck et al[10] discuss how violations of fairness related to quota-based policies can result in negative attitudes toward the organization, decreased performance, and decreased job satisfaction among all employees.

Finally, and perhaps most importantly, organizations need to identify successful strategies to achieve equity and inclusivity within their environments. The gains of bringing onboard a diverse workforce may be diminished if underrepresented groups are brought in without an optimal environment that supports their engagement and professional development opportunities. Given research that shows individuals from underrepresented groups report lower degrees of engagement than their counterparts,[11] organizations must demonstrate commitment and undertake efforts to support advancement of the entire community. In fact, research by Alice Eagly, a pioneer in sex equity research, has highlighted that simply putting diverse teams together might actually have minimal benefits at best.[12] Instead, she argues that researchers and practitioners must focus on the *conditions* that either hinder or facilitate the potential positive effects of diversity to optimize efforts. For example, organizational leaders must consider the existing group membership in which new individuals are joining to ensure they have similar status, access to support, and provision of equal rewards and evaluations.

In addition, procedures must be put in place to routinely monitor and sanction organizational systems for any potential inequities and subtle discrimination. For example, without intentional review of organizational data, organizations may not otherwise be able to identify potential inequities within faculty promotion practices or other gaps in mission-appropriate diversity goals. Leaders should invite those with different perspectives to review pay practices, promotion, selection, administrative resources, mentoring, and sponsorship opportunities. Investing in training and infrastructure to allow current and future leaders in decision-making roles (selection, interviewing, compensation negotiations, etc.) to make more objective and informed decisions will also help create an inclusive and equitable environment. Finally, organizations should acknowledge that equitable treatment is the greatest when circumstances are custom tailored, and "one-size-fits-all" approaches to inclusiveness are unlikely to be successful.[13]

Attracting, selecting, and promoting individuals from underrepresented groups are important goals from ethical, organizational performance, and health equity perspectives. The surgical community has made significant and noteworthy strides in developing strategies to address barriers to recruitment and advancement for underrepresented groups that can benefit other specialties. As we continue on this journey, it will be increasingly important to implement rigorous, authentic, and long-lasting strategies to achieve our diversity, equity, and inclusion goals. Unfortunately, focusing exclusively on the numbers is unlikely to get us there.

Recommendations for Organizational Diversity and Inclusion Efforts

1. Bring in academic and industry experts.
2. Avoid the numbers game for selection.
3. Ensure maximum transparency and communication in all recruitment, selection, and promotion decisions.
4. Report on relevant and valued diversity, inclusion, and equity metrics.
5. Adopt strategies to monitor and enhance equity and inclusion in your environments.

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