ORIGINAL ARTICLE LEADERSHIP

Fostering Diversity and Inclusion: A Summary of the 2017 Intersociety Summer Conference

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Abstract

The 39th radiology Intersociety Committee reviewed the current state of diversity among trainees and in our workplaces and addressed future strategies for fostering diversity through inclusion. The assembled participants addressed the imperatives and drivers for diversity and developed a road map to foster diversity. Themes included the need to be proactive in increasing awareness of our own biases and their potential impact on workplace decisions, overcoming blind spots, and being culturally sensitive. The need to identify and eliminate barriers to diversity was discussed at both the organizational and practice level and included efforts to break down structural and clinical barriers, such as training in multicultural awareness. Additional strategies that were addressed included building inclusive work environments; facilitating debate, conversations, and community building; and pipelining medical students through mentoring pathways. The conference ended with a call to action to develop toolkits with effective resources to support the necessary diversity and inclusion initiatives we must all undertake.

Key Words: Intersociety Committee, ACR, radiology, diversity, inclusion, implicit bias

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INTRODUCTION

It is well recognized that to provide service excellence for diverse customers, one needs as diverse a workforce as possible [1]. The mismatch between the demographics of our radiology providers in the reading rooms, procedure suites, and clinics and our patients in the waiting rooms will only increase unless we take active steps to be more inclusive, to understand and diminish implicit biases, to communicate about our social identities [2,3], and to put formal processes in place to foster diversity. Until inclusive behaviors and diversity find themselves in the value statements and core missions of practices, this gap will not be narrowed. Achieving diversity will not occur spontaneously; it requires a sustained, managed, and thoughtful effort to meet the moral imperative of achieving equity [4].

To further explore ways to deliver ever improving care to our patients, the 2017 Annual ACR Intersociety Summer Conference held in Annapolis, Maryland, explored the current state of diversity in our profession. Although the subject of diversity is not new to us [5-8], the data show little if any progress toward improving diversity in our field [6]. Diversity embraces a broad range of categories, encompassing ethnicity, ability status, age, gender, sexual orientation, race, background, and geography, all of which contribute to the broader tapestry from which a diverse workforce can be created.

Consequently, the goals of this meeting were to better understand the imperative of diversity and to seek effective ways of fostering diversity and inclusion in our workforce.

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THE IMPERATIVE OF DIVERSITY—WHY IS A DIVERSE WORKFORCE IMPORTANT?

Diversity encompasses not only differences in demographics, backgrounds, personal identities, and intellectual approaches, it also embraces the removal of barriers and the creation of space that allows individuals to fully engage in the life of an organization. Diversity and inclusion have long been recognized as important strategic tools that enable institutions and organizations to excel through enriched collaborations, as well as innovation and growth [5]. It is projected that by 2055, there will be no majority race or ethnicity in the United States [9]. To fully understand our challenges and opportunities, a better understanding of the terms is necessary. Table 1 is a proposed lexicon of terms when discussing the numerous layers encompassing diversity [10].

The imperative for diversity can best be understood and justified from different perspectives.

The Business Case

Beyond ensuring fairness from a social justice perspective, diversity matters because it promotes greater creativity and innovation, more dialogue and discussion, novel questions and solutions, and improved decision making. In the business world, these are essential requirements for success and even survival. According to a Forbes study of 321 executives in companies that grossed $500 million or more annually, one key finding was "Diversity is a key driver of innovation and is a critical component of being successful on a global scale" [11]. Teams comprised of diverse opinions, viewpoints, perspectives, ideas, and backgrounds tend to outperform homogeneous groups on problem-solving tasks. Prodiversity work environments have significant impactful effects on key business indicators, including sales and staff retention. Over a 10-year period, data from shares of companies who score 100% on the corporate equality index (a national benchmarking tool on corporate policies and practices pertinent to lesbian, gay, bisexual, transgender, and queer [LGBTQ] employees) show that they strongly outperform the S&P 500 index. Companies that are more diverse and inclusive are better able to anticipate customer needs and access a broader customer base.

It is also recognized that LGBTQ-inclusive companies attract top talent [12]; 72% of allies prefer to work for inclusive companies because these companies provide a positive environment for all employees to reach their full potential. The millennial generation wants to work for diverse and inclusive companies at a significantly higher rate than employed Generation Xers and baby boomers. From an employee retention and loyalty perspective, 84% of LGBTQ employees at supportive companies say they are proud to work for their employer. Individuals working in open, diverse, inclusive environments are more likely to speak up with suggestions to improve performance. LGBTQ inclusion is associated with higher levels of innovation and more effective collaboration and teamwork.

The Social Justice and Moral Case

Social justice is a broad term that includes any action intended to create genuine equality, fairness, and respect among people. Creating a physician workforce that matches the changing US population is likely to address inequalities in health and health care [13].

The Clinical Care Case

We know that patients are more likely to seek care from physicians who share similar demographic characteristics [14] and that minority physicians are more likely to understand health care disparities that impact care and outcomes of minority patients. Research demonstrates that diversity leads to better scientific outcomes stemming from more diverse patient demographics. This translates to better problem solving [15]. Moreover, racial and ethnic minority patients receive better interpersonal care from practitioners of their own race or ethnicity [16,17]. Conversely, there is a negative economic impact of health care disparities. Health disparities cost the nation over $300 billion per year through excess medial expenditures [18].

The Workforce Talent Case

Radiology as a field needs creativity and innovation, particularly at a time when we are experiencing challenges (such as decreasing reimbursement, high productivity expectations, inefficient workflows, stress in the workplace, and burnout) as well as opportunities (such as artificial intelligence and machine learning; advances in molecular medicine; National Institutes of Health initiatives in cancer, brain science, and personalized medicine; new education paradigms, etc). As a field, if we do not become attractive to a broader range of talent, we are less likely to achieve our full potential. Furthermore, other fields of medicine and biomedical research that traditionally lack in diversity have made greater strides in proactively correcting their deficiencies than radiology— good examples include medical physics, orthopedics, and surgery.