3-2-2022

Diversity in transplantation surgery and the American Society of Transplant Surgeons: Opportunity for a bold vision and positive change

Marwan S. Abouljoud
Henry Ford Health, maboulj5@hfhs.org

Dinee C. Simpson

Andre A. S. Dick

Recommended Citation
Abouljoud MS, Simpson DC, and Dick AAS. Diversity in transplantation surgery and the American Society of Transplant Surgeons: Opportunity for a bold vision and positive change. Am J Surg 2022.

The American Journal of Surgery xxx (xxxx) xxx

Contents lists available at ScienceDirect

The American Journal of Surgery

journal homepage: www.elsevier.com/locate/amjsurg

Editorial

Diversity in transplantation surgery and the American Society of Transplant Surgeons: Opportunity for a bold vision and positive change

ARTICLE INFO

The lack of diversity in medicine, and particularly the surgical community, has been a significant focus of study to advance our understanding of the current state and needed change and interventions.[1,2] The literature is rife with demographic data and possible reasons for existing disparities in surgery and surgical leadership despite acknowledged benefits of a diverse and inclusive surgical workforce. Approaches to address this in academic departments have been well outlined, but the pace of change has been slow.[3] This reflects the complex and multifactorial nature of this challenge and the inertia of progress. More importantly the need for intentionality and determination could not be more critical to institute bold initiatives that address all obstacles, set the course and desired outcomes, and continuously manage the surgical environment and culture that permit and encourage the development of a diverse and inclusive surgical workforce.

Leadership in surgery and transplantation, and other surgical specialty societies, continue to face the diversity challenge as fewer women and under-represented minorities rise to leadership roles.[2,4] This is in the context of comparable academic credentials and skillsets needed to succeed in such roles. This may be due to fundamental issues facing women and under-represented minorities in surgery such as lack of senior role models, limited support for surgeons with families, a culture of personal sacrifice particularly of family time, lack of gender sensitive policies, and disparities in hiring and promotion.[5] That said, there remains a dearth of discussion/papers exploring such challenges through the lens of race. In the business literature, gender and race-based differences in negotiation styles have been known to impact career progression. Top tier academic institutional affiliation and sponsorship are key factors that help advance one's career in surgical and society leadership roles. This does not discount inherent biases toward women, racial/ethnic minorities, and international medical graduates. It is also evident that leadership development and creating a framework for a fair, inclusive and equitable advancement should be intentional and by design.

The makeup of the ASTS transplant surgeon workforce is in evolution; while there has been progress, racial and gender disparities remain.[6] Recent data and demographics show continued increase in female surgeons (15.4%) which has been increasing steadily, but lower rates among Blacks (3.2%) and Hispanic surgeons (6.0%). A major challenge in understanding member demographics is that there are still a moderate percentage of members who have either opted out of replying to gender/gender orientation or race/ethnicity information, while 5.3% of surgeons decline to specify. Diversity in the ASTS leadership is also reflective of the diversity challenges discussed previously. There have been 2 female presidents since the founding of the society in 1974 (a 3rd is currently serving on the Executive Committee and will serve as President in 2025).

Participation among ASTS members in committees and task forces represents nearly 23% of active members, showing remarkable membership engagement. Recent data show that committee members are 55% White, 14% Asian, 10% Black/African American, 6% Hispanic or Latino and 13% Other/Unknown. Regarding gender, 14% are females and 35% males while 49% chose not to specify. Among committee leadership 12% are females and 44% are males with remaining choosing to opt out. ASTS council and executive leadership are represented by 22% female, 55% male, while the remaining chose to opt out.

Leadership in transplant surgery programs has been summarized by Choubey et al.[4] and the authors highlight the challenge with collecting accurate demographic data. We applaud the authors for studying this issue and opening the dialogue on disparities in transplant surgery leadership. Importantly, the authors show continued male predominance among surgical program leadership while female led programs had comparable patient outcomes. The latter fact is important, though transplantation is a complex inter-disciplinary team effort with multiple co-dependencies within as well as beyond the individual surgical director control.

The ASTS has recognized the diversity challenge and in 2015 leadership outlined diversity as one of six core values that guide the Society and operational framework.[7] This has led subsequently to the formation of a Diversity Issues Committee that recently evolved into the Diversity Equity and Inclusion Committee (DEI); this committee assures balanced

Abbreviations: ASTS, American Society of Transplant Surgeons; BAR, Boldly Against Racism; DEI, Diversity Equity and Inclusion.

https://doi.org/10.1016/j.amjsurg.2022.02.068
Received 26 February 2022; Accepted 28 February 2022
Available online 2 March 2022
0002-9610/

representation among under-represented minorities and women and helps focus efforts on disparities research, clinical guidelines, educational content, and policies addressing healthcare equity.

Recent events within society have increased awareness of and brought to the forefront the criticality of social injustice and racial inequities. This context and continued evidence of slow progress in achieving desired diversity goals have set the ASTS leadership into high gear, putting a concentrated and intentional focus on how to provide meaningful and sustainable structural and cultural change. The ASTS launched the Boldly Against Racism Campaign (BAR) in the summer of 2020, with a detailed action plan bringing with it a dedicated task force of twelve surgeons, including a chair and co-chair who were designated as DEI advisors to the ASTS Council and Executive Committee.[8]

The BAR Task Force outlined five pillars for actionable change. These include education and training of members and leadership on diversity and inclusion with bias training, collaborations with other organizations, bringing structural change to ASTS to assure diverse leadership, workforce/pipeline diversification and measuring progress with data and demographics. The membership demographic survey content and methods were updated to aid in acquiring an accurate makeup of the organization which would aid in measuring our progress with our DEI goals. ASTS proactively held town hall events to engage members in constructive dialogue and expression, helping improve bias and racism within the Society and the field. The Advancing Health Equity Group was consulted and facilitated an organization wide assessment for ASTS as well as DEI training for ASTS Council, Committee Chairs, and other leaders. The ASTS membership and national office staff were surveyed and focus group interviews were held as part of a comprehensive assessment of the organization. This has yielded several improvements and outlined proactive changes in DEI. The BAR Task Force began a partnership with the ASTS Pipeline Task Force to assess the leadership pipeline in transplant surgery and to identify ways to involve medical students and residents at the beginning of their transplant surgery journey. An advisory group of diverse residents and medical students was launched. The ASTS Strategic Plan also incorporated mentoring and sponsoring as a priority and a focus to increase diversity in research education and support, improved data acquisition to assure diversity in the research pipeline and grant support as well as partnership with other societies (ACS, AWS, AAS, SBAS, LSS).

The ASTS leadership and BAR Task Force also addressed lack of diversity at the highest levels of ASTS elected leadership. Working with the Bylaws committee and leadership, a new officer position dedicated to DEI issues was created with ascent to the ASTS presidency at term's end. This position will function similarly to more well-established roles such as secretary and treasurer. This new DEI Officer role was voted into the bylaws by the ASTS membership at its townhall meeting in June of 2021; the officer will be elected in the spring of 2022. As part of this process, we also expanded our nominating committee and instituted a more proactive approach to the process of officer and councilor nominations. Additional bylaws changes were adopted affirming language to sustain diversity goals in committee placement and nominations.[9] At the 2021 ASTS Winter Symposium the program included a full day session on DEI issues in transplantation with intent to have content at regularly at this forum. DEI content was also shared with ASTS Fellows and Fellowship Program Directors with incorporation into the ASTS′ national transplant curriculum and training program. The ASTS also launched a new annual DEI Award recognizing individuals with achievements in diversity, equity, inclusion and justice and a new research grant in Socioeconomic and Racial Disparities in Transplantation Research which is now in its second year. The ASTS DEI committee also published a current state paper on gender and racial Disparities in the transplant surgery workforce.[6] ASTS has looked inward to make intentional and bold changes and improvements; there are also many challenges that remain with respect to race and patient access to transplantation. As we diversify our workforce and pipeline from students all the way to leadership and continue to shape the organizational culture, we are certain and poised to see positive and sustainable change especially in transplant surgery program leadership. The DNA of our Society and our transplant history have always embodied bold visions and actions. The ASTS DEI stated goals are bold and sometimes this can be a struggle. In the words of Frederick Douglas, "if there is no struggle there is no progress". However, this is an ongoing journey and should be viewed within the macrocosm of society at large and the critical need to achieve diversity, equity, inclusion, and justice to reclaim and support the values of a thriving, humane and equitable society. The ASTS will continue to focus its efforts to hardwire structural and cultural change and to assure this change also yields improved patient outcomes, particularly for underserved populations, through education, research, clinical care, and healthcare policy.

Conflict of interests

The authors below have no conflict of interests to disclose.

Acknowledgments

The authors acknowledge the impactful contributions of the ASTS staff and leadership, members of the DEI, Bylaws and Membership and Workforce committees and of the BAR and Pipeline taskforces without whom this transformational work would not have been possible.

References

1. Kassam A, Taylor M, Cortez AR, Quillin III RC. Gender and ethnic diversity in academic general surgery department leadership. *Am J Surg*. 2021;221(2):363–368. https://doi.org/10.1016/j.amjsurg.2020.11.046.
2. Lilah F, Morris-Wiseman LF, Christina Cañez C, Minerva A, Romero Arenas MA, et al. Race, gender, and international medical graduates: leadership trends in academic surgical societies. *J Surg Res*. 2022;270:430–436. https://doi.org/10.1016/j.jss.2021.09.043.
3. Rosenkranz KM, Arora TK, Paula M, et al. Diversity, equity and inclusion in medicine: why it matters and how do we achieve it? *J Surg Educ*. 2021;78(4):1058–1065. https://doi.org/10.1016/j.jsurg.2020.11.013.
4. Choubey AP, Bullock B, Choubey AS, et al. Transplant surgery departmental leaders do not represent workforce demographics especially among women and underrepresented minorities — a retrospective analysis. *Am J Surg*. 2022. https://doi.org/10.1016/j.amjsurg.2021.11.008.
5. Bernardi K, Shah P, Lyons NB, et al. Perceptions on gender disparity in surgery and surgical leadership: a multicenter mixed methods study. *Surgery*. 2020;167(4):743–750. https://doi.org/10.1016/j.surg.2019.12.004.
6. Valbuena Valeria SMV, Obayemi JE, Purnell TS, et al. Gender and racial disparities in the transplant surgery workforce. *Curr Opin Organ Transplant*. 2021;26(5):560–566. https://doi.org/10.1097/MOT.0000000000000915 (becomes).
7. https://asts.org/about-asts/mission-and-bylaws#.YhTJexPMLUI. Accessed February 23, 2022.
8. https://asts.org/news-and-publications/asts-news/article/2020/07/28/asts-boldly-against-racism#.YhTL7BPMLUI. Accessed February 23, 2022.
9. https://asts.org/docs/default-source/about-asts/astsbylaws-june-14-2021.pdf?sfvrsn=b4546d3_2. Accessed February 23, 2022.

Marwan S. Abouljoud*
Henry Ford Transplant Institute, Henry Ford Health System, Detroit, MI, USA

Dinee C. Simpson
Department of Surgery, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA

Andre A.S. Dick
Department of Surgery, Division of Transplantation, University of Washington, Seattle, WA, USA

* Corresponding author.
E-mail address: MABOULJ5@hfhs.org (M.S. Abouljoud).