1	Accepted version
2	J Neurosurg Anesthesiol 2020; 32: 283-284. doi: 10.1097/ANA.0000000000000711.
3	
4	Discuster to the state of the test of the test of the second state of the state of the state of the state of the
5 6	Diversity, Inclusion and Equity in the Journal of Neurosurgical Anesthesiology: a look to the
6 7	future Théard MA, Flexman AM, Smith M.
, 8	
9	
10	I can tell you, without diversity, creativity remains stagnant
11	Edward Enninful, OBE
12	
13	The Journal of Neurosurgical Anesthesiology (JNA) has been, and continues to be, committed to
14	publishing the most creative, innovative and highest quality perioperative neuroscience research. ¹
15	Commensurate with this mission is a dedication to support the growth and development of all editorial
16	aspects of the Journal: authors who submit their work, reviewers who provide timely and expert
17	commentary, Editorial Board members, and the Editor-in-Chief who is responsible for journal policy and
18	governance. To date, ample evidence supports diversity, inclusion, and equity as advantageous to the
19	organizational structure of a number of different societal establishments, and medical journals are no
20	exception.
21	
22	From financial performance in business to reducing health disparities, a diverse workforce is increasingly
23	identified as essential for success. While diversity refers to the differences in experiences and
24	perspectives within a group, inclusion ensures that all members have equal access to opportunities, and
25	equity is defined by parity in processes and policies. In an analysis of over 2 million published articles,
26	those published in higher impact journals had a more diverse authorship and were cited more often. ² In

addition, diversity within the healthcare workforce has been demonstrated to increase communication,
patient satisfaction, patient compliance and overall health outcomes.³ Heterogeneous groups with a
variety of ethnicities, perspectives and experiences have also been shown to increase accuracy and
innovation in finance.^{4, 5} Despite these proven benefits, a lack of gender and racial diversity in academic
anesthesiology has been highlighted as a persistent issue^{6, 7}, perpetuated by entrenched societal biases
and institutionalized racism.

33

34 The Journal of Neurosurgical Anesthesiology is an international journal which serves as the official 35 journal of the Society for Neuroscience in Anesthesiology and Critical Care (SNACC), itself an 36 organization with a diverse international member base. In 2019, JNA received submissions from authors 37 in 35 countries and all continents, with a readership extending to 72 countries. The Editor-in-Chief 38 supported by the Editorial Board has an obligation to ensure that JNA content reflects a full range of 39 ideas, perspectives, and approaches to scientific inquiry. Peer review, in particular, serves as a critical 40 gatekeeper tasked with upholding the highest level of scientific rigor and quality of research published in JNA.⁸ 41

42

The Editor-in-Chief recently reviewed the demographics of the JNA Editorial Board and Board of
Reviewers over three time-points during the last two decades (2006, 2012 and 2019; Figure 1). In 2006,
93% of Editorial Board members were based in the United States; this fell to 63% in 2019 with the other
37% of members representing 11 countries from all continents. Moreover, 40% of manuscript reviews
are now provided by colleagues outside the United States compared with only 16% in 2006. Over the
time period examined, women were underrepresented on the Editorial Board, making up only 20% of its
members, similar to other journals in Anesthesiology.^{9, 10} Encouragingly, there has been a small but

steady increase in the proportion of women providing peer review for JNA over time, increasing from
17% in 2006 to 29% in 2019.

52

53 The diversity of the neuroanesthesia and perioperative neuroscience community as a whole is not well-54 defined. A glimpse into the demographics of SNACC's international membership, however, reveals a 55 group that is more reflective of today's majority white, male medical establishment in the United States. 56 A 2018 survey conducted to better understand the demographics and experiences of SNACC members 57 revealed that the majority of respondents were from the United States (76% vs. 24% non-US) and were 58 male (63%).¹¹ Regarding race/ethnicity, most of the men and women respondents self-identified as 59 white (67% and 63%, respectively). These findings are consistent with a previous analysis demonstrating 60 a relative lack of racial and gender diversity in Anesthesiology as a specialty in the United States.⁶ These 61 findings compel serious consideration of the systemic barriers to more equitable representation in 62 physician workforce, medical education, medical societies, medical research, and medical journals. 63 Targeted initiatives such as highlighting the work of minority groups and mentorship may be beneficial in improving diversity. Several of these initiatives have been employed by SNACC¹², similar to many 64 65 medical societies around the world.

66

67 Overall, while JNA has made progress towards increasing geographic diversity and gender

68 representation amongst peer reviewers, there is room for improvement going forward, particularly with

69 regard to Editorial Board membership. Furthermore, the evolution over the past two decades occurred

in the absence of a formal diversity and inclusion policy, an absence which we intend to address.

71 Increasing diversity and inclusion is complex and requires a sustained and intentional approach to

72 addressing many disparities. The first step is to systematically collect and analyze data, both to inform

rd strategy and inform progress going forward. Next, we need to understand the obstacles to participation

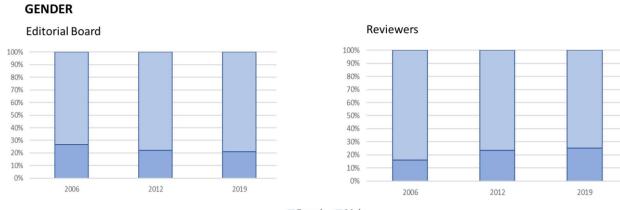
74	in neuroscience research, publishing and peer review. Finally, this information should be used to		
75	develop strategies to minimize systematic barriers and increase the inclusion of members of		
76	underrepresented groups. We look forward to a bright future for JNA as we strive to achieve a broader		
77	more diverse platform for the publication of perioperative neuroscience research.		
78			
79	References		
80	1.	Smith M. The Old and the New: An Enhanced Vision for JNA. J Neurosurg Anesthesiol 2018;30:	
81		287.	
82	2.	Freeman R, Huang W. Collaborating with People Like Me: Ethnic Coauthorship within the United	
83		States. Journal of Labor Economics 2015;33: S289-S318.	
84	3.	LaVeist TA, Pierre G. Integrating the 3Dssocial determinants, health disparities, and health-care	
85		workforce diversity. Public Health Rep 2014;129 Suppl 2: 9-14.	
86	4.	Nathan M, Lee N. Cultural Diversity, Innovation, and Entrepreneurship: Firm-level Evidence from	
87		London. <i>Economic Geography</i> 2013;89: 367-394.	
88	5.	Levine SS, Apfelbaum EP, Bernard M, et al. Ethnic diversity deflates price bubbles. Proc Natl	
89		Acad Sci U S A 2014;111: 18524-9.	
90	6.	Nafiu OO, Leis AM, Wang W, et al. Racial, Ethnic, and Gender Diversity in Pediatric	
91		Anesthesiology Fellowship and Anesthesiology Residency Programs in the United States: Small	
92		Reservoir, Leaky Pipeline. Anesth Analg 2020, Mar 27: doi:10.1213/ANE.000000000004765.	
93		Epub ahead of print	
94	7.	Toledo P, Duce L, Adams J, et al. Diversity in the American Society of Anesthesiologists	
95		Leadership. Anesth Analg 2017;124: 1611-1616.	
96	8.	Smith M. JNA Editorial - July 2018. J Neurosurg Anesthesiol 2018;30: 199.	

- 97 9. Miller J, Chuba E, Deiner S, et al. Trends in Authorship in Anesthesiology Journals. *Anesth Analg*98 2019;129: 306-310.
- 99 10. Lorello GR, Parmar A, Flexman AM. Representation of women on the editorial board of the
- 100 Canadian Journal of Anesthesia: a retrospective analysis from 1954 to 2018. *Can J Anaesth*
- 101 2019;66: 989-990.
- 102 11. Theard M, Flexman A, Aglio L. Diversity and Perspectives of the Society for Neuroscience in
- 103 Anesthesiology and Critical Care Membership: A Survey. *J Neurosurg Anesth* 2019;31: 491-492.
- 104 12. Théard MA, Aglio LS. Diversity and Inclusion, Here and Now SNACC Reaches Out to All Its
- 105 Members. ASA Monitor 2018;82: 52-54. Available at:
- 106 https://monitor.pubs.asahq.org/article.aspx?articleid=2695441 (accessed 12 June 2020)
- 107
- 108 Marie Angèle Théard MD
- 109 Vice-chair, SNACC Diversity and Inclusion Committee
- 110 <u>theard@ohsu.edu</u>
- 111
- 112 Alana M. Flexman MD FRCPC
- 113 SNACC Representative to the JNA Editorial Board and SNACC Secretary/Treasurer
- 114 <u>alana.Flexman@vch.ca</u>
- 115
- 116 Martin Smith MBBS FRCA FFICM
- 117 Editor-in-Chief, Journal of Neurosurgical Anesthesiology
- 118 <u>martin.smith@ucl.ac.uk</u>
- 119
- 120 The authors have no conflicts of interest to disclose.

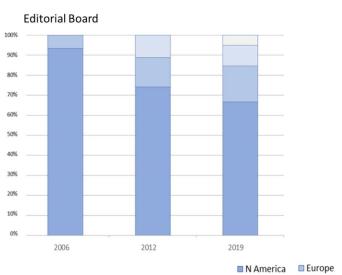
121 FIGURE LEGEND

122

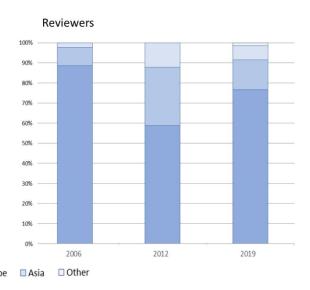
- 123 Figure 1
- 124 Gender and geographic representation of Editorial Board members and peer reviewers: 2006-
- 125 2019
- 126



Female Male









127