#2296037 An Assessment of Diversity, Equity and Inclusion Education in Anesthesiology: A Survey of the American Society of Anesthesiologists (ASA) Membership

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INTRODUCTION

- It is essential to train physicians who are **culturally agile** and **adaptable**.
- Assessing anesthesiologists' current understanding of **diversity, equity, and inclusion (DEI)** can help guide the integration of DEI education into formal anesthesiology training and maintenance of certification programs.
- This survey-based study examined the demographic characteristics and educational experiences of members of the **American Society of Anesthesiologists (ASA)**, in relation to members' knowledge of and satisfaction with DEI-related education within their institutions.

METHODS

- This cross-sectional survey study was approved by the Hospital for Special Surgery's Institutional Review Board (IRB#2025-0329).
- A **24-item electronic questionnaire**, created through an iterative process by the investigators, assessed perceived importance of **competency training**, **current knowledge** levels, and the type and perceived effectiveness of DEI and **cultural competency training** and took approximately 5-10 minutes to complete.
- The survey was distributed via **email** to all ASA members who had opted to receive promotional emails with three follow-up reminder emails.
- Survey completion was voluntary, and there was no payment for study participation.
- Survey responses were summarized using descriptive statistics.
- Chi-squared tests were used to examine differences by gender, geographic region, and career stage.

Significant differences in DEI knowledge, training, and attitudes among ASA members when stratified by gender, career stage, age, region, and practice setting.

Table 1. Respondent demographics

Question	Response	N	%
Age	≤30	32	2.43
	31-40	221	16.77
	41-50	345	26.18
	51-60	306	23.22
	61-70	274	20.79
	≥71	41	3.11
	Prefer not to say	99	7.51
Primary Role	Physician anesthesiologist	1192	90.44
	Fellow-in-training	17	1.29
	Intern/resident	49	3.72
	Medical student	7	0.53
	Anesthesia admin/executive	5	0.38
	Researcher	3	0.23
	Retired	10	0.76
	Other	5	0.38
	Prefer not to say	30	2.28
Practice Setting	Academic institution	476	36.12
	Private practice	538	40.82
	Employed practice	218	16.54
	Other	26	1.97
	N/A	13	0.99
	Prefer not to say	47	3.57
Location Setting	Large city	583	44.23
	Suburb of large city	177	13.43
	City of moderate size	374	28.38
	Suburb of moderate size city	22	1.67
	Small city	84	6.37
	Town	22	1.67
	Small town	2	0.15
	Rural/unincorporated area	2	0.15
	Unsure	7	0.53
	Prefer not to say	45	3.41

Table 2. Respondents who rated diversity training as important or very important

Age (years)	N	%
≤ 30	23	71.9
31-40	110	49.8
41-50	150	43.5
51-60	100	32.7
61-70	82	29.9
>70	11	26.8

Figure 1. Importance of DEI training, stratified

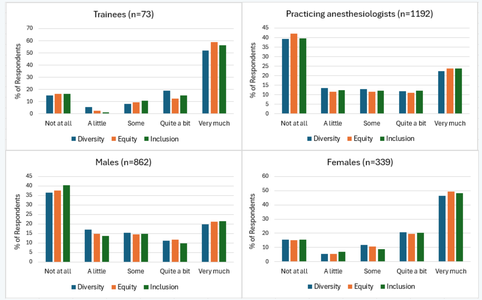
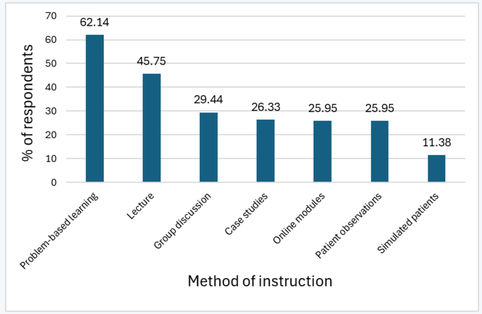


Figure 2. Methods of instruction for DEI training



RESULTS

- From May 24 to June 20, 2025, **1,318 ASA members** completed the survey.
- The majority of respondents were cis gender men (n = 786, 60%), assigned male at birth (n = 862, 65%), White (n = 873, 66%), Non-Hispanic/Latino/a/x (n = 1030, 78%)
- The most common response when asked about the importance of **diversity training** was **"not at all"** (n = 500, 38%) followed by **"very much"** (n = 316, 24%).
- **Female** respondents were more likely to rate diversity training as **"quite important"** or **"very important"** compared to males (67% vs 31%, p< 0.0001) (Figure 1).
- **Trainees** were also more likely to rate DEI training as **"quite important"** or **"very important"** compared to attending anesthesiologists (71% vs 34%, p< 0.0001).
- **Importance of DEI training** was rated most highly among the **younger** age ranges, and less highly among older age ranges (**Table 2**).
- Most respondents felt that they had at least "quite a bit" of knowledge about diversity (70%), equity (67%), and inclusion (69%).
- The majority (75%) believed they have received enough DEI/cultural competency training.
- Common reported **methods of instruction** for DEI training were **problem-based learning** (62%), **lectures** (46%), and **group discussions** (30%) (**Figure 2**).

DISCUSSION

- Our study findings suggest **significant divisions** in DEI knowledge, training, and attitudes among ASA members, particularly when stratified by **gender**, **career stage**, **age**, geographic **region**, and **practice setting**.
- The **low response rate** limits the generalizability of these findings to the broader anesthesiology community.
- Future studies in this area should seek **more uniform participation** across the membership to better capture each group's unique perspectives on the value and role of DEI education in anesthesiology.

References: