

Equity in evidence synthesis: An exploratory study on the influence of race and ethnicity in participation in evidence synthesis research

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Abstract

This research explored the impact of race and ethnicity on Black, Indigenous, and People Of Color (BIPOC) and their participation throughout the production of evidence synthesis in information science research. The study also analyzed the potential for evidence synthesis team reviewers to face pressure to modify their results based on their experiences and standing in their profession. A team of health sciences librarians and a full-time faculty member serving as director of a health sciences program at a university in the United States created a survey to better understand the possible effect of race and ethnicity on participation in evidence synthesis. The survey was sent to various online listservs and had quantitative and open-ended questions. There were 118 participants (n = 89 for white participants; n = 29 for BIPOC participants). There were significant associations between length in the profession and repercussions, repercussions and article evaluation career, not complementary and repercussions, not complementary and article evaluation and career, change score and article evaluation career, change score and repercussions, and change score and not complementary.

Keywords: BIPOC; evidence synthesis; systematic review; USA

Publication Type: research article

Introduction

Evidence synthesis is defined as research that combines information from multiple studies investigating the same topic to develop a more comprehensive understanding of the topic, generally to determine how effective a particular intervention is, and/or people's experiences within the construct of a research question (Cochrane, 2024). Evidence synthesis is often called *systematic review* (Cochrane, 2024). However, evidence synthesis includes many different methodological approaches, including meta-analyses, rapid reviews, scoping reviews, and other rigorous, structured research used within the context of evidence-based practice (Grant & Booth, 2009; Sutton et al., 2019).

The authors define systematic review as a review of all available peer-reviewed literature that uses systematic and explicit methodologies to identify, select, and critically appraise relevant

primary research to extract and analyze data from the studies included in the review to answer a structured research question. Systematic reviews are clearly described by organizations such as the *Cochrane Database of Systematic Reviews* (CDSR) and the *Joanna Briggs Institute's* (JBI) *Manual for Evidence Synthesis*, which both provide training, materials, guidelines, and publication platforms for systematic reviews (Aromataris et al., 2024; Cochrane Library, 2024). These types of systematic reviews aim to minimize bias by using transparent and reproducible methods that are created by teams of experts and made available to practitioners through trainings on online platforms. Systematic reviews may also include a meta-analysis, which is a statistical technique that combines the results of multiple studies to produce a single estimate of the overall effect size.

Black, Indigenous, and People of Color (BIPOC) is an identifier that encompasses intersectional justice for people who identify as Black or African American, Indigenous, Hispanic or Latine, Asian, Pacific Islander, from the diaspora of any of these groups or other non-European culture. In the context of this study, BIPOC refers to professionals from racial and ethnic backgrounds involved in evidence synthesis. Race and ethnicity are terms used to categorize individuals based on shared physical characteristics (race) and cultural attributes (ethnicity).

The involvement of diverse perspectives in evidence synthesis is important for several reasons. Diverse teams bring a variety of perspectives, which can enhance the critical appraisal of studies and the interpretation of findings. This diversity can help identify and mitigate biases that might otherwise go unnoticed. Research has shown that race and ethnicity can have a significant influence on health outcomes and access to healthcare (Egede, 2006). Including BIPOC researchers in the production of evidence synthesis can help resulting guidelines and recommendations be more inclusive and thus more relevant to diverse populations. Ensuring equitable participation in high-impact research activities like evidence synthesis is an important opportunity for professional development and recognition, particularly for BIPOC individuals who may face other barriers to research participation and may not want to participate in human subject research projects. Increasing opportunities for BIPOC researchers to participate in research creation and enhanced institutional support throughout the process could significantly boost their involvement in evidence synthesis. This, in turn, could help address systemic inequities within academic and research institutions. However, it is also important to note that it should not be expected that BIPOC researchers participate in evidence synthesis, rather that by reducing barriers to participation, more BIPOC researchers would be more able to participate if they wished to.

Literature Review

Studies have shown that BIPOC academics face significant barriers throughout hiring and promotion processes. Research has indicated that BIPOC scholars are often evaluated more harshly during the hiring process, facing implicit biases that question their qualifications and capabilities (Quillian et al., 2017; Williams, 2019). Once hired, BIPOC faculty members often find it more difficult to secure a promotion and tenure (National Academies of Sciences, Engineering, and Medicine, 2023; Turner et al., 2008). This barrier can be attributed to a combination of biased evaluation processes and a lack of mentorship and support within their affiliated institutions.

BIPOC researchers often encounter difficulties in securing research funding. Studies have demonstrated that grant proposals from BIPOC are less likely to be funded compared to those from white researchers (Ginther et al., 2011). This disparity can be due to implicit biases among reviewers as well as the marginalization of research topics that are more likely to be pursued by BIPOC, such as studies on health disparities and social justice.

There is evidence that manuscripts submitted to scholarly journals by BIPOC are less likely to be accepted for publication, which can be due to biases in the peer review process, where reviewers may question the rigor and validity of research conducted by BIPOC or may not value the research topics they focus on (Heybati et al., 2023). BIPOC researchers often lack access to the same networks and resources that facilitate successful publication. BIPOC academics frequently receive less recognition for their contributions compared to their white peers. This can be seen in the lower rates of awards and honors received by BIPOC, as well as their underrepresentation and prestigious academic societies and editorial boards of high-impact journals. The lack of mentorship and support for BIPOC in academia is a well-documented issue (Grillo et al., 2023; Irvin et al., 2024).

BIPOC often have fewer mentors and role models who will share their racial or ethnic backgrounds, which can limit their access to professional development opportunities and networks that are crucial for career advancement (Bonifacino et al., 2021). BIPOC in academia frequently experience microaggressions and overt discrimination which can create a hostile work environment (Ackerman-Barger et al., 2021; Irvin et al., 2024). These negative experiences can impact their job satisfaction, mental health, and productivity (Kendrick & Damasco, 2019; Walters et al., 2019; Zamrana et al., 2022).

The disparities faced by BIPOC academics and researchers are multifaceted and pervasive, impacting various aspects of their professional lives (McGee et al., 2024.). Addressing these issues requires concerted efforts from academic institutions, funding agencies, and the broader research community to create more equitable and inclusive environments. This may include implementing bias training for evaluators, increasing transparency and evaluation processes, providing targeted support and mentorship for POCs, and actively working to dismantle systemic barriers that hinder their progress.

Previous research on the diversity among systematic review authors has focused on gender (Shish et al., 2022) and geographic diversity (Qureshi et al., 2020), but the authors were unable to find any published research on race or ethnicity diversity for evidence synthesis publications. This article hopes to provide an initial evaluation of what the authors theorized could be a barrier to BIPOC researcher participation in evidence synthesis. As a relationship between ethnic and racial diversity in scientific work and the expansion of scientific knowledge has been previously identified (Kozlowski et al., 2021), understanding what might contribute to barriers of participation of BIPOC faculty and researchers in evidence synthesis could help to ensure the continued expansion of scientific knowledge in an inclusive way.

There is limited research on the impact of race and ethnicity on participation in evidence synthesis. Published and anecdotal evidence suggests that BIPOC may face barriers to participation and may experience pressure to modify their reported results due to their race or ethnicity or standing in the profession. This study seeks to explore these issues systematically.

Possible Risks of Participation in Evidence Synthesis

The authors of this paper participated in an evidence synthesis project with an undergraduate student and became aware of the potential impact on future prospects if the evidence synthesis results were too harsh on the authors of the included studies, particularly for the student and the subject matter expert author. The authors noted concerns that the limited size of the allied health field relevant to this study could result in potential long-term repercussions for the evidence synthesis authors if the critique of a paper included in the synthesis were perceived as offensive by its original author. This concern ultimately inspired the development of the research presented in this article. A secondary question was whether race or ethnicity played a role in a higher perception of risk for respondents. This exploratory paper presents findings based on a small sample focused on the health sciences, which inherently limits the generalizability of the findings to other research areas. However, as disciplines across the health sciences prioritize evidence synthesis, it is important to consider how these initial findings might inform future research. Additionally, while this study employs preliminary methods, it highlights the necessity for the development of stronger tools and methodologies.

Research questions

Our review of relevant literature as well as our own research experience inspired the following questions:

1. Do BIPOC researchers who participate in evidence synthesis consider risks to their careers when conducting evidence synthesis?
2. If so, do those considerations affect what they produce?

Methods

Agency and Positionality

The first author is a health sciences librarian, and the second author is a professor of communication sciences; both are on faculty at an institution of higher education on the western coast of the United States. As women of color, both authors have personal experience with the impacts of racial microaggressions and racist acts in academia while participating in the research cycle. For this study, the authors aimed to recruit a mixture of white and BIPOC participants to provide comparisons between the experiences of the two groups.

Interview Protocol

The authors developed an original survey, as no previously created measurement could be found that looked at the topic of the research question (Appendix). The survey consisted of four demographic questions, four questions regarding experience with evidence synthesis, five questions regarding possible impacts of participation in evidence synthesis, and two open-ended questions asking participants to share their understanding of both the historical and current

contexts, as well as the formal and informal policies or procedures that may have influenced their experiences and beliefs. The open-ended questions were based on the questions developed by Kendrick and Damasco (2019) and were used and modified with permission.

Institutional Review Board

This research study was submitted to and approved by the Institutional Review Board (IRB) at [redacted for peer review] with exempt approval status.

Marketing

The survey was active from 1 March to 28 March 2022. Participants were informed in the cover email that the survey was available for one month. The protocol was sent to multiple listservs for academic librarians, medical librarians, academic medical professionals, clinical allied health professionals, and medical students. Participants were self-selected, indicating that they had participated in some way in an evidence synthesis project to move forward with the survey. As many evidence synthesis projects are designed to be conducted by teams composed of members with diverse backgrounds and specializations (Aromataris et al., 2024; Higgins et al., 2023), the authors hoped to receive feedback from multiple disciplines.

The authors did not have access to academic medical professionals and clinical health professionals outside of those affiliated with their professional organizations in the fields of health sciences and medical librarianship and audiology and speech, language, and hearing sciences. Thus, they sought permission to post their survey to listservs from professional organizations beyond their fields by relying on personal contacts who were members of listservs they themselves were not part of. This adjustment was allowed under the IRB. No incentives were offered to participants. The authors determined that broad recruitment of diverse participants was essential, particularly at what they hoped would serve as an exploratory stage.

Data analysis

Descriptive statistics were calculated for race, length in the profession (in years), number of evidence syntheses created, employment settings, gender, and how collaborators were found. Spearman's rho was used for correlations between the aforementioned variables. An independent samples t-test was used to compare the number of evidence syntheses created and evidence synthesis peer review author. Statistical analyses were performed using jamovi (Jamovi Project, 2022). An alpha level of .05 was set *as a priori*. Open-ended questions were qualitatively analyzed using narrative, inductive thematic analysis (Braun & Clarke, 2006). The authors first coded the open-ended responses using in-vivo and open coding. Together, the authors triangulated the themes that emerged from the data, confirming them against the quantitative findings.

Results

A total of 118 participants started the survey, with 109 completing the survey. The majority of respondents (86%) identified as female, while 11% identified as male, 1% as other, and 1%

preferred not to state their gender. Tables 1-5 show the participant demographic data. Table 1 shows the participants' employment settings. Due to incomplete responses, the number of participants (N) varies across some question items.

Table 1. Employment setting of respondents

Setting	N
Academic institution	51
Medical academic institution	34
Government	4
Medical (non-academic) institution	6
Corporation	1
Non-profit	4
Other*	5

Note. Other refers to: No current institution (1), hospital academic (1), academic, research hospital (1), multiple institutions (1), consulting firm (1)

Tables 2-5 show descriptive statistics for race, sex, years in the profession, and number of evidence syntheses, respectively. There was a significant difference between BIPOC and White participants for the number of evidence syntheses created, $t = 356$, $d = 0.526$, $p < .001$. White participants were also significantly employed longer than BIPOC participants, $U = 636$, $p = .0202$. However, there were no racial differences in the following areas: considering potential repercussions when evaluating the strength of an article, considering career-related repercussions, assessing the potential for negative impacts on their career, or altering evaluations due to the possibility of negative consequences. See Table 6 for a correlation matrix of relevant variables.

Table 2. Participant background: Race

Ethnicity	Race	Count	Percent of total
American Indian	White	0	0.0%
	BIPOC	1	0.9%
American Indian and White	White	0	0.0%
	BIPOC	1	0.9%
Asian	White	0	0.0%
	BIPOC	4	3.6%
Asian and White	White	0	0.0%
	BIPOC	1	0.9%
Black	White	0	0.0%

	BIPOC	6	5.5%
Black and Hispanic	White	0	0.0%
	BIPOC	1	0.9%
Hispanic	White	0	0.0%
	BIPOC	3	2.7%
Hispanic and White	White	0	0.0%
	BIPOC	2	1.8%
White	White	89	80.9%
Other	BIPOC	0	0
	White	0	0.0%
	BIPOC	2	1.8%

Table 3: Participant background: Gender

Gender	Race	Count	Percent of total
Female	White	73	67.6%
	BIPOC	20	18.5%
Male	White	12	11.1%
	BIPOC	1	0.9%
Other	White	1	0.9%
	BIPOC	0	0.0%
Prefer not to state	White	1	0.9%
	BIPOC	0	0.0%

Table 4: Participant background: Years in profession

Length in profession (in years)	Race	Count	Percent of total
0-5	White	12	10.9%
	BIPOC	10	9.1%
6-10	White	27	24.5%
	BIPOC	4	3.6%

11-15	White	22	20.0%
	BIPOC	2	1.8%
16-20	White	11	10.0%
	BIPOC	2	1.8%
21-25	White	5	4.5%
	BIPOC	1	0.9%
26+	White	12	10.9%
	BIPOC	2	1.8%

Table 5: Participant background: Number of evidence syntheses created

Evidence syntheses	Race	Count	Percent of total
0-3	White	20	20.4%
	BIPOC	14	14.3%
4-6	White	15	15.3%
	BIPOC	3	3.1%
7-9	White	8	8.2%
	BIPOC	0	0.0%
10-14	White	11	11.2%
	BIPOC	0	0.0%
15+	White	25	25.5%
	BIPOC	2	2.0%

Table 6 is the correlation matrix, which evaluated multiple variables that were pertinent to the research questions: Do BIPOC researchers who participate in evidence synthesis consider risks to their career when conducting evidence synthesis? If so, do those considerations affect what they produce?

Table 6. Correlation matrix

	Length in profession	Consideration of repercussions when evaluating strength of article	Consideration of repercussions on career	Potential negative impact on career	Changed an evaluation due to potential for negative impact
Length in profession	1	-0.2	-0.2	0.033	-0.17

Consideration of repercussions when evaluating strength of article	-0.2	1	0.0035	0.026	-0.068
Consideration of repercussions on career	-0.2	0.0035	1	-0.57***	0.45***
Potential negative impact on career	0.033	0.026	-0.57***	1	-0.32**
Changed an evaluation due to potential for negative impact	-0.17	-0.068	0.45***	-0.32**	1

Note. Correlation values represent the relationship between variables. **p 0.01, ***p< 0.001.

The narrative analyses for the open-ended questions showed several themes.

Early career influence. Some respondents indicated that their initial engagement in evidence synthesis began during their graduate studies, which affected their perspectives and priorities. For instance, one participant noted, “I started this work as a graduate student, so my reputation wasn’t necessarily a consideration at this early stage.”

Imposter syndrome. Several participants expressed self-doubt and concerns about their expertise. One participant shared, “Anytime I engage in any research activity, I struggle with imposter syndrome: I have many privileges that perhaps shield me from certain ramifications, including a strong union but do worry about making mistakes and fight my inner monolog [sic] about my ability to contribute expertise in these ES activities/roles.” Another noted increased anxiety as a young researcher: “I probably have more paranoia as a young researcher with a master’s and not a PhD.”

Role of institutional dynamics and career trajectories. Participants cited the influence of institutional culture on their work, such as the lack of understanding of evidence synthesis by tenured colleagues. One respondent expressed worry about tenure decisions: “The tenured folks of my library don’t really seem to understand the importance of evidence synthesis and I’m always worried if that’s going to come back and haunt me come time for tenure.”

Awareness about the impact of cultural and identity factors on professional experiences. For example, a participant noted “as a white person I am less likely to face criticism or backlash

over the decisions I make during an evidence synthesis project than my colleagues from other racial and ethnic groups.” Another stated, “I’m a cis straight middle-aged white guy, but it never even occurred to me that someone might take offense of being included or excluded in a systematic or scoping review.”

Engagement attitudes. Some participants mentioned the specific contexts of their roles within evidence synthesis projects, which influence their engagement attitudes. For example, one participant explained, “I only educate people about systematic reviews, I don’t do them.” Reluctance and critique of being pushed into evidence synthesis roles without a genuine interest or preference was also noted. One participant stated, “the influence of social media on professional practices was acknowledged by some respondents. As one participant shared, “honestly, what I saw other librarians and researchers say on Twitter about evidence synthesis has had an impact on how we approach such projects. I was pushed into systematic reviews, then became the systematic review librarian because we needed someone. I do not particularly like them, or think that so many should be published.”

Role of institutional frameworks and formal training. For example, participants highlighted the use of standardized tool and guidelines such as PRISMA, as well as peer-to-peer training. The adherence to professional standards and evidence-based practice paradigms was emphasized. Another participant mentioned, “Evidence based practice paradigm emphasizes reducing bias,” while another stated, “I have always worked in places with a culture of rigorous features methods, and have not felt pressure from higher-ups to have my findings influenced by politics.”

Security provided by tenure as a protective factor. Having tenure allowed researchers to critique experts without fear of repercussion. One participant shared, “I am largely protected by the tenure system in regards to my career trajectory, which gives me leeway in critiquing experts without repercussion.”

These themes reflect a diverse range of experiences and perspectives, influenced by career stage, institutional contexts, personal identity, and professional practices within the field of evidence synthesis.

Discussion

The findings from this study highlight several critical issues related to the participation of BIPOC in evidence synthesis. Participants also reported the perceived risks associated with their involvement. The results indicate that BIPOC professionals are significantly underrepresented in evidence synthesis activities, which has implications for the inclusivity and comprehensiveness of health guidelines and recommendations derived from these reviews. This underrepresentation is concerning, given the well-documented influence of diverse perspectives on enhancing the quality and relevance of research outcomes.

The significant difference between BIPOC and white participants for the number of evidence synthesis created indicates that there is a need for more BIPOC participants on evidence synthesis teams. Enhanced recruitment efforts by lead researchers and increased support for BIPOC faculty unfamiliar with evidence synthesis methodology could boost the participation of BIPOC faculty and researchers in evidence synthesis. It is important to note at this time that while it would be

beneficial for more BIPOC faculty/researchers to participate in evidence synthesis, it is also critical that care is taken not to increase cultural taxation for faculty researchers who are already doing additional labour due to their race/ethnicity. Any additional evidence synthesis work should also not be an expectation to meet a quota, but rather to ensure that BIPOC faculty/researchers have as much opportunity, support, and security to participate in evidence synthesis work as their white faculty/researcher counterparts.

Our study adds to the body of evidence showing that BIPOC professionals perceive a higher risk when participating in normal academic and research work (Dupree & Kraus, 2022; Williams, 2019; Wright-Mair, 2023). In particular the research presented in this paper indicates that these risks are also present when BIPOC professionals participate in evidence synthesis. The fear of offending authors and included studies, particularly in small, allied health fields, is a significant concern. This apprehension may discourage critical appraisal and honest reporting, ultimately affecting the integrity of evidence synthesis. The significant associations found between perceptions of repercussions and career evaluations underscore the importance of addressing these fears to ensure that evidence synthesis remains rigorous and unbiased. Diverse teams and evidence synthesis bring a variety of perspectives that can enhance the critical appraisal of studies and the interpretation of findings (Uttley et al., 2017) This diversity is crucial for identifying and mitigating biases that might otherwise go unnoticed. Including BIPOC in the production of evidence synthesis can ensure that the resulting guidelines and recommendations are more inclusive and relevant to diverse populations, ultimately improving health outcomes and access to healthcare for these groups.

Anecdotal data left in the open-ended questions indicated that some of the respondents had not considered the possible consequences of participation in an evidence synthesis on professional opportunities. This might be due to several factors, including that the majority of our respondents were more established in their careers, with 51.7% reporting that they had more than 10 years of professional experience and that the anecdotal data tended to be more from the information professionals who participated in evidence synthesis work. Librarians and information professionals, when participating in evidence synthesis not focused on librarianship, are in a methods-focused role that generally does not include evaluating the work of their peers, it would follow that they would not necessarily feel the same level of possible threat from their participation in evidence synthesis as members of the evidence synthesis teams who are subject matter experts.

The findings suggest several recommendations for academic institutions, funding agencies, and the broader research community: 1) bias training and evaluation transparency, 2) targeted support and mentorship, 3) dismantling systemic barriers, and 4) inclusive research practices. Specifically, implementing comprehensive bias training for evaluators and increasing transparency and evaluation processes can help mitigate implicit biases across disciplines, fostering a more equitable environment for all researchers. Providing targeted support and mentorship for BIPOC researchers can facilitate their participation and evidence synthesis and enhance professional development and recognition not only in health sciences but also in information sciences, where diverse perspectives can significantly improve the management, dissemination, and accessibility of information.

Concerted efforts are needed to dismantle systemic barriers, such as funding disparities and publication biases, that hinder the progress of BIPOC academics. Furthermore, encouraging and supporting the involvement of BIPOC researchers and evidence synthesis can contribute to the

expansion of scientific knowledge and the development of more inclusive and relevant health guidelines. By addressing these gaps, the recommendations outlined here have the potential to foster more inclusive, diverse, and innovative contributions across various disciplines, including information science and other fields that rely on rigorous, evidence-based practices.

Conclusion

This study provides an initial evaluation of the barriers to BIPOC participation in evidence synthesis and highlights the need for more inclusive practices in the health sciences research community. Addressing these barriers is essential to ensure that evidence synthesis teams and methodologies continue to work towards reducing bias, helping to effectively guide clinical practice and policy making in the health sciences. Although there are not enough data collected in this research project to indicate that there is serious consideration given by BIPOC faculty and researchers to possible consequences by professionals engaged in evidence synthesis across the scientific community, the data presented here indicates that this topic is one worthy of future research. Future research should continue to explore these issues to develop strategies that promote the equitable participation of all researchers and high impact research activities.

The results presented in this paper are from a small sample with a focus in the health sciences, limiting the applicability of the results to the broader research community. Future research should strive for a larger participation pool and a more diverse participation pool as many disciplines within the health sciences continue to increase publication of evidence synthesis. Future research should also consider including participants who considered and/or declined to participate in evidence synthesis, particularly among historically marginalized groups. Additionally, future research should also consider Indigenous communities, specifically in the areas of intercultural information protocols and data sovereignty, to promote access and transparency. This paper presents initial research utilizing limited methods, and future research should consider the development and/or use of a stronger measurement and should also consider qualitative research as a means of further exploring barriers to participation of BIPOC faculty and researchers in evidence synthesis.

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Appendix (Survey)

This survey operates with the following definitions:

Evidence Synthesis is a type of research method that collects all relevant information on a research questions. It includes systematic reviews, meta-analysis, rapid reviews, scoping reviews, and other types of rigorous, structured, research used within the context of evidence-based practice.

A systematic review is a review of the evidence on a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant primary research, and to extract and analyze data from the studies that are included in the review to answer a structured research question.

Demographic Questions

Please select all that you use to describe yourself

- **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Afro-Caribbean" can be used in addition to "Black or African American."
- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **Native Hawaiian or Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Some other race**

What category below includes your age:

18-24

25-30

31- 35

36-40

41-45

46-50

51-55

56-60

60+

What is your Gender:

Female

Male

Other

Prefer not to state

What type of institution are you currently employed at?

Academic (general)

Academic (medical)

Government

Medical (Non-academic)

Research

Corporation

Non-Profit

Other: Please specify _____

How long have you been in your profession?

0-5 years

6-10 years

11-15 years

16-20 years

21-25 years

26 plus years

What is the total number of evidence syntheses that you have helped to create? (whether published or not, do not include protocols in this number)

0-3

4-6

7-9

10-14

15+

What is the total number of evidence synthesis articles that were published in a peer review journal where you are listed as an author?

0-3

4-6

7-9

10-14

15+

How did you find your collaborators? (check all that apply)

I initiated the project

I was invited to the project

I was assigned the project

I sought out the project

What roles(s) have you been assigned in a systematic review? Please select all that apply

-Lead/PI

- Statistician/ Perform statistic functions and risk of bias

- Reviewer/ Review articles for inclusion/exclusion

- Expert searcher/ Formulate and test searches

- Information specialist/Librarian
- Writer/Editor/ Writes and edits report or article
- Identify databases and experts

I participate in an evidence synthesis because it benefits my career.

Strongly disagree ; Somewhat disagree ; Neither agree nor disagree ; Somewhat agree ; Strongly agree

During the evaluation of the collected articles phase of an evidence synthesis, I consider repercussions for my career when evaluating the articles for strength of evidence

Strongly disagree ; Somewhat disagree ; Neither agree nor disagree ; Somewhat agree ; Strongly agree

When evaluating the articles collected for an evidence synthesis, I do not consider if my evaluation of article might have repercussions for my career

Strongly disagree ; Somewhat disagree ; Neither agree nor disagree ; Somewhat agree ; Strongly agree

I feel that if an evidence synthesis is not complementary of the work published by experts in the field, it could have a negative impact on my career

Strongly disagree ; Somewhat disagree ; Neither agree nor disagree ; Somewhat agree ; Strongly agree

What negative career impacts have you considered?

I have changed my evaluation of an item in an evidence synthesis based on the author's reputation as being an expert in the field because I feel that the evaluation would have an impact on my career

Strongly disagree ; Somewhat disagree ; Neither agree nor disagree ; Somewhat agree ; Strongly agree

Within the context of the questions asked in this survey, please answer the question below

If you believe any historical or current contexts (institutional, cultural, political, social) that may have contributed to your experiences and beliefs, please share them here:

Within the context of the questions asked in this survey, please answer the question below

If you believe there were any formal or informal policies, procedures, or practices that contributed to your experiences and beliefs, please share them here:

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