The use of an analytic hierarchy process to promote equity, diversity and inclusion

Edsel B. Ing, MD, PhD

Accepted Sep. 20, 2021

Correspondence to:

E. Ing Michael Garron Hospital 650 Sammon Ave, K306 Toronto ON M4C 5M5 edingLidStrab@gmail.com

Cite as: Can J Surg 2022 July 5;65(4). doi: 10.1503/cjs.013521

SUMMARY

Equity, diversity and inclusion (EDI) are increasingly important directives in medicine that add further complexity to adjudications. The analytic hierarchy process is proposed as a tool for multicriteria decision-making that can facilitate the incorporation of EDI directives, especially for collective, group determinations.

he incorporation of equity, diversity and inclusion (EDI) in medicine is a moral imperative that can also improve patient care and the health care system. Although EDI directives are increasingly recognized in medicine, they increase the complexity of decision-making.

Several multicriteria decision-making methods are available, but the most straightforward and widely used technique is the mathematically based analytic hierarchy process. The analytic hierarchy process has been widely applied in medicine, science and business¹ and was recently proposed to promote EDI in economic decisions.² This process allows more rational decisionmaking when there are multiple, competing options, regardless of whether the decision criteria are qualitative or quantitative. The analytic hierarchy process uses pairwise comparisons of the designated criteria and eigenvector linear algebra to develop priority weightings for each criterion. For the process to yield correct results, the appropriate decision-making criteria must be identified, and their relative importance properly specified with the pairwise comparisons.³ The pairwise comparisons are ranked using a fundamental scale of relative importance from 1 to 9, where 1 is designated "equal importance," 3 is "moderate importance," 5 is "strong importance," 7 is "very strong importance" and 9 represents "extreme importance." An indication of the quality of the pairwise comparisons can be inferred from the consistency ratio, which should be less than 10%. An online calculator for the analytic hierarchy process is available.4

The analytic hierarchy process framework can incorporate EDI criteria into decisions regarding the recruitment, training, specialty selection, placement and retention with respect to underrepresented minorities, and help allocate medical care, research directives and medical resources to marginalized groups.⁵

The advantages of the analytic hierarchy process include intentionality for EDI, engagement from multiple stakeholders in group decision-making processes, enhancement of trust and the promotion of department morale in the attainment of diversity and inclusion excellence. The transparent use of an analytic hierarchy process may also help quell any concerns regarding reverse discrimination.

To illustrate the analytic hierarchy process, a framework for resident selection using the 8 Canadian Resident Matching Service (CaRMS) referee criteria,⁶ is presented, adding EDI as a criterion. If the 9 selection criteria are

1	•	Cognitive skills & knowledge	0	Problem solving & patient management	⊚1	02 03 04 05 06 07 08 09
2	•	Cognitive skills & knowledge	0	Behaviour & attitudinal skills	⊚1	02 03 04 05 06 07 08 09
3	0	Cognitive skills & knowledge	•	Communication skills & working relationships	⊚1	02 03 04 05 06 07 08 09
4	•	Cognitive skills & knowledge	0	Motivation & punctuality	⊚1	02 03 04 05 06 07 08 09
5	•	Cognitive skills & knowledge	0	Sense of responsibility	⊚1	02 03 04 05 06 07 08 09
6	•	Cognitive skills & knowledge	0	Procedural skills specific to discipline	⊚1	02 03 04 05 06 07 08 09
7	•	Cognitive skills & knowledge	0	Special qualities & unique contributions	⊚1	02 03 04 05 06 07 08 09
8	•	Cognitive skills & knowledge	0	Equity, diversity, inclusion	⊚1	02 03 04 05 06 07 08 09
9	•	Problem solving & patient management	0	Behaviour & attitudinal skills	⊚1	02 03 04 05 06 07 08 09
10	0	Problem solving & patient management	•	Communication skills & working relationships	⊚1	02 03 04 @5 06 07 08 09
11	•	Problem solving & patient management	0	Motivation & punctuality	⊚1	02 03 04 05 06 07 08 09
12	•	Problem solving & patient management	0	Sense of responsibility	⊚1	02 03 04 05 06 07 08 09
13	•	Problem solving & patient management	0	Procedural skills specific to discipline	⊚1	02 03 04 05 06 07 08 09
14	•	Problem solving & patient management	0	Special qualities & unique contributions	⊚1	⊚ 2 03 04 05 06 07 08 09
15	•	Problem solving & patient management	0	Equity, diversity, inclusion	⊚1	⊚ 2 o3 o4 o5 o6 o7 o8 o9
16	0	Behaviour & attitudinal skills	•	Communication skills & working relationships	⊚1	02 03 04 @5 06 07 08 09
17	•	Behaviour & attitudinal skills	0	Motivation & punctuality	⊚1	02 03 04 05 06 07 08 09
18	•	Behaviour & attitudinal skills	0	Sense of responsibility	⊚1	02 03 04 05 06 07 08 09
19	•	Behaviour & attitudinal skills	0	Procedural skills specific to discipline	⊚1	02 03 04 05 06 07 08 09
20	•	Behaviour & attitudinal skills	0	Special qualities & unique contributions	01	● 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9
21	•	Behaviour & attitudinal skills	0	Equity, diversity, inclusion	01	© 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9
22	0	Communication skills & working relationships	•	Motivation & punctuality	⊚1	02 03 04 05 06 07 08 09
23	•	Communication skills & working relationships	0	Sense of responsibility	⊚1	02 03 04 05 06 07 08 09
24	•	Communication skills & working relationships	0	Procedural skills specific to discipline	01	02 03 04 05 06 07 08 09
25	•	Communication skills & working relationships	0	Special qualities & unique contributions	01	02 03 04 05 06 07 08 09
26	•	Communication skills & working relationships	0	Equity, diversity, inclusion	01	02 03 04 05 06 07 08 09
27	•	Motivation & punctuality	0	Sense of responsibility	⊚1	02 03 04 05 06 07 08 09
28	•	Motivation & punctuality	0	Procedural skills specific to discipline	⊚1	02 03 04 05 06 07 08 09
29	0	Motivation & punctuality	•	Special qualities & unique contributions	01	⊚ 2 o3 o4 o5 o6 o7 o8 o9
30	•	Motivation & punctuality	0	Equity, diversity, inclusion	01	● 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9
31	•	Sense of responsibility	0	Procedural skills specific to discipline	⊚1	02 03 04 05 06 07 08 09
32	•	Sense of responsibility	0	Special qualities & unique contributions	01	© 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9
33	•	Sense of responsibility	0	Equity, diversity, inclusion	01	0 2 03 04 05 06 07 08 09
34	•	Procedural skills specific to discipline	0	Special qualities & unique contributions	01	0 2 03 04 05 06 07 08 09
35	0	Procedural skills specific to discipline	•	Equity, diversity, inclusion	01	0 2 03 04 05 06 07 08 09
36	•	Special qualities & unique contributions	0	Equity, diversity, inclusion	⊚1	02 03 04 05 06 07 08 09
CR =	3 20	OK				

Fig. 1. Hypothetical analytic hierarchy process (AHP) for resident selection, incorporating equity, diversity and inclusion with the referee criteria of the Canadian Resident Matching Service. Note: CR = consistency ratio; wrt AHP = numerical weight of the selection criterion.

rated of equal importance, EDI considerations will receive a maximum score of 11.1%. If, hypothetically, a large residency program decides that working relationships between the residents and staff are of strong overriding importance (level 5 on the analytic hierarchy process scale) compared with the other criteria, but that EDI and

"special qualities and unique contributions" are both slightly less important than the other criteria, then EDI receives a maximum weighting of 4.7% (Figure 1 and Figure 2). Each residency selection committee should perform its own pairwise comparisons to derive criterion weightings applicable to their program.

Priorities

These are the resulting weights for the criteria based on your pairwise comparisons:

Cate	egory	Priority	Rank	(+)	(-)
1	Cognitive skills & knowledge	9.0%	4	1.6%	1.6%
2	Problem solving & patient management	9.0%	4	1.6%	1.6%
3	Behaviour & attitudinal skills	9.0%	4	1.6%	1.6%
4	Communication skills & working relationships	31.1%	1	13.3%	13.3%
5	Motivation & punctuality	11.7%	2	6.9%	6.9%
6	Sense of responsibility	11.7%	2	6.9%	6.9%
7	Procedural skills specific to discipline	9.0%	4	1.6%	1.6%
8	Special qualities & unique contributions	4.7%	8	0.5%	0.5%
9	Equity, diversity, inclusion	4.7%	8	0.5%	0.5%

Fig. 2. Output of a hypothetical analytic hierarchy process for resident selection that incorporated equity, diversity and inclusion with the referee criteria of the Canadian Resident Matching Service.

CONCLUSION

An analytic hierarchy process framework can assist in multicriteria decision-making to promote EDI directives. The analytic hierarchy process allows transparent group decision-making, and may promote selection committee morale by providing intentionality of EDI directives.

Affiliation: From the Michael Garron Hospital and the Department Ophthalmology and Vision Science, Temerty Faculty of Medicine, University of Toronto, Toronto, Ont.

Competing interests: None declared.

Content licence: This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY-NC-ND 4.0) licence, which permits use, distribution and reproduction in any medium, provided that the original publication is properly cited, the use is noncommercial (i.e., research or educational use), and no modifications or adaptations are made. See: https://creativecommons.org/licenses/by-nc-nd/4.0/

References

- Saaty R. The analytic hierarchy process what it is and how it is used. Math Model 1987;9:161-76.
- Wong G. Your diversity, equity and inclusion initiatives are missing the point. Here's how to fix them. World Economic Forum; 2021. Available: https://www.weforum.org/agenda/2021/03/how-to-improve-diversity-equity-inclusion-initiatives-business/ (accessed 2021 June 10).
- Whitaker R. Criticisms of the analytic hierarchy process: why they often make no sense. Math Comput Model 2007;46:948-61.
- Goepel K. Implementation of an online software tool for the analytic hierarchy process (AHP-OS). *International journal of the analytic hierarchy process* 2018;10:469-87.
- Equity and diversity in medicine. Background to CMA Policy. Ottawa: Canadian Medical Association; 2020. Available: https://www.cma.ca/physician-wellness-hub/topics/equity-and-diversity-in-medicine (accessed 2021 June 10).
- 6. Canadian Resident Matching Service. Ottawa: CaRMS; 2021. Available: https://www.carms.ca/match/psm/referees/reference-guidelines-psm-referees/ (accessed 2021 Jul.17).