

An Evidence-Based Approach to Equality, Diversity and Inclusion in The Workplace

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Structure

- ◆ What is an evidence-based approach to anything?
 - Origins
 - Why and how you do it
 - Barriers
- ◆ To what extent are diversity practitioners evidence based
- ◆ What would evidence-based diversity practice look like?
- ◆ Overcoming challenges to evidence-based diversity practice

What's the problem?

- ◆ Practitioners in all fields use evidence (or information) in their decision-making
- ◆ BUT the evidence used is often limited
 - Not enough of it
 - Not from/of multiple and diverse sources/types
 - Not critically appraised for its quality or relevance
 - Not used in a systematic way (e.g., not focusing on the best available evidence, not weighting, not aggregating)

Why is this a problem? The logic of evidence-based practice

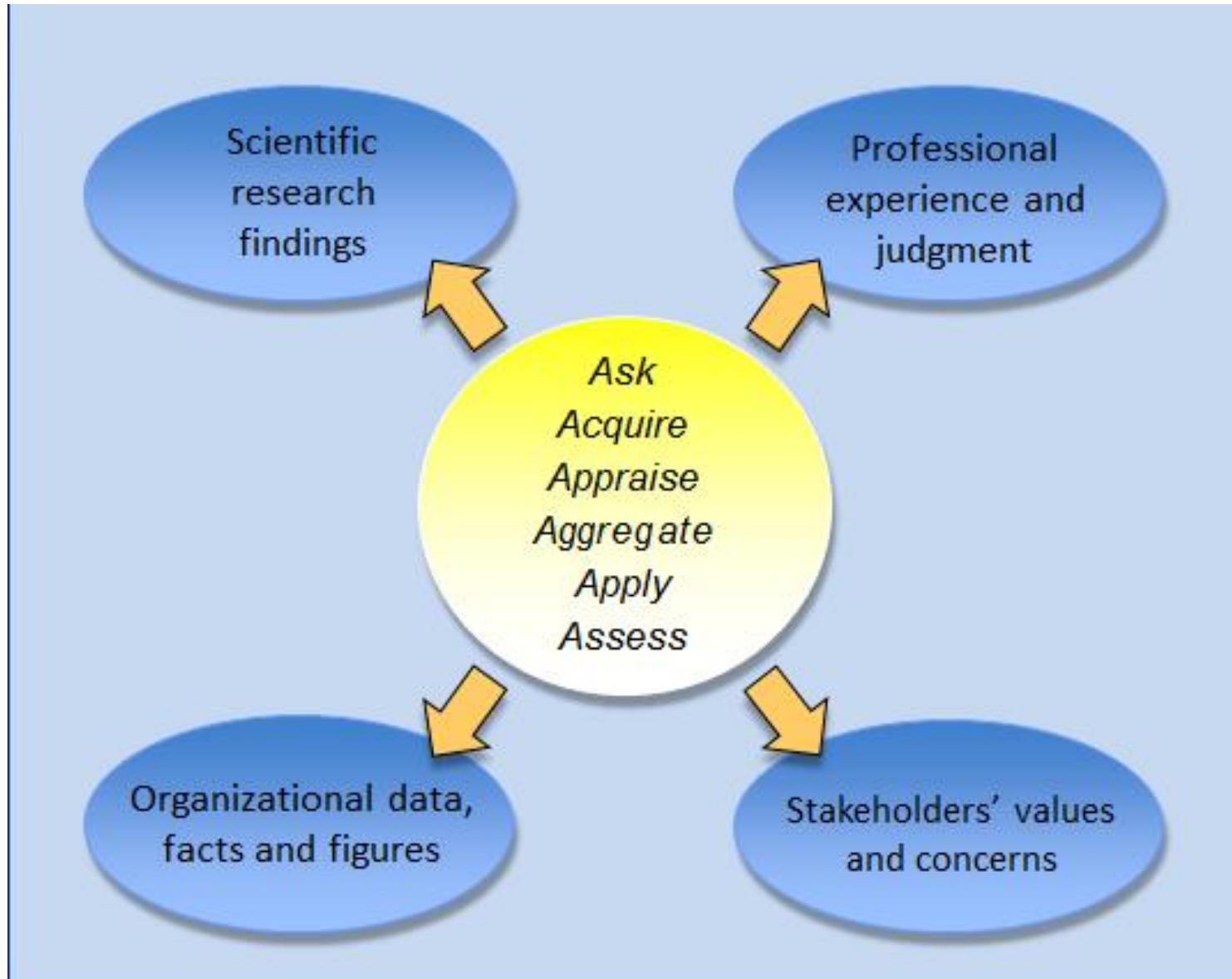
- ◆ Using limited quantities, sources, and types of evidence in an uncritical and unsystematic way will *increase the chances* of poor decision processes and obtaining unintended outcomes
- ◆ Using greater quantities, sources and types of evidence in a critical and systematic way will *increase the chances* of better decision processes and obtaining intended outcomes

What is it?

Evidence-based practice is about making decisions through the conscientious, explicit and judicious use of the best available evidence from multiple sources by

- 1. Asking:** translating a practical issue or problem into an answerable question
- 2. Acquiring:** systematically searching for and retrieving the evidence
- 3. Appraising:** critically judging the trustworthiness and relevance of the evidence
- 4. Aggregating:** weighing and pulling together the evidence
- 5. Applying:** incorporating the evidence in the decision-making process
- 6. Assessing:** evaluating the outcome of the decision taken

to increase the likelihood of a favourable outcome.



Example: Evidence-Based absence management

Element 1: Practitioner expertise and judgement

- ◆ Have I seen this before?
- ◆ What happened?
- ◆ What are my beliefs about the causes of absence? Are they reasonable?
- ◆ What's worked in the past and why?
- ◆ What do I think are the causes and possible solutions and why?
- ◆ How relevant and applicable is my experience?

Example: Evidence-Based absence management

Element 2: Evidence from the local context

- ◆ What actually is the absence rate?
- ◆ What type of absences and where?
- ◆ What exactly is the absence problem?
- ◆ What are local explanations for absence?
- ◆ What absence management is currently in place and is it working?
- ◆ What do managers think is going on?
- ◆ What are the possible costs and benefits of interventions? Is it worth intervening here?
- ◆ What is happening or what is going to happen that might be affecting absence?

Example: Evidence-Based absence management

Element 3: Critical evaluation of best available research evidence

- ◆ What are the average rates of absence in this sector and location – is the absence rate here 'high'? Is there a real problem?
- ◆ What does systematically reviewed research evidence suggest to be the major causes of absence?
- ◆ How relevant and applicable is that evidence here?
- ◆ What does research evidence from systematic reviews suggest as effective interventions?
- ◆ How well might the interventions the research describes work here?

Example: Evidence-Based absence management

Element 4: Perspectives of those who may be affected by intervention decision

- ◆ What do employees think is going on?
- ◆ How do they feel about the proposed interventions?
- ◆ Do they see downsides or unintended negative consequences?
- ◆ How do managers feel about these interventions?
- ◆ How practical or workable are interventions perceived to be?
- ◆ What alternative explanations and proposed solutions do others have?

Is that it?

- ◆ Yes, sort of: Any questions?

Evidence-based practice origins

- ◆ Two editorials in *British Medical Journal*
 - 1991 Only 15-20% medical interventions supported by solid evidence
 - 1994 Many practices do more harm than good
- ◆ 1992 Evidence-based medicine: New approach to teaching medicine JAMA
- ◆ 1993 Cochrane Collaboration formed
- ◆ 1996 UK government commitment to pursue evidence-based medicine



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CEBM aims to develop, teach and promote evidence-based health care through conferences, workshops and EBM tools so that all health care professionals can maintain the highest standards of medicine.

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We are in the process of migrating to a new setup and updating our content.

Whilst the resources remain the same details on all courses and events can be found at www.cebm.ox.ac.uk

Thank you for your patience.

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CEBM Teaching Evidence-Based Practice Workshop has been rolled into the Oxford Programme in Evidence-Based Healthcare and will be managed and administered by the Department of Continuing Education, University of Oxford with tutoring and support from CEBM.

Details are available [here](#) please email cpdhealth@conted.ox.ac.uk or telephone +44 (0)1865 286941 with any queries you may have about the workshop.

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The latest FREE tools for effective practice and teaching of evidence-based medicine.

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Translating Research into Practice

News and Events:



We invite researchers and practitioners to submit articles to *Policing: A Journal of Policy and Practice*.

David Weisburd and Cody Telep, in collaboration with the Inter-American Development Bank, publish “Police and the Microgeography of Crime” in English and Spanish.

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The Centre for Evidence-Based Conservation (CEBC) was established in 2003 with the goal of supporting decision making in conservation and environmental management. CEBC promotes evidence-based practice through the production and dissemination of systematic reviews on both the effectiveness of management and policy interventions and on the

News

- » New CEE systematic review published on [human wellbeing impacts of terrestrial protected areas](#).



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CEBE – the Center for Evidence-Based Education – is an independent network of experienced educators committed to assisting schools, networks of schools, and school systems in improving performance, transforming practice, and eliminating achievement gaps. Focusing on *Designing Learning, Leadership for Learning, and New Cultures for Learning*, CEBE draws upon a diverse range of strategies and tools, including *Learning Rounds, Job-Embedded Coaching, Innovation Catalysts, and Strategic Networking*, in support of its evidence-based approach

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Centre for Evidence-Based Agriculture (CEBA)

The Centre for Evidence Based Agriculture is a reviewing, training and co-ordinating hub for the collation and synthesis of agri-food evidence in order to support decision-making.

Agri-food research is often disparate and difficult to access. Evidence syntheses aim to collate, and sometimes re-analyse, research and other evidence in order to support policy and management decisions. Agri-food related reviews are increasingly required by government departments and agencies such as DEFRA, DFID, and the FSA in order to inform decisions and funding.

Evidence syntheses follow structured, transparent protocols, for searching, selection and where relevant analysis of evidence. This increases repeatability and reduces bias. The different types of evidence syntheses vary in their scope and methodology and are influenced by the type of question being addressed and also by the timescale available. All systematic reviews, for example, aim to answer specific questions. In contrast, systematic maps collate the available evidence for a topic area.



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Australian Centre for Evidence Based Aged Care

The staff of ACEBAC are passionate advocates of person-centred, evidence-based care of older people. We are involved in research, education and professional practice and hope through this site we can share our learnings and assist visitors to link with other relevant resources.

A major factor in quality outcomes in the care of older people is interdisciplinary practice that is driven by the person receiving care; not by the 'experts'. This theme pervades our work. All of our research involves collaboration with a mix of disciplines and consumers.

Too often research is undertaken and never makes a difference in practice. For this reason we have a focus on translating evidence into the real world and making a quality difference for patients/residents, families and staff.



Social Work Policy Institute

EVIDENCE-BASED Practice

Partnerships to Promote Evidence-Based Practice

Evidence-based practice (EBP) is a process in which the practitioner combines well-researched interventions with clinical experience and ethics, and client preferences and culture to guide and inform the delivery of treatments and services. The practitioner, researcher and client must work together in order to identify what works, for whom and under what conditions. This approach ensures that the treatments and services, when used as intended, will have the most effective outcomes as demonstrated by the research. It will also ensure that programs with proven success will be more widely disseminated and will benefit a greater number of people.

This Web resource was partially funded by a contract to IASWR from NIMH. It seeks to promote the integration of evidence-based mental health treatments into social work education and research. The [Evidence-Based Practice Resources](#) section provides tools that can be used to identify EBPs, online resources that can inform the EBP process and a list of publications for further information. The [Partnership Examples](#) section highlights some existing partnerships created between researchers and practitioners that further EBP.

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Center for Evidence-Based Mentoring Mission:

Welcome to the Center for Evidence-Based Mentoring. The Center is dedicated to creating the open and efficient exchange of research and ideas. In doing so, we seek to advance the production, dissemination, and uptake of evidence-based practice in ways that improve the effectiveness of practice and, ultimately, create stronger, more enduring mentor-mentee relationships.



This mission aligns with the sage comments that of Father Donald J. Monan, Chancellor of Boston College, made last year at UMass



February 2014 - The Center hosted a day-long short course on Mentoring in the Digital Age. More information can be found at the [course website](#) and in this [Youth Today](#) article.

December 2013 - [Weathering the Storm: Our genes](#)



CEBMa

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Welcome to the Center for Evidence-Based Management

The Center for Evidence-Based Management (CEBMa) is a non-profit member organization dedicated to promoting evidence-based practice in the field of management. We provide support and resources to managers, consultants, organizations, teachers, academics and others interested in learning more about evidence-based management.

CEBMa's first online course module now freely available

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BPS Diversity & Inclusion Work Group

The Diversity and Inclusion at Work Group promotes the use of evidence to develop links between academic researchers and practitioners in diversity management.

Our goals

- Identify scientific psychological knowledge in the area of ethnic diversity in work and career experiences.
- Articulate a valid and credible message to our audience to facilitate their understanding of the way ethnicity impacts on work and career experiences in the UK.
- Transfer knowledge into practice in a valid and accessible form. Provide tools and resources to advance/support practice in this area.
- Encourage research into ethnicity at work.
- To promote diversity in the Division of Occupational Psychology

Why is it a particular problem in (diversity) management?

- ◆ It may not be but management has come very late to evidence-based practice
- ◆ The concept is not well-known or understood by organizations, managers or management schools
- ◆ It seems that some (diversity) management practice is dominated by fads and fashions and not much into basing decisions on good quality evidence from multiple sources

Not just (diversity) management

- ◆ Affects all professions
- ◆ Decisions made on the basis of things *other* than critically evaluated information or evidence
- ◆ Some examples....

Some alternatives to evidence-based management (inspired by Isaacs & Fitzgerald, 1999)

- ◆ **Vehemence-based management** (loud, brow-beating)
- ◆ **Eloquence-based management** (sharp-suited, sliver-tongued)
- ◆ **Obedience-based management** (because I say so, just freakin' do it)
- ◆ **Resemblance-based management** (doing what others do)
- ◆ **Defence-based management** (the safest option)
- ◆ **Indolence-based management** (whatever takes least effort)
- ◆ **Haste-based management** (whatever is fastest)
- ◆ **Indulgence-based management** (the coolest most fun thing)
- ◆ **Reverence-based management** (doing what is the most truly awesome)

The paradox

- ◆ Evidence-based practice makes a lot of sense
- ◆ But it doesn't seem to happen as much as it should
- ◆ It is not well-known in management
- ◆ So what are the barriers?
 - General misconceptions and myths
 - For managers and diversity practitioners in organizations

Some general misconceptions and myths about evidence-based practice [1]

- ◆ **Evidence can prove things.** *No. Just probabilities or indications based on limited information and situations.*
- ◆ **Evidence tells you the truth about things.** *No. Truth is a whole different thing.*
- ◆ **Evidence means quantitative 'scientific' evidence.** *No. Evidence in general just means information – like the use of 'evidence' in legal settings – anything might count if it's valid and relevant.*
- ◆ **Evidence-based practice means practitioners should not use their professional expertise or gut feel.** *No. Expertise /gut is also evidence which can be as valid as any other and is needed to apply evidence. Gut feel relevant only for some types of decisions.*

Some general misconceptions and myths about evidence-based practice [2]

- ◆ **Doing evidence-based practice means doing what the research evidence tells you works.** *No. Research evidence is just one of four sources of evidence. Evidence-based practice is about **practice** not research. Evidence doesn't speak for itself or do anything.*
- ◆ **New exciting single 'breakthrough' studies provide the best evidence.** *No. It's about what a **body** of research says. **Single studies don't matter.***
- ◆ **Collecting valid and relevant evidence gives you The Answer to The Problem.** *No. Evidence rarely gives you The Answer but helps you make better-informed decisions and develops understanding.*

Some general misconceptions and myths about evidence-based practice [3]

- ◆ **If you don't have evidence you can't do anything.** *No. You always have evidence. But you practice explicitly knowing the quantity and quality of evidence available. It's not about perfection or a completely knowable world. It's not an all-or-nothing thing.*
- ◆ **Experts (e.g., consultants and management school professors) know all about the evidence so you just need to ask them.** *Rarely true. Experts are biased, limited knowledge and have vested interests (as their expertise is likely related to their power or other resources). It's about making our own judgements and overcome "trust me I'm a doctor"-type deference.*

Examples of barriers for managers in organizations

- ◆ Cognitive biases
- ◆ Fads and fashions
- ◆ Professional rituals and norms
- ◆ Power and politics
- ◆ Career incentives

Espoused and more implicit goals of managers

ESPOUSED GOALS

- ◆ To do what works (but few evaluations)
- ◆ To help organization fulfil its mission
- ◆ To identify and solve important problems
- ◆ To do what matters
- ◆ Treating everyone equally
- ◆ Speak truth to power(?)

IMPLICIT GOALS

- ◆ To get things done
- ◆ To further career
- ◆ To avoid trouble
- ◆ To fix political or presenting problems
- ◆ To meet targets
- ◆ To do what gets measured
- ◆ Favour those who help advance personal goals
- ◆ Say what higher-ups want to hear

In your experience as a diversity practitioner...

- ◆ Can you think of examples of how each of the following might push diversity practitioners *away* from being evidence-based
 - Fads and fashions in diversity management? *Could be old or happening right now or emerging..*
 - Professional rituals and norms? *Practices that are just see as 'the thing' to do*
 - Power and politics? *Do vested interests or senior managers overly-influence what happens?*
 - Career incentives? *What are diversity practitioners really rewarded for?*

How evidence-based are diversity practitioners?

- ◆ Any reason to assume they are different from managers, HR practitioners, work psychologists, etc...?
- ◆ Are there specific factors that make them more or less likely to be evidence-based?

Some criteria for evaluating EBP professions (Briner & Rousseau, 2011)

- ◆ The term “evidence-based” is well-known and used: It is unlikely that any field using this approach would not use the term
- ◆ Systematic research summaries (reviews) are accessible to practitioners and articles reporting primary research and traditional literature reviews are accessible to practitioners.
- ◆ ‘Cutting-edge’ practices, panaceas and fads are treated with healthy scepticism: While some new ideas do eventually come to be supported by evidence most do not.
- ◆ There is a demand for evidence-based practice from clients and customers and practitioners have some authority/power
- ◆ Practice follows evidence-based principles
- ◆ Initial training and CPD adopt evidence-based approaches to education and training

What would evidence-based diversity practice look like?

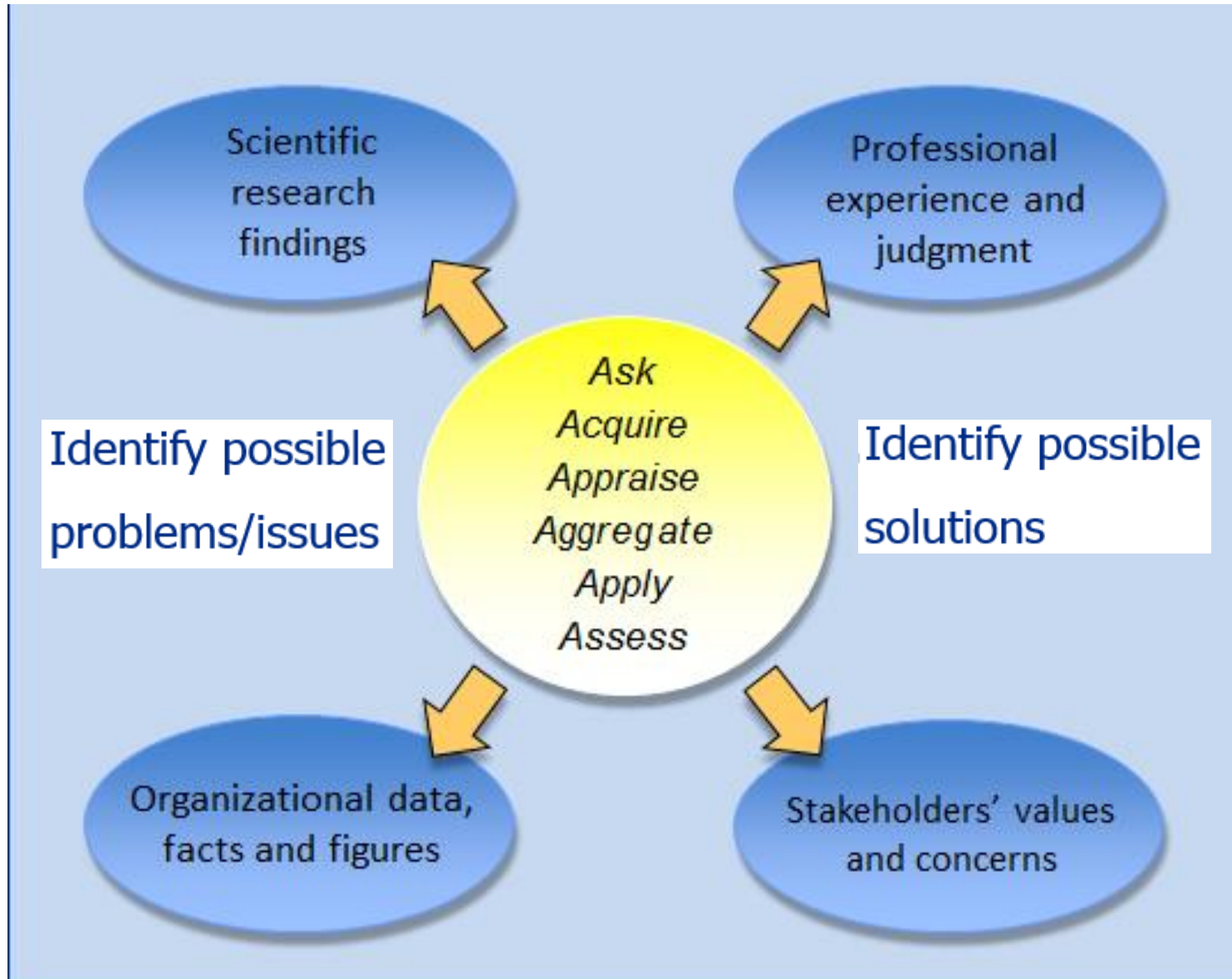
- ◆ Reminder: What is evidence based-practice
- ◆ A generic example of evidence-based diversity

What is it?

Evidence-based practice is about making decisions through the conscientious, explicit and judicious use of the best available evidence from multiple sources by

- 1. Asking:** translating a practical issue or problem into an answerable question
- 2. Acquiring:** systematically searching for and retrieving the evidence
- 3. Appraising:** critically judging the trustworthiness and relevance of the evidence
- 4. Aggregating:** weighing and pulling together the evidence
- 5. Applying:** incorporating the evidence in the decision-making process
- 6. Assessing:** evaluating the outcome of the decision taken

to increase the likelihood of a favourable outcome.



Evidence-Based diversity management

Element 1: Practitioner expertise and judgement

- ◆ Have I seen this diversity issue/opportunity before?
- ◆ What happened?
- ◆ What are my beliefs about diversity issue? Are they reasonable?
- ◆ What's worked in the past and why?
- ◆ What do I think are the causes of and possible solutions to this diversity issue and why?
- ◆ How relevant and applicable is my experience?

Evidence-Based diversity management

Element 2: Evidence from the local context

- ◆ What are the organizational data that tell us we have a diversity issue?
- ◆ What specifically are these data telling us?
- ◆ What exactly is the diversity issue/problem?
- ◆ What are local explanations for the issue?
- ◆ What diversity management is currently in place and is it working?
- ◆ What do managers think is going on?
- ◆ What are the possible costs and benefits of interventions? Is it worth intervening here?
- ◆ What is happening or what is going to happen that might be affecting the diversity issue?

Evidence-Based diversity management

Element 3: Critical evaluation of best available research evidence

- ◆ Compared to other organizations or benchmark data is there a real problem here?
- ◆ What does systematically reviewed research evidence suggest to be the major causes of this particular diversity issue?
- ◆ How relevant and applicable is that evidence here?
- ◆ What does research evidence from systematic reviews suggest are effective diversity interventions?
- ◆ How well might the interventions the research describes work here?

Evidence-Based diversity management

Element 4: Perspectives of those who may be affected by intervention decision

- ◆ What are the values around the diversity issue?
- ◆ What do employees think is going on?
- ◆ How do they feel about the proposed interventions?
- ◆ Do they see downsides or unintended negative consequences?
- ◆ How do managers feel about these interventions?
- ◆ How practical or workable are interventions perceived to be?
- ◆ What alternative explanations and proposed solutions do others have?

Challenges for diversity practitioners in identifying problem or issue

- ◆ How good are the organizational data we have?
- ◆ How easy is it to link diversity data to important outcomes *in our organization*
- ◆ Can we see changes in diversity practices and outcomes
- ◆ What *exactly* is the problem?
- ◆ How do know when the problem is 'fixed'?
- ◆ What *exactly* is a diversity intervention?

TABLE II Activities Commonly Included in Diversity Initiatives

<i>Strategic Initiative</i>	<i>Sample Interventions</i>
Recruiting	<ul style="list-style-type: none">• Employee referral programs• Diverse recruiting teams• Internship programs and sponsored scholarships• Job posting and advertising initiatives targeting specific groups• Minority conference and job fair attendance• Recruiting efforts targeting universities and community colleges with diverse student bodies
Retention	<ul style="list-style-type: none">• Corporate-sponsored employee resource or affinity groups• Employee benefits (e.g., adoption, domestic partner, elder care, flexible health, and dependent spending accounts)• Work life programs and incentives (e.g., onsite child care, flexible work schedules, onsite lactation facilities)
Development	<ul style="list-style-type: none">• Leadership development training programs• Mentoring programs
External Partnership	<ul style="list-style-type: none">• Minority supplier programs• Community service outreach
Communication	<ul style="list-style-type: none">• Award programs providing public recognition of managers and employees for diversity achievements• Newsletters, internal Web sites on diversity• Senior leadership addresses, town hall meetings, business updates
Training	<ul style="list-style-type: none">• Awareness training on the organization's diversity initiative• Issue-based/prevention training (e.g., sexual harassment, men and women as colleagues)• Team building and group process training
Staffing and Infrastructure	<ul style="list-style-type: none">• Dedicated diversity staffs• Executive and local diversity councils

Challenges for diversity practitioners in using research evidence

- ◆ Lack of systematic reviews of evidence
- ◆ Access to evidence
- ◆ Relevance of evidence to practical problems
- ◆ Limited quantity of good quality evidence
- ◆ Little diversity of diversity research in topics, methods, and contexts (eg much is US-based)
- ◆ Processes may differ a lot across not only context but categories of difference

Paluck & Green (2009): Prejudice reduction

- ◆ Of the hundreds of studies we examine, a small fraction speak convincingly to the questions of whether, why, and under what conditions a given type of intervention works. We conclude that the causal effects of many widespread prejudice-reduction interventions, such as workplace diversity training and media campaigns, remain unknown.

Pitts & Wise (2010): Diversity in public sector

- ◆ Although diversity issues remain salient, usable knowledge is in short supply
- ◆ Only a small portion providing practical, action-based findings for public managers. There is little research that would allow public sectors managers to step beyond best guesses for what does and does not work for managing diversity
- ◆ Scholars are focusing on factors that managers cannot manipulate

Kalev et al (2006): Institutional approach

- ◆ Looking at *causes* of inequality may not tell you much about solutions
- ◆ “although inequality in attainment at work may be rooted in managerial bias and the social isolation of women and minorities, the best hope for remedying it may lie in practices that assign organizational responsibility for change.”

Kulik (2014): Diversity management systems

- ◆ **Diversity paradigms:** Values, beliefs and norms about how diversity should be managed
 - ◆ **Diversity policies:** Organisational goals or objectives for managing human resources
 - ◆ **Diversity programmes:** The set of formal diversity activities used in the organisation
-
- ◆ **Diversity practices:** The implementation and experience of an organisation's diversity programmes by lower level managers and employees
 - ◆ **Diversity climate:** Shared employee perceptions and interpretations of the meaning of diversity paradigms, policies and programmes in the organisation

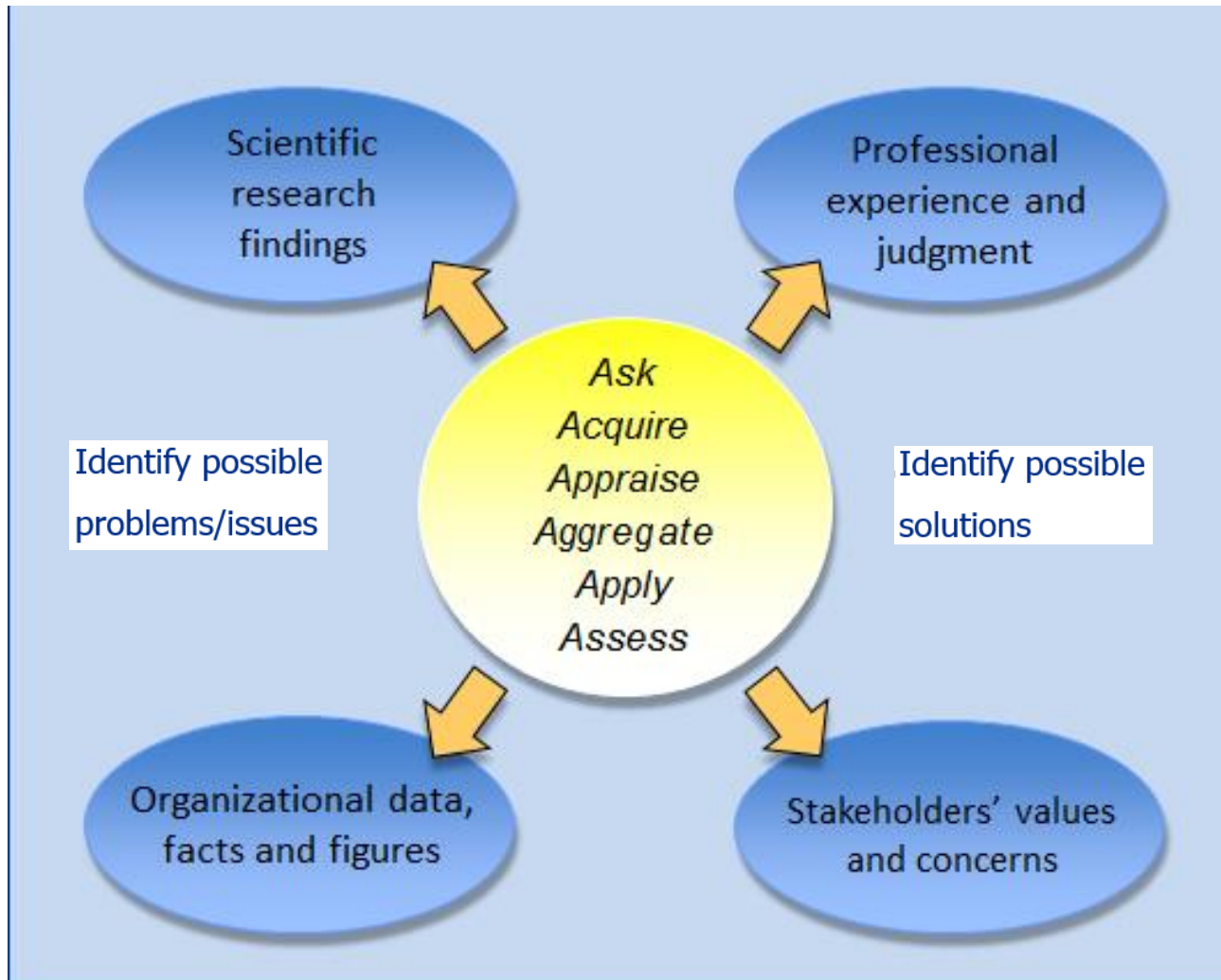
Kulik (2014): Diversity management systems

- ◆ Who? More research that asks HR professionals what their organisation is doing, less research asking employees
- ◆ What? What are organisations actually doing, even if only a little. Examine full range not just popular diversity management activities
- ◆ Where? Where are programmes are more and less effective
- ◆ When? The answer to “When will diversity management have a visible effect?” is “a long time from now”.

Alhejji et al (2015) Diversity training review

- ◆ A number of trends emerged: (1) research on diversity-training outcomes is published in a diverse set of publication outlets; (2) studies utilize a narrow range of theoretical perspectives; (3) methodologically, studies suffer from significant limitations including small sample sizes, poor use of diversity-training measures, too much reliance on self-report measures and little longitudinal investigation of outcomes. ***Therefore, the research base is a theoretically, methodologically flawed and fragmented.***

Overcoming challenges



Overcoming challenges

- ◆ Need to start with clear and specific problem or opportunity – can't be evidence-based without
- ◆ All evidence/information has flaws – doesn't mean you shouldn't consider it
- ◆ It's about using best available evidence
- ◆ All interventions have possible downsides
- ◆ If you don't have much evidence – evaluation becomes even more important

Conclusions

- ◆ Evidence-based practice approach can help any practice decisions
- ◆ It's not about certainty and making perfect decisions – but better decisions that are more likely to lead to intended outcomes
- ◆ Equality, diversity and inclusion more important than many areas – so improving skills in evidence-based practice vital
- ◆ Important ethically and otherwise to be open about what we know, how well we know it, what we don't know and the basis for our decisions

Thank you

Thoughts, comments, criticisms, etc?

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