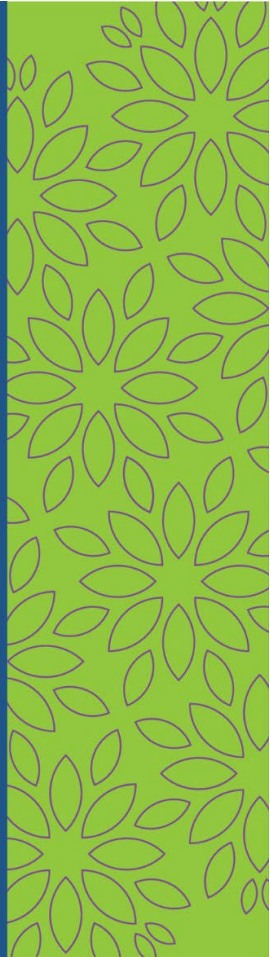**National Institutes of Health**
Turning Discovery Into Health

2023 NIH Workplace Civility and Equity Survey

Executive Summary

May 2024
Prepared by the NIH Office of Human Resources

Contents

Introduction

The National Institutes of Health (NIH) recognizes that the achievement of our mission to turn discovery into better health outcomes is intrinsically linked to promoting a workplace free from harassment and discrimination. As such, we are committed to integrating principles of anti-harassment and diversity, equity, inclusion, and accessibility (DEIA) into our operations, policies, and programs.[1] This agency-wide initiative applies to both the NIH workforce and to the conduct of the biomedical research it supports.

Survey Development

The 2023 NIH Workplace Civility and Equity Survey (CES) was developed by the Office of Human Resources in partnership with the Office of Equity, Diversity, and Inclusion and the UNITE Committee to assess the workplace climate and identify the prevalence of perceived harassment and discrimination at NIH. In 2019, the NIH Chief Officer for Scientific Workforce Diversity conducted the NIH Workplace Climate and Harassment Survey as an initial research study. The survey effort has since shifted to the NIH Office of Human Resources as an ongoing initiative. The content of the 2023 CES has been broadened from the 2019 version to address not only perceived workplace climate and harassment, but also discrimination and structural racism. NIH intends to administer the CES every three years to continue assessing these important areas and to support an inclusive, diverse, and harassment-free workplace.

Comparison to the 2019 Workplace Climate and Harassment Survey

The 2019 Workplace Climate and Harassment Survey provided NIH with a greater understanding of our workplace climate and underscored the need for continued enhancement of anti-harassment efforts. It is, however, important to recognize the limitations in drawing comparisons between the results of the 2019 Workplace Climate and Harassment Survey and the 2023 CES. Due to differences in question format, wording, and response options between the two surveys, one-to-one comparisons are not viable, and comparison of the survey results should be considered as thematic comparison rather than trend analysis. To demonstrate this further, the 2023 CES included several questions using the following 5-point Likert scale: Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, whereas the 2019 survey used 7-point scales in some instances as well as 5-point scales with different response options than that of the 2023 CES (e.g., Strongly Agree, Agree, Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, Disagree, Strongly Disagree). Not taking these considerations into account could lead to the misunderstanding that NIH workplace conditions have gotten worse over time rather than differences simply being attributed to survey question structure.

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[1] NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (DEIA) | National Institutes of Health (NIH)

Survey Fielding and Response Rate

The 2023 CES was administered from January 17 to February 24, 2023, and was open to NIH federal employees, fellows/trainees, participating contractors[1], volunteers, and other staff onboard on or before July 17, 2022. **Of the 38,846 eligible staff who received a unique link to the survey via an invitation email, 18,729 responded, resulting in a response rate of 48.2%.** Respondents to the survey were 63.5% FTEs, 27.6% Contractors, 7.3% Non-FTE Fellows/Trainees, and the remaining 1.5% were Volunteers/Others. This response ratio is similar to that of other surveys conducted on the NIH workforce.

Respondent Confidentiality

To protect respondent confidentiality, NIH contracted the research firm, Westat, to distribute the CES, collect responses, and present aggregated survey responses back to NIH. Results were de-identified by replacing respondent details, including name and email address, with an anonymous code to prevent data from being linked to respondents' personal information. Raw data was maintained by Westat, and only aggregate, organization-level summary data was shared with NIH.

To further support confidentiality, the following suppression rules were applied to CES reporting: summary data was only provided for Institutes, Centers, and Offices (ICOs) and sub-organizations with at least 7 respondents; in sub-organizations with less than 100 respondents, select demographic and sensitive response categories with limited respondents were collapsed together; and cell suppression was enacted for any demographic and sensitive response item with less than 3 respondents.

Survey Findings

Key findings from the 2023 survey results are outlined below and have been shared with NIH leadership and appropriate NIH stakeholders to enhance DEIA efforts and to inform activities to prevent and reduce perceived workplace harassment and discrimination across the agency. For reference, NIH is pathfinding this type of assessment within the federal government. Therefore, comparative data to understand the frequencies identified below in other federal workplaces are not available.

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[1] Prior to survey launch, a notice was posted to SAM.gov informing all NIH contracting companies of the survey with the option to opt-out of participating. There were no NIH contracting companies that elected to opt-out of the 2023 CES.

Survey Key Findings

The CES was developed to assess the overall climate of the NIH workplace. Accordingly, the survey consisted of items addressing a range of topics including workplace satisfaction as well as experiences and perceptions of harassment and discrimination in the NIH workplace over the past 12 months. This Executive Summary does not represent all of the information gleaned from the survey. Rather, the information presented below highlights six notable findings with a focus on identifying opportunities for growth:

1. **Workplace satisfaction.** Are respondents satisfied with their job? Do they recommend their work unit as a good place to work? Is workplace satisfaction related to respondent demographic characteristics[1]? For those who perceived that they witnessed and/or experienced negative events, how did these events relate to ratings of workplace satisfaction? Were these respondents more likely to consider leaving their work unit in the coming year?

2. **Perspectives on the NIH work environment.** Do respondents perceive that supervisors are effective in communicating with staff and addressing sensitive situations related to DEIA? What are respondents' general impressions of NIH overall regarding discrimination, harassment, and racism in the workplace? How effective do respondents feel supervisors in particular, and NIH in general, are at handling instances of perceived discrimination and/or harassment?

3. **Perceived events by an NIH supervisor or leader or another staff member.** To what extent did respondents witness and/or experience perceived harassment, inappropriate conduct, microaggressions, unfair treatment, or discrimination? Were respondent demographic characteristics related to the likelihood of witnessing and/or experiencing these events? Of those who perceived that they experienced these events, what did they feel the events were based upon?

4. **Perceived events related to race/ethnicity.** To what extent did respondents witness and/or experience perceived mistreatments, slights, bullying, demeaning or derogatory remarks, threats, insulting comments or other behavior, ignoring, or judgement being questioned based on someone's race and/or ethnicity? Were respondent demographic characteristics related to the likelihood of witnessing and/or experiencing these events?

5. **Perceived experiences of discrimination or unfair treatment.** To what extent did respondents feel they had been discriminated against or treated unfairly? Were respondent demographic characteristics related to the likelihood of witnessing and/or experiencing these events? Of those who perceived that they experienced these events, what did they feel the events were based upon?

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[1] Respondent demographics referenced throughout this document were self-reported based on the voluntary demographic questions asked of all respondents on the 2023 CES.

6. **Response to experiencing or witnessing perceived events.** For those experiencing or witnessing perceived events: what actions did they take? For those who took action, what were the outcomes? For those who did not take action, what were the reasons?

Key Finding 1: Workplace Satisfaction

RESEARCH QUESTIONS: A series of survey items asked non-Contractor[1] respondents about their workplace satisfaction and engagement. Research questions were developed to guide survey analysis of these items. The research questions asked: Are respondents satisfied with their job? Do they recommend their work unit as a good place to work? Is workplace satisfaction related to respondent demographic characteristics?

Most non-Contractor[1] CES respondents *(78.3%)* indicated they were satisfied with their job and *(77.4%)* recommended their work unit as a good place to work. While the majority of respondents were reportedly satisfied with their job overall, higher satisfaction was found among males, older respondents, those in medium-size ICs, persons with advanced degrees, those in supervisory roles, those indicating a heterosexual/straight sexual orientation, and those without a disability. Regarding racial and ethnic identity, those not indicating Hispanic, Latino, or Spanish origin, and Asian or White respondents also reported higher satisfaction. Comparatively, workplace satisfaction ratings were lower among individuals identifying as a gender other than male, younger respondents, persons without advanced degrees, those not in supervisory roles, those indicating a sexual orientation other than heterosexual/straight, and those with a disability. Workplace satisfaction ratings were typically lowest among respondents who chose not to disclose their demographic characteristics.

78.3%

77.4%

WERE SATISFIED WITH THEIR JOB

RECOMMENDED THEIR WORK UNIT AS A GOOD PLACE TO WORK
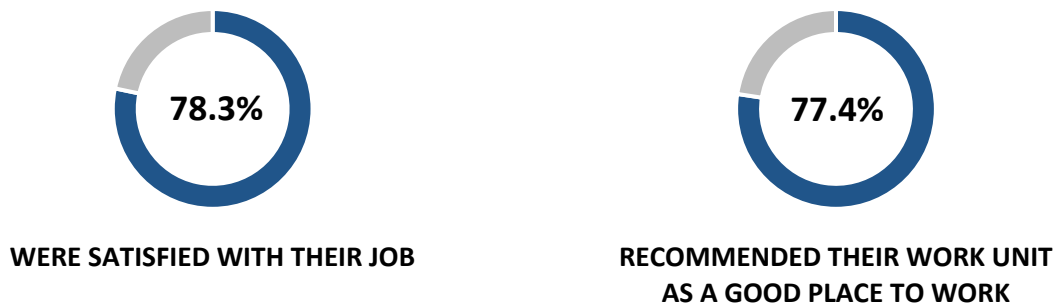
Figure 1: Percentage of Non-Contractor Respondents Who Were Satisfied with their Job and Recommended their Work Unit as a Good Place to Work

There were seven questions on the 2023 CES that corresponded to 2023 Federal Employee Viewpoint Survey (FEVS). Compared to the FEVS, CES workplace satisfaction results were similar, and fluctuated between slightly higher and slightly lower than FEVS results. Comparison between CES and FEVS results are important to consider since perceived events assessed in the CES may have potential business impacts on general employee satisfaction and engagement (as may be shown on the FEVS).

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[1] Workplace satisfaction questions on the 2023 CES were not asked Contractor respondents to delineate experiences within the NIH work environment versus that of NIH contracting companies.

It is also important to consider the differences in survey population when comparing the two surveys. The FEVS is open to eligible federal employees whereas CES workplace satisfaction questions are shown to all non-Contractor respondents (i.e., eligible federal employees, fellows/trainees, volunteers, and other staff).
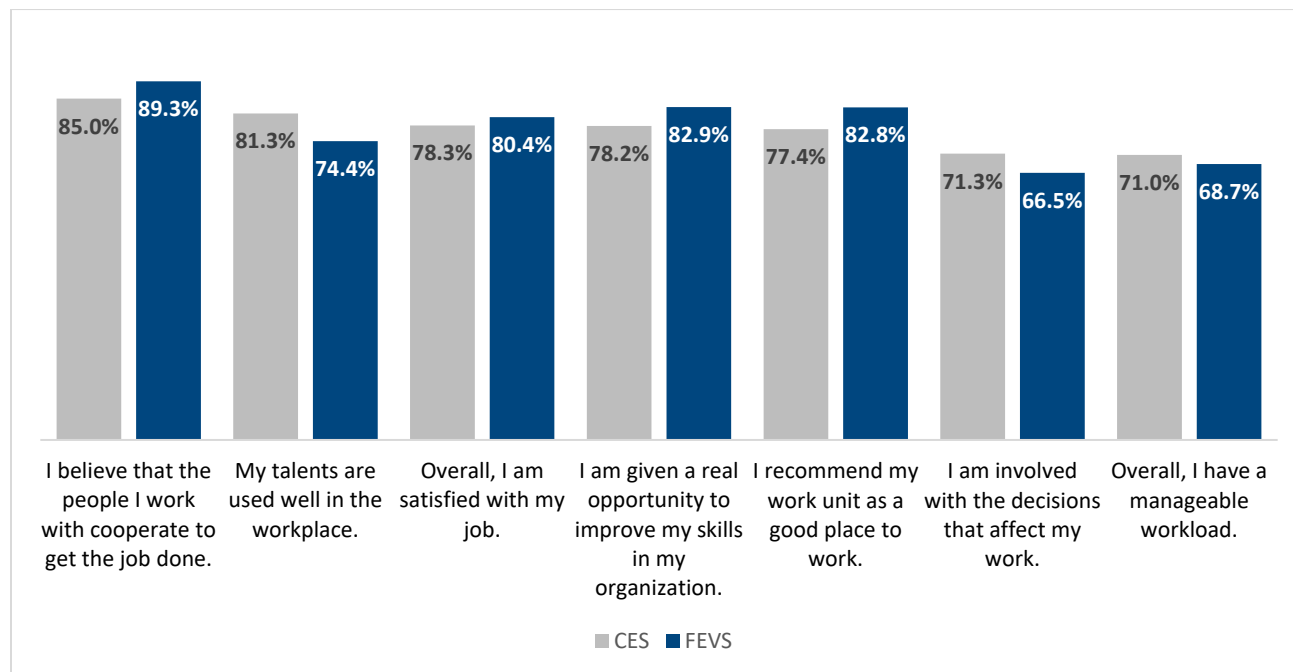

Figure 2: Comparison Between 2023 CES Workplace Satisfaction Questions and Corresponding 2023 FEVS Questions

RESEARCH QUESTIONS: Additional analysis was conducted to explore the workplace satisfaction questions in greater detail. Research questions developed to guide this analysis asked: For respondents who indicated they either experienced or witnessed events of perceived harassment, inappropriate conduct, microaggressions, unfair treatment, or discrimination, how did these events relate to ratings of workplace satisfaction? Were these respondents more likely to report considering leaving their work unit in the coming year?

As described in further detail in the key findings below, in the past 12 months, approximately one-quarter of respondents had witnessed and/or personally experienced what they perceived as harassment, inappropriate conduct, microaggressions, unfair treatment, or discrimination; over *8%* had witnessed and/or personally experienced what they perceived as events based on race/ethnicity; and one in ten respondents felt they had been discriminated against or treated unfairly. Respondents indicating exposure to any of these events were considerably less likely to agree that they were satisfied with their job or the other workplace satisfaction items.
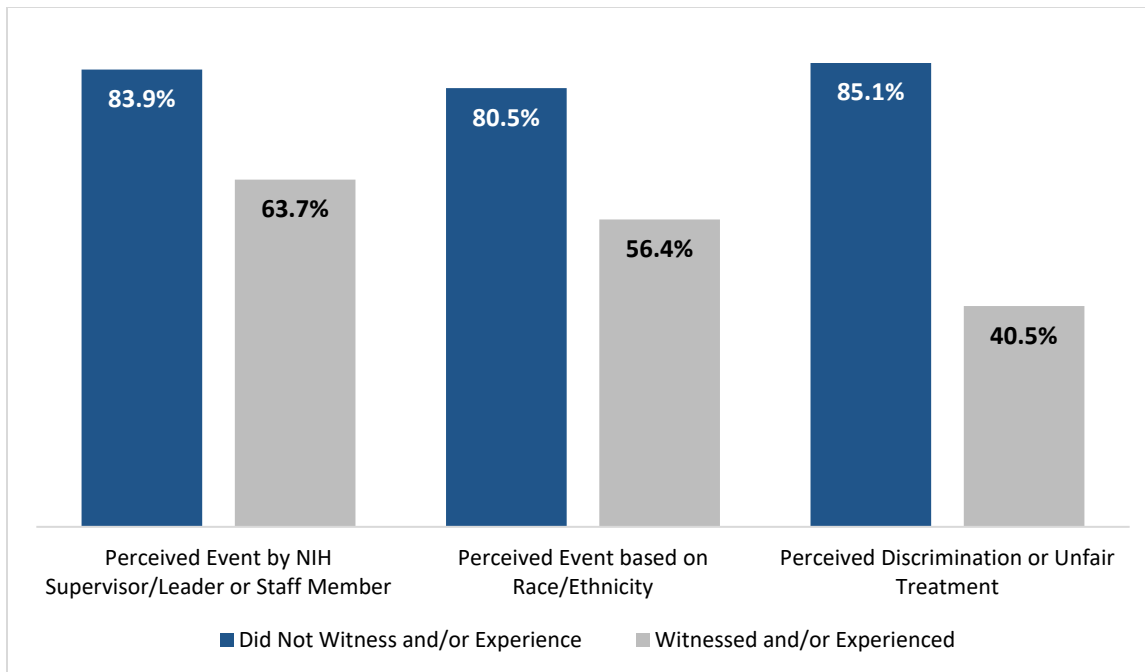
Figure 3: Percentage of Respondents Satisfied with their Job Based on Witnessing and/or Experiencing Perceived Events

Satisfaction ratings were particularly lower when respondents indicated they personally experienced an event (as compared to witnessing an event), as well as when an event was linked to a supervisor or leader and when the experienced event(s) was/were based on race/ethnicity. Across all non-Contractor respondents, about one in five *(21.7%)* were considering leaving their work unit in the next year. Of those respondents, over one-third *(35.8%)* were considering leaving entirely or in part due to perceived events of harassment, inappropriate conduct, microaggressions, unfair treatment, or discrimination.

Key Finding 2: Perspectives on the NIH Work Environment

RESEARCH QUESTIONS: Two multi-part survey items asked respondents about their supervisor, and two additional multi-part items asked about the NIH work environment in general. Research questions were developed to guide survey analysis of these items and summarize the findings. The research questions asked: Do respondents perceive that supervisors are effective in communicating with staff and addressing sensitive situations related to diversity, equity, inclusion, and accessibility? What are respondents' general impressions of the NIH overall regarding discrimination, harassment, and racism in the workplace? How effective do respondents feel supervisors in particular, and the NIH in general, are at handling instances of perceived discrimination and/or harassment?

The majority of CES respondents felt their supervisors/NIH Points of Contact were effective communicators *(73.4%)*, and effective at engaging with people of diverse backgrounds *(75.9%)*. In terms of how perceived events were handled, most respondents indicated they had no basis to judge if their supervisor/NIH Point of Contact spoke up in instances of microaggressive actions or remarks *(60.5%)*, if their supervisor/NIH Point of Contact spoke up in instances of discriminatory actions or remarks *(65.9%)*, or if their supervisor/NIH Point of Contact responded in a satisfactory way to a

report of discrimination in their work unit *(68.8%)*. Of those who did have a basis to judge, a larger percentage agreed with these statements than disagreed. Specifically, with regard to their supervisor/NIH Point of Contact speaking up in instances of microaggressive actions or remarks, *20.2%* agreed whereas *6.4%* disagreed; with regard to their supervisor/NIH Point of Contact speaking up in instances of discriminatory actions or remarks, *18.0%* agreed and *4.2%* disagreed; and regarding their supervisor/NIH Point of Contact responding in a satisfactory way to a report of discrimination in their work unit, *16.4%* agreed versus *3.3%* who disagreed.

At the NIH level, less than one-third *(32.2%)* of CES respondents felt that NIH is free from racism or racial inequities. Despite this finding, almost two-thirds of respondents agreed that NIH is free from harassment and intimidation *(65.0%)* as well as free from discrimination *(63.8%)*. Likewise, the majority of respondents agreed that NIH provides adequate training and services to prevent harassment and/or discrimination from occurring *(74.8%)*.

32.2%
FELT NIH IS FREE FROM RACISM OR RACIAL INEQUITIES

65.0%
AGREED NIH IS FREE FROM HARASSMENT AND INTIMIDATION

63.8%
AGREED NIH IS FREE FROM DISCRIMINATION

Figure 4: Percentage of CES Respondents Who Felt that NIH is Free from Racism or Racial Inequities, Harassment and Intimidation, and Discrimination

In terms of how NIH responds when instances of discrimination and/or harassment do occur, a similar number of respondents felt they had no basis to judge *(36.8%)* to those that agreed or strongly agreed *(33.9%)* that discrimination and/or harassment experiences are adequately handled at NIH.
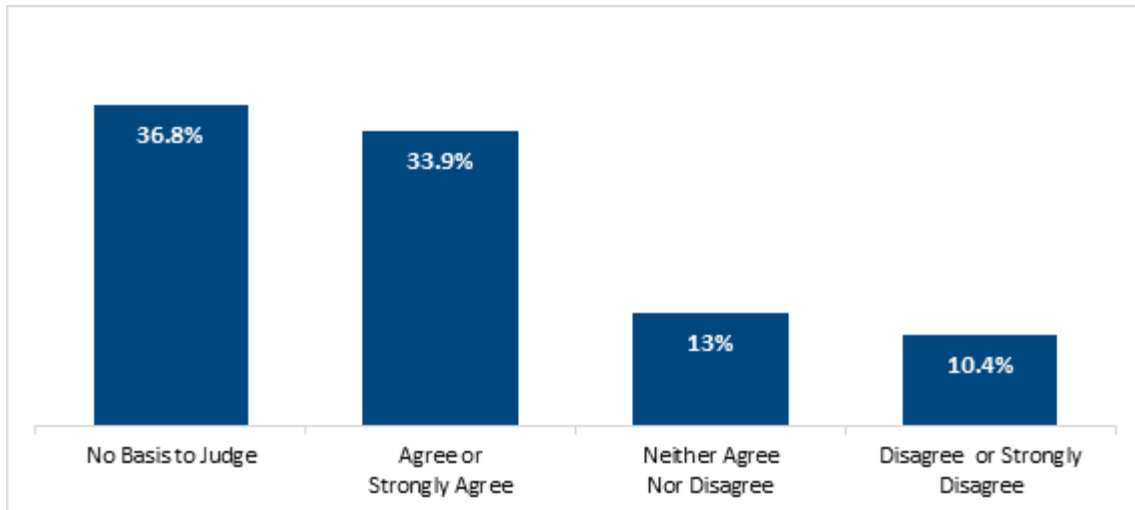
Figure 5: Respondents' Level of Agreement that Discrimination and/or Harassment Experiences are Adequately Handled at NIH

Key Finding 3: Perceived Harassment, Inappropriate Conduct, Microaggressions, Unfair treatment, or Discrimination by an NIH Supervisor or Leader or Another NIH Staff Member

SURVEY QUESTION: CES participants were presented with a multi-part item showing a series of questions asking if in the last 12 months while working at NIH they perceived they had witnessed and/or experienced any of the following events: harassment, inappropriate conduct, microaggressions, unfair treatment, or discrimination by an NIH supervisor or leader or another NIH staff member.
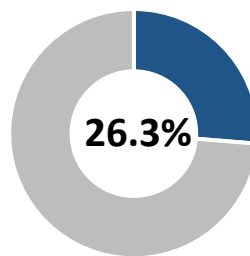
WITNESSED AND/OR EXPERIENCED PERCEIVED EVENTS BY AN NIH SUPERVISOR/LEADER OR ANOTHER NIH STAFF MEMBER

Figure 6: Percentage of CES Respondents Who Witnessed and/or Experienced Perceived Events by an NIH Supervisor or Leader or Another NIH Staff Member

Results from the CES indicated *4,930 (26.3%)* respondents perceived that they had witnessed and/or experienced at least one of these events. To understand if respondent characteristics were related to the likelihood of witnessing and/or experiencing the perceived events, rates of exposure (i.e., respondents who indicated they had witnessed and/or experienced at least one perceived event referenced in this survey item) were examined through the lenses of the following demographic variables.

Race:
- Exposure to perceived events was highest for *Multi-Racial respondents (34.3%, n= 150)* and those who *Chose Not to Disclose Race (32.7%, n= 699)*.
- Rates were lowest for those who *Skipped the Question of Race (18.8%, n= 222)*, *Asian (19.9%, n= 627)*, and *Native Hawaiian or Pacific Islander (20.0%, n< 5*)* respondents.
- Rates were similar for *Black or African American (27.9%, n= 805)* and *White (27.2%, n= 2,399)* respondents.

Ethnicity:
- Exposure to perceived events was highest for those who *Chose Not to Disclose Ethnicity (32.9%, n= 411)* and those of *Hispanic, Latino, or Spanish Origin (30.5%, n= 364)*.
- Rates were lower for those who *Skipped the Question of Ethnicity (18.9%, n= 219)* and those *Not of Hispanic, Latino, or Spanish Origin (26.0%, n= 3,936)*.

Gender Identity:
- Exposure to perceived events was highest for individuals who identified as *Transgender (51.9%, n= 28)*.
- Rates were lowest for those who *Skipped the Question of Gender (18.8%, n= 220)* and those who identified as *Male (20.0%, n= 1,249)*.
- Exposure was relatively similar for those who indicated a *Gender Not Listed (39.5%, n= 15)*, those who *Did Not Disclose Gender (33.6%, n= 420)*, and those who identified as *Female (30.1%, n= 3,007)*.

Disability Status:
- Exposure to perceived events were highest for those *With a Disability (42.9%, n= 613)* followed by those *Unsure of their Disability Status (35.1%, n= 119)*, and those who *Chose Not to Disclose Disability Status (33.8%, n= 419)*.
- Rates were lower for those *Without a Disability (24.5%, n= 3,582)* and lowest for those who *Skipped the Question of Disability (18.0%, n= 197)*.

Position Type:
- Exposure to perceived events were highest for *FTEs (30.4%, n= 3,469)*, followed by *Fellows/Trainees (27.7%, n= 508)*, and *Volunteers/Others (21.6%, n= 63)*.
- Rates were lowest for *Contractors (17.2%, n= 890)*.

Program Type:
- Exposure to perceived events were similar for *Intramural (26.5%, n= 2,374)*, *Extramural (27.7%, n= 1,006)*, and *Other (25.2%, n= 1,550)* program types.

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*Counts of less than five have been suppressed to preserve respondent confidentiality.

Respondents who indicated experiencing event(s) in the last 12 months that they perceived as harassment, inappropriate conduct, microaggressions, unfair treatment, or discrimination by an NIH supervisor or leader or another NIH staff member were asked to indicate what they believed the event(s) was/were based upon. Given the response options of *Age (40 or older)*, *Disability*, *Genetic Information*, *Gender Expression*, *Gender Identity*, *Pregnancy*, *Sexual Orientation*, *National Origin*, *Race*, *Religion*, *Other (not listed)*, and *I do not know*, a total of *42.0%* of respondents said the event(s) was/were based on something other than the options listed. *Other (not listed)* may include reasons such as favoritism, interpersonal conflict with a supervisor, or other attributes not captured in a protected class. *Race* was the second most commonly selected explanation at *26.1%*, followed by *I do not know* at *23.7%*.
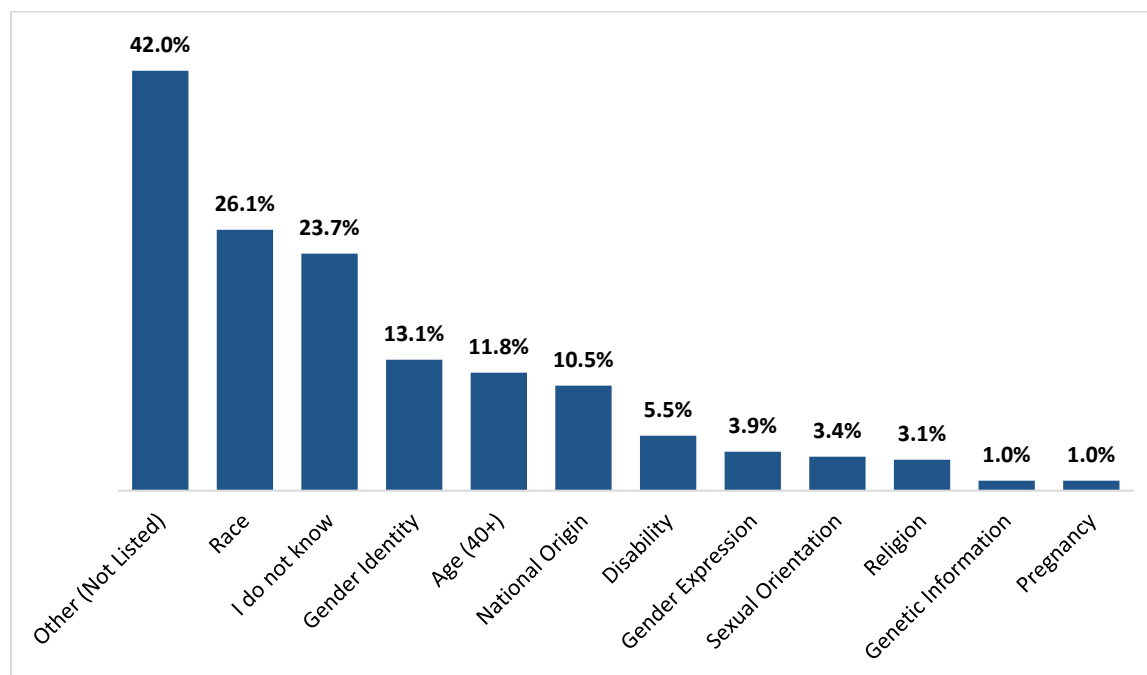

Figure 7: Respondents' Believed Reasons for Perceived Events by an NIH Supervisor or Leader or Another NIH Staff Member

Key Finding 4: Perceived Mistreatments, Slights, Bullying, Demeaning or Derogatory Remarks, Threats, Insulting Comments or Other Behavior, Ignoring, or Judgement Questioned Related to Race and/or Ethnicity

SURVEY QUESTION: Respondents were shown a multi-part item asking if in the past 12 months, while conducting work at NIH, they perceived that any of the following events had occurred: mistreatments or slights because of race/ethnicity, bullying because of race/ethnicity, demeaning or derogatory remarks about someone because of their race/ethnicity, threats to hurt someone physically because of their race/ethnicity, comments or other behavior (e.g., distributing images) perceived as insulting toward a specific racial or ethnic group, someone being ignored or excluded from work activities that they should have been involved in because of their race/ethnicity, and/or someone's judgement being questioned on a matter for which they have responsibility because of their race/ethnicity.

8.4%
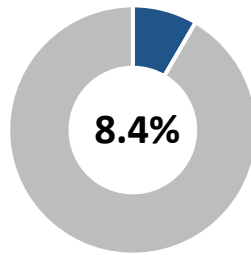
**WITNESSED AND/OR
EXPERIENCED PERCEIVED
EVENTS BASED ON
RACE/ETHNICITY**

Figure 8: Percentage of CES Respondents Who Witnessed and/or Experienced Perceived Events Based on Race/Ethnicity

Across NIH, *1,578 (8.4%)* of respondents perceived they had witnessed and/or experienced one of the aforementioned events based on race/ethnicity. To understand if respondent characteristics were related to the likelihood of witnessing and/or experiencing perceived events based on race/ethnicity, rates of exposure (i.e., respondents who indicated they had witnessed and/or experienced at least one perceived event referenced in this survey item) were explored through the lenses of the following respondent demographic variables.

Race:
- Exposure to perceived events based on race/ethnicity was highest for *Black or African American (14.3%, n= 412)*, followed by *Native Hawaiian or Pacific Islander (13.3%, n< 5*)*, *Multi-Racial (12.8%, n= 56)* respondents, and those who *Chose Not to Disclose Race (11.4%, n= 244)*.
- Rates were lowest for *White (6.1%, n= 534)*, those who *Skipped the Question of Race (6.3%, n= 75)*, and *Asian (7.8%, n= 245)* respondents.

Ethnicity:
- Exposure to perceived events based on race/ethnicity was highest for those of *Hispanic, Latino, or Spanish Origin (11.2%, n= 364)* followed by those who *Chose Not to Disclose Ethnicity (10.9%, n= 136)*.
- Rates were lowest for those who *Skipped the Question of Ethnicity (6.8%, n= 79)* followed by those *Not of Hispanic, Latino, or Spanish Origin (8.1%, n= 1,229)*.

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*Counts of less than five have been suppressed to preserve respondent confidentiality.

Gender Identity:
- Exposure to perceived events based on race/ethnicity was highest for individuals who identified as *Transgender (27.8%, n= 15)*; followed by those who indicated a *Gender Not Listed (15.8%, n= 6)*.
- Rates were lowest for *Males (6.4%, n= 397)* and those who *Skipped the Question of Gender (6.4%, n= 75)*.
- Compared to the two groups with the lowest exposure rates, exposure was relatively higher for *Females (9.5%, n= 947)* and those who *Did Not Disclose Gender (11.5%, n= 144)*.

Disability Status:
- Exposure to perceived events based on race/ethnicity was highest for those *With a Disability (16.7%, n= 239)* followed by those who *Chose Not to Disclose Disability Status (11.6%, n= 144)*, and those *Unsure of their Disability Status (11.2%, n= 38)*.
- Rates were lower for those *Without a Disability (7.5%, n= 1,090)* and lowest for those who *Skipped the Question of Disability Status (6.1%, n= 67)*.

Position Type:
- Exposure to perceived events based on race/ethnicity was highest for *FTEs (10.1%, n= 1,149)*, followed by *Fellows/Trainees (8.1%, n= 149)*, and *Volunteers/Others (7.2%, n= 21)*.
- Rates were relatively lower for *Contractors (5.0%, n= 259)*.

Program Type:
- Rates of exposure to these events were similar for *Intramural (7.9%, n= 706)*, *Extramural (9.1%, n= 330)*, and *Other (8.8%, n= 542)* respondents.

Key Finding 5: Perceived Experiences of Discrimination or Unfair Treatment

SURVEY QUESTION: Respondents were shown a single question that asked if in the past 12 months, while working at NIH, they felt they had been discriminated against or treated unfairly.

10.8%
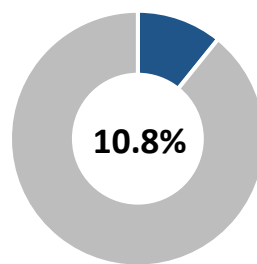
EXPERIENCED PERCEIVED DISCRIMINATION OR UNFAIR TREATMENT

Figure 9: Percentage of CES Respondents Who Experienced Perceived Discrimination or Unfair Treatment

A total of *2,015 (10.8%)* respondents indicated that they experienced what they perceived as discrimination or unfair treatment. To better understand if respondent characteristics were related to the likelihood of experiencing perceived discrimination or unfair treatment, rates of exposure (i.e., respondents who indicated they had experienced the perceived events referenced in this survey item) were explored through the lenses of the following respondent demographic variables.

Race:
- Exposure to perceived discrimination or unfair treatment was highest for those who *Skipped the Question of Race (17.3%, n= 205)* and those who *Chose Not to Disclose Race (16.5%, n= 354)*.
- Rates were lowest for *White (8.0%, n= 704)* and *Asian (8.6%, n= 271)* respondents.
- Rates were similar for *American Indian or Alaska Native (12.6%, n= 13)*, *Native Hawaiian or Pacific Islander (13.3%, n< 5*)*, *Black or African American (13.9%, n= 402)*, and *Multi-Racial (14.6%, n= 64)* respondents.

Ethnicity:
- Exposure to perceived discrimination or unfair treatment was highest for those who *Chose Not to Disclose Ethnicity (17.8%, n= 223)* and those who *Skipped the Question of Ethnicity (17.5%, n= 203)*.
- Rates were lowest for those *Not of Hispanic, Latino, or Spanish Origin (9.5%, n= 1,432)*.
- Slightly over 13% *(13.1%, n= 157)* of those of Hispanic, Latino, or Spanish Origin indicated feeling they had been discriminated against or treated unfairly.

Gender Identity:
- Exposure to perceived discrimination or unfair treatment was highest for those who identified as *Transgender (24.1%, n= 13)*.
- Rates were lowest for *Males (7.8%, n= 485)*. Compared to male respondents, rates of exposure were relatively higher for *Females (10.8%, n= 1,084)*, those who indicated a *Gender Not Listed (13.2%, n= 5)*, those who *Did Not Disclose Gender (18.0%, n= 225)*, and those who *Skipped the Question of Gender (17.7%, n= 207)*.

Disability Status:
- Exposure to perceived discrimination or unfair treatment was highest for those *With a Disability (22.0%, n= 314)*, followed by those who *Skipped the Question of Disability Status (17.2%, n= 189)*, those *Unsure of their Disability Status (17.1%, n= 58)*, and those who *Chose Not to Disclose their Disability Status (15.3%, n= 190)*.
- Rates were lowest for those *Without a Disability (8.6%, n= 1,264)*.

Position Type:
- Exposure to perceived events of discrimination or unfair treatment was highest for *FTEs (12.1%, n= 1,388)*, *Fellows/Trainees (11.6%, n= 212)*, and *Volunteers/Others (10.3%, n= 30)*.
- Rates were relatively lower for *Contractors (7.4%, n= 385)*.

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*Counts of less than five have been suppressed to preserve respondent confidentiality.

Program Type:
- Rates of exposure to perceived events were comparable for *Intramural (10.9%, n= 976)*, *Extramural (10.5%, n= 381)*, and *Other (10.7%, n= 658)* respondents.

Respondents who indicated that in the past 12 months, while working at NIH, they felt they had been discriminated against or treated unfairly were asked to indicate what they believed the perceived event(s) was/were based upon. Given the same options of *Age (40 or older)*, *Disability*, *Genetic Information*, *Gender Expression*, *Gender Identity*, *Pregnancy*, *Sexual Orientation*, *National Origin*, *Race*, *Religion*, *Other (not listed)*, and *I do not know*, *42.6%* of respondents said the event(s) was/were based on something other than the options listed. *Other (not listed)* may include reasons such as favoritism, interpersonal conflict with a supervisor, or other attributes not captured in a protected class. *Race* was the second most commonly selected explanation at *32.7%*, followed by *Age* at *16.7%*.
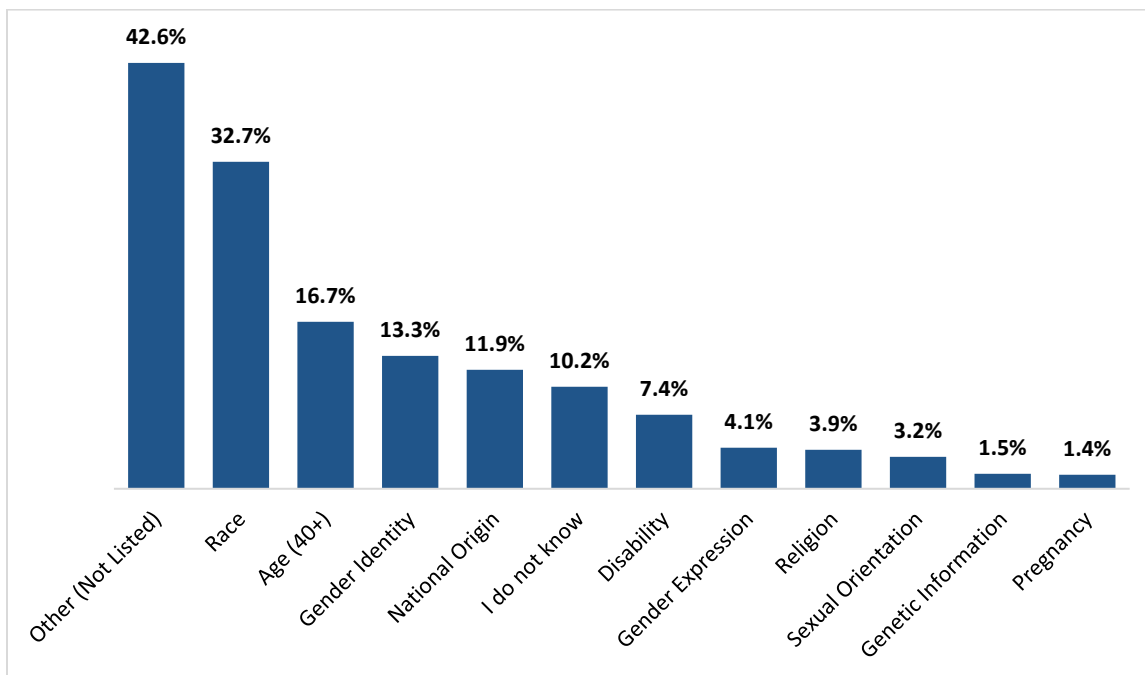
Figure 10: Respondents' Believed Reasons for Perceived Discrimination or Unfair Treatment

Summary of Key Findings 3-5

GENERAL SUMMARY: Respondents from certain demographic categories were more likely to indicate exposure to perceived events.

Key Findings 3 through 5 were related to three survey items asking about perceived events including 1) perceived harassment, inappropriate conduct, microaggressions, unfair treatment, or discrimination by an NIH supervisor or leader or another NIH staff member, 2) perceived mistreatments, slights, bullying, demeaning or derogatory remarks, threats, insulting comments or other behavior, ignoring, and judgement questioned related to race and/or ethnicity, and 3) perceived experiences of discrimination or unfair treatment. In terms of race and ethnicity, rates of

exposure to these perceived events were generally higher for Black or African American and Multi-Racial respondents, whereas Asian and White respondents tended to have lower exposure rates. Likewise, rates of exposure were higher for those of Hispanic, Latino, or Spanish origin as compared to those not of Hispanic, Latino, or Spanish origin. With regard to gender identity, though transgender/gender non-conforming respondents made up *less than 1%* of total respondents, this group consistently had the highest percentage of the population reporting exposure to perceived events, whereas male respondents consistently had the lowest exposure rates.

Approximately *8%* of CES respondents reported having a disability. On all three survey items asking about perceived events, individuals who indicated having a disability had higher exposure rates than those reportedly without a disability. In terms of position type, rates of exposure were highest for FTEs, followed closely by Fellows/Trainees, with the lowest rates of exposure consistently indicated by Contractors. In terms of program type, rates of exposure to perceived events were relatively similar across Intramural, Extramural, and Other programs. Finally, when respondents were asked to determine the reason for the experienced events that they perceived as harassment, inappropriate conduct, microaggressions, unfair treatment, or discrimination, most often, respondents believed the events were due to a reason other than those listed in the survey. As stated in Key Findings 3 and 5 above, other possible reasons may include favoritism, interpersonal conflict with a supervisor, or other attributes not captured in a protected class. Additional response options will be considered for future CES administrations to identify these areas more clearly.

Key Finding 6: Response to Experiencing or Witnessing Perceived Events

RESEARCH QUESTIONS: A series of survey items asked respondents to indicate their actions after experiencing perceived events. Research questions were developed to guide survey analysis of these items. The research questions asked: For those experiencing or witnessing instances of perceived harassment, inappropriate conduct, microaggressions, unfair treatment, or discrimination: what actions did they take? For those who took action, what were the outcomes?

Three items on the survey shown to all CES respondents suggested that most staff felt comfortable reporting perceived harassment and/or discrimination to NIH entities for help *(62.6%)* and that most agreed that NIH encourages speaking up against microaggressions *(67.1%)* as well as reporting of instances of discrimination *(79.5%)*. However, on separate items shown only to respondents who indicated experiencing or witnessing perceived events, many respondents indicated that they chose not to report the perceived events to anyone.

Specifically, after a respondent indicated they experienced or witnessed a perceived event, they were asked to indicate who they reported the incident to and were offered the following list of individuals and offices: *My NIH Supervisor/NIH Point of Contact*; *The NIH Civil Branch*; *The NIH Employee Assistance Program*; *The NIH Office of Intramural Training & Education*; *The NIH Office of Equity, Diversity, and Inclusion*; *The NIH Office of the Ombudsman*; *A contact from the NIH Office of Human Resources outside of the NIH Civil Branch*; *A co-worker*; *An organization or an agency outside of NIH (e.g., EEOC, private legal counsel)*; and *Someone else not listed* as well as a final option of *I did*

not report this experience. Almost half of these respondents selected the final option, meaning they did not report the perceived events.

49.1%

53.7%

43.0%

DID NOT REPORT PERCEIVED EVENTS BY AN NIH SUPERVISOR/LEADER OR ANOTHER NIH STAFF MEMBER

DID NOT REPORT PERCEIVED EVENTS BASED ON RACE/ETHNICITY

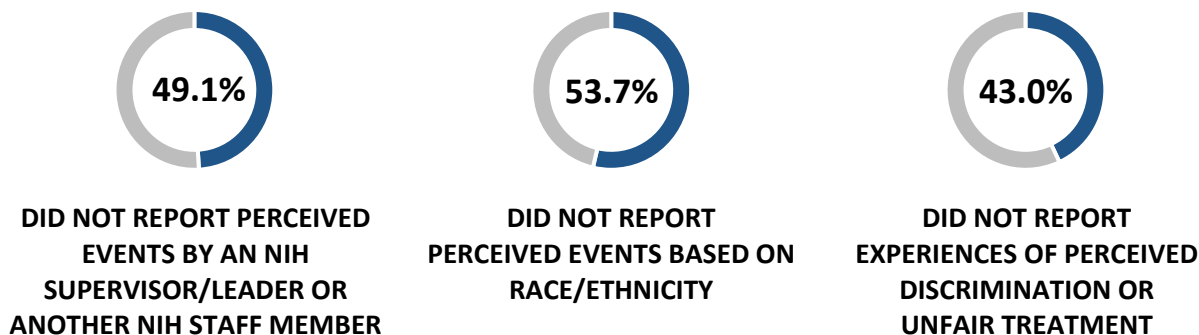**DID NOT REPORT EXPERIENCES OF PERCEIVED DISCRIMINATION OR UNFAIR TREATMENT**

Figure 11: Percentage of Respondents Who Witnessed or Experienced Perceived Event(s) Who Did Not Report the Event(s) to Anyone

For the question regarding the perception of experiencing negative events by an NIH supervisor/leader or another NIH staff member, *49.1%* indicated they did not report the experience to anyone. More than half *(52.8%)* of these individuals said they did not report the event because they did not think anything helpful would come of reporting the experience.

Reason	Percentage
Did not think anything helpful would come of reporting	52.8%
Did not think the experience was serious enough to report	39.6%
Did not feel comfortable reporting	33.1%
Afraid to report the experience	29.1%

Figure 12: Primary Reasons Indicated for Not Reporting Perceived Events by an NIH Supervisor/Leader or Another NIH Staff Member

Similarly, for the question asking about perceived events related to race/ethnicity, *53.7%* of respondents who indicated witnessing or experiencing a perceived event said they did not report it to anyone.

As with the question regarding perceived events by an NIH supervisor/leader or another NIH staff member, *52.8%* of individuals who indicated witnessing or experiencing perceived events related to race/ethnicity said they did not report the event(s) because they did not think anything helpful would come of reporting.

Did not think anything helpful would come of reporting	52.8%
Did not feel comfortable reporting	36.2%
Afraid to report the experience	34.2%
Did not think the experience was serious enough to report	24.2%

Figure 13: Primary Reasons Indicated for Not Reporting Perceived Events Based on Race/Ethnicity

With a slightly lower percentage relative to the first two questions, *43.0%* of respondents who felt they had experienced events that they perceived as discrimination or unfair treatment did not report the experience to anyone.

However, compared to the other two questions, a larger percentage *(64.9%)* of these respondents who did not report the experience perceived as discrimination or unfair treatment said that this was because they did not think anything helpful would come of reporting the experience. For this item, the rate of not reporting was higher for Asian and male respondents and those with advanced degrees. One-third of Black or African American respondents did not report the event(s).

Did not think anything helpful would come of reporting	64.9%
Afraid to report the experience	40.9%
Did not feel comfortable reporting	36.4%
Did not think the experience was serious enough to report	23.0%

Figure 14: Primary Reasons Indicated for Not Reporting Perceived Events of Discrimination or Unfair Treatment

Across the three questions about perceived events, those who did take action tended to report the perceived event(s) to either their supervisor/NIH Point of Contact or a co-worker. Specifically, for the first key question about perceived events by an NIH supervisor/leader or another NIH staff member, approximately one-quarter reported to *My NIH Supervisor/NIH Point of Contact (26.5%)* or to *A Co-worker (23.5%)*. For the second key question regarding events related to race/ethnicity, about one in five reported to *My NIH Supervisor/NIH Point of Contact (21.0%)* or to *A Co-worker (22.6%)*. For the third key question about perceived discrimination and unfair treatment, slightly over one-quarter of respondents reported to *My NIH Supervisor/NIH Point of Contact (27.8%)* or to *A Co-worker (also 27.8%)*. Comparatively fewer respondents who said they reported the perceived event reported it to an NIH entity including either *The NIH Civil Branch*, *The Office of Intramural Training and Education*, *The Office of Equity, Diversity, and Inclusion*, or *The Office of Human Resources (between 8.6% and*

13.8%) or *The Employee Assistance Program* or *The Office of the Ombudsman (between 4.4% and 8.2%)*.

Legend:
- ■ Perceived Event by NIH Supervisor/Leader or Staff Member
- ■ Perceived Event Based on Race/Ethnicity
- ■ Perceived Discrimination or Unfair Treatment

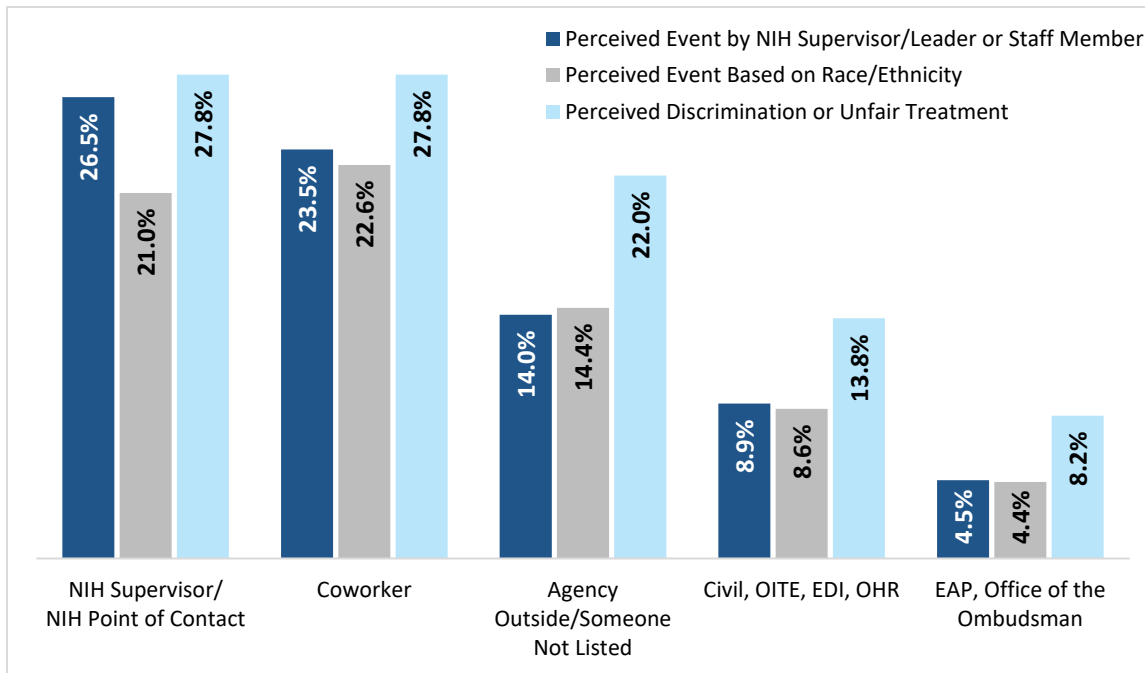| Category	Perceived Event by NIH Supervisor/Leader or Staff Member	Perceived Event Based on Race/Ethnicity	Perceived Discrimination or Unfair Treatment
NIH Supervisor/ NIH Point of Contact	26.5%	21.0%	27.8%
Coworker	23.5%	22.6%	27.8%
Agency Outside/Someone Not Listed	14.0%	14.4%	22.0%
Civil, OITE, EDI, OHR	8.9%	8.6%	13.8%
EAP, Office of the Ombudsman	4.5%	4.4%	8.2%

Figure 15: Where Respondents Reported Perceived Events

Respondents who indicated they reported a perceived event were shown a follow-up question asking about outcomes after reporting. Of those who did report the perceived event(s), about half *(between 49.6% and 55.7%)* indicated that their working conditions remained the same. Relatively fewer respondents said their overall working conditions got worse *(between 13.2% and 21.5%)* or improved *(between 12.3% and 19.3%)*. Finally, approximately *15% (between 14.5% and 15.9%)* said not enough time had passed to assess the outcome.

Importantly, the question about outcomes after reporting was shown to all respondents who indicated reporting a perceived event to someone, and therefore, included both individuals who directly experienced perceived event(s) as well as those who solely witnessed them. As such, though the work environment for an individual who directly experienced a perceived event may have changed, the work environment for an individual who witnessed the perceived event may have stayed the same. Additionally, even for the individual who reported a perceived event that they personally experienced, due to limitations of reporting and the importance of maintaining privacy for all parties involved, these respondents may not be aware of the actions that have taken place, and as a result, may consider there to have been no change. Finally, the survey questions specifically asked respondents about perceived events occurring in the past 12 months. Due to this timeframe, it is possible that formal action(s) is/are still forthcoming but had not yet been implemented at the time of the survey.

Next Steps

NIH understands that the success of our mission is contingent upon providing a workplace free from harassment and discrimination for all staff members. To that end, the 2023 NIH Workplace Civility and Equity Survey was administered to assess the climate of our workplace and to measure the prevalence of perceived harassment and discrimination at NIH. Though overall the survey suggests most respondents have generally high levels of workplace satisfaction and consider the NIH workplace to be conducive to a diverse, equitable, and inclusive environment, opportunities for improvement have been identified. Results showed that in the past year, one in four respondents witnessed or experienced events they perceived as harassment, inappropriate conduct, microaggressions, unfair treatment, or discrimination; one in ten witnessed or experienced similar events they perceived as being due to someone's race or ethnicity; and one in ten felt they had experienced discrimination or unfair treatment. These results offer a benchmark of where the agency stands today and a chance to consider where work is most needed to prevent and reduce perceived workplace harassment and discrimination in the future.

Recognizing the importance of transparency in continuing to enhance anti-harassment and DEIA efforts, NIH has shared these survey findings across the agency. Additionally, more granular results have been shared with ICOs in an effort to promote awareness and encourage action at the local level. To assist in this process, the NIH Office of Human Resources has partnered with several NIH offices to consolidate available resources for ICOs to take meaningful action from their survey results.

NIH remains committed to advancing anti-harassment and DEIA efforts across the organization to foster a safe and respectful work environment. As part of this ongoing process, NIH intends to repeat the survey on a three-year cycle. With this frequency, NIH hopes to encourage continued attention to these important topics while allowing time for action implementation, limiting survey fatigue, and promoting a representative response rate. The goal is for the CES to continue to play an integral role in informing strategies towards an inclusive, diverse, and harassment-free NIH.

To learn more about this important survey effort, please visit hr.nih.gov/wces. Questions may be directed to NIHWorkplaceCES@mail.nih.gov or your IC Coordinator.

Definitions

- **Discrimination** occurs when a person is treated differently or less favorably because of certain characteristics, such as race, ethnicity, sexual orientation, disability, or age.
- **Harassment** is the unwelcome, deliberate, or repeated unsolicited verbal or physical conduct that is based upon protected classes (race/ethnicity, religion, national origin, pregnancy, sexual orientation, gender identity, gender expression, age, disability, and genetic information), including, but not limited to, comments, gestures, graphic materials, physical contact, or solicitation of favors.
- **Inappropriate conduct** is any comment or conduct that disparages or demonstrates hostility or aversion towards any person that could reasonably be perceived as disruptive, disrespectful, offensive, or inappropriate in the workplace.
- **Microaggressions** are defined as the everyday, subtle, intentional or oftentimes unintentional interactions or behaviors that communicate some sort of bias toward historically marginalized groups (e.g., an offensive remark being made regardless of the intent behind it).
- **Unfair treatment** is considered to be the experience of unkind, inconsiderate, or unreasonable behaviors for reasons that are not related to one's job performance, but do not rise to the level of inappropriate conduct or harassment.
- **Exposure** as it is referred to in this document is defined as respondents indicating they had witnessed and/or experienced at least one perceived event (i.e., 1) harassment, inappropriate conduct, microaggressions, unfair treatment, or discrimination by an NIH supervisor or leader or another NIH staff member, 2) mistreatments, slights, bullying, demeaning or derogatory remarks, threats, insulting comments or other behavior, ignoring, and judgement questioned related to race and/or ethnicity, and/or 3) experiences of discrimination or unfair treatment).
- **Genetic Information** refers to family medical history; information about an individual's or family member's genetic tests, such as tests to detect whether an individual has an increased risk of developing certain cancers or other diseases; and the fact that an individual or the individual's family member has sought or received genetic counseling or has participated in clinical research that includes genetic testing.
- **Gender Expression** is the manner in which a person communicates about gender to others through external means such as clothing, appearance, or mannerisms. This communication may be conscious or subconscious and may or may not reflect their gender identity or sexual orientation.
- **Gender Identity** is a person's deeply held core sense of self in relation to gender. Gender identity does not always correspond to biological sex.
- **NIH Point of Contact** may be a Contracting Officer's Representative (COR) on a contract, a Contracting Officer, or the federal employee a Contractor works with most closely at NIH.
- **NIH Supervisor or Leader** is defined as any employee with supervisory or leadership responsibilities, not necessarily in the respondent's direct leadership chain.
- **Work Unit** is defined as the respondent's immediate work unit headed by their immediate supervisor/NIH Point of Contact.