Washington University in St. Louis, School of Medicine
Diversity Engagement Survey – Executive Summary

Introduction
In November 2014, a Diversity Engagement Survey obtained through the American Association of Medical Colleges (AAMC) was made available to all members of Washington University School of Medicine (WUSM) for a period of four weeks. As part of the university’s ongoing efforts to ensure that diversity and inclusiveness are woven into all aspects of the university environment, this survey was conducted to better understand how School of Medicine faculty, staff, students and trainees perceive the current state of diversity and inclusion. In order to obtain a university-wide perspective on this important topic, data were later collected and summarized from the Danforth Campus and Central Fiscal Unit (CFU), which conducted this survey in February 2015.

Survey Participants
Through this process, 4,144 WUSM faculty, staff, management, students, residents, clinical fellows, and post-doctoral appointees completed the survey, representing an overall response rate of 31%. The response rates were representative of the school’s population. Available online and on paper, the survey was anonymous and data was only reported in the aggregate to ensure no individual respondent could be identified. Participation in the survey and each individual question was entirely optional. There were 22 closed-response questions that were standard to the survey and ten additional custom questions were added by WUSM. Table 1.1 shows the demographics of survey participants at WUSM.

Table 1.1: School of Medicine Survey Participants by Role, Race/Ethnicity and Gender

<table>
<thead>
<tr>
<th>Role</th>
<th>n</th>
<th>%</th>
<th>Race/Ethnicity</th>
<th>n</th>
<th>%</th>
<th>Gender</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exec. Leadership/Sr. Administration</td>
<td>54</td>
<td>1%</td>
<td>Black/African-American</td>
<td>434</td>
<td>11%</td>
<td>Female</td>
<td>2,715</td>
<td>66.9%</td>
</tr>
<tr>
<td>Faculty</td>
<td>703</td>
<td>16%</td>
<td>Hispanic/Latino</td>
<td>72</td>
<td>2%</td>
<td>Male</td>
<td>1,332</td>
<td>32.8%</td>
</tr>
<tr>
<td>Staff</td>
<td>2,680</td>
<td>63%</td>
<td>Asian</td>
<td>359</td>
<td>9%</td>
<td>Transgender</td>
<td>11</td>
<td>0.3%</td>
</tr>
<tr>
<td>Staff: Management</td>
<td>613</td>
<td>15%</td>
<td>White</td>
<td>3,053</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff: Non-Management</td>
<td>2,022</td>
<td>48%</td>
<td>All Others</td>
<td>118</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Totals may not sum to 100% due to rounding; due to respondents choosing multiple roles and/or multiple races; and/or not indicating their role, race or gender.

Table 1.2 on the following page shows faculty and staff participants as they reported by primary mission.
Table 1.2: School of Medicine Survey Employee Participants by Role and Primary Mission

<table>
<thead>
<tr>
<th>Primary Mission</th>
<th>Management</th>
<th>Faculty</th>
<th>Staff</th>
<th>Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>257 28%</td>
<td>7 1%</td>
<td>624 69%</td>
<td>903</td>
<td>26%</td>
</tr>
<tr>
<td>Clinical</td>
<td>83 11%</td>
<td>219 30%</td>
<td>423 57%</td>
<td>742</td>
<td>22%</td>
</tr>
<tr>
<td>Didactic education</td>
<td>3 17%</td>
<td>11 61%</td>
<td>3 17%</td>
<td>18</td>
<td>1%</td>
</tr>
<tr>
<td>Research</td>
<td>142 14%</td>
<td>204 20%</td>
<td>636 63%</td>
<td>1012</td>
<td>29%</td>
</tr>
<tr>
<td>My work involves two or more of these</td>
<td>164 26%</td>
<td>226 35%</td>
<td>238 37%</td>
<td>642</td>
<td>19%</td>
</tr>
<tr>
<td>Total</td>
<td>660 19%</td>
<td>677 20%</td>
<td>1,973 57%</td>
<td>3,434</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: Percentages Shown in Management, Faculty and Staff show % of that group within each primary mission. Percentages shown in the total column show what % that primary mission’s participant count represents, of the 3,434 employee participants. This table excludes student & trainee respondents, but total figures include ‘role not reported’.

The Survey Tool

The Diversity Engagement survey measures and describes the inclusiveness of the academic learning environment, defines the institutional areas of strengths and areas for improvement, and points to the strategic direction for organizational change. As an innovative tool, it draws upon workforce engagement theory and theoretical components of organizational inclusion. The twenty-two standard survey questions are mapped to eight “inclusion” factors (trust, appreciation of individual attributes, sense of belonging, access to opportunity, equitable reward and recognition, cultural competence, respect, and common purpose) that further group into three workforce engagement clusters—vision/purpose, camaraderie, and appreciation. These aspects of organizational culture and diversity have been identified and confirmed as the key components and determinants of workforce inclusion and diversity identity based on research conducted by Dr. Deborah Plummer and colleagues at the University of Massachusetts Medical School. A more complete description of the conceptual framework as well as definitions for each cluster and the eight inclusion factors can be found in Attachment A.

It should also be noted that responses to the customized questions developed to fit the University community are not included in the Workforce Engagement Cluster analysis below.

The survey also yielded the opportunity for respondents to write in comments to two questions, and as a result, approximately 1,200 anonymous written comments were collected. These questions reflected a desire to hear from participants regarding personal experiences at the university and are not included in the summary below. Written comments are currently being analyzed for topic and frequency of subject and will be released later in the summer of 2015, providing yet another opportunity for discussion and follow up.

An additional feature of this survey is the external data collected from its use in 14 other academic medical centers through AAMC. A comparison of results from WUSM to this external data set is included in the full survey results attached to this report. It should be noted that WUSM plans to base future program planning and tracking primarily on results from within its own population over time.

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2 Totals may not sum to 100% due to rounding; due to respondents choosing multiple roles and/or multiple races; and/or not indicating their role, race or gender.
Appendix A contains a description of the survey factors. Appendix B contains all summary charts from which general findings below have been derived. Appendix C is the full, detailed survey results document for the school of medicine.

Survey Results
Responses to all survey questions were captured using a 5 point Likert scale which ranged from “strongly disagree” to “strongly agree”. In preparing to summarize data, it was decided to first analyze and report on patterns among those responses which fell into the “agree” and “strongly agree” responses. Therefore this report does not include findings from an analysis of responses to other points of measure on the Likert response scale (“neither agree nor disagree”, “disagree” or “strongly disagree”). More work must be done to fully appreciate what information is contained in the survey when viewed from that perspective.

Using our approach, and in looking at all responses by cluster, we find that the majority of WUSM respondents answered questions positively. Viewing responses by cluster (i.e., Appendix B, Table 1, WUSM TOTAL) yields the following:

- **Vision/Purpose:**
  - 74% of total responses were “agree” or “strongly agree.”
- **Camaraderie:**
  - 76% of total responses were “agree” or “strongly agree.”
- **Appreciation:**
  - 81% of total responses were “agree” or “strongly agree.”

While responses generally are positive, group responses varied when viewed by race, gender, sexual orientation, generation, religious belief system and length of service. Here we will focus on some of the major trends in the responses, and by necessity, we will not discuss every potentially important point.

Further, we also recognize that the varying numbers of individuals in different subgroups can sometimes make interpretation of the results challenging. For example, small numbers of individuals in a subgroup might mean that meaningful differences in responses are not statistically significant but could remain important for follow up nonetheless. Readers should also be reminded that the survey is only one of a number of sources regarding diversity and inclusion.

Findings by Race
In general, respondents identifying as underrepresented minorities (URM) had less positive responses than Caucasian/White respondents across almost all survey questions, and across all roles. Under-represented minorities composed 13% of the School of Medicine population responding, of which African-Americans made up 86% of the total URM responses. As a group, Hispanic/Latinos represent 2% of all responses. While small in number, the responses of Hispanic/Latino individuals are similar to the responses of African-Americans.

When shown by cluster, African-American responses are lower as follows (Appendix B, Table 2, WUSM TOTAL):

- **Vision/Purpose:**
  - -14 percentage points
- **Camaraderie:**
  - -17 percentage points
- **Appreciation:**
  - -14 percentage points

As a group, Asian respondents were similar to or more positive than Caucasian/white respondents.

More information on responses to questions by race can be viewed in Appendix B, Table 2.
Findings by Gender
In general, responses from women were similar to those from men with the exception of a few areas. Appendix B, Table 3 shows that in the areas of equitable reward and trust, females are less positive than males overall.

When looking deeper at gender within the faculty, female faculty are less positive than male faculty on questions related to the organization’s cultural competence (Appendix B, Table 4).

Results by Other Factors
Table 5 in Appendix B reflects results for each cluster summarized by the remaining factors: Generation, Sexual Orientation, Belief system and Length of Service.

Table 5 reflects the following themes:
• African-Americans are consistently less positive than whites, across all roles.
• Post-doctoral appointees are less positive than the other trainee groups.
• Faculty who identify as having “Non-Christian” belief systems tended to be less positive in their responses than those describing themselves as “Christian”.
• Faculty, staff and students who are under age 35 are more positive than older faculty, staff and students. However, this difference is not evident within management, nor among the trainee populations.
• Employees who are here less than five years are more positive than those here 10 years or more. This result is most evident among staff. It should be noted that other organizations that have conducted employee engagement surveys have documented declining engagement scores as length of service increases.5

When looking deeper at race and how responses change with length of service, our analysis shows little difference in responses within the first year, however, gaps widen as length of service goes up (Appendix B, Table 6).

Conclusion:
In summary, survey results call out the issue of race more clearly than any other factor at the school of medicine.

The issue of race and its impact on the campus experience should be explored in greater depth and presents opportunities for enhancing school initiatives to create a more diverse and inclusive campus environment. Greater and more positive communication and cross-cultural interaction will be important to move the school forward. Creating a climate of mutual respect and encouraging greater understanding across cultures must be embedded in our training and development efforts and in our everyday practice. In addition, changes to institutional policies and practices may be needed to better support the organizations goals and produce real change. Analysis will continue on the survey results collected and additional findings will be shared throughout the coming months. Meanwhile, you can view detailed survey responses by visiting the WUSM Office of Human Resources website.

Contributing Researchers:
Washington University faculty experts were instrumental in guiding and validating the analytical approach to the employee survey data. Deanna Barch, Ph.D., the Gregory B. Couch Professor of Psychiatry, professor of psychology and radiology and chair of the department of psychology; and Ken Schechtman, Ph.D., associate professor of biostatistics and associate professor of medicine in cardiology, provided valuable insights and recommendations that led to a more refined, sophisticated statistical approach to analyzing and presenting the survey data. The School of Medicine extends its thanks and appreciation to them for lending their time and expertise to this effort.