NIH Workplace Climate and Harassment Survey

Survey Development and Methods Report

September 2020
Prepared for the NIH Chief Officer of Scientific Workforce Diversity
Prepared by ICF Next

NIH diversity.nih.gov

HARASSMENT DOESN'T WORK HERE

NIH Workplace Climate and Harassment Survey:

Survey Development and Methods

Contents

1. Survey Purpose

As part of its initiative to address sexual harassment at the National Institutes of Health (NIH), NIH conducted a survey of all individuals working at or for NIH (i.e., federal employees, trainees, contract personnel, and volunteers) to:

1) Determine the extent of sexual harassment occurring at NIH;
2) Inform policy efforts by identifying potential factors associated with harassment;
3) Assess how NIH, through its supervisors and current harassment reporting systems, responds to those who have been harassed, and use this information to improve its harassment policies and systems; and
4) Establish a baseline assessment of harassment and associated factors to evaluate progress by NIH on this issue via future survey administrations.

The results of the survey are expected to inform solutions to create a respectful workplace. The survey instrument developed through this effort, and results obtained by fielding the instrument, will be disseminated to the U.S. scientific community to encourage rigorous assessment of harassment in the scientific workplace. Because this survey was conducted for quality improvement purposes, it was determined by the NIH Office of Human Subjects Research not to be human subjects research.

2. Survey Oversight

The NIH Scientific Workforce Diversity (SWD) office and the Office of Behavioral and Social Sciences Research (OBSSR) partnered and formed an NIH survey team consisting of behavioral scientists and senior leaders. This team oversaw survey development, testing, and administration, and served an oversight and approval role for the activity, which was launched and implemented by an independent contractor.

3. NIH Conceptual Model

The SWD convened an expert panel of sexual harassment and survey researchers to provide input on what should be assessed and how it should be assessed in a workplace survey of sexual harassment, consistent with the goals of NIH for such a survey. The expert panel provided insight, which the NIH survey team then presented to the NIH Advisory Committee to the Director (ACD) to support the development of survey items assessing the frequency of workplace sexual harassment and potential influences and consequences of these sexual harassment experiences. Based on input from this expert panel, a conceptual model was developed to identify the key content areas for which survey items would need to be developed or selected (figure 1).

Figure 1. NIH Conceptual Model of Harassment
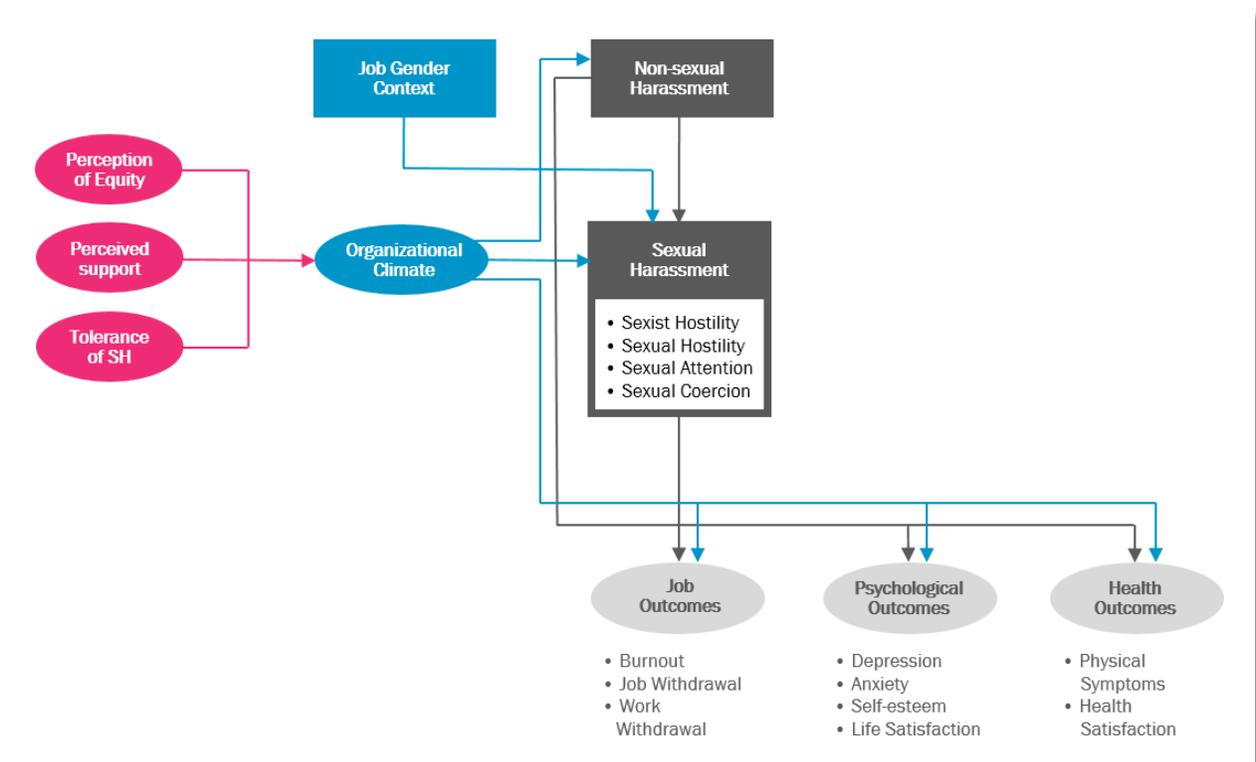
4. Item Selection and Development

From each domain in the conceptual model, survey items were considered that would assess key constructs or facets of that domain, drawing from existing items or scales measuring these constructs whenever possible. Item and scale selection balanced psychometric properties of the items or scales (i.e., reliability, validity) with respondent burden to assess these constructs reliably with as few items as possible.

This section describes each key survey construct along with associated measures and validated scales where applicable.

Sexual Harassment

Sexual harassment was the key domain of this survey. The expert panel recommended the Sexual Experiences Questionnaire (SEQ), which has undergone considerable testing in a range of occupational settings (Fitzgerald, Magley, Drasgow, & Waldo, 1999). The SEQ has three reliable subscales: gender harassment, unwanted sexual attention, and sexual coercion. Based on discussions and input from the expert panel, alternative wordings of the SEQ items were developed and tested in a pilot trial (see Pilot Trial). These alternatively worded items were developed to improve item clarity and specificity.

For the NIH survey, a 12-month reporting period was chosen (i.e., in the last 12 months). Longer reporting periods have been used in other surveys, including others using the SEQ. However, since one objective of the NIH survey was to establish a baseline from which to assess changes in harassment over time potentially resulting from sexual harassment policies and procedures, it was necessary to use a short-term reporting period. To clarify the timeframe,

specify sexual harassment experiences as unwanted or offensive, and focus on experiences related to work at NIH, the following directions were devised based on cognitive testing results (see Cognitive Testing). These directions were provided on each of five screens administering five items each of the 25-item SEQ:

> *The following questions ask about **unwanted or offensive** experiences you may have had **in the last 12 months while working for the NIH, and with persons you interacted with because of your NIH work**, regardless of whether these unwanted or offensive experiences occurred while on NIH property or elsewhere. When responding to these questions, do NOT include experiences that either were wanted or that occurred in your personal life unrelated to your NIH work.*

Response options for the number of occurrences (i.e., how many times) were chosen over the more commonly used descriptive SEQ response options due to the short reporting period and the intent of the survey to capture the incidence of sexual harassment. These two types of response options were pilot tested (see Pilot Trial below). Testing indicated that the descriptive SEQ response options were more reliable and more strongly associated with related variables than reporting the actual number of occurrences. In a review of the SEQ, Gutek and colleagues noted that multiple variations on the response options have been used, including by the developers of the scale, and that for a short, well-specified time frame, more specific incident response options may be more appropriate (Gutek, Murphy, & Douma, 2004). Therefore, the survey team devised a hybrid response option that might provide the benefits of an incident count response option with the improved reliability of a more descriptive response option. The response options for the SEQ used for this survey were: 0, 1, 2–4, and 5 or more. Regardless of the response option selected, it is important to note that the incident scoring of the SEQ (0 or never vs. all other responses) is consistently applied across the various versions of SEQ response options, including the response options used for this survey.

Incivility and Bullying

Workplace climate is considered an important contributor to sexual harassment, such that a climate of disrespect and incivility serves as a basis for sexual harassment. To assess incivility and bullying, the expert panel recommended the Workplace Incivility Scale (WIS) (Cortina, Magley, Williams, & Langhout, 2001). In addition to the WIS items, the survey team included two items capturing more serious forms of incivility not captured by this scale ("threaten to hurt you physically"; "display intimidating behaviors such as finger pointing, invasion of personal space, shoving, or blocking your way"). The survey team considered the WIS items and these two additional items to adequately capture a climate of non-sexual harassment and disrespect in the workplace. The NIH anti-harassment steering committee recommended asking specifically about experiences of bullying; therefore, the item "bully you" was added to the survey, although bullying is a vague term that can be interpreted differently by participants. Finally, although the intent was to administer all seven items of the WIS, during the final revisions of the survey, the item "addressed you in an unprofessional manner" was omitted in error. As a result, these items were analyzed as separate items, not as a composite or aggregate incivility score.

For consistency with the SEQ, the response options for the six WIS items and the additional three items (physical threat, intimidating behaviors, and bullying) were modified to include the following response options: 0, 1, 2–4, and 5 or more. Although this modification limits comparisons to other administrations of the WIS items, it allowed for comparability of response options from the SEQ and the WIS, providing a direct comparison of the number of incidents of sexual harassment (as per the SEQ) and of non-sexual workplace harassment (as per the WIS).

Job Gender Context

To assess the gender balance and context of the work unit and the participant's job responsibilities, three items were developed and included in the survey:

1. *Do you consider your job to be traditionally done by men or by women?*
2. *About what proportion of the people working in your work unit are men, and what proportion are women?*
3. *Is your supervisor or point of contact a man, woman, some other gender identity, or do not know?*

Perception of Equity and Perceived Support by Supervisor

To assess the supervisor's perceived equity in making work unit decisions, two items were developed and included in the survey:

1. *When your supervisor/NIH point of contact makes decisions that affect salaries, other professional rewards, evaluations, promotions, and work assignments of people in your work unit, how much does he or she take into account the opinions of people in the work unit?*
2. *When your supervisor/NIH point of contact makes decisions that affect salaries, other professional rewards, evaluations, promotions, and work assignments of people in your work unit, how fair are those decisions?*

To assess perceived support of the supervisor, both in general and specifically with regard to addressing harassment, the following items were developed and included in the survey:

1. *During the past 12 months, how much was your work at NIH valued by your supervisor/NIH point of contact?*
2. *If a supervisor/NIH point of contact at NIH were to tell someone in his or her work unit that the way to get ahead at work is to date him or her, how likely is it that NIH, once aware, would intervene to stop this behavior?*
3. *If a supervisor/NIH point of contact at NIH were to talk about his or her sex life and try to get employees in his or her work unit to talk about their sex lives, how likely is it that NIH, once aware, would intervene to stop this behavior?*
4. *If a supervisor/NIH point of contact at NIH were to say that women are taking jobs away from men who are more qualified, how likely is it that NIH, once aware, would intervene to stop the supervisor/NIH point of contact making such statements?*
5. *In the past 12 months, did your supervisor/NIH point of contact speak up when a sexist or racist remark was made?*
6. *In the past 12 months, did your supervisor/NIH point of contact respond appropriately to a report of harassment in your work unit?*
7. *In the past 12 months, did your supervisor/NIH point of contact do any of the following to address harassment of any kind in your NIH work unit?*

Feedback received during the survey suggested that specifying "your" supervisor for all of these items and specifying "a superior to the supervisor" rather than "NIH" would have provided greater clarity of what was being asked of these items. Such modifications should be considered in future survey administrations.

Job Outcomes

To assess the potential effects of sexual harassment on job satisfaction, the three-item Michigan Occupational Assessment–Job Satisfaction subscale was selected (Cammann, Fichman, Jenkins, & Klesh, 1979). In addition to job satisfaction, the expert panel recommended

assessing various types of work avoidance, and the following items were developed to assess work avoidance:

1. *How often did you not want to go to work?*
2. *How often did you spend time doing non-work activities while at work?*
3. *How often did you avoid going to work?*
4. *During the next 12 months, how likely are you to look for a new job?*

Health Outcomes

To assess physical and mental health outcomes, the survey team selected the two-item PROMIS Global Physical Health and Global Mental Health scales (Hays, Schalet, Spritzer, & Cella, 2017). These items, derived from longer PROMIS Global Health scales, have been shown to be brief and reliable measures of overall physical and mental health. Due to an error in selecting these items, one of the physical health items, "In general, how would you rate your physical health" was replaced with "In general, would you say your health is…" which is the single-item self-reported health item used in various health surveys, including the National Health Interview Survey (Blewett, Rivera Drew, Griffin, King, & Williams, 2016). As a result of this error, the physical health composite scores could not be computed during analysis. Instead, the two physical health items were analyzed separately as single item indicators of physical health.

Understanding of NIH Anti-Harassment Efforts

The survey team developed items assessing how well participants understand the NIH policies and procedures to address harassment, how well participants understand how an NIH employee can get help if he/she experiences harassment, and participants' evaluation of the job that NIH has done during the past 12 months at encouraging people to report harassment.

Experience and Reporting of Sexual Harassment

Respondents who indicated that they experienced any of the 25 SEQ items were then asked to pick the unwanted experience "that had the greatest effect on you" and to respond to follow-up items about details of that experience and how it was addressed. Although it would have been preferable to ask about each experience and how it was handled, this approach was chosen to keep the survey to a reasonable length, reduce the response burden, and increase response rates.

To assess the situation in which the experience occurred, items were developed to ask where the unwanted experience occurred (i.e., in an NIH building or not; at a conference or not; at a social event or not). Information about the perpetrator was asked, including the perpetrator's gender; if the person worked in the same work unit; if the person was an NIH employee, contractor, or someone else; if the person supervised or managed the respondent's work; and if the person could influence the respondent's work opportunities at NIH.

Talking to someone or reporting sexual harassment was assessed with a "check all that apply" list that included the NIH supervisor/point of contact, NIH Human Resources or CIVIL program, anti-harassment hotline, NIH Ombudsman Office, NIH Office of Equity, Diversity, and Inclusion (EDI), an organization outside NIH, a co-worker, or none of the above.

For those who indicated that they talked to someone about the unwanted experience, items were developed regarding follow-up to the complaint (if known by the respondent), including if the supervisor talked to the person, if there was an investigation, and if the perpetrator was punished. Items also were developed to assess if the person the respondent talked to encouraged them to drop the complaint, took the complaint seriously, or indicated that the

respondent was at least partly responsible for causing the unwanted experience to occur. An item also was developed to assess the consequences of the unwanted experience on their work experience (e.g., overall working conditions got worse; reassigned, detailed, or transferred, against my wishes; gossip about me in an unkind way; denied training opportunities; lost respect of co-workers). Fifteen options could be selected with the instruction to "check all that apply."

For those who indicated that they did not talk to anyone or report to anyone the unwanted experience, an item was developed listing a number of potential reasons not to report (e.g., not serious enough, uncomfortable reporting the experience, would feel badly if NIH took action against the person who committed the unwanted experience). Six options were provided with the instruction to "check all that apply."

For all respondents, an item was developed to assess their perspective on the future risk of harassment, specifically, "During the next 12 months, how likely do you think it is that you will be harassed while working at the NIH?"

Demographics and NIH Employment

The demographic items on the survey were primarily drawn from nationally representative surveys such as the NHIS and Census (Blewett et al., 2016; Bureau, 2010). Demographic items assessed include age, marital status, race, Hispanic ethnicity, gender identity, sexual orientation, educational attainment, and disability status (i.e., targeted vs. reportable).

Items were developed asking about various aspects of the participant's NIH employment, including if the participant performed work in a building owned or leased by NIH, how the participant was employed by the NIH (referred to as appointment type), the participant's primary role in his or her current appointment (including if the participant was a trainee, fellow, or student), the number of years the participant worked at NIH, how many years the participant had served in the current position, whether the position was intramural or not (and if intramural, were they tenured, tenure track, or not), whether the participant was in a supervisory or leadership position or not, and the NIH Institute or Center where they primarily work.

During the survey administration, concerns were raised about the potential for re-identification if the actual number of years for age, years worked at NIH, and years worked in current position were provided. To address this concern, response options for age were revised to decile age ranges consistent with national surveys (i.e., 18–24, 25–34, 35–44, 45–54, 55–64, and 65 and older). The youngest age range was truncated to 18–24 since participants had to be 18 or older to participate. For 65 and older, additional decile ranges were considered (e.g., 75–84, 85–94) but for a workplace survey, 65 and older was judged sufficient. For years at NIH and years in current position, 5-year intervals were selected (i.e., 0–4, 5–9; up to 30 or more years). Initial survey participants who completed the survey using actual number of years (prior to the revision of these items) had their responses recoded to reflect these age ranges.

5. Cognitive Testing

The purpose of cognitive testing was to determine how potential participants interpreted the items and response options, and whether the items were understood and interpreted as intended. Cognitive testing was performed via telephone interviews by two contractors on two subsets of survey items with a sample of NIH employees and trainees.

Phase I Testing

Westat was contracted to perform cognitive testing on select workplace description items and the revised SEQ items. This section summarizes the Westat report regarding cognitive testing of the SEQ, excluding quoted responses from participants to ensure confidentiality and privacy.

Cognitive testing was performed by Westat from November 1 to November 13, 2018. The testing procedures were approved by the Westat Institutional Review Board (IRB) and all participants provided informed consent. NIH employees were stratified by gender (75% women, 25% men) and GS-level ($\leq$ 9, > 10) as a proxy for educational attainment. From these stratifications, NIH Human Resources randomly selected 50 employees for Westat to invite for cognitive testing. Trainees were selected from a separate database, again stratified with 75% women and 25% men. All individuals selected were sent an advance email noting that they would be contacted by Westat and were encouraged to participate.

If participants agreed to participate in cognitive testing, Westat scheduled a one-hour interview and sent the participant informed consent materials. All interviews were conducted by phone by trained interviewers. After obtaining verbal agreement to informed consent and to be audiotaped, participants were read each survey item and its response options, asked to respond. They were then asked to describe what was being asked in their own words and how they determined how to respond. After the interview, each participant received a thank-you email that included information for seeking help and support should the interview have produced distress.

Seventeen interviews were completed. Of these, eight participants were asked about one subset of the SEQ and nine participants were asked about the second subset of items. 14 of the participants were female and three were trainees. Interviews were transcribed from the audio-recordings and reviewed by Westat survey research staff to assess understanding and interpretations of the items and to provide NIH with recommendations.

The following are the key findings from Phase I cognitive testing.

- Be explicit that responding to the survey is not the same as reporting a complaint of harassment, that responding is not mandatory, and that their responses will not be available to anyone, including human resources or other official reporting entities.
- Although the survey is IRB exempt as a quality improvement activity, consult with the NIH IRB and be clear on the survey that this is not a research study. Many of the potential participants have research backgrounds and will likely expect the same level of protections of research participants.
- The response options indicate that the NIH is interested in determining the incidence of harassment, but there are other potentially competing goals (e.g., factors contributing to harassment) and the NIH should consider if incidence of harassment is its primary goal.
- Participants sometimes responded based on harassment experiences they observed, not on experiences that happened directly to them. Therefore, this should be clarified in the instructions, and NIH should note that what they experience directly may not fully capture all of the uncomfortable experiences that happen to an employee as a result of harassment in the workplace.

Regarding specific items, trainees experienced difficulty in responding to some work description items that may not apply to them (e.g., full or part time, permanent, temporary, or term-limited) and these items were subsequently deleted from the survey. Questions about supervisor responses to harassment were unclear to respondents and were revised for clarity. For SEQ items, some participants considered sexual harassment experiences *not* associated with NIH.

Therefore, instructions to the SEQ were revised to emphasize "while working for the NIH, and with whom you interacted because of your NIH work." Some participants also were unsure if they should respond only if the sexual activity described in some SEQ items was unwanted. Therefore, the revised instructions to the SEQ emphasized "unwanted and offensive experiences." Items asking if job duties are mostly masculine or feminine were confusing for some participants and these items were revised accordingly. With the prior points about emphasizing while working at the NIH and that experiences are unwanted, participants generally understood and interpreted the SEQ items appropriately. None selected a response option that was not "0 times," however, so cognitive testing was unable to provide guidance for the number of times response option (i.e., 0, 1, 2–4, and 5 or more).

Phase II Testing

Westat performed a second round of cognitive testing from November 29 to December 6, 2018. This second round of cognitive testing followed the same participant selection process and procedures as described above and focused on revisions made to the instructions for the SEQ items. Ten participants were interviewed (five men and five women); three of the participants were trainees.

The key findings from this round of cognitive testing were as follows:

- A few participants overlooked the "last 12 months" timeframe. A few participants also overlooked "unwanted" in the instructions regarding harassment experiences. The cognitive testing report recommended that the instructions be repeated throughout the SEQ items. In the administered survey, the instructions were repeated at the top of each screen, which had five questions per screen, to ensure that respondents were frequently reminded about the timeframe, unwanted nature of the experiences, and to report only on those experiences that occurred "while working at the NIH, and with persons with whom you interacted because of your NIH work."
- Some participants tended to answer either "yes/no" or "sometimes" instead of via the actual number of times the experience had occurred. Seeing the response options on the screen instead of having to remind them verbally how to respond would likely alleviate this problem.
- Some participants wanted to describe sexual harassment experiences that did not happen to them but that they observed or heard about. This also occurred in the first round of cognitive testing and led to the recommendation to include items in the final survey that assessed observing or hearing about sexual harassment in the workplace. The NIH survey team considered this recommendation useful but beyond the scope of the current survey, especially given time constraints for fielding the survey. However, this recommendation to develop new items addressing "indirect experiences" should be considered in future survey administrations.

Cognitive testing participants noted minor interpretation and wording issues with many of the SEQ items, and items were revised accordingly.

Phase III Testing

The Strategy Team, Ltd. was contracted to conduct additional cognitive interviews focusing on survey items assessing the details of the sexual harassment experience and to whom the participant talked to or reported the experience. These interviews were conducted in December 2018 and January 2019; the cognitive testing protocol was IRB approved. The participants were obtained from the same pool of potential participants generated for the Westat cognitive interviews, but were invited differently. From the workclimate@od.nih.gov email, 175 potential participants were sent an email inviting them to participate, describing the cognitive testing

study, and asking the recipients to go to a website link where they could schedule a one hour phone interview. From this invitation, 13 participants scheduled an interview, and seven interviews were completed.

Following verbal consent to participate and to be audiotaped, participants were sent a web link to review the questions online while participating in the interview. Respondents were asked to rephrase each question's wording and were not asked to answer the question, so no response options were displayed on the screens. Audio recordings were transcribed, and the contractors reviewed responses and provided a final report with notes for each item tested.

Among the recommendations for specific items:

- "Work unit" should be defined or further clarified. For the final survey administered, at the first use of the term "work unit", the term was further described as "The group of employees who regularly work together, usually with a common organizational structure such as an office, branch, clinic, team, or laboratory."
- Provide all of the options for talking to someone or reporting the experience so that participants can consider all of the options before responding. This was done in the final survey as administered.
- "Talk to an organization or an agency outside of NIH" was sometimes difficult for participants to interpret (e.g., would that include talking to your pastor at church?). The survey team determined that it was acceptable for survey respondents to interpret this option broadly and did not modify this option in the final administration of the survey.

Minor issues were found for the various options provided for the potential negative repercussions of reporting or talking about the experience. These could be considered for revisions to a subsequent survey, but given the short time period between receiving this report and fielding the survey, the survey team decided not to attempt to modify any of these items further.

6. Pilot Testing

Background and Purpose

NIH contracted with the IDA Science and Technology Policy Institute (STPI) to complete a pilot study comparing the reliability and validity of two versions of the Sexual Experiences Questionnaire (SEQ), and two potential response options for the SEQ. Based on input from the expert panel, the SEQ items were revised into an experimental version (SEQ-E). The SEQ-E modified several existing items to improve clarity, particularly for the NIH goal of asking about actual incidence. For example, "repeatedly told sexual stories or jokes that were offensive to you?" was revised to "Tell a sexual story or dirty joke?" In this version, some items were omitted and new items were added based on expert panel input. In addition, revised response options were considered. The unmodified SEQ (SEQ-U) provides Likert-type response options (*1 = never*, *5 = many times*).

Given the incidence count goal of the NIH survey, the pilot trial was conducted to assess the reliability and validity of a revised response option that asked respondents for an integer response for the number of times in the past 12 months that the experience occurred (i.e., frequency count).

Specifically, the pilot trial was conducted to answer two questions:

1) Is the SEQ-E as valid and reliable as the SEQ-U?
2) Does the response scale (Likert-type vs. frequency count) used for the SEQ affect the reliability and validity of the scale?

Methods

The pilot trial was a survey-based experiment using an online panel (N = 5,051) to assess the effects of survey type (SEQ-E vs. SEQ-U) and response scales within each version of the SEQ (Likert-type vs. frequency count) on relevant indicators of reliability and validity that could be evaluated via single administration of a survey. A 2x2 design was employed, with SEQ version (SEQ-U vs. SEQ-E) randomly assigned between participants, and SEQ response options (Likert-type vs. frequency count) randomly assigned within participants (Likert version followed by frequency count version).

Internal consistency was evaluated as an indicator of reliability. Concurrent construct validity was assessed by correlating the various versions of the SEQ to related measures of constructs expected to be associated with sexual harassment (e.g., job satisfaction, negative affect). These measures were: Mental Health Items (MHI-5) - an assessment of general mental health derived from the SF-36; a global measure of job satisfaction (Michigan Organizational Assessment Questionnaire [MOAQ-JSS]); and items assessing work withdrawal (Berwick et al., 1991; Bowling & Hammond, 2008). These related measures were administered prior to the SEQ versions assigned.

Results

A detailed report of the pilot trial was provided by the contractor; key findings from that report are below:

- The Likert-type response scale outperformed the frequency count scale on validity and reliability measures for both variants of the SEQ.
  - *Reliability:* For both variants of the SEQ, Omega values (an extension of Cronbach's alpha for multi-factor scales) for the frequency count response options were significantly lower than those for the Likert-type responses options (based on comparing their 95% confidence intervals), indicating that the frequency count scale is less reliable than the Likert-type response scale.
  - *Validity:* The frequency count scale had significantly weaker Spearman rank correlations on the mental health (MHI-5) and work withdrawal measures. There were no statistically significant differences between the two response scales in their correlations with job satisfaction (MOAQ-JSS). These findings indicate that the frequency response option has weaker construct validity than the Likert-type response option.
- The SEQ-U and SEQ-E performed similarly in terms of measures of reliability and validity. Both variants demonstrated adequate reliability and had modest correlations with the MHI-5 and work withdrawal measures. Both versions of the SEQ had weak correlations with the MOAQ-JSS.

Conclusions

Based on these findings, the survey team determined that the revised SEQ-E appeared to have equivalent reliability and validity as the SEQ-U and was appropriate to administer in the final survey. Given the weaker reliability and validity findings for the frequency count response options, the survey team determined that it could not proceed with that response option, but also had a good rationale, supported by recommendations from Gutek and colleagues to obtain

actual incident counts of these experiences vs. the more qualitative Likert frequency ratings for assessing the incidence of these experiences in a short, circumscribed time period (i.e., the last 12 months) (Gutek et al., 2004). Therefore, the survey team chose a hybrid response option between these two options. Instead of providing an integer number of times, response options were developed as follows: 0, 1, 2–4, and 5 or more times. These response options are more specific than never, once or twice, sometimes, often, and many times, provide a clear distinction of these experiences happening once vs. once or twice, and retains the ability to perform comparable incident scoring (i.e., count of number of experiences not answered "0"or "never").

7. Recruitment and Outreach

Survey Population

The intent of the *NIH Workplace Climate and Harassment Survey* was to invite everyone who works at NIH, regardless of duties or type of employment. NIH, however, has a diverse workforce employed as federal employees, trainees, contractors, and volunteers. A list of all current federal employees, fellows, trainees, guests, and volunteers working for NIH and their email contact was obtained from the NIH Enterprise Directory (NED) in December 2018. After obtaining the list, the group excluded 825 entries identified as Special Government Employees, a decision made by leadership because of the special rules and regulations surrounding the position. As well, 668 tenants were excluded because this category is poorly defined and included employees of private entities such as the Foundation for the NIH. Finally, 374 individuals were excluded for other reasons such as not having any email or contact information listed or having departed NIH before the survey was administered.

For contract personnel, each contracting agency had to provide permission for their employees assigned to NIH to participate in the survey. A total of 256 contracting agencies were contacted, of which 248 gave permission for their employees to be surveyed and provided email contacts for these employees. Contract employees who are self-employed on Personal Service Contracts or self-incorporated/LLCs were also contacted.

The primary survey population for the NIH survey included the NIH HR database, the NIH trainee database, and the list of contract employees. Some unknown number of people who work at NIH may not be included on these lists and, therefore, were not invited to participate. In total, 39,828 people working at NIH were invited via email to participate.

Communications and Outreach

To optimize participation rates, an extensive communications and outreach campaign was conducted. Appendix B summarizes each component of this campaign; more detail is provided in sub-sections below.

Survey Champions

The NIH Director, Dr. Francis Collins, requested that each Institute, Center, and Office (ICO) Director at NIH identify a point of contact to serve as a Survey Champion to support the launch of the survey. The group included representatives from the NIH ICOs, intramural staff, trainees, and Clinical Center staff. These Champions were tasked with encouraging survey response at their organizations and performed a range of services, including putting out flyers, signs, posters and other materials about the survey, following up on email announcements about the survey, doing personal outreach within their organization (e.g., presentations to divisions, branches), ensuring that staff had the opportunity to respond to the survey, including making people aware of the location of kiosks for those without easy Internet access at their work, and providing feedback to the survey team of any concerns about the survey that needed to be addressed.

For each ICO, Survey Champions were also listed on the survey webpage (see Pre-Launch Communications below) so the community could identify who their Champion was if they had any additional questions.

The Survey Leadership Team met regularly with Survey Champions throughout the administration period to brainstorm strategies to increase participation, exchange lessons learned, and provide technical updates on progress. Weekly emails were sent to Champions communicating important information, updates, and participant rates. The Champions made recommendations about the frequency of the reminder emails that were sent from the contracting company and these recommendations were shared with the company. Challenges that arose were discussed during these meetings in a community context, thereby fostering active participation and a positive culture.

Pre-Launch Communications

In the months prior to survey launch, a website describing the survey, its purpose, how and when it would be administered, privacy and confidentiality provisions, and additional details was launched as part of the overall NIH's *Harassment Doesn't Work Here* campaign. Other NIH sites (e.g., Human Resources, CIVIL, and the Office of Equity, Diversity and Inclusion) linked to this site and the survey site linked to the anti-harassment NIH.gov webpage. An email account was created to field employee questions about the survey. Slide presentations for various stakeholder audiences were developed along with talking points on the survey for employees, trainees, contractors, volunteers, media, and public inquiries. Web buttons and badges were developed for placement on relevant web pages across NIH and within the ICOs. In addition, briefing documents were developed for NIH leaders, as were print materials about the survey (i.e., posters, lawn signs, resource cards, and tent cards). These print materials were disseminated to all NIH ICOs, including facilities in Maryland, North Carolina, and Montana, concurrent with the launch of the survey.

In November 2018, key NIH groups were briefed regarding the survey, including communications directors, executive officers, Intramural Training and Education, and the Office of Extramural Research. In December 2018, additional briefings were conducted with other key groups (see appendix B for a complete list), and a town hall for all staff describing the survey and other NIH harassment policy efforts was conducted. NIH Institute and Center Directors and Clinical Center leadership were briefed about the survey in January 2019. Finally, a second town hall and a virtual Q&A session were both conducted in the middle of the survey administration period (March 2019) to reinforce the value of completing the survey and to address any concerns of staff.

In the month preceding survey launch (January 2019), an announcement about the survey and other anti-harassment efforts ran in *The NIH Catalyst*, a newsletter primarily targeting intramural staff. During the survey administration period, an article about the survey and other harassment efforts appeared in the *NIH Record*, a newsletter primarily targeting extramural staff.

Post-Launch Communications

The initial invitation to staff on January 28, 2019 provided a personalized link for each respondent to access and complete the survey (appendix C). This link allowed for follow-up if those invited to participate did not do so within a specific time period, or if they started the survey but did not complete or submit it. Reminder emails were automated to occur at specified times in the case of no or partial survey response. For each respondent, five reminder emails were sent before the automated system ceased further reminders. The first question on the survey allowed the respondent to indicate if they did not wish to participate in the survey. If so

indicated, the survey system would thank them, end the survey, and not provide any further reminders.

On the survey launch day (January 28, 2019) and intermittently throughout the survey administration period, various members of NIH leadership sent emails emphasizing the importance of the survey, assuring confidentiality of responses, and encouraging staff to complete the survey (appendix D). In total, six emails were sent over the two-month survey administration period from various NIH leaders. These emails from NIH leadership were followed up with reminders to ICO leadership to encourage staff to complete the survey.

Survey Champions employed an array of communications strategies within their individual ICOs to increase participation. Examples of such strategies include sending their own emails to executive officers and division directors or to all staff, sending humorous e-Cards with images of leadership dancing and conveying a message encouraging recipients to take the survey, and sharing response rates each week to show NIH-wide and ICO-level progress.

8. Survey Administration

The finalized survey items were administered by the [IDI Science and Technology Policy Institute](#) (STPI) using [Qualtrics](#) survey administration software. Respondents could complete the survey via the Internet across various platforms, including smartphones. Internet access stations at most NIH locations provided access to the survey in privacy for those without easy and private Internet access at their work station. NIH building management coordinated with Survey Champions to identify these private locations within NIH buildings. The locations were listed on the Survey webpage and were described in the Frequently Asked Questions section on the Survey webpage.

An initial invitation to staff from STPI on January 28, 2019 provided an individual link for the respondent to access and complete the survey. At the beginning and end of the survey, participants were provided with information about where to seek assistance should completing the survey result in distress. Participants could skip and not answer any item by selecting "next" and could also go "back" if they entered a response in error. Participants completed the survey by selecting "submit" at the end of the survey. NIH leadership provided key reminders, such as the importance of clicking "submit," when they sent NIH-wide emails to the community encouraging participation and sharing progress. Once completed, the survey system sent a thank-you email to the participant.

An annotated *Survey Implementation Guide* is available that specifies the survey items, branching or skip logic, and includes scoring guidance, administrative notes, and opportunities for improvement based on the experience of the NIH conducting this survey.

Data De-identification and Safeguards to Ensure Anonymity

The *NIH Workplace Climate and Harassment Survey* asked about sensitive, distressing, and potentially traumatic experiences. The sensitivity of the survey items and the risks of re-identification or disclosure are heightened by the fact that the participants' employer, NIH, commissioned the survey. There was considerable concern by NIH staff not only that sensitive experiences that they do not wish to share could be identifiable, but also that if identifiable, these responses could be used in a retaliatory manner by the perpetrator, supervisor, or others in management. To address this concern, a firewall was created between STPI (the contractor who administered, stored, and analyzed the data) and NIH staff. No one from NIH has ever had or will have access to individual-level data. Instead, any analyses of the survey were requested by NIH to STPI, who performed the analyses and provided the results in aggregated form to

NIH. To further ensure confidentiality, STPI and NIH agreed that the STPI would not provide data on any data cell that represents less than 15 responses.

STPI also instituted additional confidentiality safeguards. For survey administration and individualized reminders, the survey responses were initially associated with the participants' email. When the survey administration was completed, all email contact information was deleted, resulting in an anonymized dataset consisting of survey responses only.

During survey administration, participants noted concerns about providing demographic and work information, which could result in re-identification if combined with other data in a sufficiently small subset. Participants specifically noted concern about giving actual years of age, years working at the NIH, and years working at the current position in integer format. Therefore, during the first month of survey administration, the response options for these three items were revised to ranges to reduce the possibility of re-identification, as described in Item Selection and Development.

9. Analysis Plan

The purpose of the survey was to provide data to NIH in support of its anti-harassment efforts. Therefore, the focus of the analysis plan was to produce basic univariate breakdowns or associations between variables, guided by the questions generated from the initial conceptual framework.

The following describes the key questions asked by the NIH survey team to STPI. The symbol **[Q#]** refers to the questionnaire item associated with the question.

Table 1. Key Analysis Questions for the NIH Survey

Who responded to this survey?

1. Response rate: Overall, by NIH Institute, Center or Office (IC) **[Q14]**, and by employment group **[Q5]**
2. *Non-response bias analysis:* Do those who responded differ from those who chose not to respond and compared to the federal employees who responded?
   a. Comparison was based on the limited data available (i.e., population data available only for federal employees and only gender, age decile, and Institute, Center, or Office of employment).
   b. Note that those who responded may have chosen not to answer specific survey items—provide the range of percent who skipped or did not respond to specific survey items.

How many people working at NIH have experienced harassment?

1. Percent reporting any form of harassment; percent who report 1 or more on any of the SEQ items **[Q37–41]**
2. Percent who report 1 or more on any of the three subscale items of the SEQ (gender harassment, sexual harassment, sexual coercion)
3. Percent who have experienced harassment repeatedly over the past 12 months (percent who either reported 1 or more on more than one SEQ item or who reported 2 or more on any one SEQ item).

4. Percent who report one of the three types of SEQ items repeatedly happening more than once to them (percent who either reported 1 or more on one than one SEQ item in the subscale or reported 2 or more on any of the items in the subscale).

Who is more likely (more vulnerable) to experiencing harassment?

1. Percent who report any form of harassment by the following characteristics (i.e., crosstabs):
   a. Appointment type (employee, trainee, or contractor) **[Q5]**
   b. Gender (male, female, other) **[Q72]**
   c. Sexual orientation (heterosexual/straight; lesbian/gay/homosexual; bisexual; other) **[Q73]**
   d. Age (18–34 vs. 35–44, vs. 45–54 vs. over 55) OR (18–44 vs. 45 or older) **[Q68]**
   e. Years worked at NIH (0-4, 5-9, 10-14, 15-19, 20 or more) **[Q6]**
   f. Intramural vs. non-intramural **[Q8]**
   g. Education (less than Bachelor's, Bachelor's, advanced degree) **[Q74]**
   h. Marital status (married vs. not) **[Q69]**
   i. Ethnicity (Hispanic or not) **[Q70]**
   j. Race (White, Black or African American, Asian, other) **[Q71]**
   k. Disability (yes vs. no) **[Q75]**
2. Same as above for those who report 1 or more on any of the three SEQ clusters (types of harassment)
3. Same analyses as above for those have experienced repeated harassment (any or by cluster)
4. *Optional*: Since predictors above share covariance (e.g., those who are younger age also more likely to have worked at NIH less years), perform multivariate logistic regression on this group of predictors for any harassment or any harassment by each subscale.

What workplace cultures and contexts contribute to harassment?

1. Crosstabs–or means and standard deviations if continuous–of any harassment, any harassment within each cluster, and any repeated harassment by:
   a. Job traditionally male or female (more men than women, equal, or more women than men) **[Q15]**
   b. Gender mix (more men, about the same, more women) **[Q16]**
   c. Supervisor gender (man, woman [exclude other]) **[Q17]**
   d. Supervisor considers opinions of staff **[Q18]**
   e. Supervisor fairness **[Q19]**
   f. Supervisor values work **[Q20]**
   g. Perceived responsiveness of NIH were a supervisor try to coerce a date **[Q21]**
   h. Perceived responsiveness of NIH were a supervisor talk about sex **[Q21]**
   i. Perceived responsiveness of NIH were a supervisor to show gender bias **[Q23]**
   j. Incivility score from **[Q27]** items (first six items)
   k. Physical threat, intimidating behavior, and bullying items (0 vs. 1 or more times)
2. *Optional*: Using logistic regression, generate multivariate partial contribution of each of the above to the 5 key outcomes (any, any by subscale 1, 2, and 3) and repeatedly).

What were the characteristics of the unwanted experience that had the greatest effect on the person?

1. What were the circumstances?
   a. For the SEQ item selected to report the circumstances and response [**Q42**], grouped by harassment cluster or type (gender harassment, sexual harassment, sexual coercion):
      i. Did it happen at an NIH building or not? **[Q45]**
      ii. Did it happen during a conference? **[Q46]**
      iii. Did it happen at a social event that multiple NIH people attended? **[Q47]**
2. Who was the perpetrator?
   a. Man or woman? **[Q48]**
   b. Work with you? **[Q49]**
      i. If did not work on the same unit as you, do you know how they were associated with the NIH? **[Q51]**
   c. Was the person your supervisor? **[Q52]**
   d. Could the person influence your work opportunities? **[Q53]**
3. Who did they talk to about the unwanted experience? **[Q55]**
4. For those who reported the experience to someone, how did the NIH respond?
   a. Supervisor talked to perpetrator **[Q56]**
   b. Complaint investigated **[Q57]**
   c. Perpetrator punished? **[Q58]**
   d. For the person or entity talked to—Breakdown of each type of person or agency that the person talked to (coworker, hotline, EDI, CIVIL, Ombudsman, supervisor, outside entity) and for each type of harassment selected by respondent (gender, sexual, coercion).
      i. Encouraged you to drop the complaint **[Q59]**
      ii. Take the complaint seriously **[Q60]**
      iii. Say you were partly responsible **[Q61]**
   e. What were the workplace consequences of talking to someone about the experience (breakdown by type of person or agency the person talked to and by the type of harassment)
      i. List from **[Q63]** and **[Q64]**
5. For those who did not report the unwanted experience to someone, why not?
   a. Breakdown by type of harassment (gender, sexual, coercion)
      i. Percent indicating yes to list on **[Q65]** and **[Q66]**

How well does NIH and its supervisors address harassment?

The questions in this section were asked of all respondents whether or not they experienced harassment in the past year.

1. When sexist or racist remarks were made, percentage of time supervisor responded (percent yes over total of yes and no only) **[Q24]**
2. When a report of harassment was made, supervisor responded appropriately (percent yes over total of yes and no only) **[Q25]**
3. When aware of any kind of harassment, what did your supervisor do to address it (percent yes over total of yes and no only) for each of the five possible responses **[Q26]**
4. Making staff aware of policies and resources:

a. Percent who have read either the NIH manual chapter or policy statement regarding harassment **[Q33]**
b. Percent who understand the policies and procedures to address harassment **[Q34]**
c. How well staff understand how they can get help if they experience harassment? **[Q35]**
5. How well NIH has done encouraging people to report harassment **[Q36]**
6. Likelihood of being harassed in the next year **[Q67]**

What are the consequences of harassment on employees who experience it?

1. Crosstabs (or mean and standard deviation for continuous variables) of each any harassment, any harassment within each cluster, and any repeated harassment by:
   a. Job satisfaction (Michigan job satisfaction score) from three items in **[Q28]**
   b. Work avoidance—each of the items in **[Q29]**
   c. Likely to look for another job **[Q30]**
   d. Physical health
      i. Self-reported health **[Q31a]**
      ii. Physical functioning from PROMIS Global Physical Health **[Q32]**
   e. Mental health (PROMIS Global Mental Health score) **[Q31b]** and **[Q31c]**

APPENDIX A. Document Citations

Berwick, D. M., Murphy, J. M., Goldman, P. A., Ware, J. E., Jr., Barsky, A. J., & Weinstein, M. C. (1991). Performance of a five-item mental health screening test. *Med Care, 29*(2), 169-176. doi:10.1097/00005650-199102000-00008

Blewett, L. A., Rivera Drew, J. A., Griffin, R., King, M. L., & Williams, K. (2016). IPUMS health surveys: National health interview survey, Version 6.2. *Minneapolis: University of Minnesota, 10*, D070.

Bowling, N. A., & Hammond, G. D. (2008). A meta-analytic examination of the construct validity of the Michigan Organizational Assessment Questionnaire Job Satisfaction Subscale. *Journal of Vocational Behavior, 73*(1), 63-77. doi:https://doi.org/10.1016/j.jvb.2008.01.004

Cammann, C., Fichman, M., Jenkins, D., & Klesh, J. (1979). The Michigan organizational assessment questionnaire. *Unpublished manuscript, University of Michigan, Ann Arbor*.

Cortina, L. M., Magley, V. J., Williams, J. H., & Langhout, R. D. (2001). Incivility in the workplace: incidence and impact. *J Occup Health Psychol, 6*(1), 64-80.

Fitzgerald, L. F., Magley, V. J., Drasgow, F., & Waldo, C. R. (1999). Measuring Sexual Harassment in the Military: The Sexual Experiences Questionnaire (SEQ—DoD). *Military Psychology, 11*(3), 243-263. doi:10.1207/s15327876mp1103_3

Gutek, B. A., Murphy, R. O., & Douma, B. (2004). A Review and Critique of the Sexual Experiences Questionnaire (SEQ). *Law and Human Behavior, 28*(4), 457-482. doi:10.1023/B:LAHU.0000039335.96042.26

Hays, R. D., Schalet, B. D., Spritzer, K. L., & Cella, D. (2017). Two-item PROMIS® global physical and mental health scales. *Journal of Patient-Reported Outcomes, 1*(1), 2. doi:10.1186/s41687-017-0003-8

United States Census Bureau (2010). *2010 Census Questionnaire*. Retrieved from https://www.census.gov/programs-surveys/decennial-census/technical-documentation/questionnaires.2010_Census.html.

![NIH National Institutes of Health logo]

APPENDIX B. Survey Communications Summary Table

The following table represents communication efforts that took place from November 2018 to March 2019. The goal of these efforts was to increase awareness of, support for, and response to the NIH Workplace Climate and Harassment Survey, which ran from January 28, 2019 to March 25, 2019. The table does not include activities promoting survey results to the community.

Table 2. NIH Survey Communications Summary

Communication Material or Activity	Description	Frequency
Respondent Services and Information		
Webpage	Central survey webpage including timeline, how and where to take the survey, related resources, frequently asked questions, and contact information for additional questions or information	Regularly updated throughout the survey period
Designated email inbox	Dedicated survey email box for questions about the survey	Checked daily by a single point of contact (covered by other team member if lead point of contact was unavailable). Responses sent within 1-2 business days.
Presentations and Outreach		
Presentations to key internal stakeholders (e.g. Institutes and Centers, NIH Offices, Committees, Leadership Groups, other internal groups, etc.)	Presentations to key internal stakeholders beginning in November 2018, throughout the run of the survey. A standard slide deck was developed and used for all presentations about the survey to ensure consistent messaging and information dissemination.	Presentations were conducted with the following internal stakeholders: 1. Institute and Center Directors 2. Deputy Institute and Center Directors 3. Advisory Committee to the Director 4. Scientific/Clinical Directors 5. Executive Officers 6. Deputy Executive Officers 7. NIH Office of Equity, Diversity, and Inclusion (EDI) 8. Office of Research on Women's Health (ORWH) 9. Office of Human Resources Leadership 10. Office of Intramural Training and Education (OITE) 11. Office of Extramural Research (OER) 12. Office of Intramural Research (OIR) 13. Sexual and Gender Minority Research Office (SGM) 14. NIH Employee Engagement Liaisons Group (NEEL)

NIH National Institutes of Health

15. Woman Scientist Advisors Exec Co (WSA)
16. Special Population Research Forum
17. Extramural Acquisition Management Committee (EAMC)
18. Intramural Acquisition Management Committee (IAMC)
19. Planning and Evaluations Officers Committee (P&E)
20. Training Directors Committee
21. Human Resources Liaisons
22. Management Analyst Working Group (MAWG)
23. New Employee Orientations
24. NIH Leadership Forum (ICDs)
25. Clinical Center Leadership
26. Clinical Directors
27. Training Advisory Committee (TAC)
28. Extramural Program Management Committee (EPMC)
29. Women Scientist Advisors Quarterly Meeting with all Reps
30. NIGMS All Hands
31. Scientific Directors (SD)
32. Executive Secretariat Liaisons and Reviewers
33. Communications Directors
34. Extramural Program Leadership Committee

Town Hall	All NIH staff were invited to town halls about NIH's new policies, harassment reporting structure, and the survey. The events were live streamed through NIH's videocast system and were archived for NIH staff.	One town hall ahead of the survey period; one during the survey period.
Webinar	A webinar hosted by the NIH Director and the Chief Officer for Scientific Workforce Diversity answered questions about participating in the survey. This event was live streamed through NIH's videocast system. It is also archived for NIH staff.	One mid survey webinar
Online and Print Materials		
Web buttons/badges linking back to survey webpage	Web buttons were developed and placed on 7 NIH employee websites, related to human resources, the NIH Civil Program, and other sites offering employee services. The buttons linked back to the survey website.	Positioned ahead of and throughout the survey period

Posters and other print materials for NIH facilities	A variety of print materials were placed throughout all NIH facilities. These included: • Posters (multiple sizes) • Lawn signs • Tent cards for tabletops at cafeterias • Resource cards	Print material quantities: • Posters (2,804) • Lawn signs (50) • Tent cards (1,000) • Resource cards (20,000)
Articles in NIH staff publications	Articles about the survey and the importance of participation NIH internal publications	Two articles; one announcement: • NIH Catalyst announcement • NIH Record article (1) • NIH Record article (2)
Informational and Reminder Emails		
All staff emails from leadership	Emails from NIH senior leadership and members of internal scientific stakeholder groups were sent to all NIH staff encouraging survey participation throughout the run of the survey. Emails were sent at launch and every two weeks throughout the survey period. Sample emails can be found in appendix D.	Four email authors; seven emails throughout eight-week survey period
Email templates for NIH Institute and Center Directors to use with ICO staff when highlighting All Staff emails	Directors of the NIH Institutes, Centers and Offices were asked to forward the All Staff emails from NIH senior leadership to their Institute/Center staff to encourage participation in the survey. A draft email template was included for their convenience.	Five emails
Emails from survey administrator	Survey administrator, Science and Technology Policy Institute (STPI), sent out a reminder email to those who had not responded to the survey to remind them to take the survey.	Weekly throughout the survey period

NIH> National Institutes of Health

APPENDIX C. Survey Invitation

Each eligible survey respondent received the following email on Monday, January 28, 2019. The email invitation includes key information about the survey, a personalized link to complete the survey, and contact information for STPI (the contractor tasked with administering the survey). In the email sample below, links have been removed for web locations that have been since modified or deleted; all other formatting remains the same.

Figure 2. Survey Invitation Email

Greetings-

You should have received an email message today from NIH Director Dr. Francis Collins alerting you to the launch of the NIH Workplace Climate and Harassment Survey. Participating in the survey gives you an opportunity to provide feedback on the workplace climate at NIH.
This survey asks questions about your experience in the NIH workplace over the past 12 months. Responses to the survey will help NIH identify necessary steps to improve the overall professionalism and safety of NIH work spaces. Your responses are valuable regardless of whether or not you've experienced harassment in the NIH workplace.

We are the Science and Technology Policy Institute (STPI), an independent, federally funded research and development center that has been contracted by the NIH to distribute the survey collect responses, and present survey findings back to NIH. No identifiable data will be shared with NIH.

CLICK HERE TO TAKE THE SURVEY:
[Link no longer functional]

Or copy and paste the URL below into your internet browser: *[link no longer functional]*

Important information about the survey:

- It is open to NIH employees, contractors, fellows, and special volunteers.
- Your participation is voluntary and you can opt out at any point.
- Your responses are confidential and anonymous.
- The survey will take approximately 30 minutes to complete.
- You can save your responses and return to it later, but it's important that you click "submit" to register your responses.
- You can take it on your mobile device or at your computer.
- Select NIH facilities have a designated private space available to take the survey.
- The survey is being administered by the Science and Technology Policy Institute (STPI), a federally funded research and development center.
- For additional information about the survey, visit *[link has since been modified]*

If you have any questions about the survey, please feel free to contact the STPI team at work-climate-survey@ida.org or via phone at 202-419-3739.

Thank you in advance for your participation.

Follow the link to opt out of future emails:
[Link no longer functional]

APPENDIX D. Reminder Emails from NIH Leadership

On the survey launch day (January 28, 2019) and intermittently throughout the survey administration period, various members of NIH leadership sent out emails stressing the importance of the survey, assuring confidentiality of responses, and encouraging staff to complete the survey. In total, six emails were sent over the two-month survey administration period from various NIH leaders. Three examples of such emails are included below. Links have been removed for web locations that have been since modified or deleted; all other formatting remains the same.

Figure 3. Survey Launch Day Reminder Email from Dr. Francis Collins (January 28, 2019)

Dear NIH Family,

Today, the NIH Workplace Climate and Harassment Survey will launch officially. The survey is a vital part of our NIH Anti-Harassment Program and your participation will be critical for shaping our efforts to create a workplace climate that is conducive to the highest quality work.

You will receive an email today from the Science and Technology Policy Institute, an independent survey contractor, which will contain an individual link that will launch the survey. Their email address is work-climate-survey@ida.org. I encourage you to look for it and take the survey.

At the most fundamental level, our mission is about the respect for human life, which should permeate all aspects of our lives and work. Harassment of any kind creates a hostile work environment that limits creativity and advancement opportunities and drives out valuable people. By assessing our workplace climate, this survey will inform our efforts to ensure each of us can fully support the NIH mission.

You have an important role to play. All NIH staff—employees, contractors, students, and fellows—are encouraged to take the survey whether or not you have experienced harassment. Both positive and negative experiences will give us important context about the NIH workplace climate, informing strategies about how we can improve the workplace moving forward. These efforts will only be as strong as the data.

Here are some important points about the survey:

- It is confidential and anonymous.
- You can take it at your convenience on your mobile device or computer.
- You can save your responses and return to it later, but it is important that you click "submit" to register your responses.
- We need a strong response rate to understand how we can address harassment and improve the NIH workplace climate.
- The survey will be close March 25, 2019, so don't wait.

Visit diversity.nih.gov to learn more about the survey and how to take it.

Only in safe and respectful work environments can we achieve our greatest potential and carry out the important work that supports the NIH mission.

Sincerely yours,

Francis S. Collins, M.D., Ph.D.
Director

Figure 4. Mid-Survey Reminder Email from Dr. Lawrence A. Tabak (February 11, 2019)

Dear Colleagues,

I am pleased to say that NIH staff hit the ground running on the Workplace Climate and Harassment Survey, with more than 4,500 surveys completed to date. That's an impressive start – thank you! I urge those of you who have yet to take the survey to keep up the momentum. You will receive a new email today from the Science and Technology Policy Institute (STPI) with your individual link, so please watch for it. **Remember, the survey closes March 25, 2019, so don't miss this opportunity to be heard.** The more input we receive from the NIH community, the better we will be positioned to improve the NIH workplace climate and address harassment. And remember, while you don't have to answer every question, you do have to **hit the submit button** at the end of the survey.

I want to take this opportunity to answer a few questions we received about the survey:

How will NIH maintain confidentiality and anonymity? That's an issue that we thought through carefully. NIH purposefully hired STPI, an independent survey administrator, to ensure confidentiality and anonymity. All responses to the survey go directly to STPI; NIH does not have access to the responses. Upon receipt of the submitted survey, STPI will remove email addresses from the responses. At the end of the survey data collection period, they will destroy this limited personally identifiable information. Further, STPI will analyze and report findings from the survey to NIH in groups of 15 responses or more to protect individual anonymity. NIH will only have access to de-identified, aggregate data.

Why can't I access the link that was shared with me by another NIH staff member? Each of you has an individual link to ensure the survey can only be taken once. Therefore, it's important that you do not forward the link, as it will not work for anyone but you.

I thought this survey was about harassment. Why are there questions about me, my work, and my health status? NIH wants to understand not only the extent of harassment and other uncivil behaviors in the workplace, but also the factors that contribute to such behaviors, how reports of these behaviors are addressed, and how these experiences affect both your work life and job satisfaction, as well as your physical and psychological health. This information is essential to guide NIH in developing strategies to prevent and address harassment and improve the overall workplace climate at NIH.

More answers to frequently asked questions can be found on the Workplace Climate and Harassment Survey Frequently Asked Questions page.

Please choose to make a difference by participating in the survey. Every voice counts.

Sincerely,

Larry

Lawrence A. Tabak, D.D.S., Ph.D.
Principal Deputy Director

Figure 5. End-of-Survey Email from Dr. Hannah Valantine (March 26, 2019)

Dear NIH Staff,

The NIH Workplace Climate and Harassment Survey closed yesterday, March 25, 2019. Thank you for participating in this groundbreaking effort!

I am happy to say that at the survey close, nearly 16,000 of you completed the survey, including 9,870 (56%) of federal employees, 1,907 (42%) of trainees, and 3,947 (33.2%) of contract staff. That is tremendous! Every voice matters at NIH.

I want to reassure you again that the survey is anonymous and confidential. No individual survey responses have been, nor will be, shared with NIH. NIH will only have access to de-identified, summary data, limiting analyses to groups of 15 people or more, to protect your anonymity.

Your input will be used to improve NIH workplaces in ways that prevent harassment of all forms including bullying, incivility, gender harassment, and sexual coercion and assault. Starting immediately, and with the help of the independent contractor who administered the survey on our behalf, we will analyze the survey results and issue a summary report of preliminary findings to the entire NIH community early this summer.

You can follow our progress at diversity.nih.gov, where we will post all post-NIH survey results and related activities. I would also like to remind you of the resources available to you through the NIH Civil Program and other NIH offices if you are experiencing harassment, bullying, or other inappropriate behavior.

Sincerely,

Hannah

Hannah Valantine, M.D.
Chief Officer for Scientific Workforce Diversity