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ECEHH Equality, Diversity & Inclusion Survey: Analysis & Findings

CLIENT	University of Exeter European Centre for Environment and Human Health
PROJECT	ECEHH Equality, Diversity & Inclusion Survey
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University of Exeter Medical School

European Centre for Environment & Human Health

UKRI Natural Environment Research Council

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Executive Summary

Key Findings:

1. Centre members believe that anti-racism and decolonisation are important to include in their work, but their lack of knowledge of how to incorporate it into their research/teaching prevents them from taking steps to do so.
2. ECEHH is quite inclusive overall and generally psychologically safe (especially compared to the medical school and wider university), but it isn't very diverse (particularly for ethnicity and sexual orientation).
3. Perceptions of transparency and objectivity in decision-making are quite low, particularly for promotion, termination, and remuneration decisions.

Next Steps:

1. Conduct workshops or seminars focused on HOW to practically incorporate decolonisation and anti-racism into research and teaching.
2. The Centre should conduct a review from an anti-racism and inclusion lens of promotion, termination, and remuneration processes where possible.
3. Additional efforts should be made to diversify the Centre – and to identify the reasons why the Centre is so non-diverse in some demographic areas.

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Background & Methodology

What we did

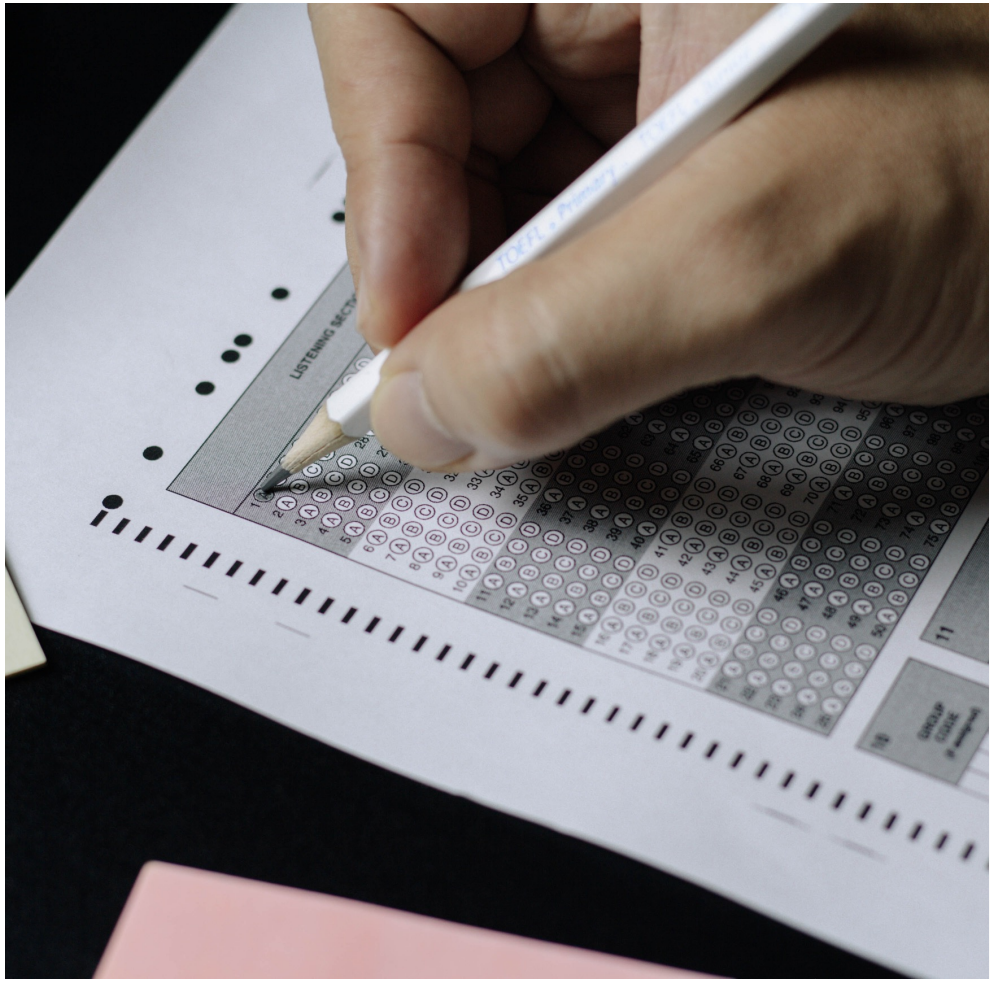
The European Centre for Environment and Human Health (ECEHH) is in the midst of conducting a set of research to understand the culture of the Centre from an inclusion perspective, and the way ECEHH members incorporate and examine themes of intersectionality, racism, colonialism, diversity, and inclusion in their research and teaching (the REACH project). This project includes multiple modes of collecting and analysing data, including interviews with Centre members.

In addition to that qualitative data-gathering, ECEHH partnered with *Included* to gather quantitative data on these topics. ECEHH and *Included* developed a short survey, which included mostly likert-scale questions that would provide some quantitative understanding of the issues of inclusion Centre members are facing.

The questions were designed based on topics the REACH project team wanted to explore, with support from *Included* based on experience conducting similar surveys with organisations in more than 30 countries with more than 18,000 individuals. In addition, demographic questions were asked in order to disaggregate the data and identify any systematic patterns of inclusion or exclusion experienced by Centre members.

To ensure anonymity, the data was gathered and analysed by *Included*, and no ECEHH members or REACH team members had access to the raw data.

This work was supported by the Natural Environment Research Council (NERC) [2021EDIE025Fleming]



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Question scoring calculations and demographics

Scoring calculation method

- For each inclusion-related question, participants were asked to respond on a 5-point Likert scale of options (e.g., strongly disagree-strongly agree).
- Answers were then translated to a numerical equivalent from 0-100, and then averaged to give a percentage score for each question (shown on the y-axis of each graph in the "Inclusion Scores" section)
- This allowed us to then calculate difference of means tests between groups to identify any systematic differences in scores on each question.

Demographic question methodology

- In order to understand if there were differences in experiences of inclusion across different groups within ECEHH, we asked 9 questions to assess respondents' demographic characteristics. These included:
  - Age
  - Gender identity
  - Sexual orientation
  - Race/Ethnicity
  - Disability
  - Role/Staff position
  - Employment contract type
  - Years in academia
  - Years at ECEHH
- Every demographic question had a "Prefer not to say" option, and all questions were optional

- To protect the anonymity of respondents, we only reported on groups of at least 10 respondents. As such, we could not report any results disaggregated by:
  - Sexual orientation
  - Race/Ethnicity

included.

Who took the survey?

In total, 50 individuals completed the survey, giving us a ~50% response rate. This is in line with most organisations we work with – on average, we receive a response rate of approximately 47%. Below is the breakdown of respondents by demographic groups.

Gender Identity	
Female	60%
Male	28%

Contract type	
Fixed-term	60%
Permanent	24%

Role/Staff Position	
Academic Researcher	76%
All other roles	21%

Disability	
Non-disabled	74%
Disabled	20%

Years in Academia	
<5 years	38%
6-10 years	28%
10+ years	28%

Years at ECEHH	
<5 years	64%
6+ years	22%

Age	
25-34	36%
35-44	38%
44+	22%

Key overall findings

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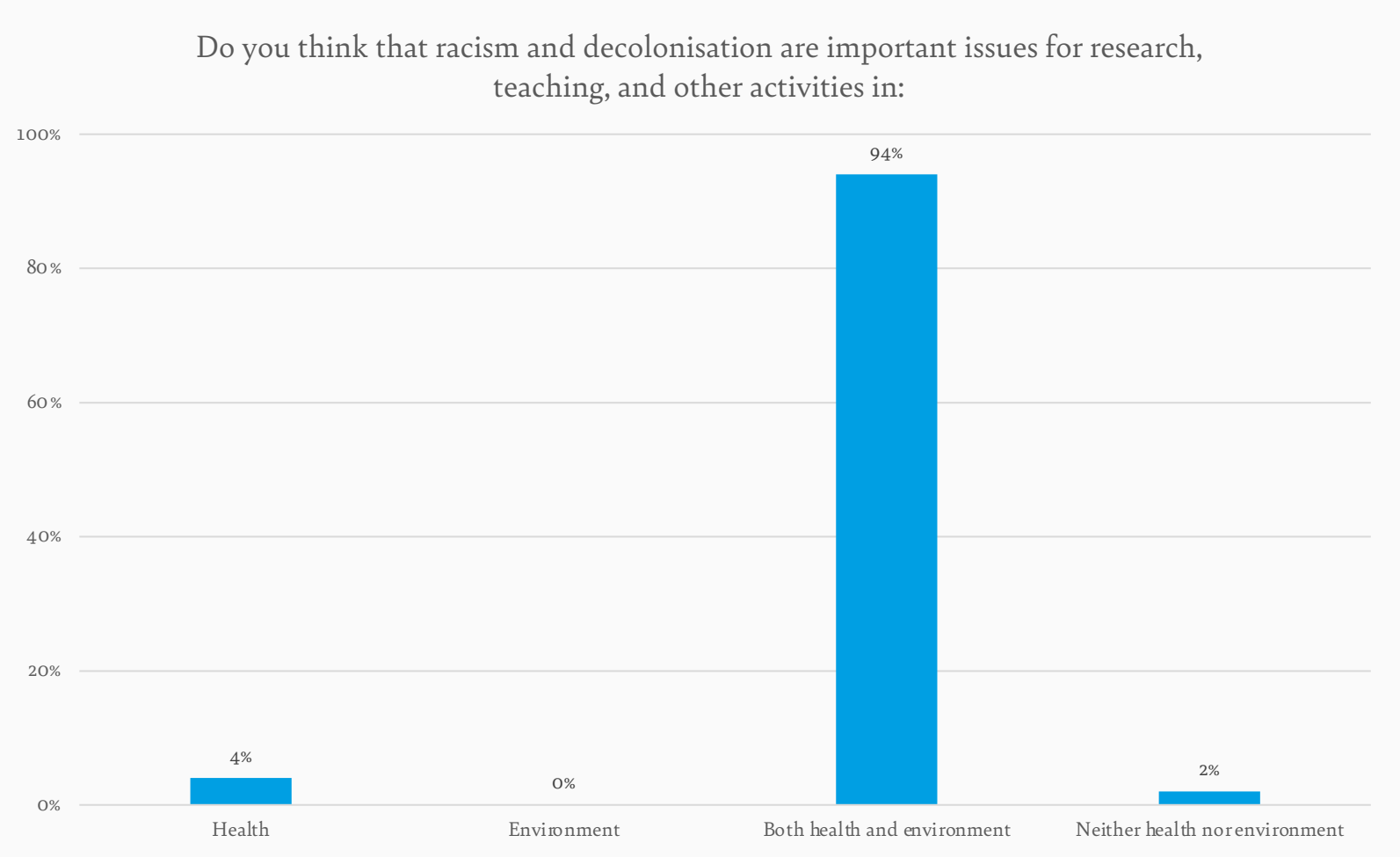
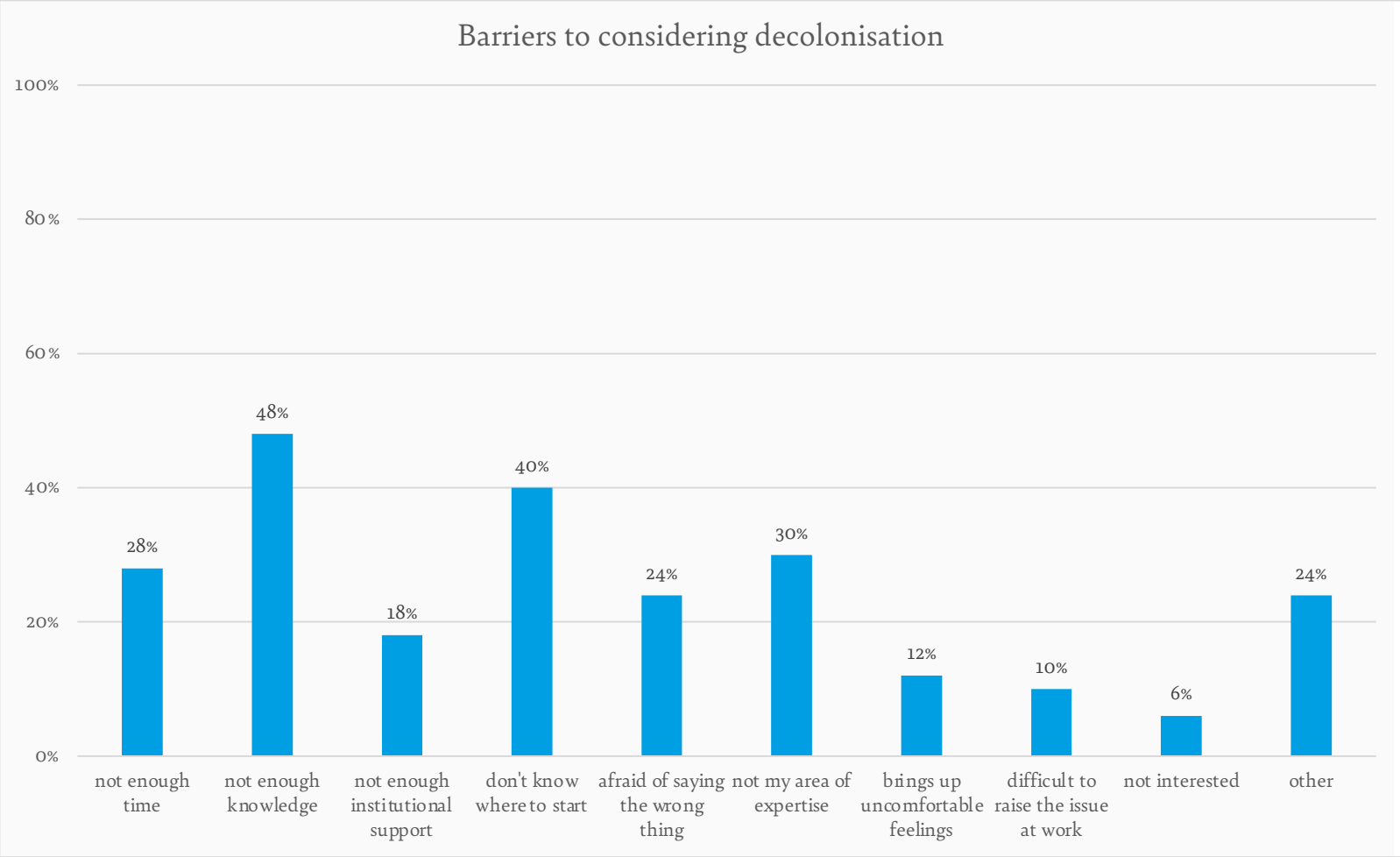
Finding 1: The vast majority of staff believe that racism and decolonisation are important issues for research, teaching and other activities



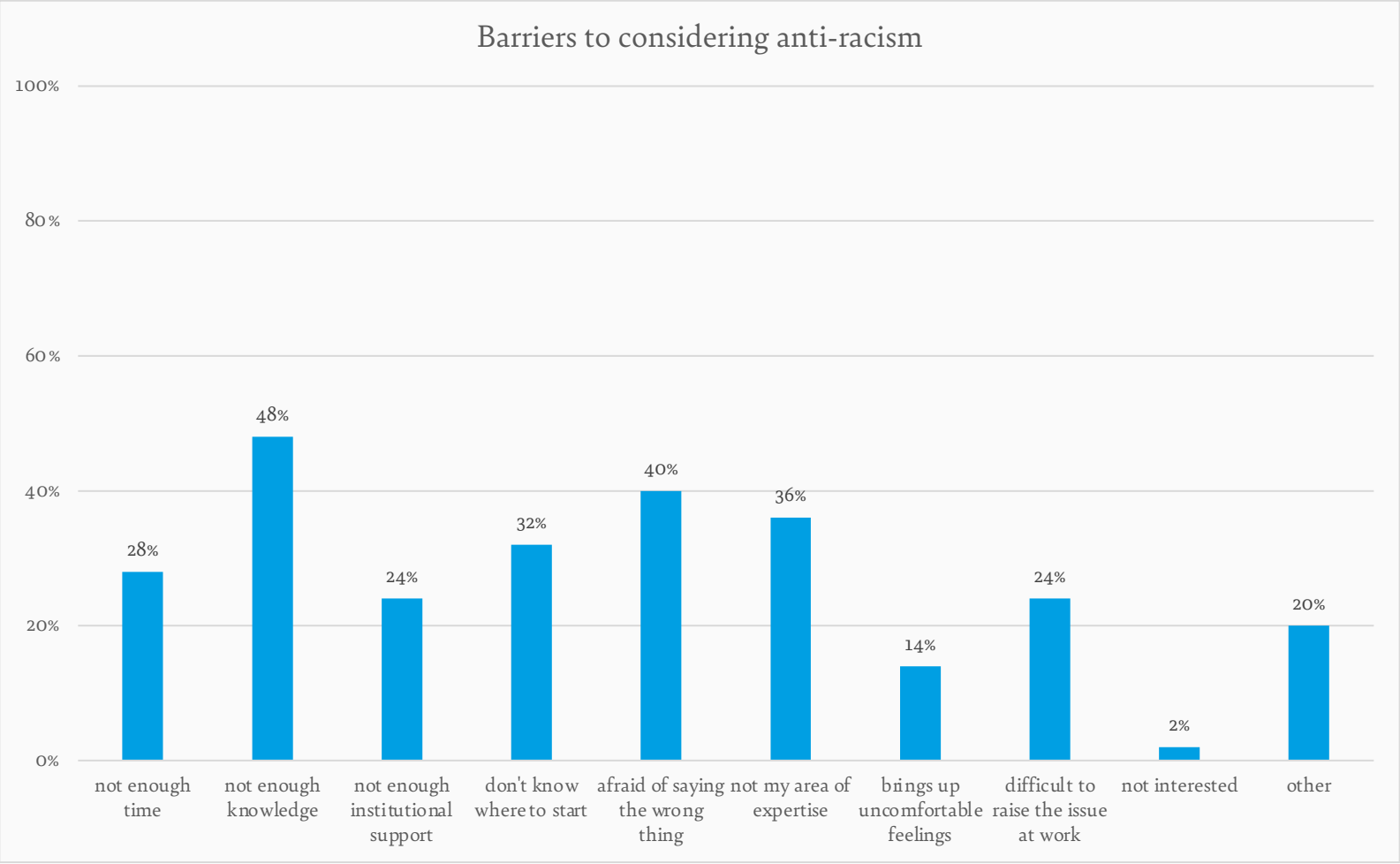
- Due to the low number of respondents from ethnic minorities, a demographic breakdown for this characteristic is not included in this report, as this could lead to individuals being personally identifiable. However, responses from these individuals are included in the data more generally and broken down for all other characteristics, as shown on slide six.
- Overall, 94% of respondents believe that racism and decolonisation are important issues in both health and environment, with 4% believing racism and decolonisation are important issues in health alone.
- This indicates that any lack of progress on incorporating these topics into the Centre's work is likely not due to a lack of belief in the importance of racism and decolonisation. As such, interventions to move forward do not need to focus on informing about the importance of the issue, but rather about action.

Finding 2: The largest barriers to considering decolonisation are a perceived lack of knowledge and concern over where to start



- Overall number of people responding with each choice indicates that concerns over their own experience was the main barrier. 48% of people did not feel they had enough knowledge, 40% were not sure where to start and 30% did not feel decolonisation was their area of expertise.
- Personal fears around saying the wrong thing (24%) or feeling uncomfortable (12%) were not widespread.
- Very few people cited concerns around institutional support (18%) or difficulty raising the issue at work (10%), suggesting that there is a general perception that the department is supportive.
- 28% people had concerns over available time, which could point to either heavy existing workloads, or an acknowledgement of the amount of additional learning they would need to do on decolonisation.
- Only 6% of staff members were not interested in this topic at all.

Finding 3: The largest barriers to considering anti-racism are self reported lack of knowledge and fear of saying the wrong thing



- As with decolonisation, lack of knowledge and expertise were major concerns, with 48% of people feeling they did not have enough knowledge to consider this, 36% not feeling anti-racism was their area of expertise and 32% not sure where to start.
- Concerns around saying the wrong thing (40%) were also common, which could point to a broader lack of psychological safety.
- Perceived lack of institutional support (24%) and difficulty raising the issue at work (24%), were higher than for decolonisation, suggesting potential fears over institutional bias.
- Again, 28% of people had concerns over available time.
- Only 2% of staff members were not interested in this topic at all.

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Inclusion scores

Perceptions of being heard and inclusion at ECEHH

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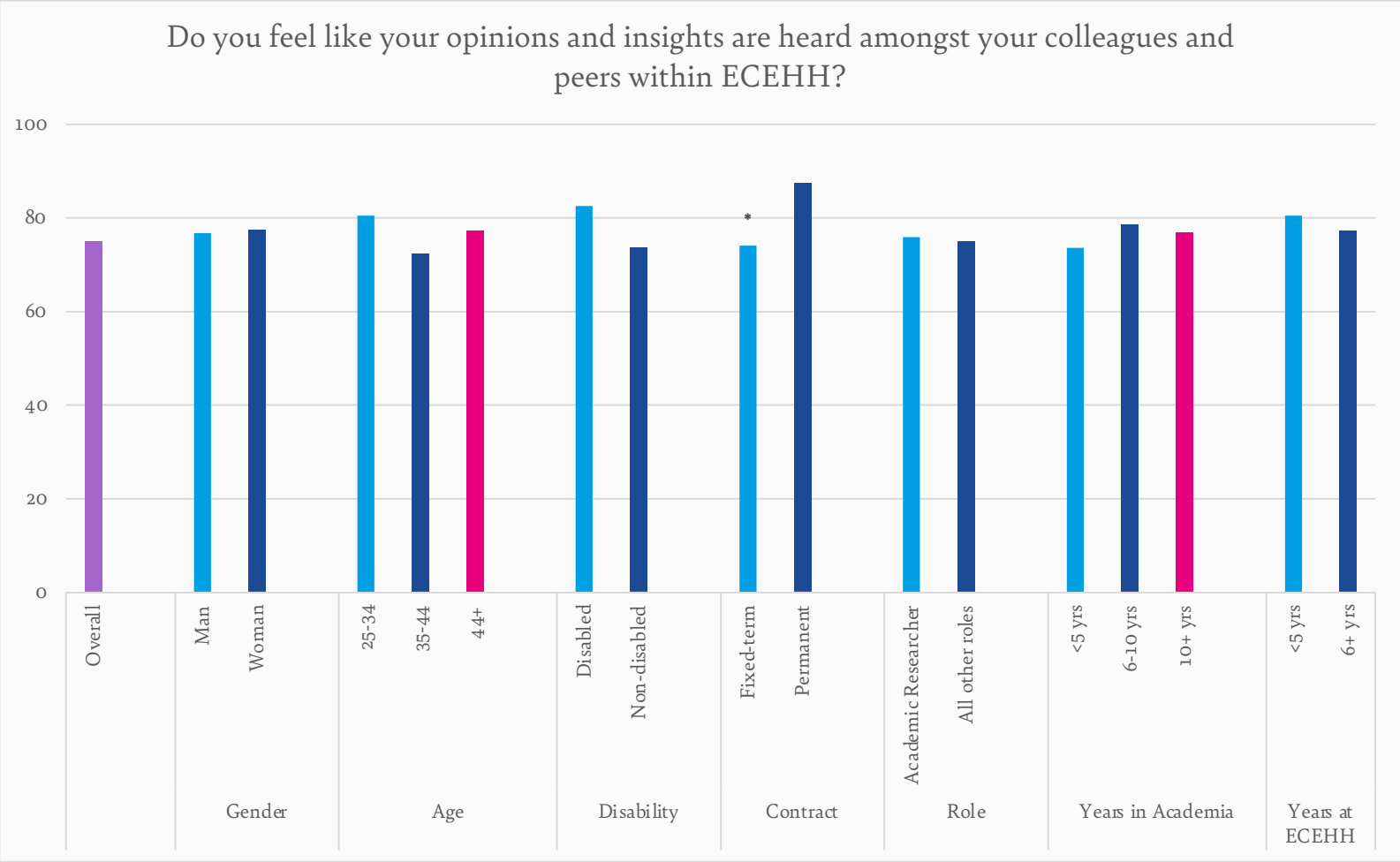
Perception that opinions and insights are heard is high across all groups

Stars represent statistically significant differences



- Although in general most staff believe that their opinions and insights are heard by colleagues and peers, there is a statistical difference between contract types, with fixed term employees significantly less likely to agree.
- However, rates of belief are high, even within this group, which suggests that this may be a secondary priority for the department.

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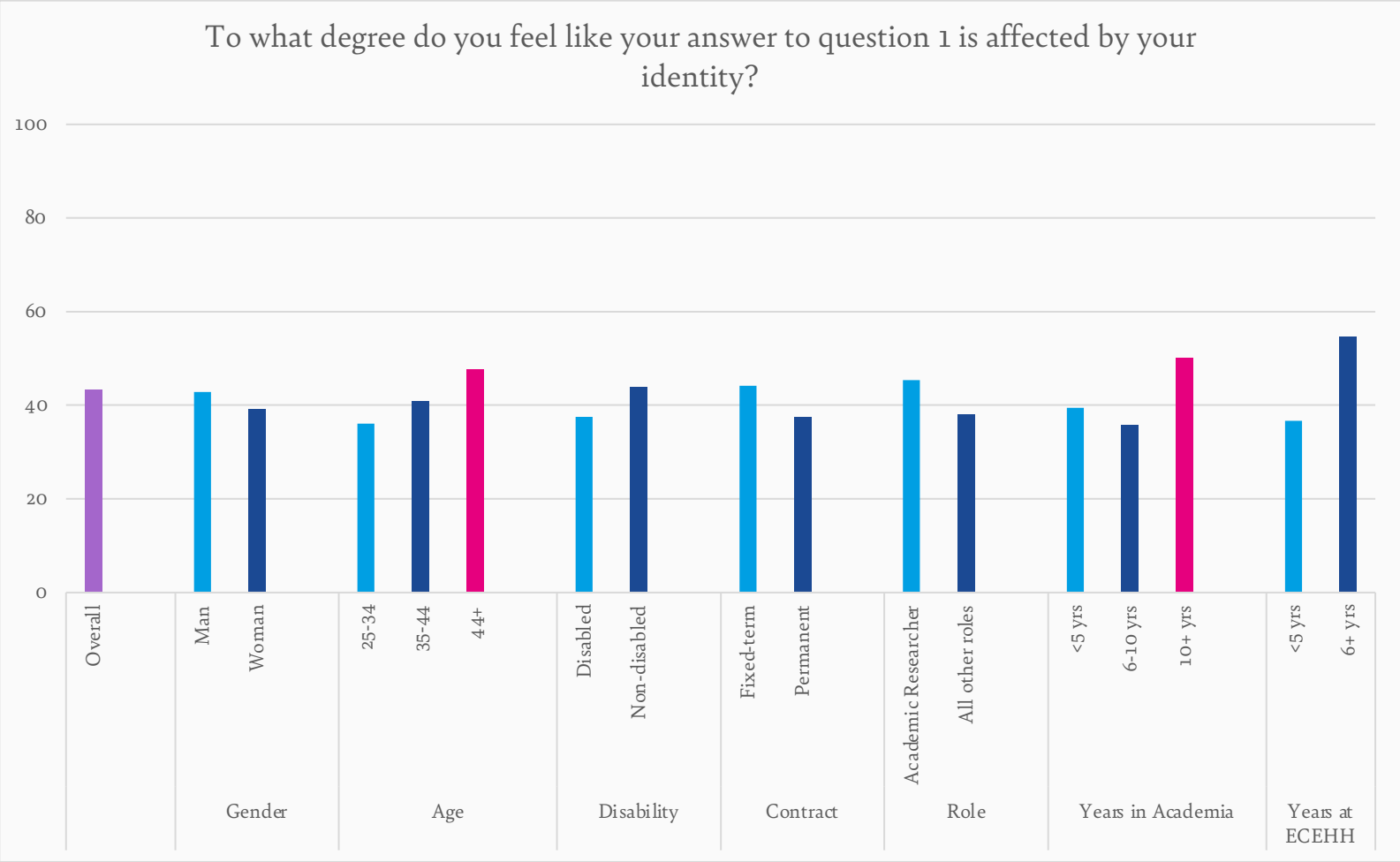
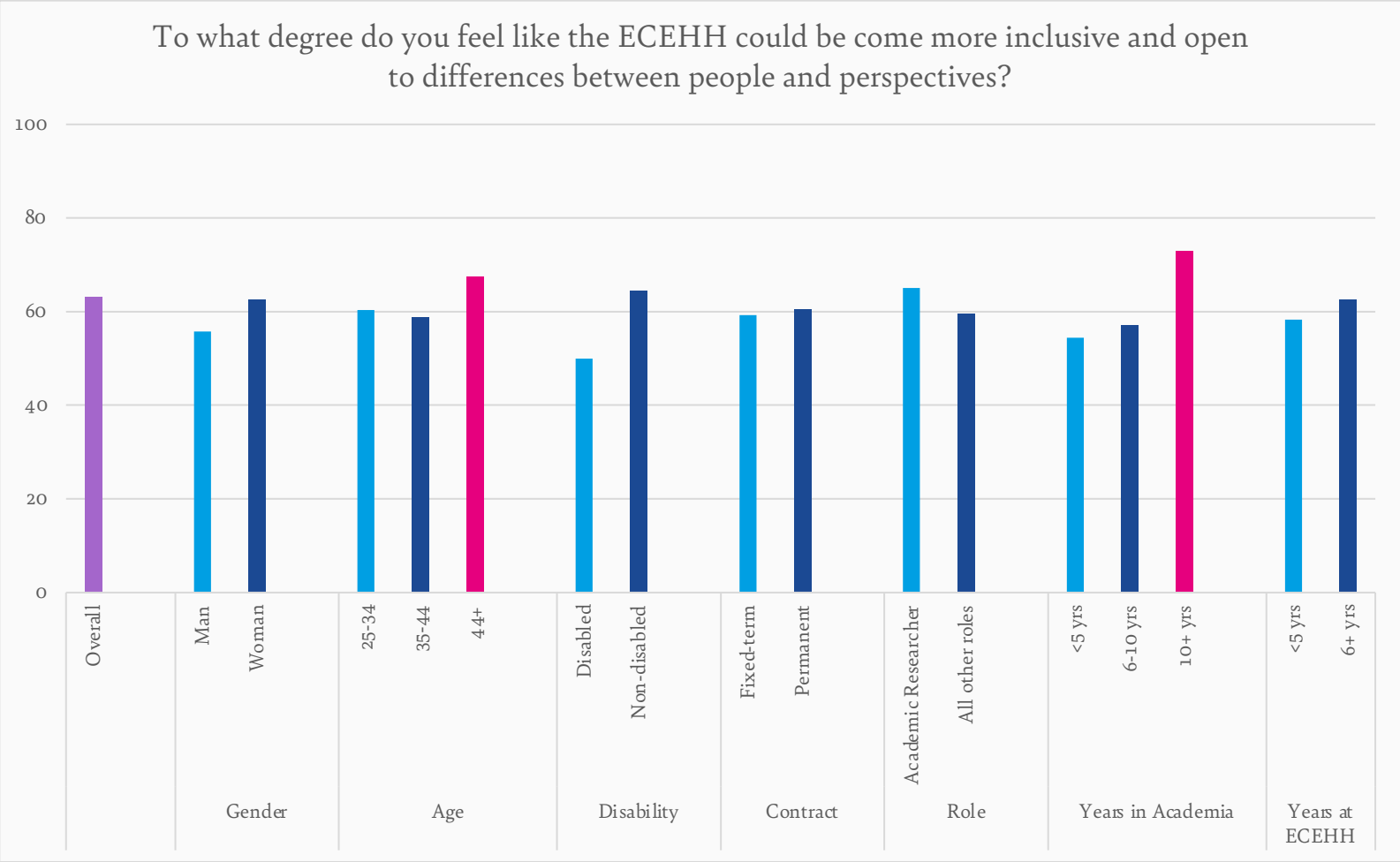
There is low correlation between identity and perception of opinions being valued



- For this question, the options were on a scale from 1-5 where 1 was "Not at all" and 5 was "To a large extent". This was then translated to a percentage score (1 = 0%, 5=100%). This percentage score was then averaged across the referenced group.
- Whilst historically marginalised groups such as women, younger staff and people with disabilities do show slightly higher instances of believing that their identity impacts their answer to question one, these are not statistically significant.
- However, the lack of statistical significance may be due to the sample size, and so is worth delving more deeply into with qualitative evidence.

Staff members across the board are in relative agreement about how inclusive and open the ECEHH is

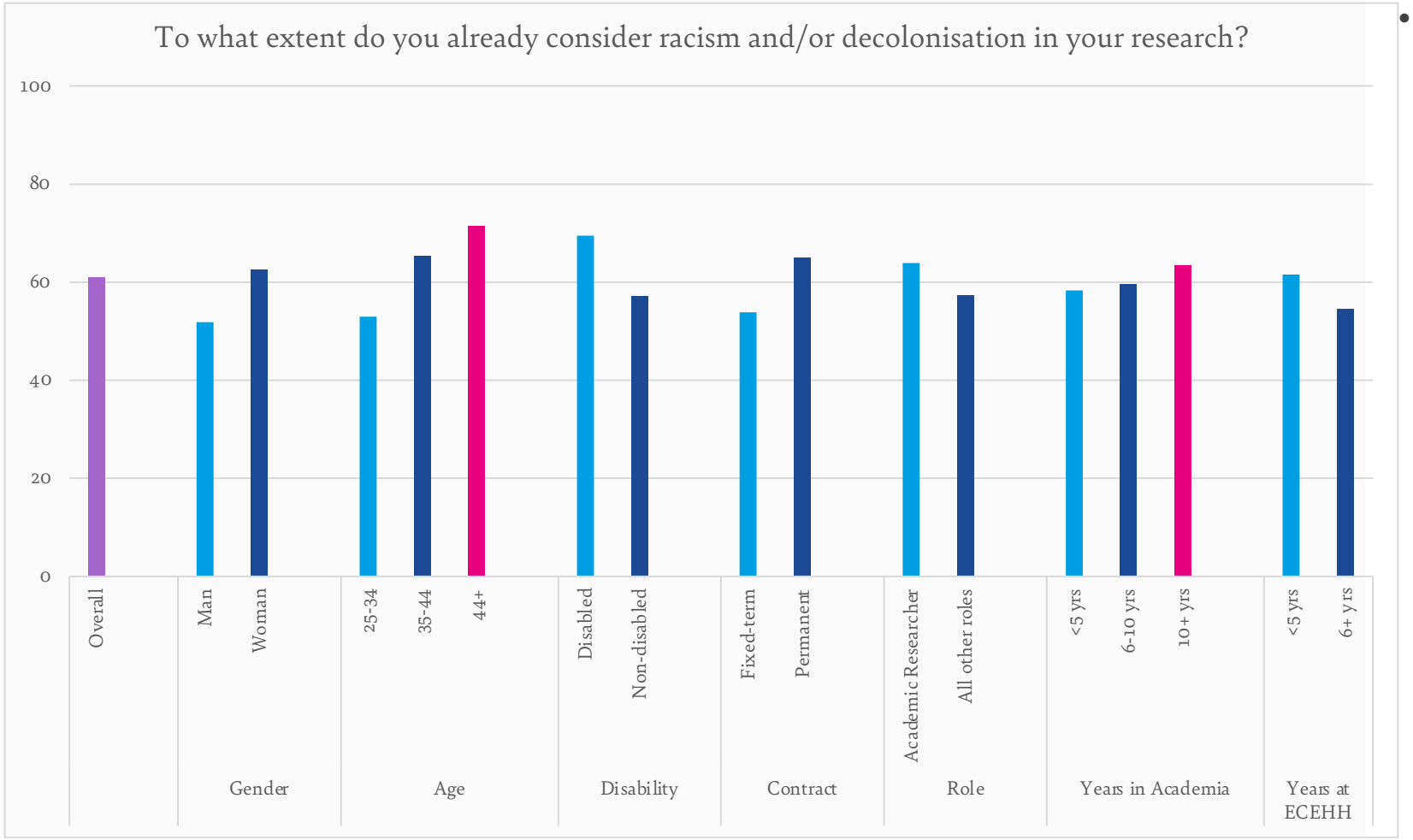


- Responses suggest that there is room for improvement for inclusivity and openness to people and perspectives.
- However, the data does not suggest that any group feels particularly strongly about this in relation to their counterparts.
- These scores may also reflect the awareness of Centre members of how much better the Centre could do, rather than dissatisfaction with their own experiences.

Consideration of decolonisation/anti-racism

included.

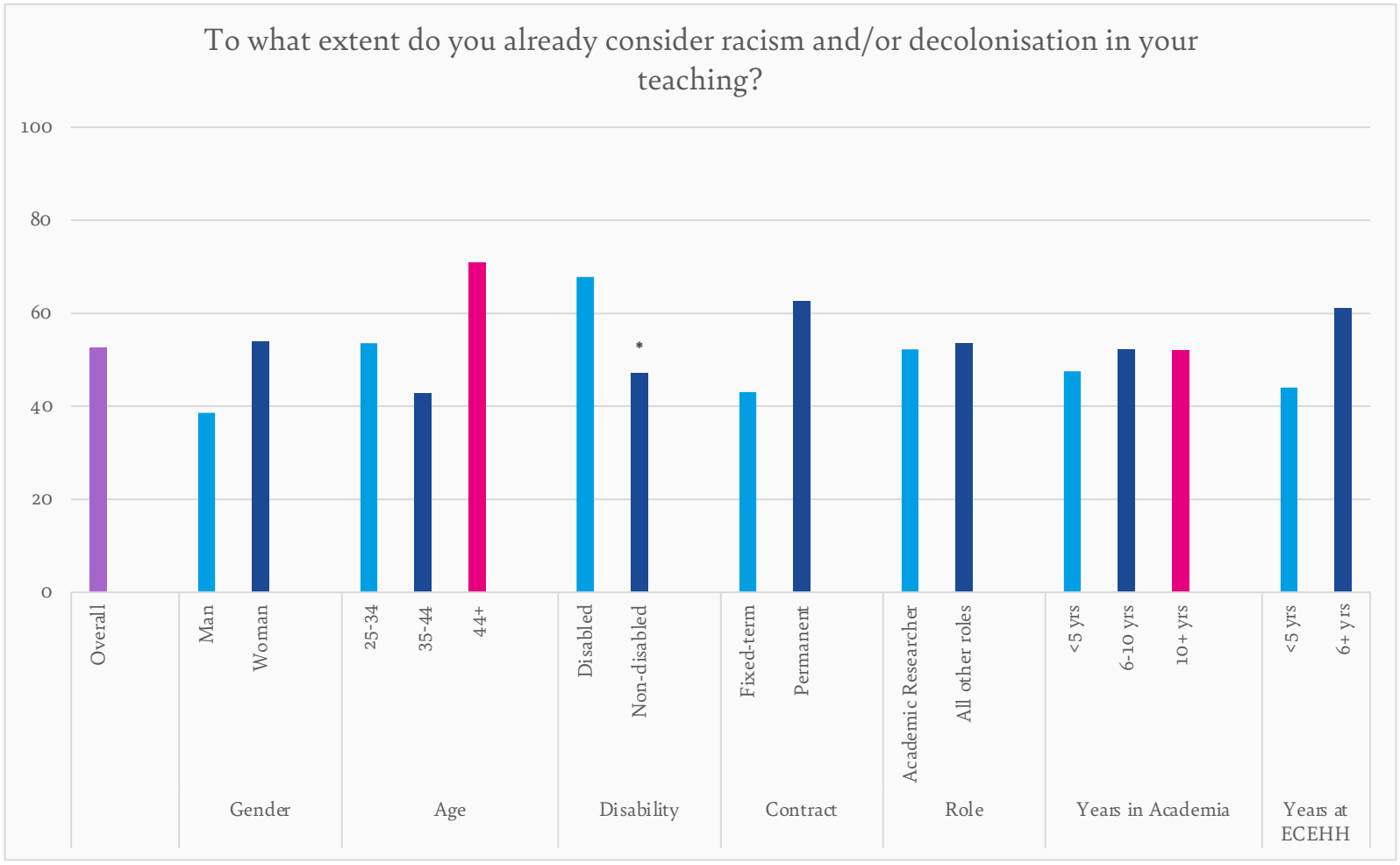
Overall, Centre members at least somewhat consider racism and/or decolonisation in their research



- Although there are no statistically significant differences between diversity characteristics, there is opportunity for increased consideration of racism and / or decolonisation in research in general, particularly given the high preference for this shown in the key findings.

Staff are less likely to consider racism and/or decolonisation in their teaching, than their research

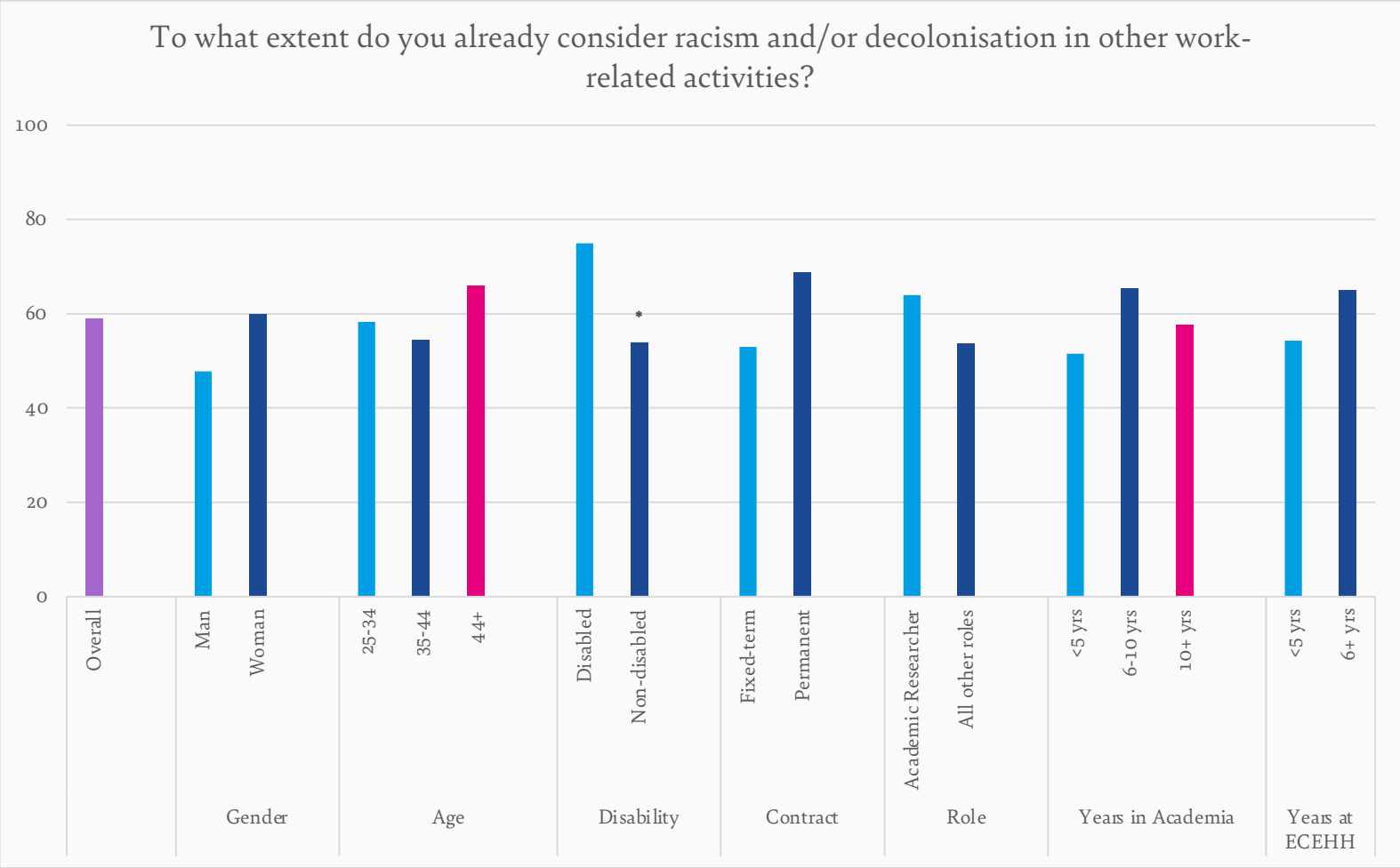
Stars represent statistically significant differences



- Overall, scores for considering this topic in teaching were 8% lower than considering this topic in research.
- In particular, non-disabled staff were significantly less likely than disabled staff to consider racism and / or decolonisation in their teaching than disabled staff.
- This may indicate a particularly keen ability, willingness, or effort to incorporate racism/decolonisation in teaching among Centre members with disabilities

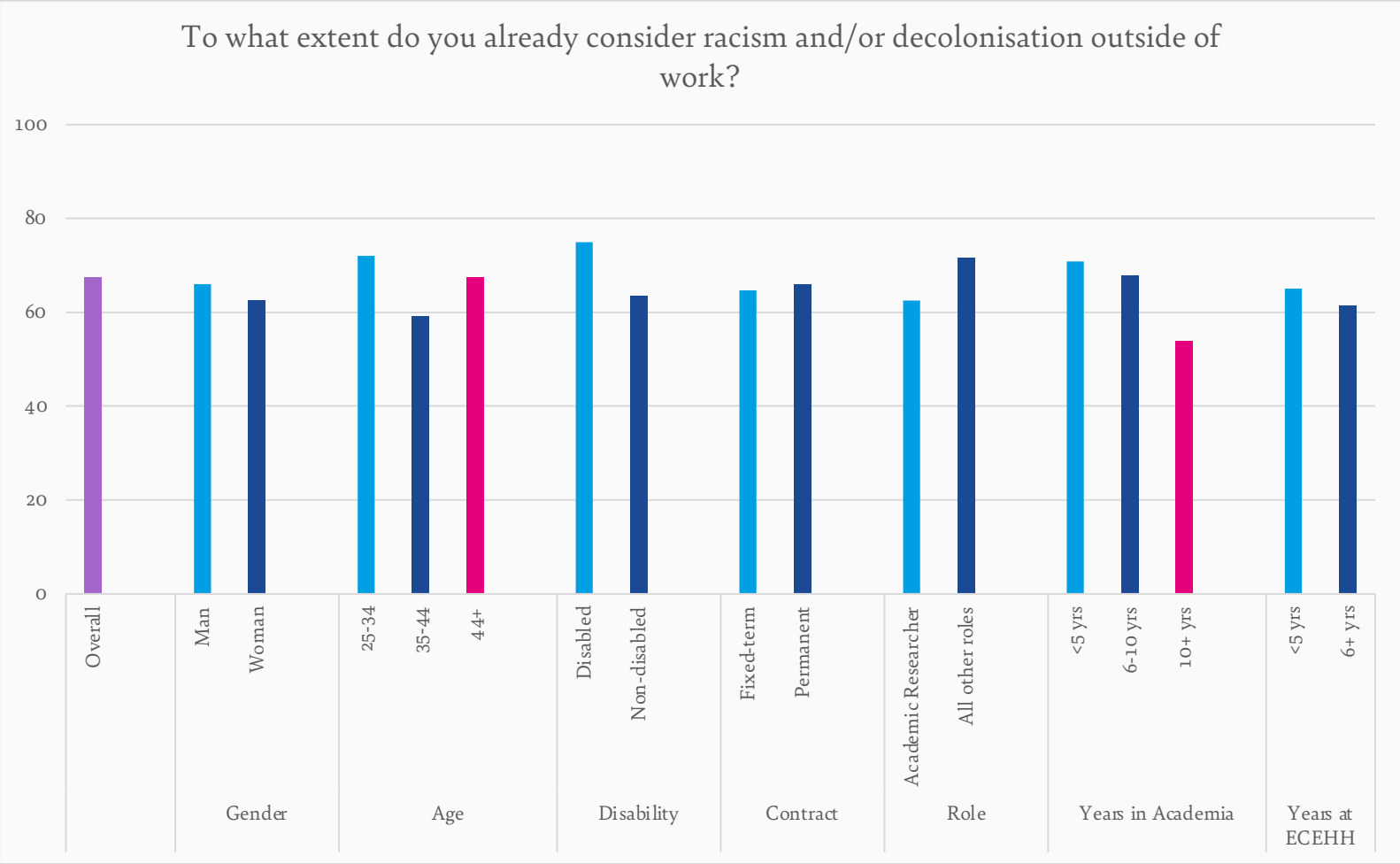
Disabled staff were particularly likely to consider racism and / or decolonisation in other work related activities

Stars represent statistically significant differences



- As with teaching, non-disabled staff were significantly less likely to consider racism and / or decolonisation in other work related activities than disabled staff.
- Permanent employees and women were also more likely to consider this topic, though not to a statistically significant extent.

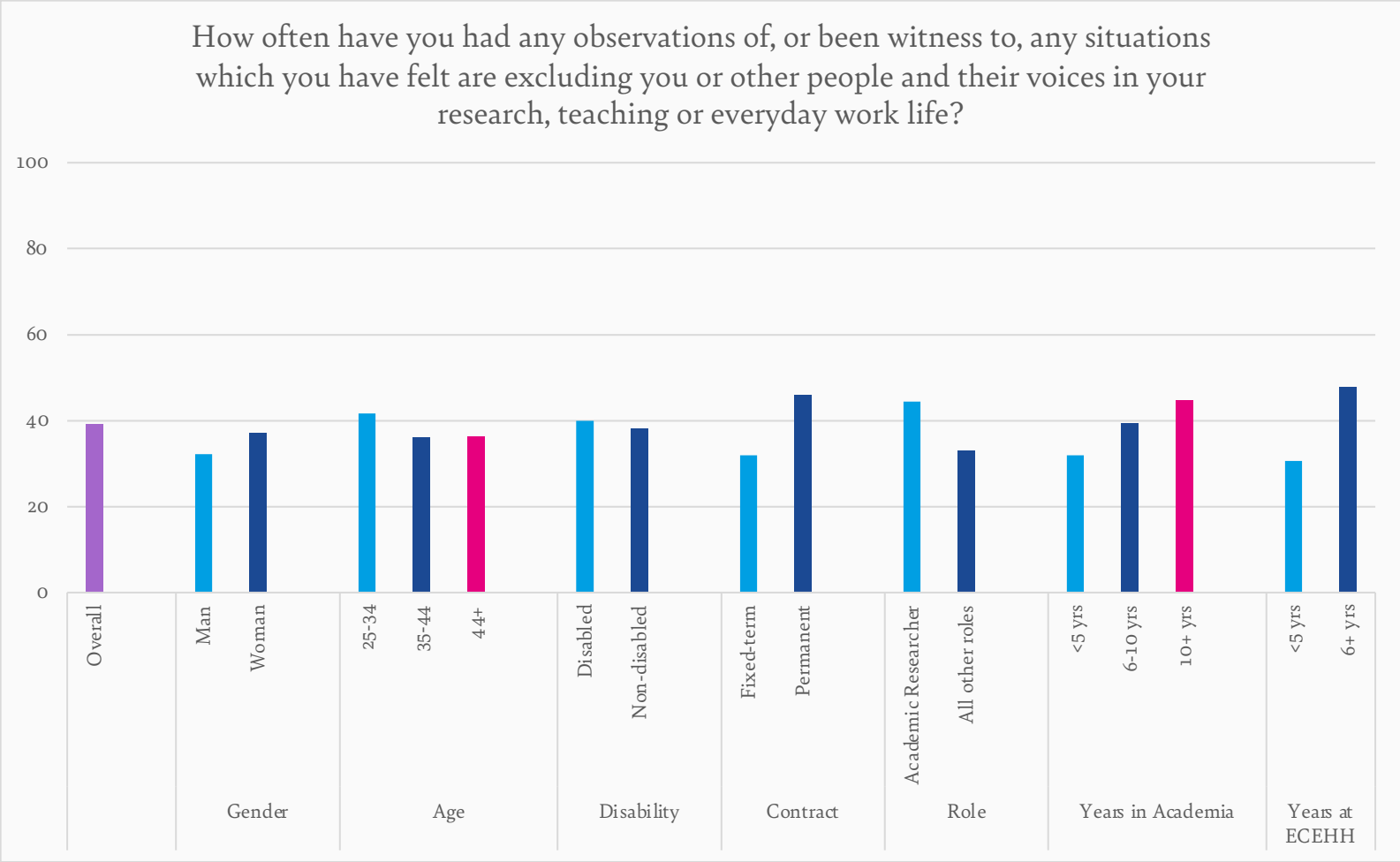
In general, Centre members are more likely to consider racism and / or decolonisation outside of work



- A relatively high percentage of staff consider this topic outside of work and there are no statistically significant differences between various identities.
- However, as with all related questions on this theme, disabled staff gave higher scores than non-disabled staff (though not significantly so).

Experiences of exclusion

Most Centre members reported infrequent experiences exclusion of themselves or others at work



- Experiences of exclusion – either personally or witnessing that of others – were not common for most Centre members.
- Moreover, there are no statistically significant differences between groups for this question.
- However, while this is rare for many, it still does happen at least somewhat for most. And a few members reported experiencing or witnessing exclusion quite often. This indicates that there is still room to improve on this issue overall.
- Compared to other higher education institutes that *Included* has worked with, this is slightly better than most organisations, both for overall score and specifically for gender and disability.

Perceptions of transparency in decision-making

The majority of staff believe that hiring decisions are somewhat transparent, but there is much room for improvement.

- Women and people with disabilities, who are two traditionally marginalised groups, score highly in their belief that hiring decisions are transparent, though not significantly more so than their comparators.

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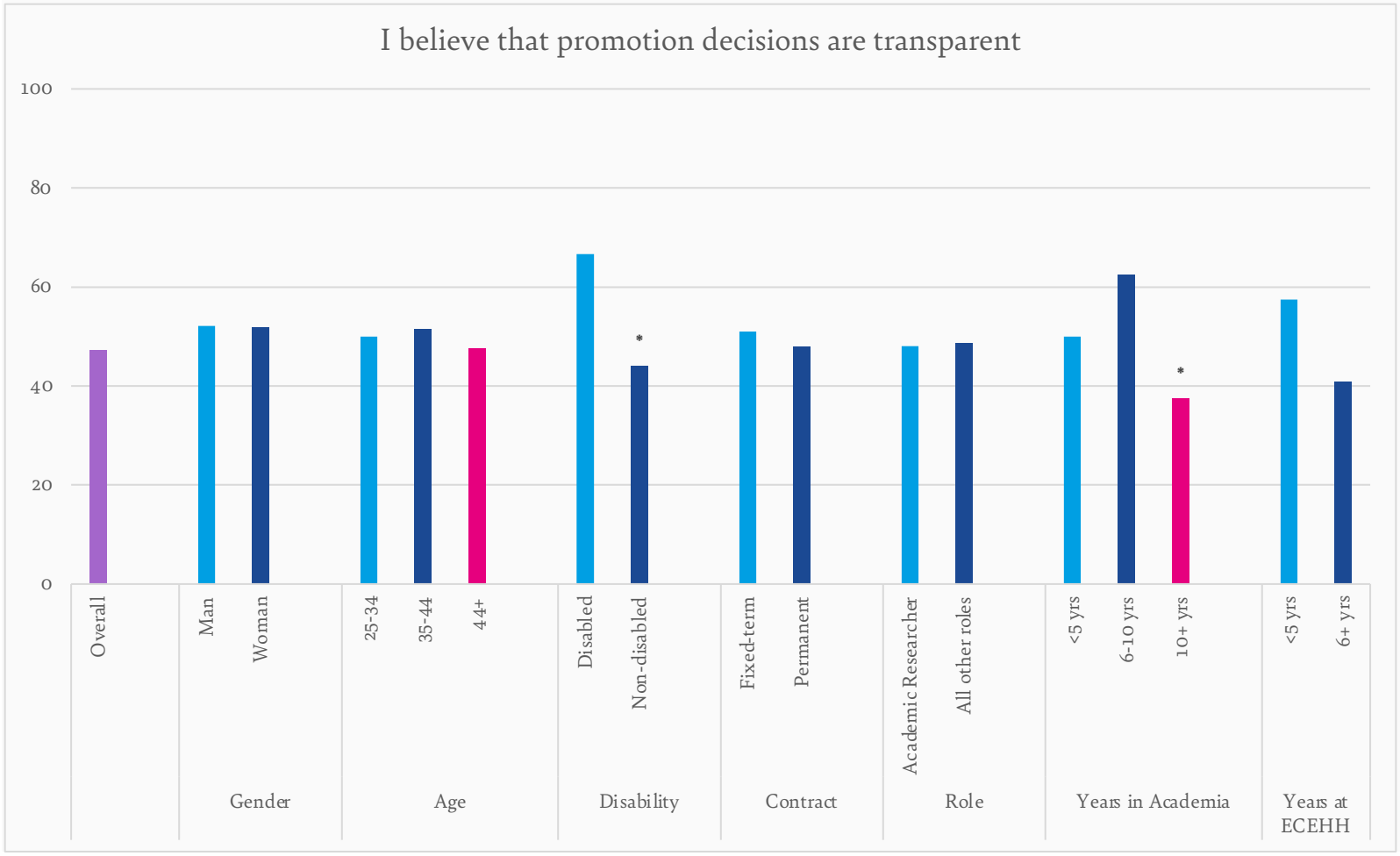
The belief that promotion decisions are transparent was low overall

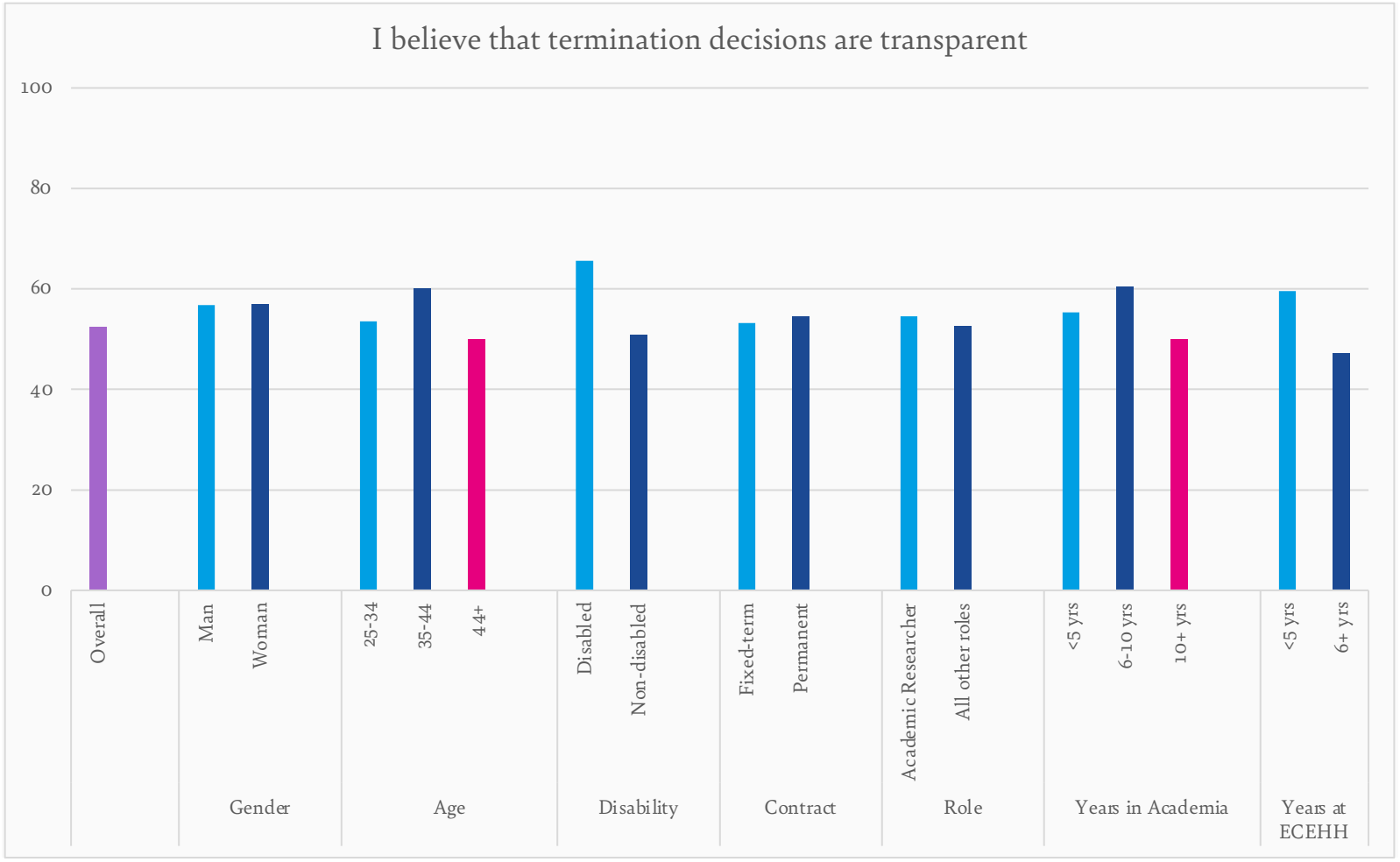
Stars represent statistically significant differences



- Non-disabled and staff who have spent longer in academia are significantly less likely to believe that promotion decisions are transparent.
- However, belief in transparency is reasonably low across the board.
- This could be a key area of development, as lack of transparency in decisions surrounding promotion can impact engagement and retention.

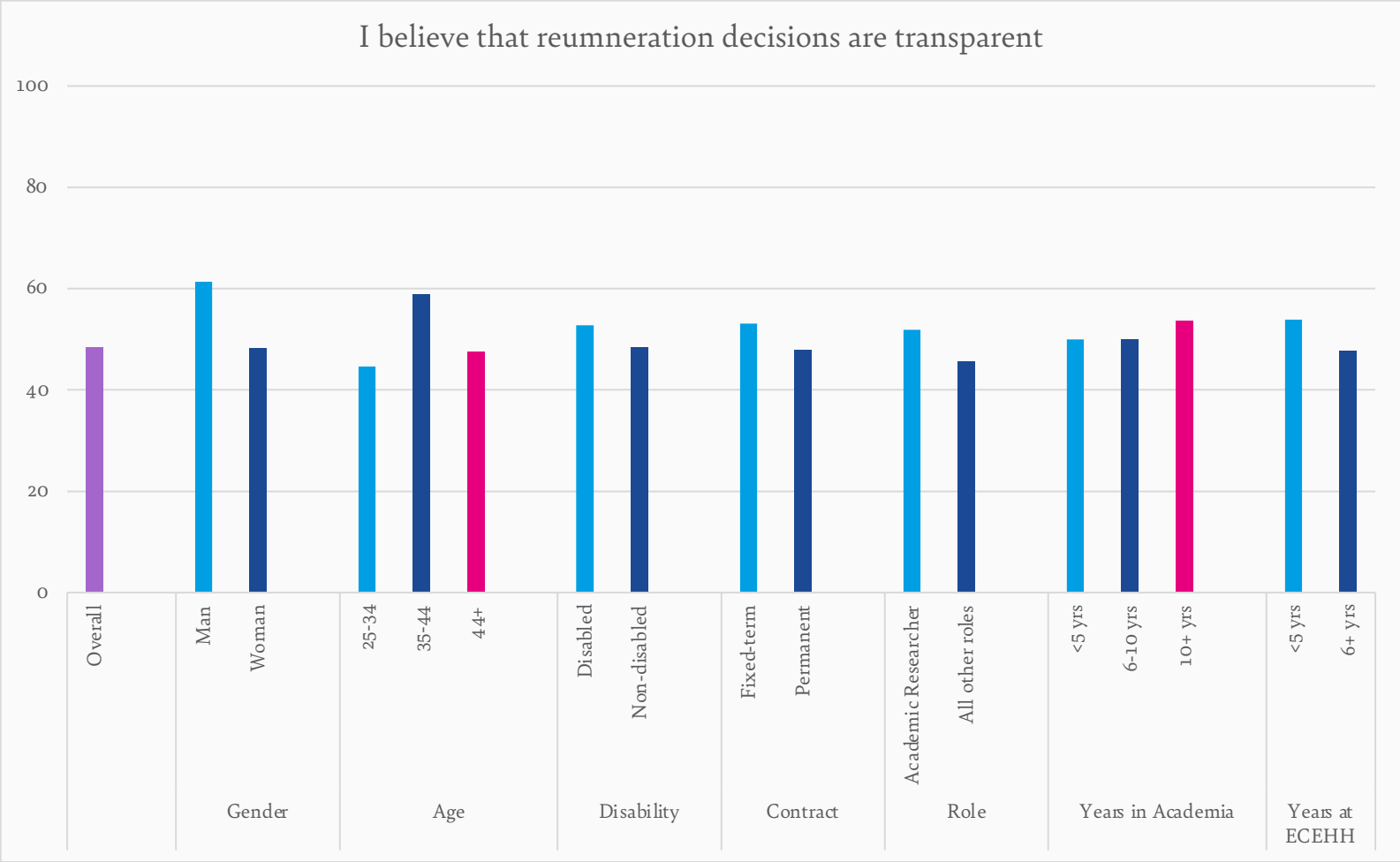
included.

The belief that termination decisions are transparent was middling



- There is no statistical difference between identities for this question, but as faith in termination decisions is reasonably low for all groups, this may be something for the Centre to consider communicating more about.

Belief in the transparency of remuneration decisions is reasonably low



- The belief that remuneration decisions are transparent scored quite low – below 50%
- Although there is no statistically significant difference between groups, women and younger staff seem to score slightly lower.
- As these scores and those for transparency around promotion decisions are generally low, we would suggest that these topics may be a priority to help retain and motivate staff.

Perceptions of objectivity in decision-making

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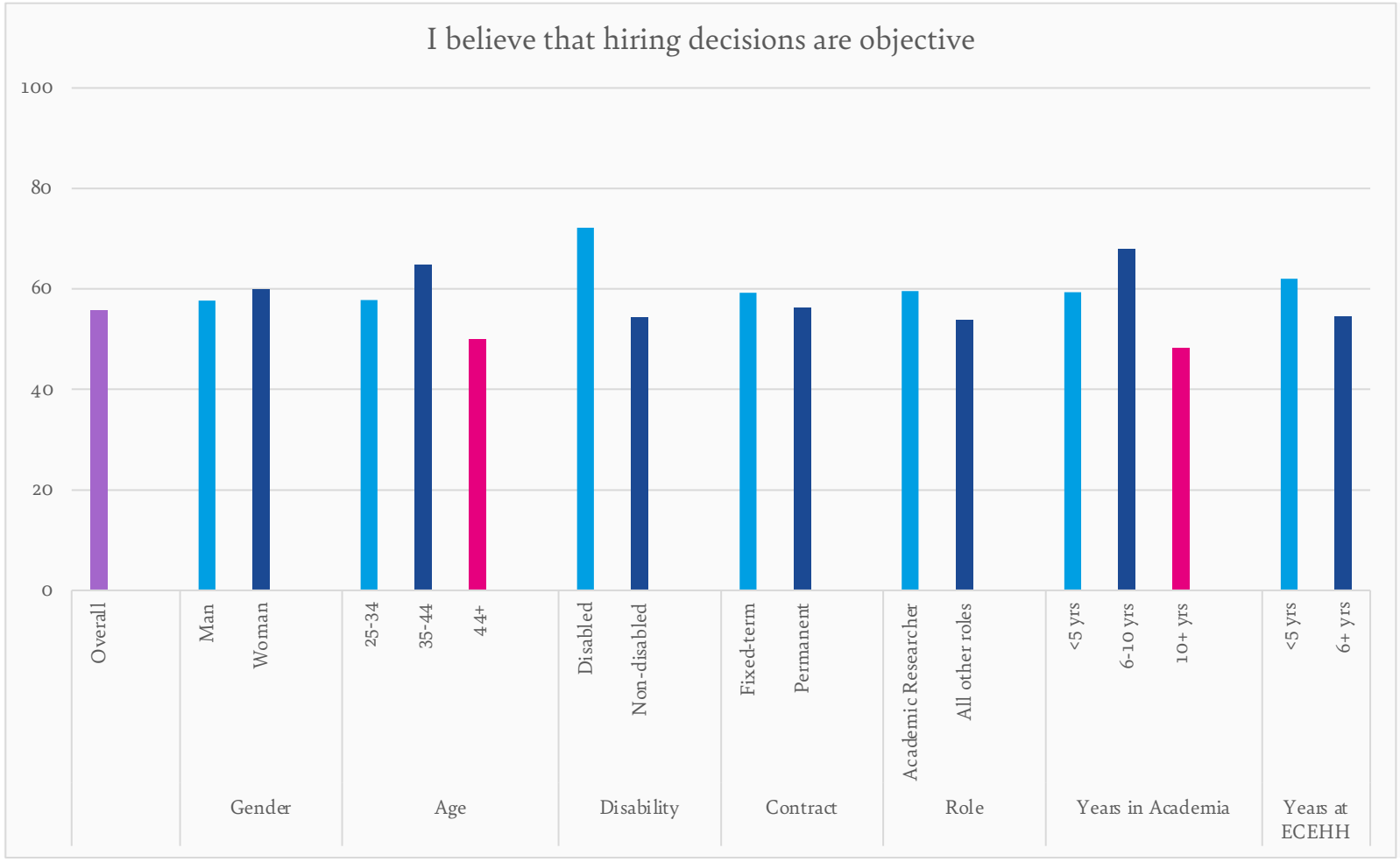
Overall, staff believe that hiring decisions are only somewhat objective overall

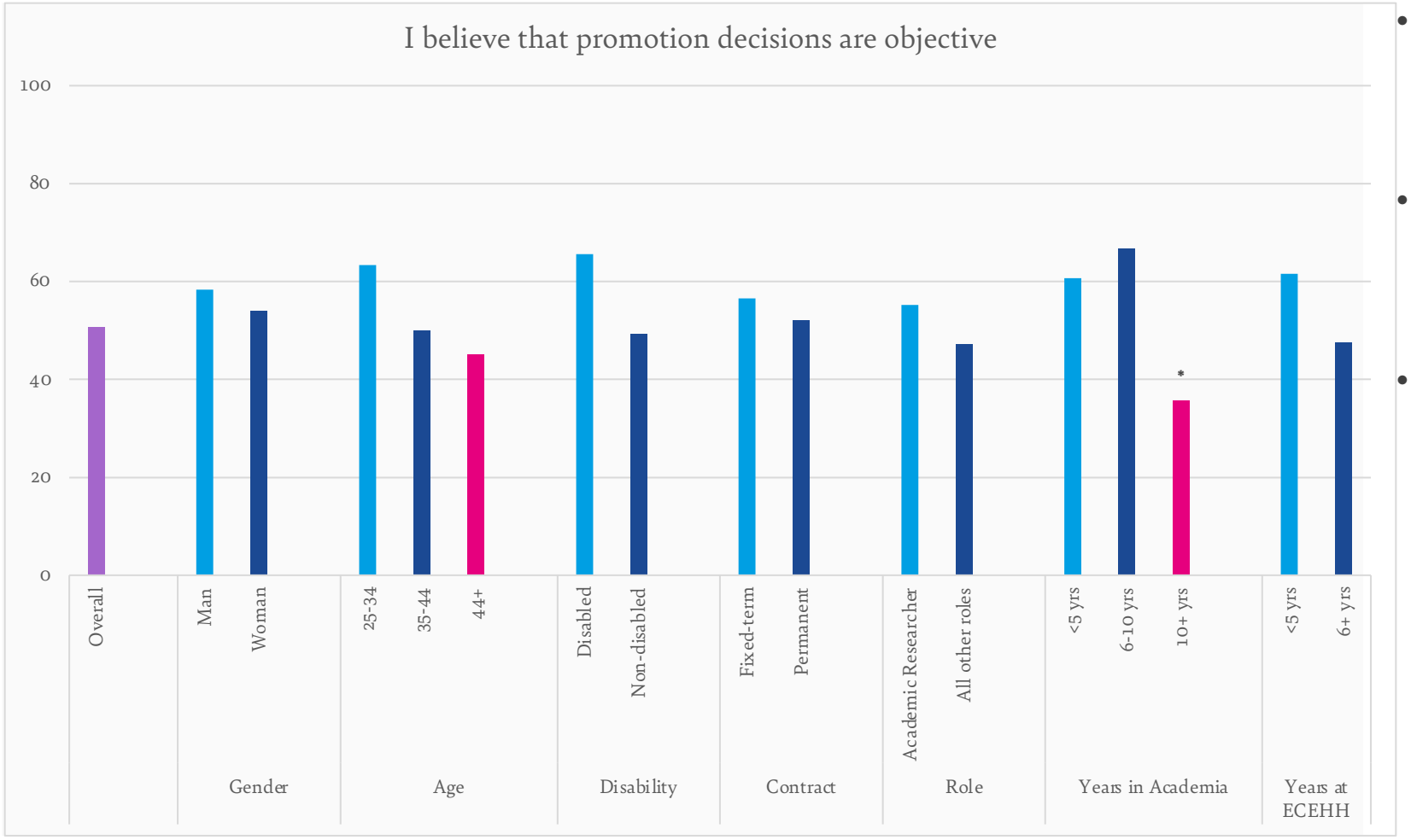


- There are no specific groups who are significantly more concerned about the objectivity of hiring decisions.
- However, there could be general concerns surrounding objectivity, given that the overall score is not as high as one might like.
- It is common for perceptions of transparency and objectivity in these decisions to be linked, making this middling-to-low score unsurprising.

included.

Staff who have spent longer in academia are significantly less likely to believe that promotion decisions are objective

Stars represent statistically significant differences



- The generally low level of trust in objectivity of promotion decisions (51%) mirrors the response to the question regarding transparency in this metric.
- Academics with experience of more than 10 years are particularly concerned about this, with only 36% agreeing to objectivity around promotion decisions.
- Objectivity and transparency surrounding decisions about incumbent staff should be considered a priority.

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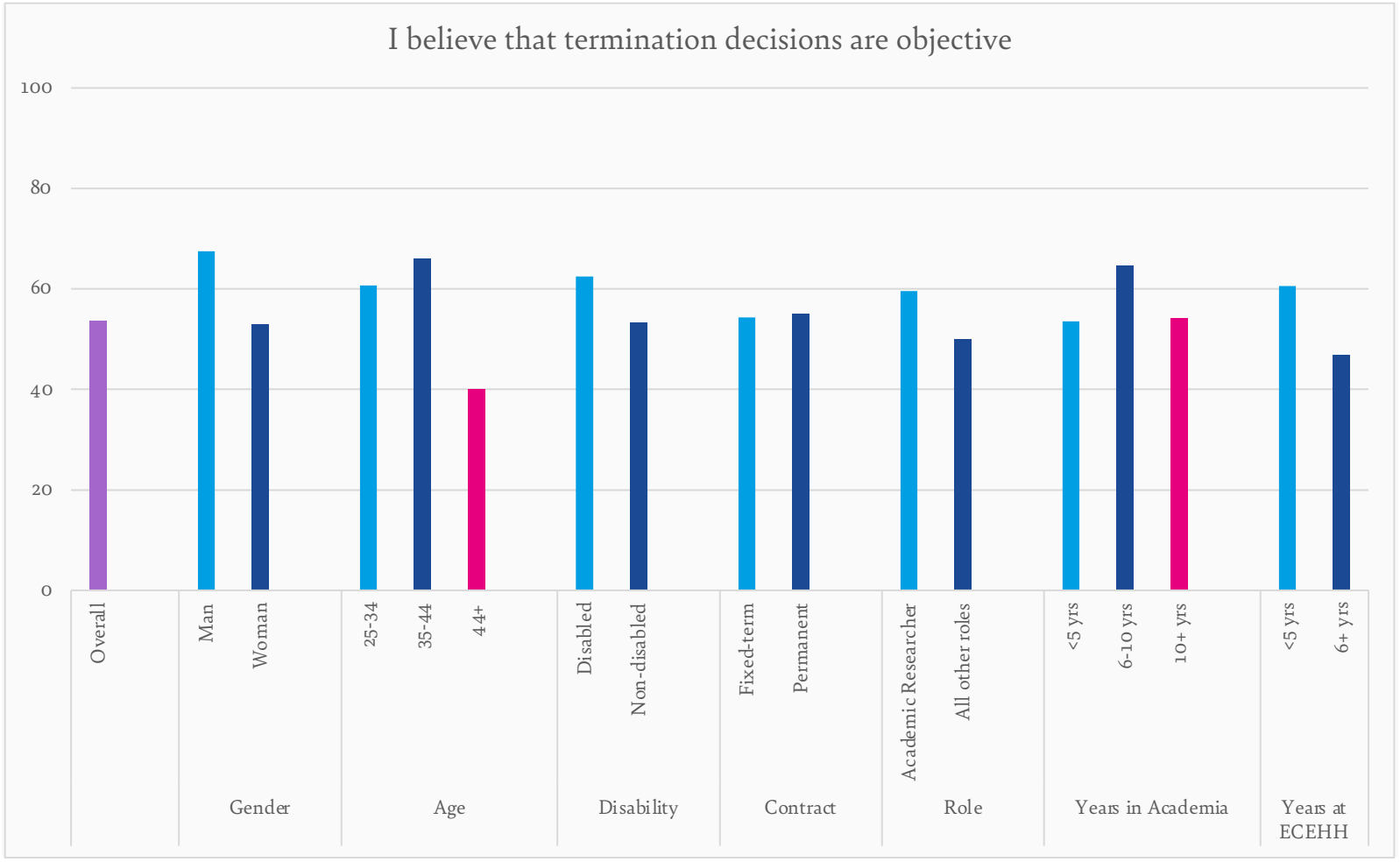
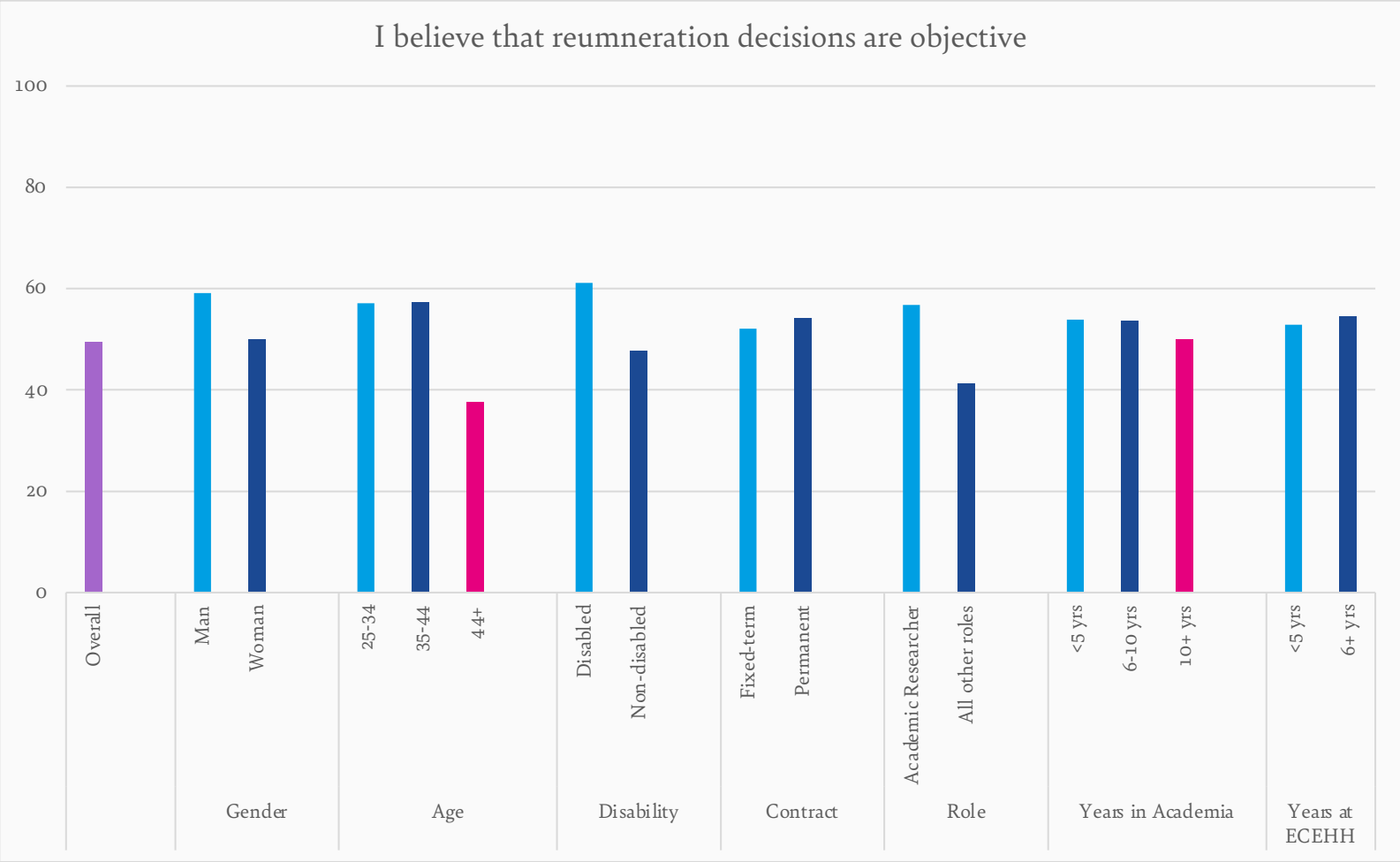
In general, belief in the objectivity of termination decisions is similar to belief in transparency.



- No group showed a statistically significant difference in this metric, but staff older than 44 may be more concerned than other age groups.
- Compared to transparency, trust in objectivity by this group is 10 percentage points lower.

The belief that remuneration decisions are objective scored below 50% overall



- These results are broadly in line with concerns around transparency in remuneration decisions.
- Whilst not statistically different, staff over 44 years may feel even more than others that remuneration decisions are not objective.
- ECEHH may like to consider reviewing decision making and transparency on remuneration as a priority.

Comfort with offering dissenting opinions

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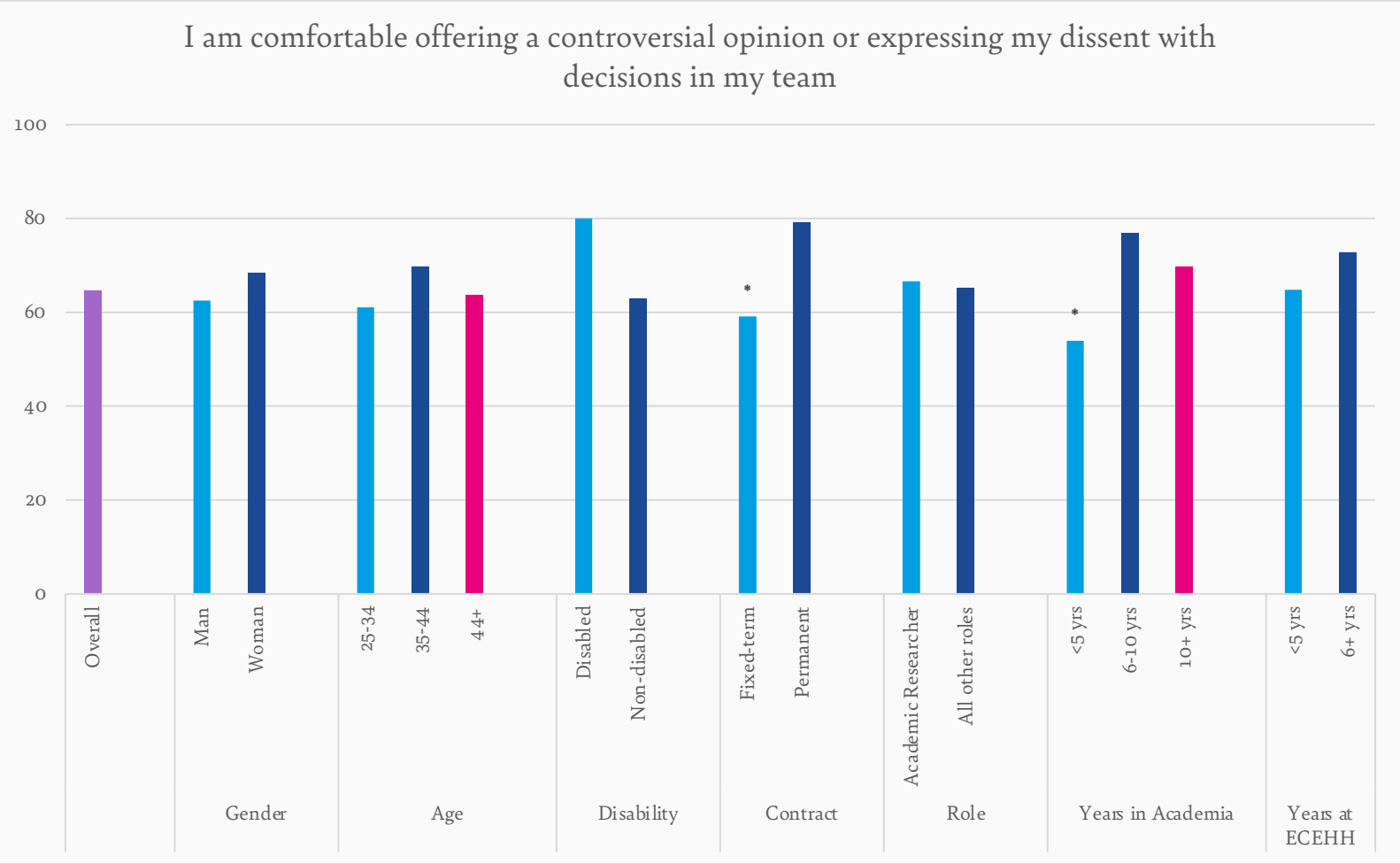
Within their own teams, positive signs of 80% in comfort levels but falling to 54%

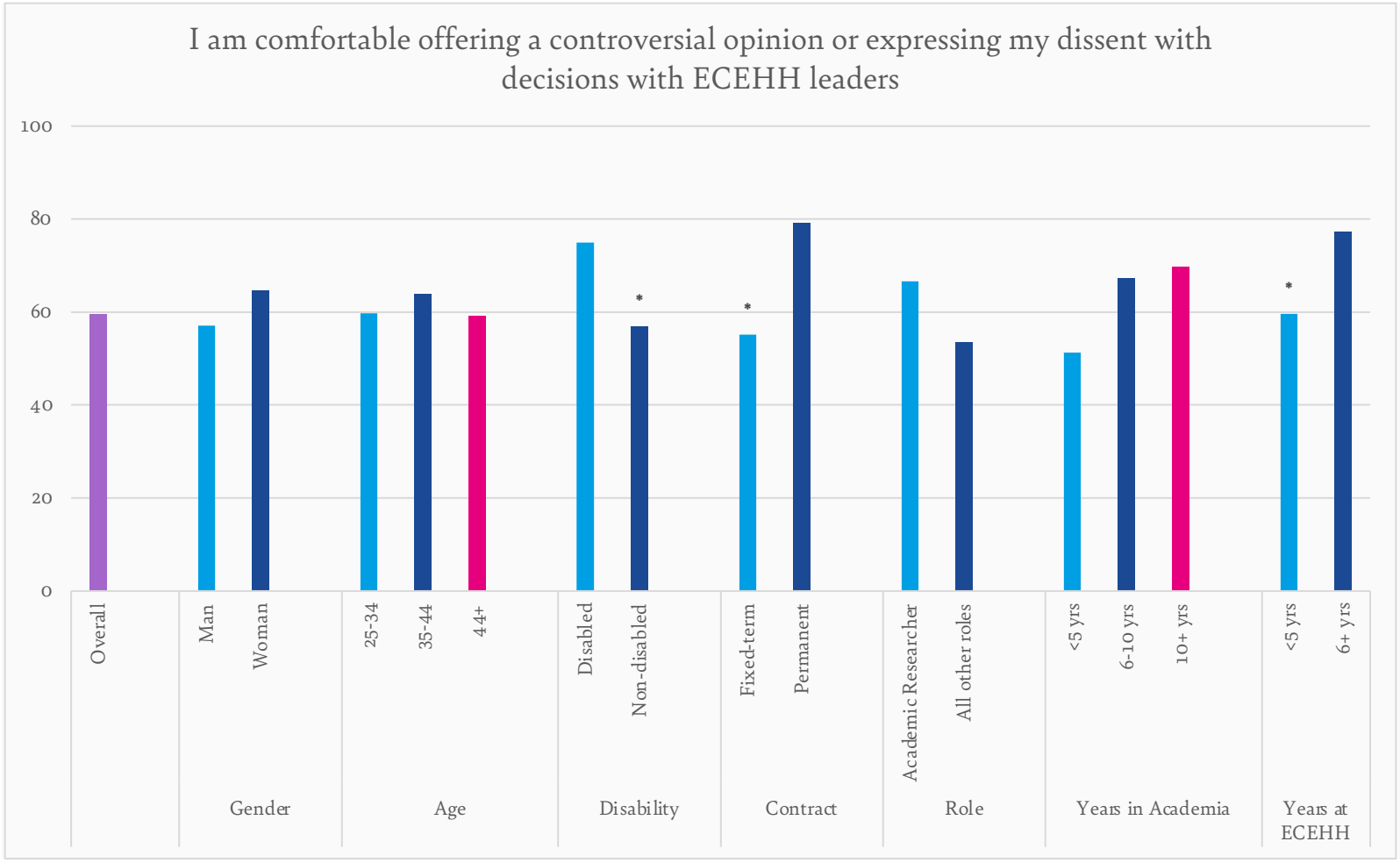
Stars represent statistically significant differences



- Positive indications in high levels of comfort from disabled (80%), permanent (79%) and those with 6-10yr experience in academia (77%).
- Within their own teams a statistical difference between in those with a fixed-term contract and also <5 yrs experience in academia.

Moving outside of teams to ECEHH leaders, comfort levels fall by 5% to 60%

Stars represent statistically significant differences



- In comparison to the previous question, comfort levels in relation to ECEHH leaders falls across the majority of staff. The exceptions where levels remain the same are of permanent, academic researchers and those with 10+ years experience in academia.
- In isolation, we see comfort levels of those with 6+ years experience at ECEEH increase to 77%.
- Outside of their teams, statistical differences appear for comfort levels additionally within disability and years with ECEHH.
- Note that we continue to see statistical differences with the contract status of staff but no marked differences based on years in academia.

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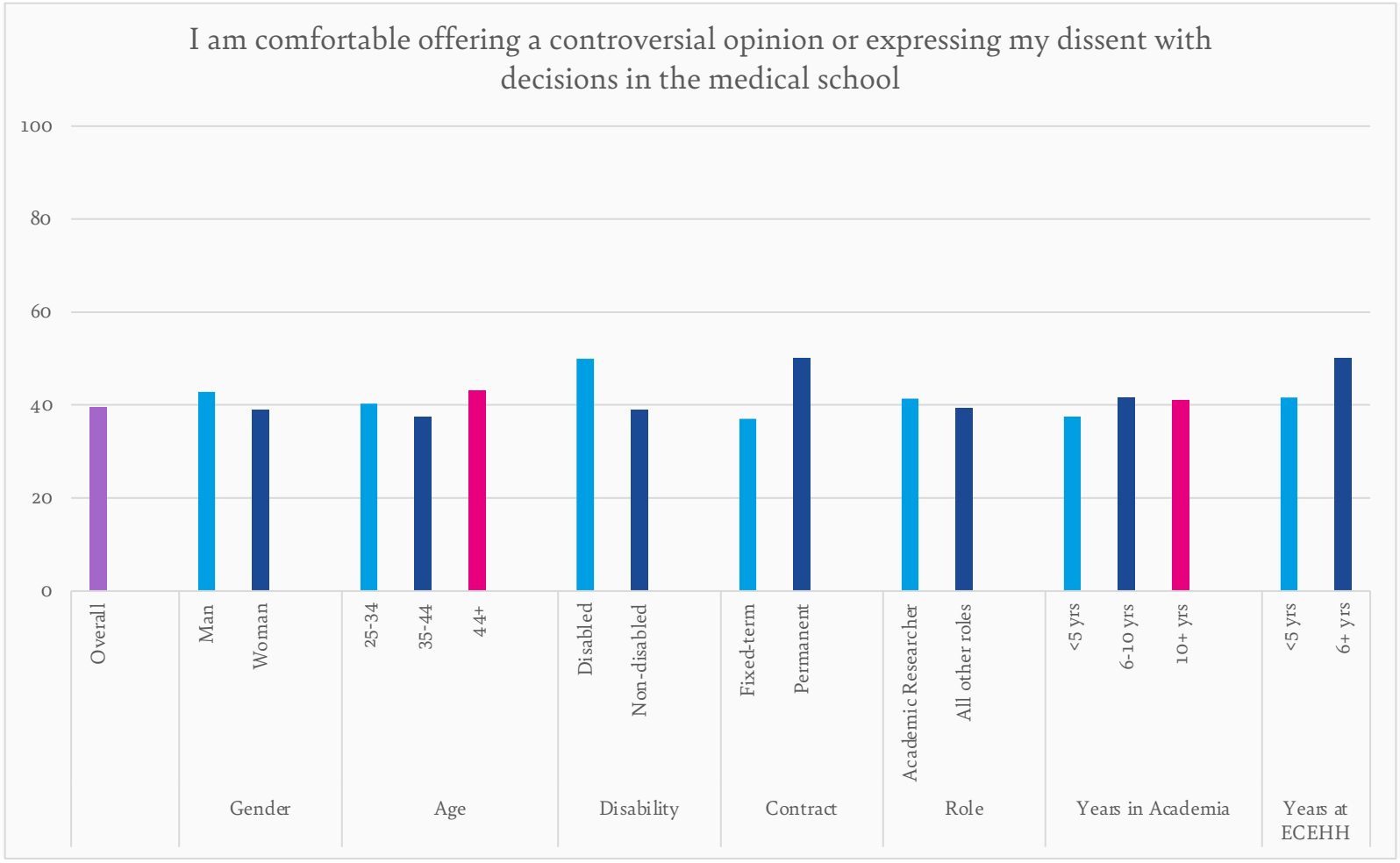
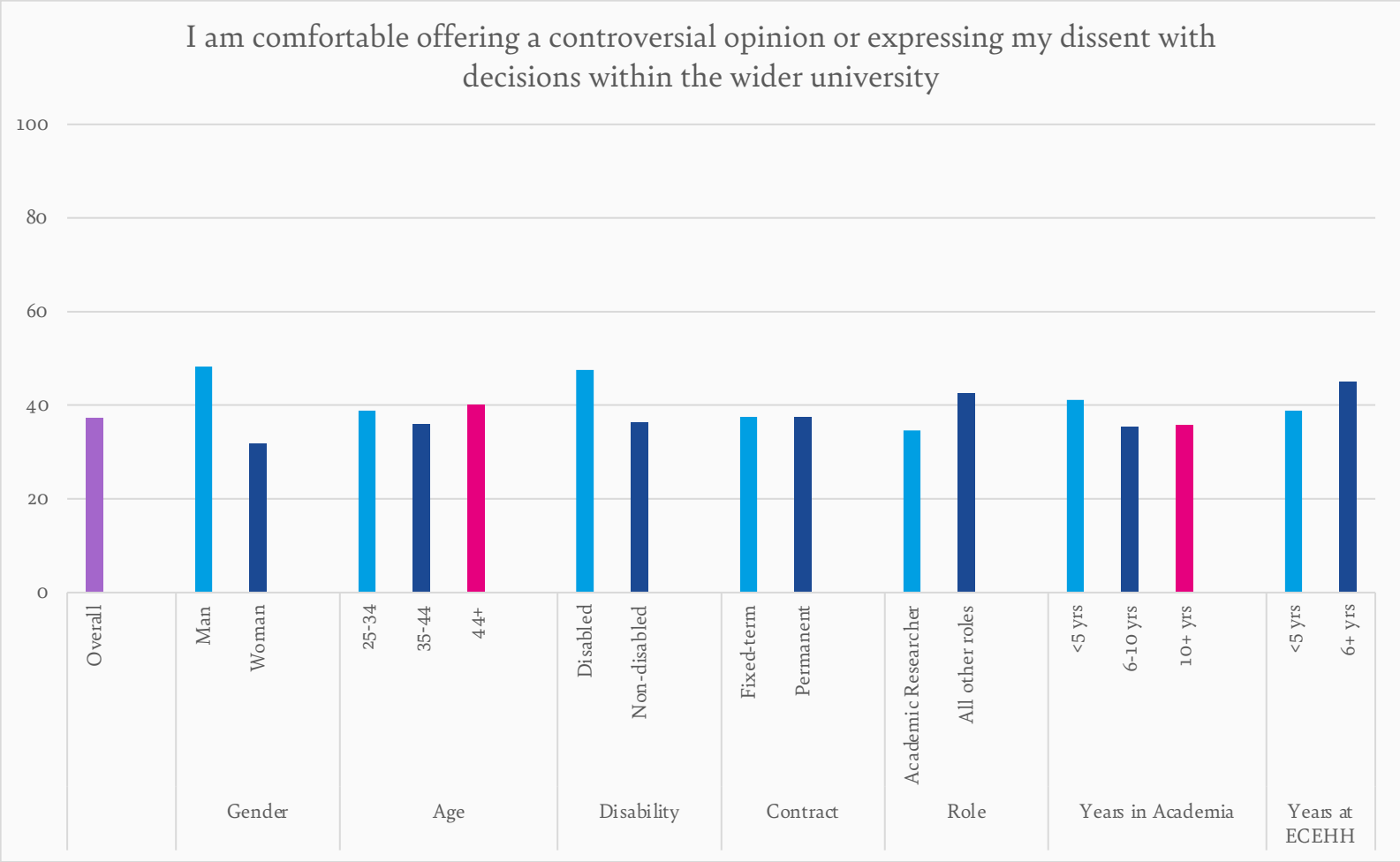
Overall comfort levels in the medical school environment is 40%, a significant decline of 25% compared to within their own teams



- Across all the respondents, comfort levels do not exceed 50% for any group.
- This indicates a much higher comfort level with expressing dissent in ECEHH than outside of it

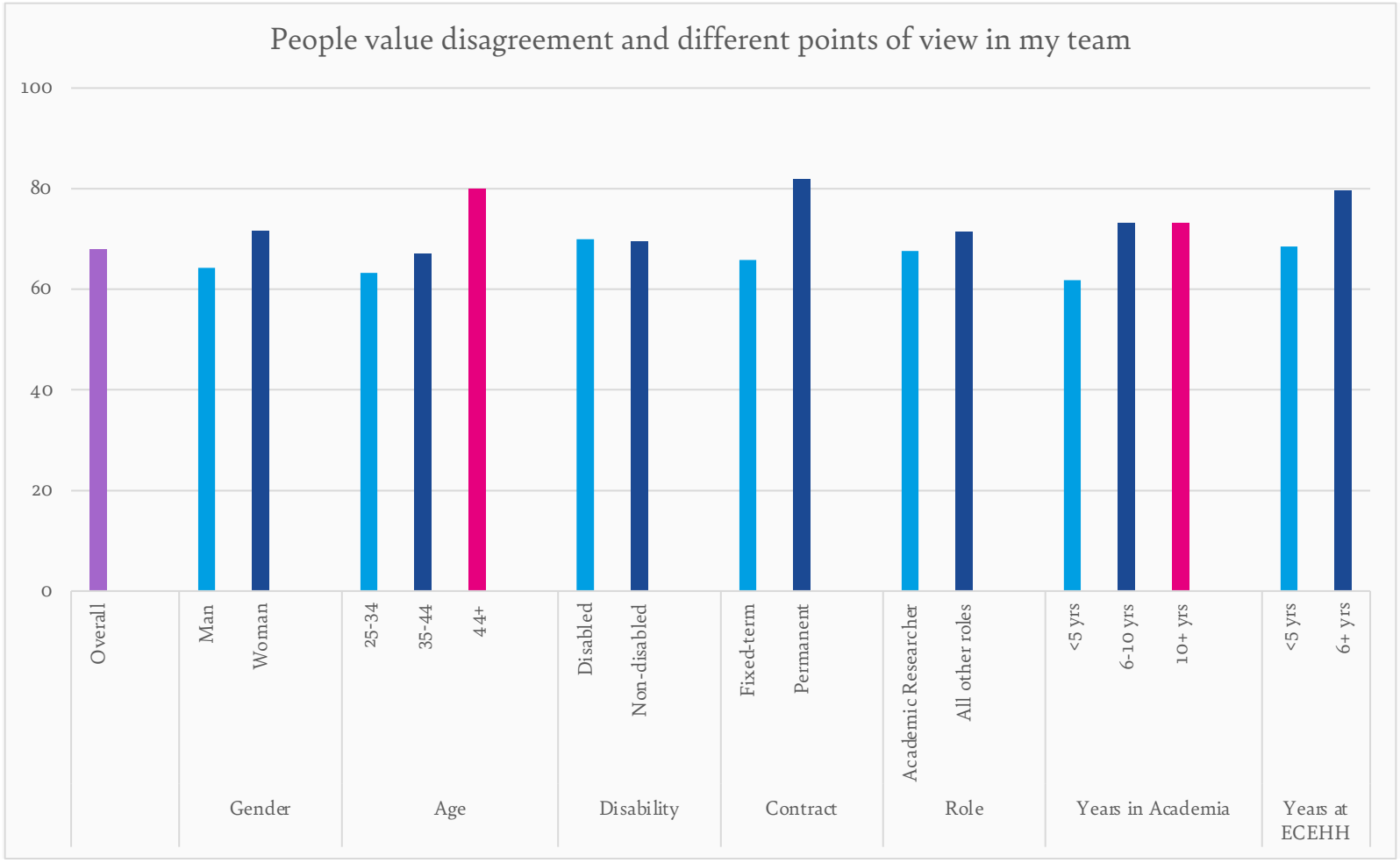
The lowest comfort levels of 37% are experienced by respondents in the wider university



- Echoing the trend from comfort levels in the medical school environment. When extended to the wider university, comfort levels overall are 37% with no statistical differences experienced in any demographic group.
- In general, comfort levels with expressing dissent get lower as the context in which they would express it get bigger (highest in teams and ECEHH, lower in the medical school, lowest in the wider university).
- While this may not be unexpected, it does indicate an opportunity for ECEHH to be a conduit for representing dissenting opinions to the wider university.

Perception that disagreement is valued

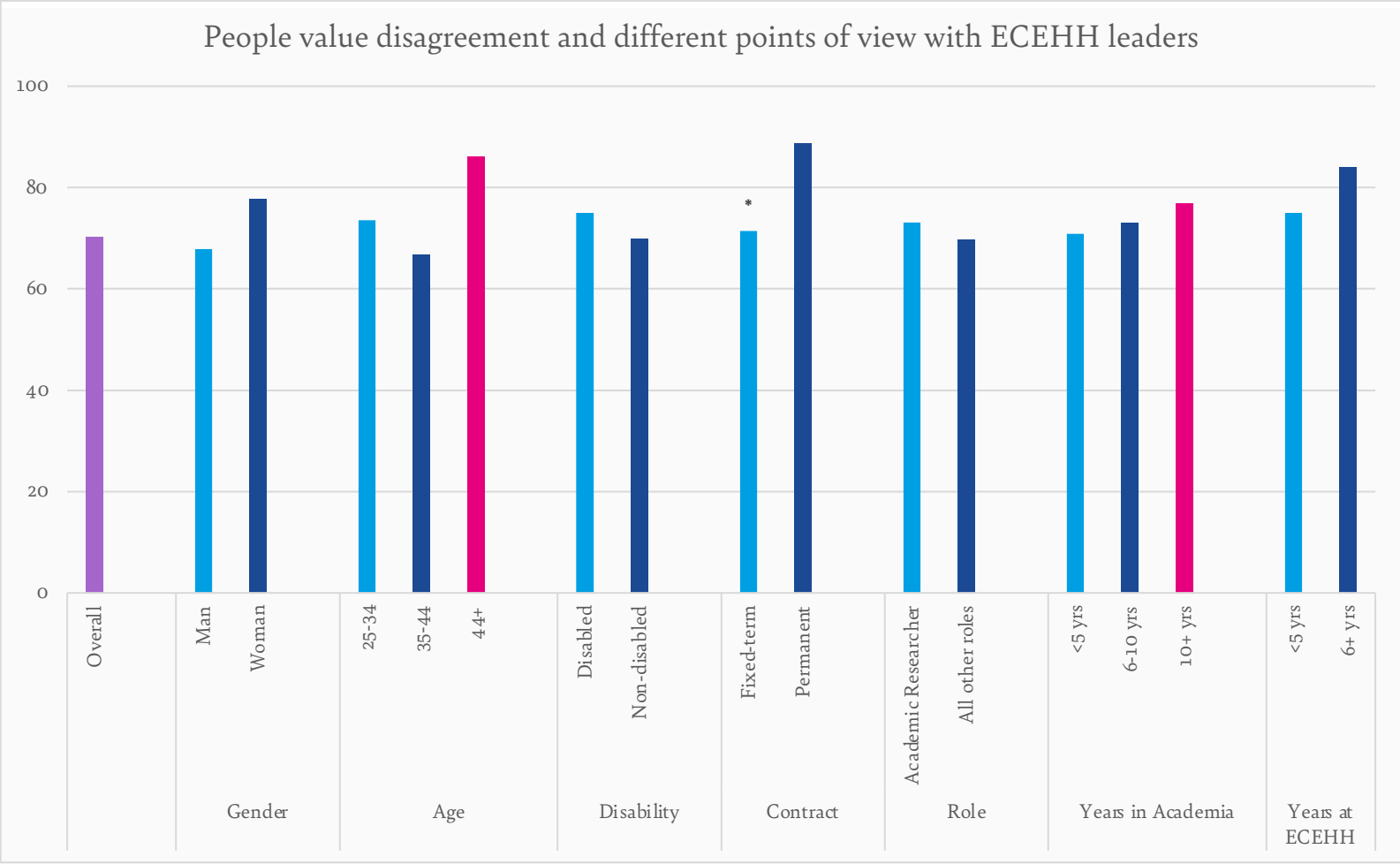
Overall comfort levels of 68% within teams with respect to valuing different points of view



- No marked differences between demographic groups with overall comfort levels at 68%.

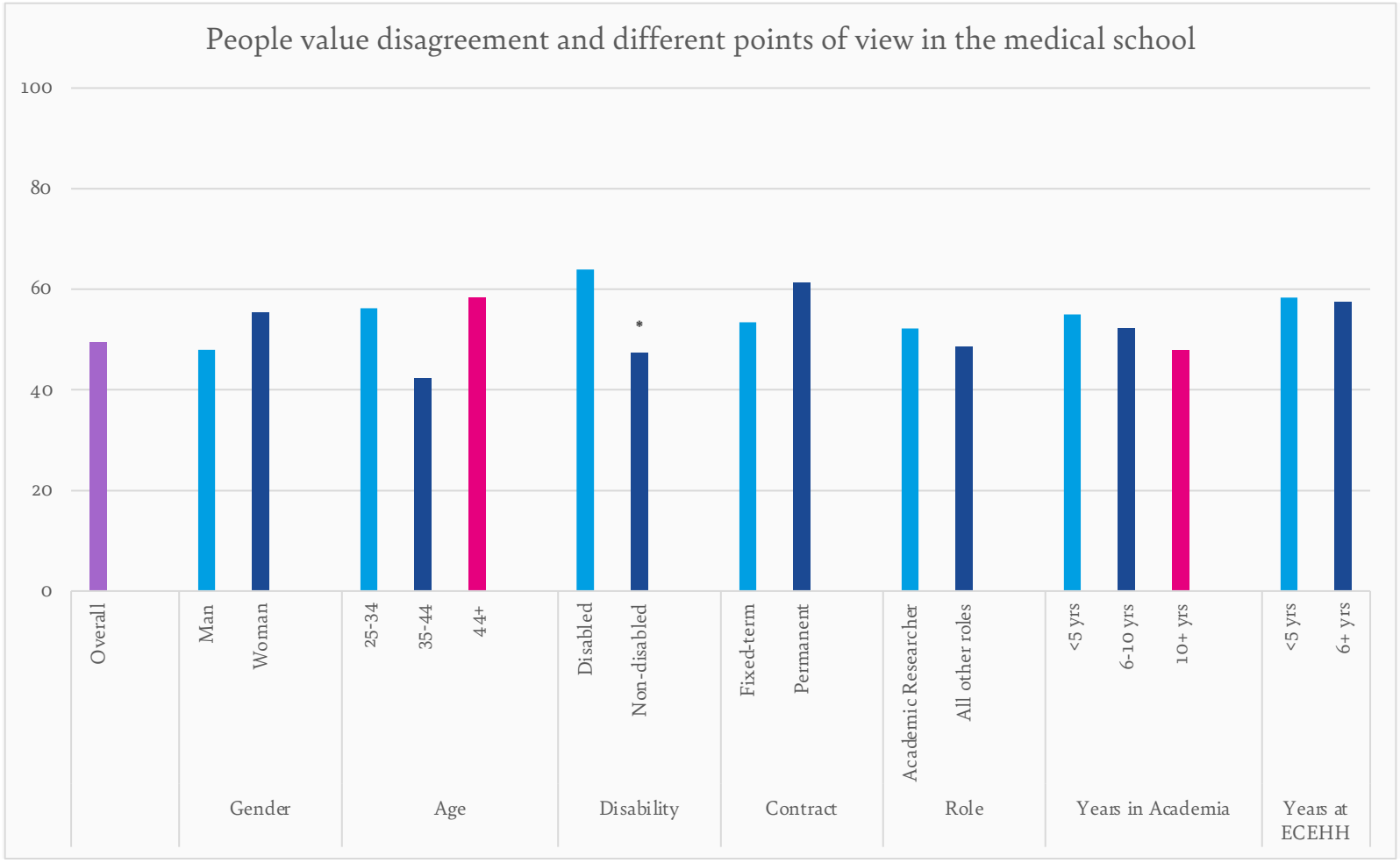
Very high scores for valuing differing points of view with ECEHH leaders

Stars represent statistically significant differences



- Overall respondents feel differing points of view are valued with ECEHH leaders with a score of 70%.
- However, there is a statistical difference dependent on the respondent's contract status where those with fixed-term status feel this is less valued than their permanent colleagues.
- This may indicate an area where ECEHH can do better to ease discomfort for those not on a permanent contract.

In the medical school environment, Centre members were less likely to feel that differing points of views were valued.

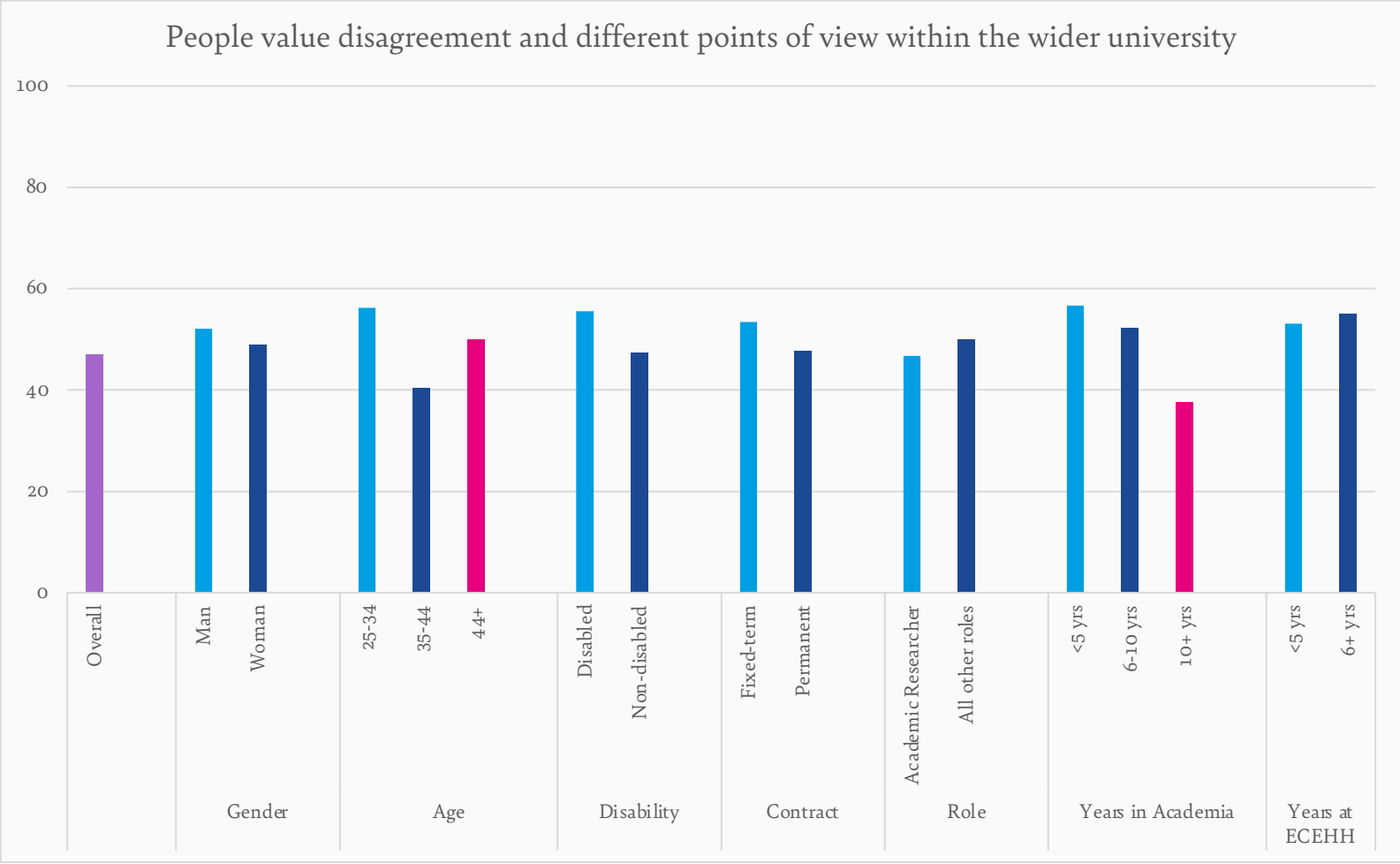


- In comparison to ECEHH leader, there is a decline of 21% in the value placed on differing viewpoints in the medical school environment.
- A statistical difference can be noted in the disability group of respondents with those who are non-disabled scoring lower.

Stars represent statistically significant differences

included.

The wider university at 47% returns a similar result to the medical school environment

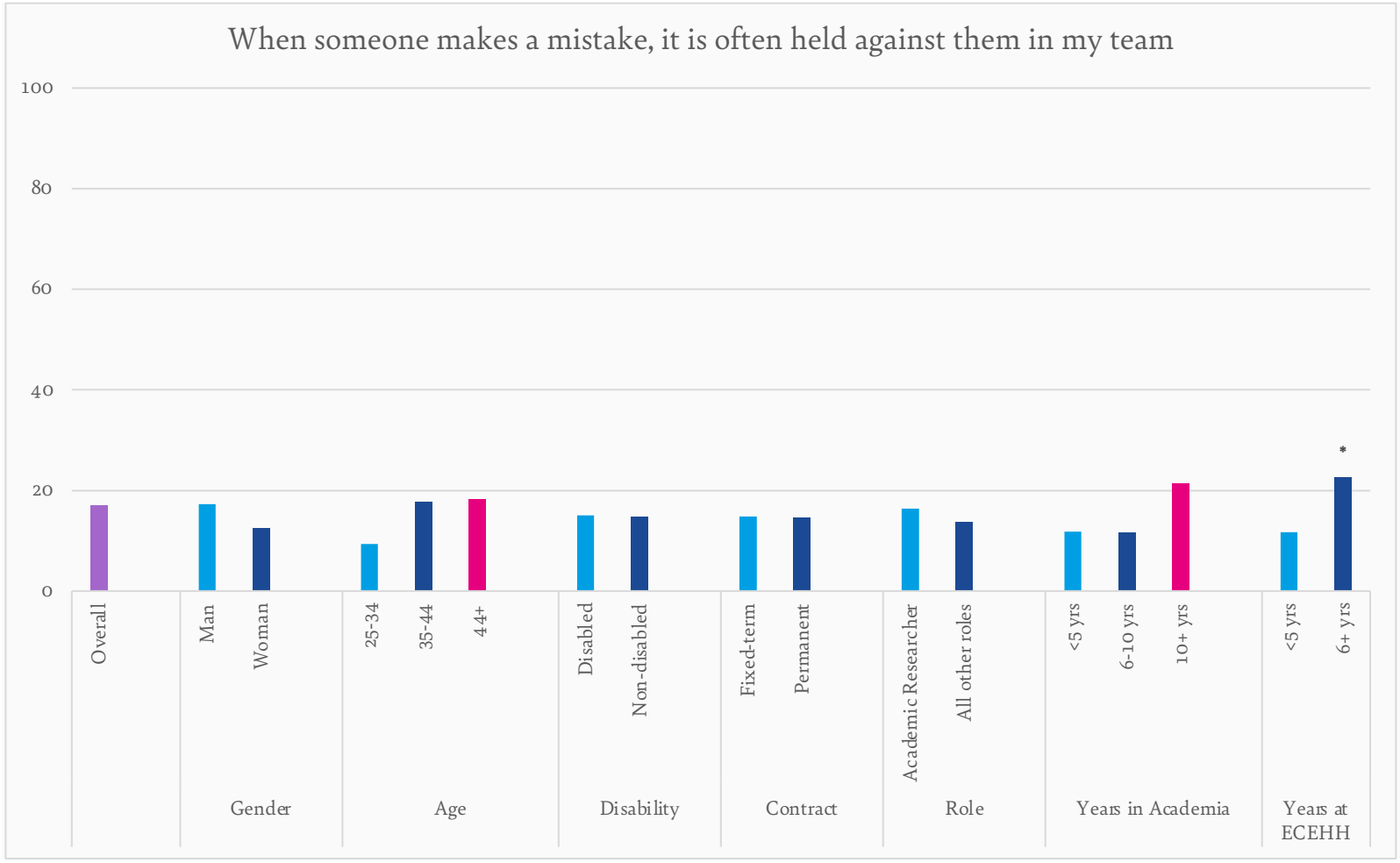


- In keeping with other questions, the lowest scores are returned on the wider university environment with no statistical differences presenting.
- However, those with more than ten years experience in academia, appear to have slightly lower scores at 37.5%.

Perception the mistakes are held against people

Respondents feel that mistakes are rarely held against them within their teams

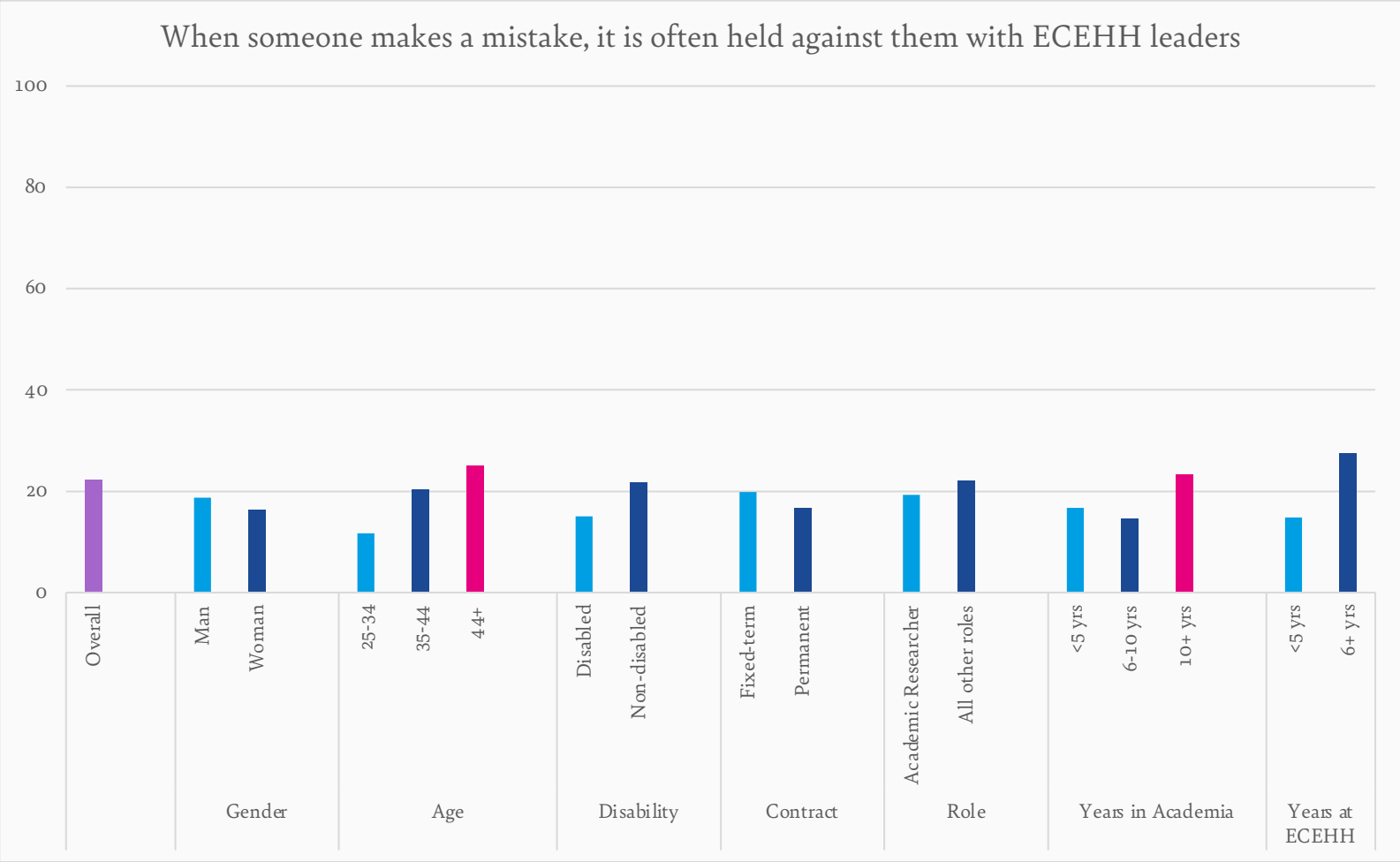
Stars represent statistically significant differences



- The vast majority of respondents feel able to make mistakes within their own teams.
- However, there was a significant difference in this feeling between those with shorter and longer time spent at the Centre.
  - Those with a 6+ years experience at ECEHH feel statistically less able to make mistakes than their colleagues but at only 22.5%, this is still a good score.

included.

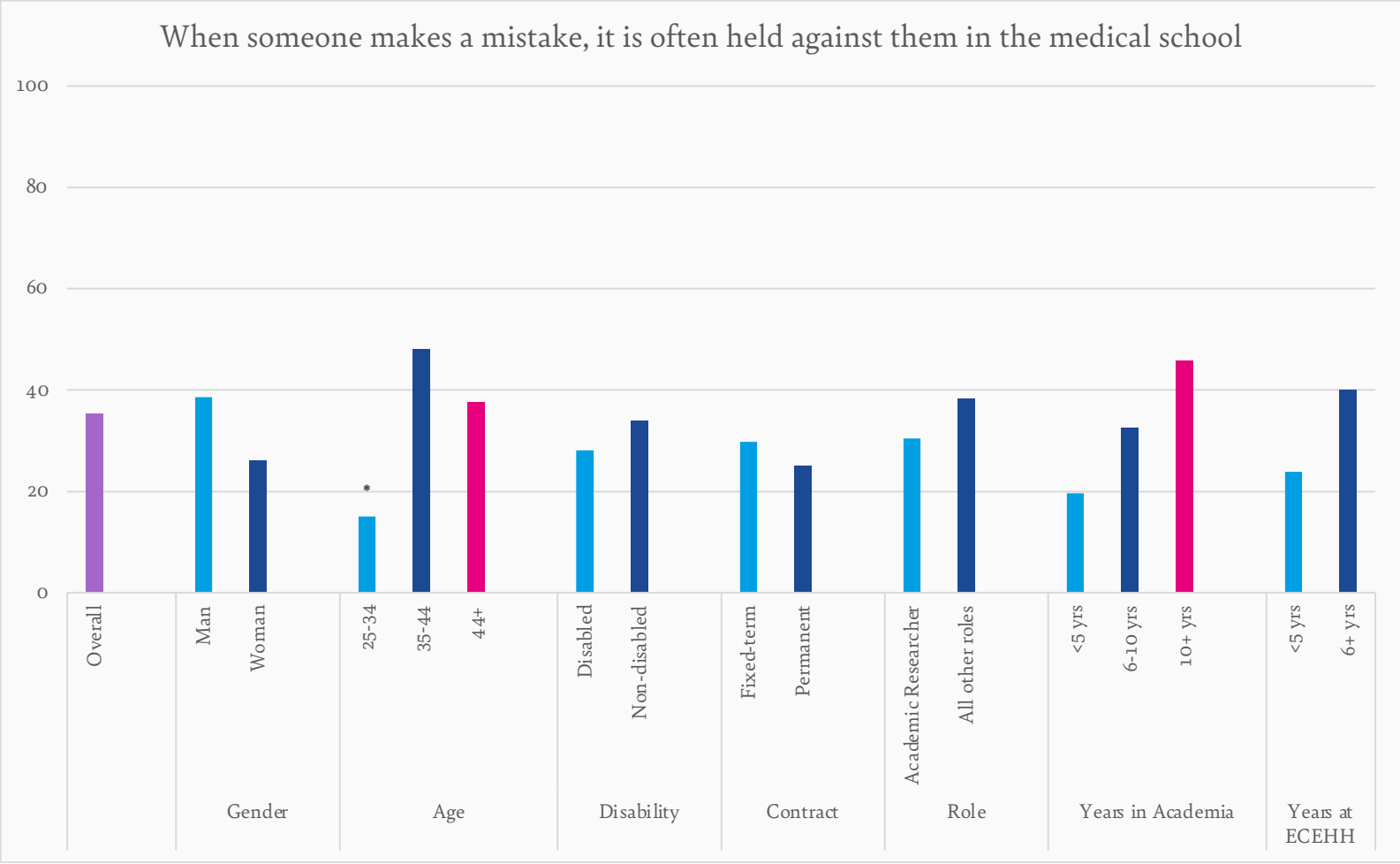
Mistakes felt slightly less acceptable with ECEHH leaders than within teams



- Respondents feel that their mistakes are less likely to be held against them with their own teams than with ECEHH leaders, a difference of 5%.
- The statistical difference noted in teams with experience at ECEHH is not replicated here.

Overall respondents are more likely to feel mistakes are held against them in the medical school

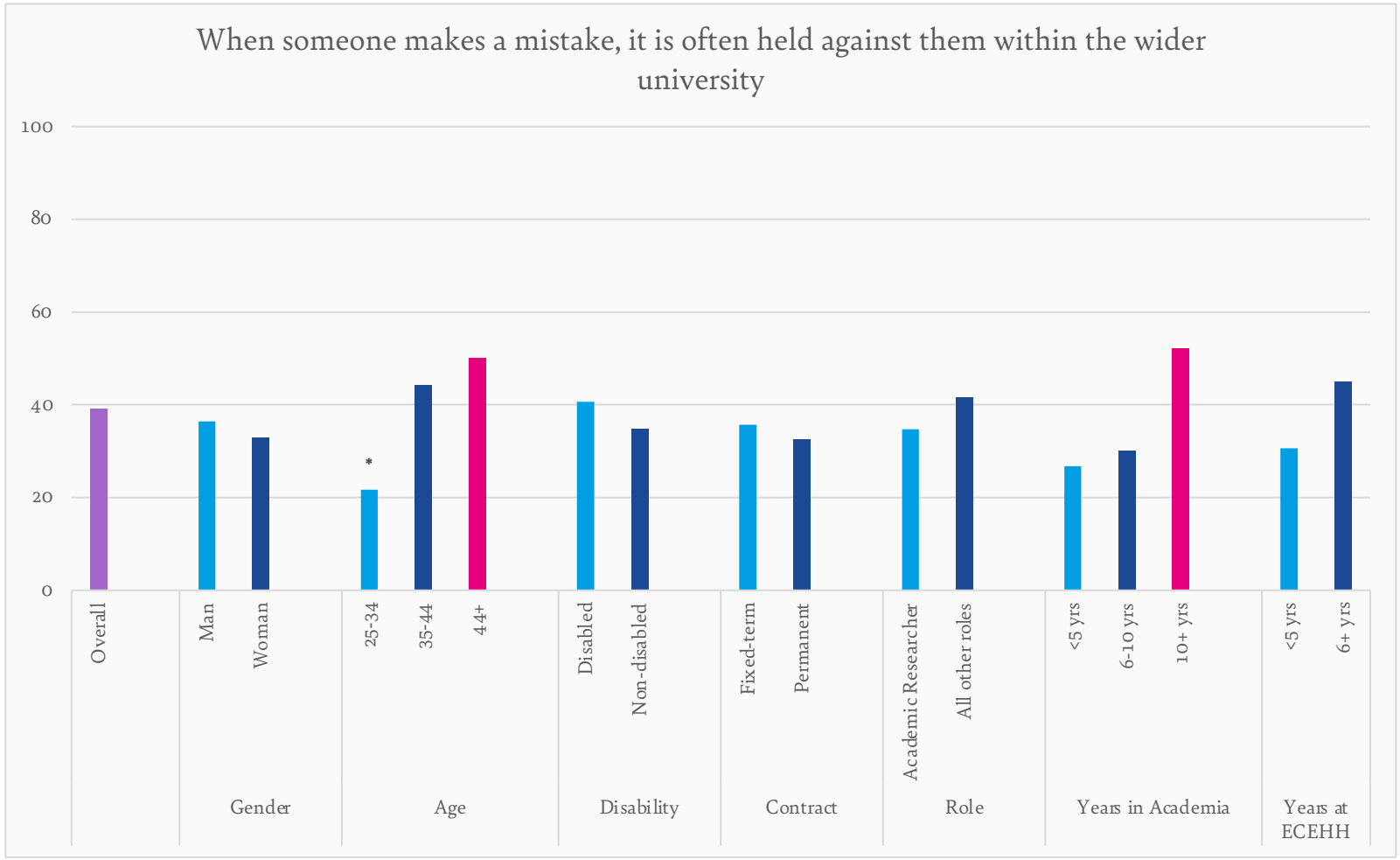
Stars represent statistically significant differences



- A further decline is realised in the medical school environment versus previously but scores are still relatively low in general.
- It is possible that this is due to respondents having fewer interactions at medical school level, leading to increased uncertainty compared to making mistakes with their teams.
- Centre members aged 25-34 seem to feel particularly that even within the medical school mistakes are not held against them. This was statistically significantly lower than other age groups.

25-34 age demographic still feel the sentiment of mistakes being held against them the least at 21.6% at university level

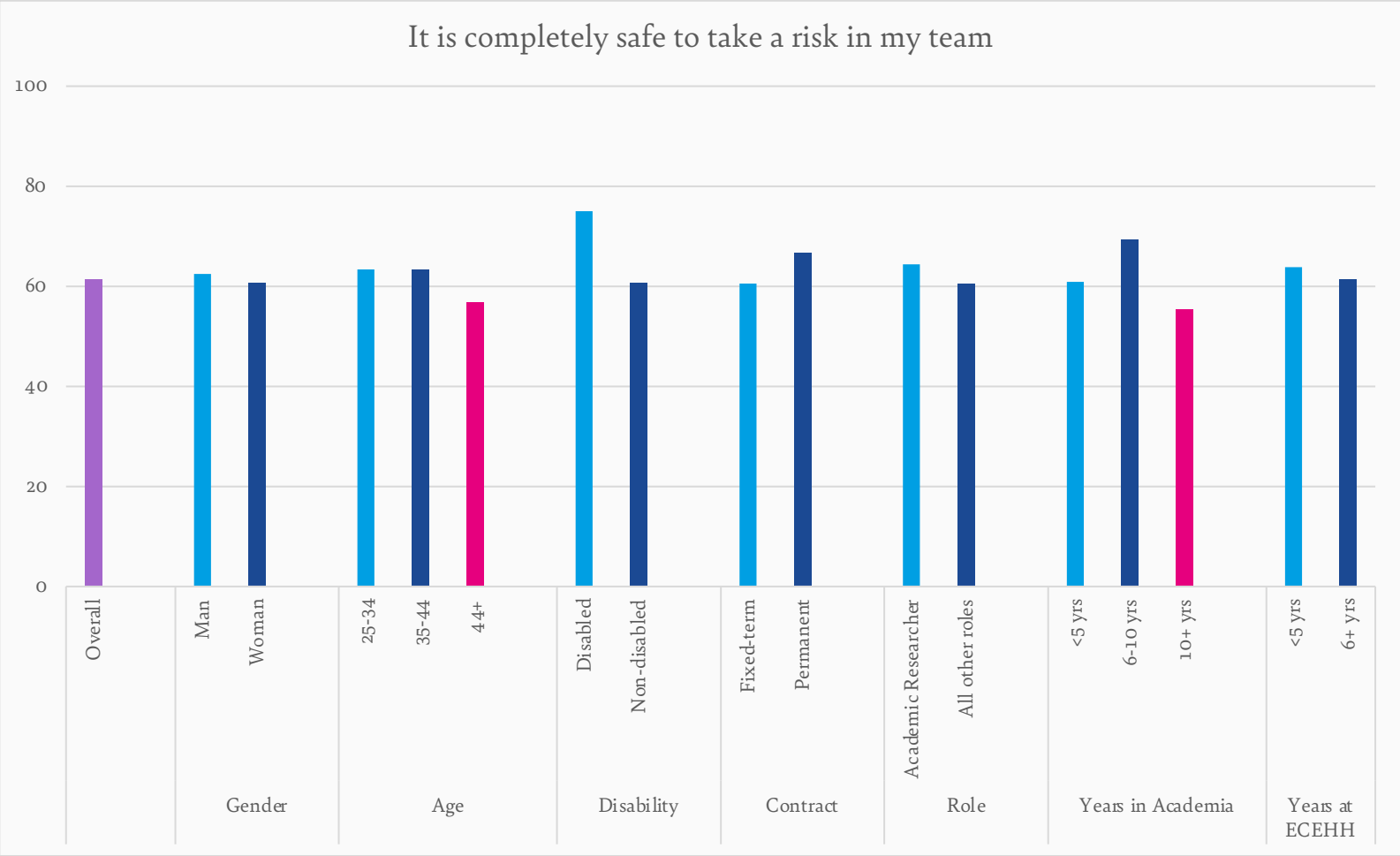
Stars represent statistically significant differences



- Whilst the scores on this question are worse in the wider university than anywhere else, it remains the 25-34 age demographic that feel the most comfortable making mistakes.
- While not significant, those with 10+ years in academia felt less comfortable than others making mistakes in the wider university.
- This may be due to having more responsibility as experience and age increase, leading to less generosity from the wider university when mistakes are made.

Perception of the safety of taking risks

Centre members feel at least somewhat safe to take risks within their own teams



- Overall, with a score of 61%, there is a middling feeling about being completely safe to take risks in teams.
- Whilst not statistically different, it is worth noting that disabled colleagues scored the highest at 75%.

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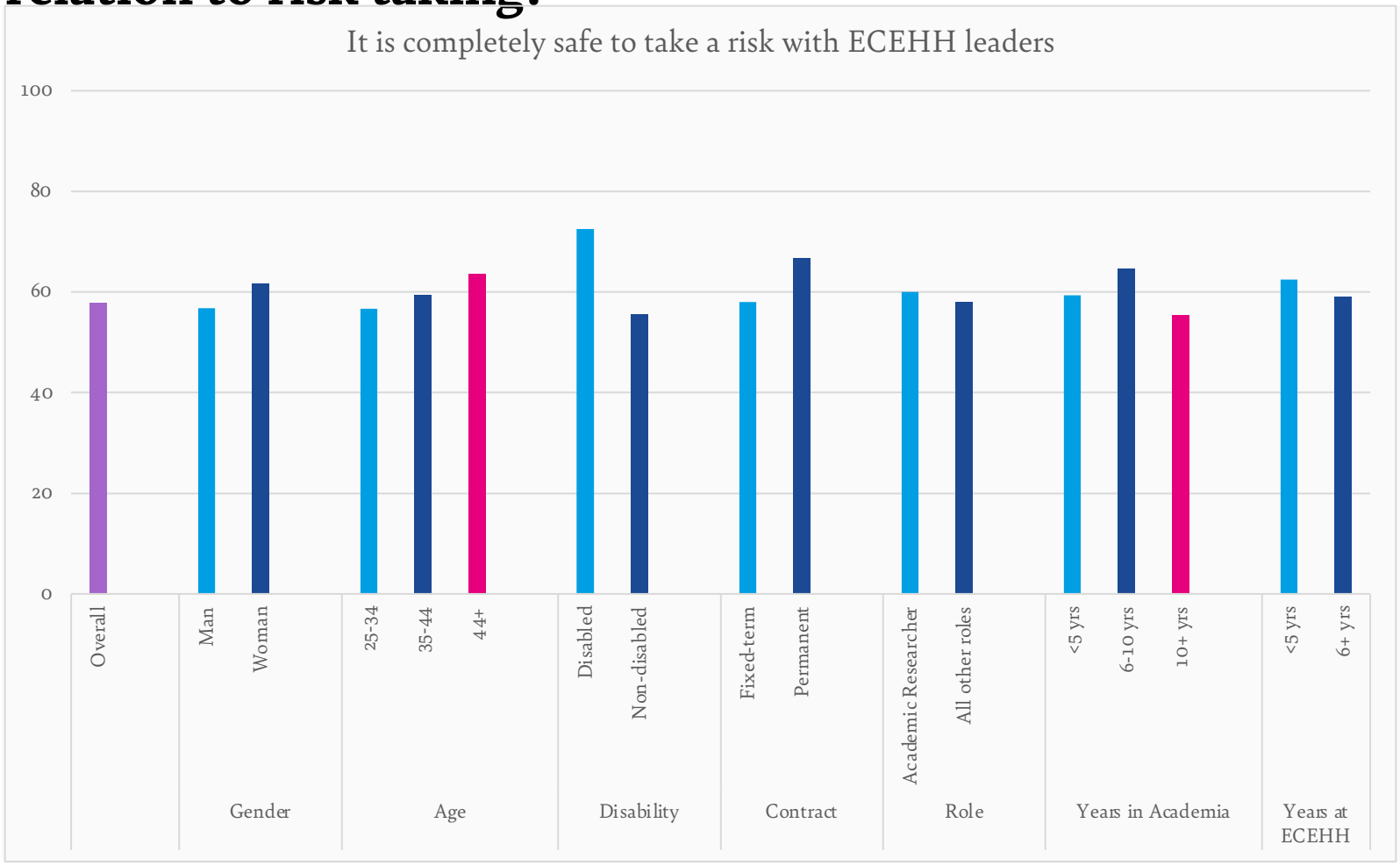
With an overall score of 58%, respondents feel broadly the same with ECEHH leaders as they do within their own teams in relation to risk taking.



- Overall responses declined by a marginal 3% with regards to ECEHH leaders versus taking risks within their own teams.
- Similar to their own teams, whilst not statistically relevant, disabled colleagues still scored the highest at 73%.
- This is a good indicator of the Centre support mirroring team support for risk taking.

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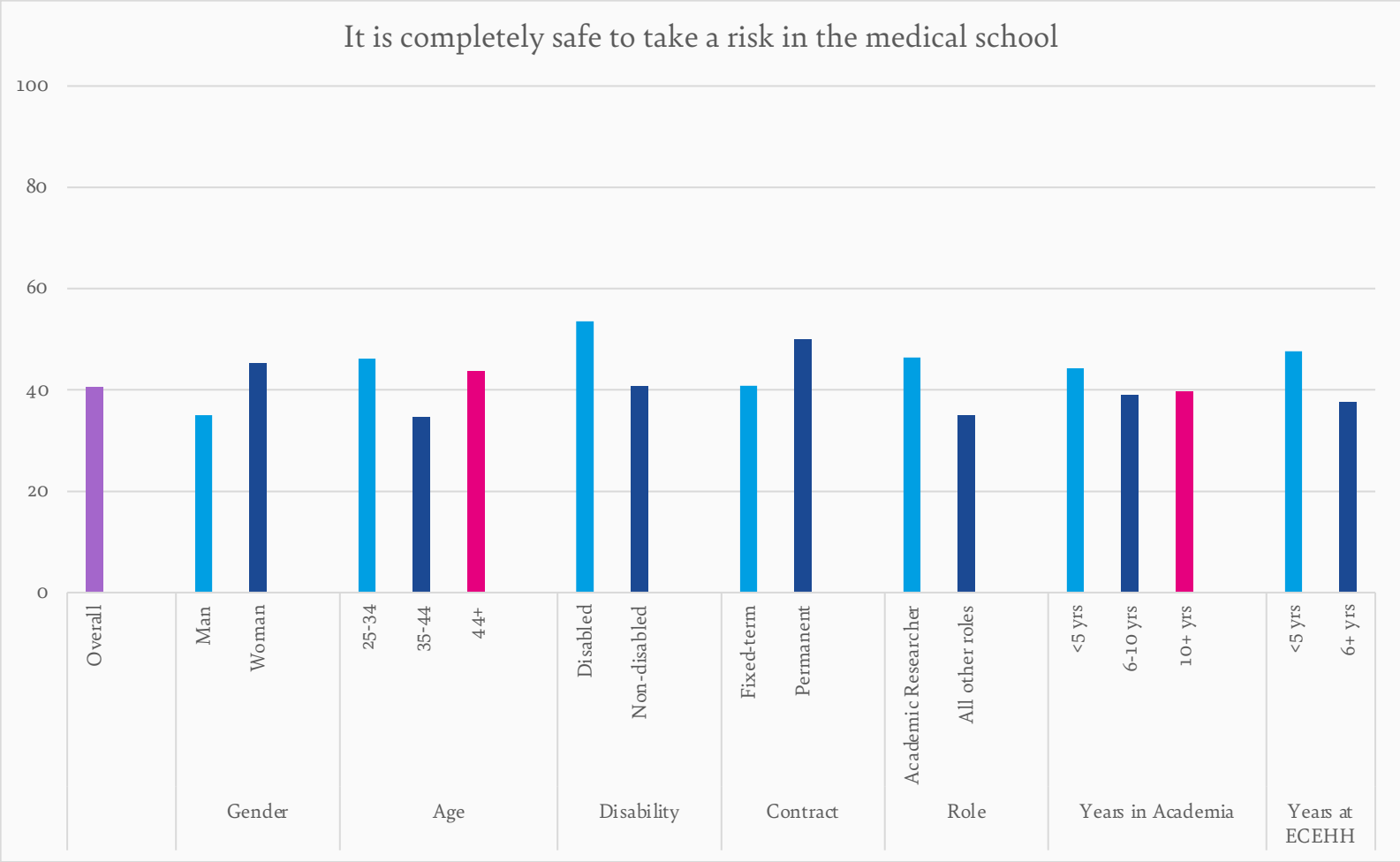
Scores on taking risk drop at the medical school level



- Versus their own teams, respondents show a 20% decline in feeling completely safe to take risks.
- Again, we note that whilst not statistically relevant, disabled colleagues still scored the highest at 54%.
- As a caveat, this question was optional and few people have interacted with the medical school, which may skew results. Further, several people responded that they did not know how to answer this question.

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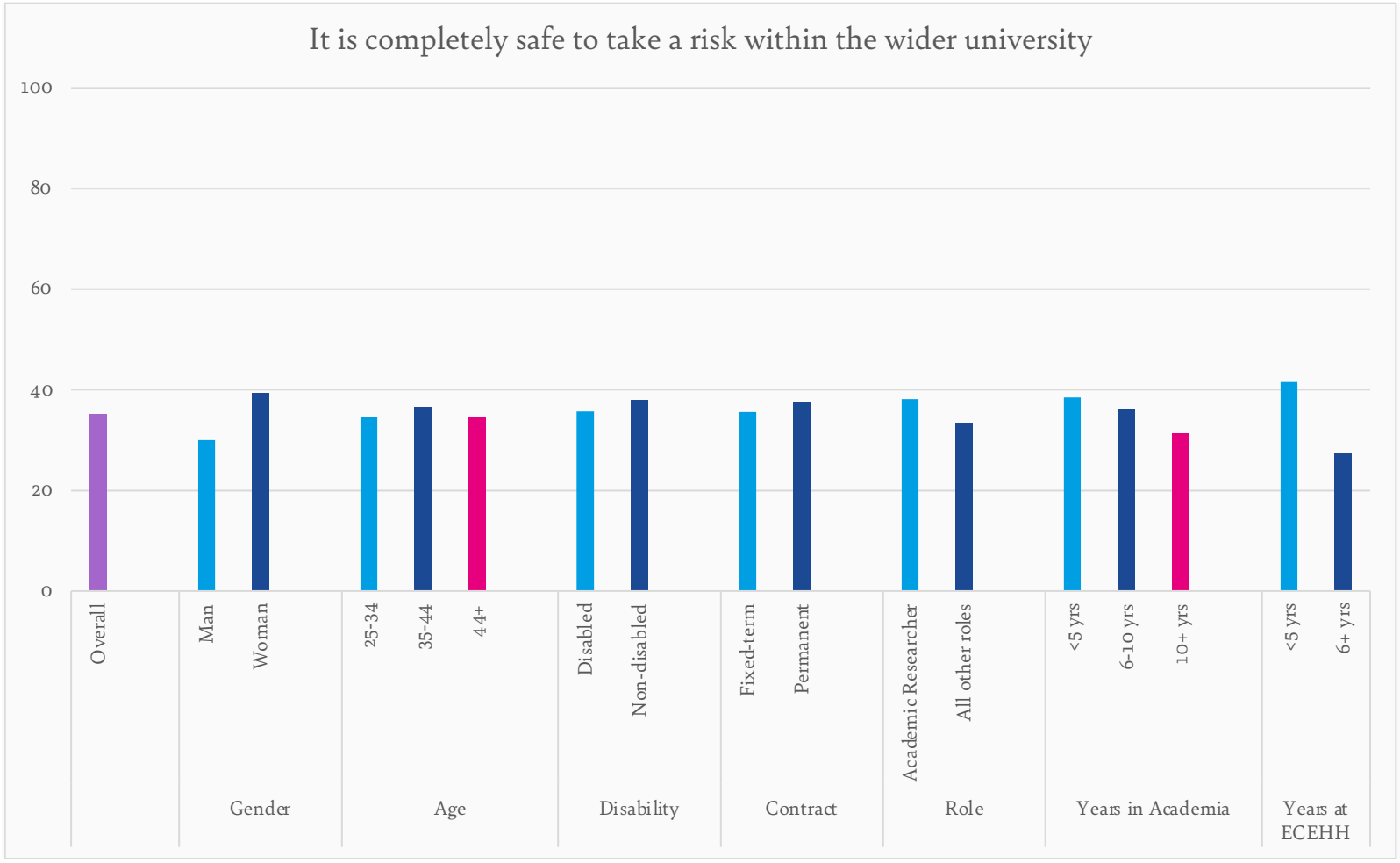
Moving to the wider university environment sees the lowest overall score of 35%



- The wider university environment is where respondents feel the least safe to take risks with an overall score of 35%.
- Consistently there are no statistical differences identified.
- Noteworthy that this is the first environment in which disabled respondents scored lower than their non-disables colleagues.
- This may indicate a higher level of inclusion of disabled employees at ECEHH and the medical school broadly relative to the university overall.

Overall psychological safety

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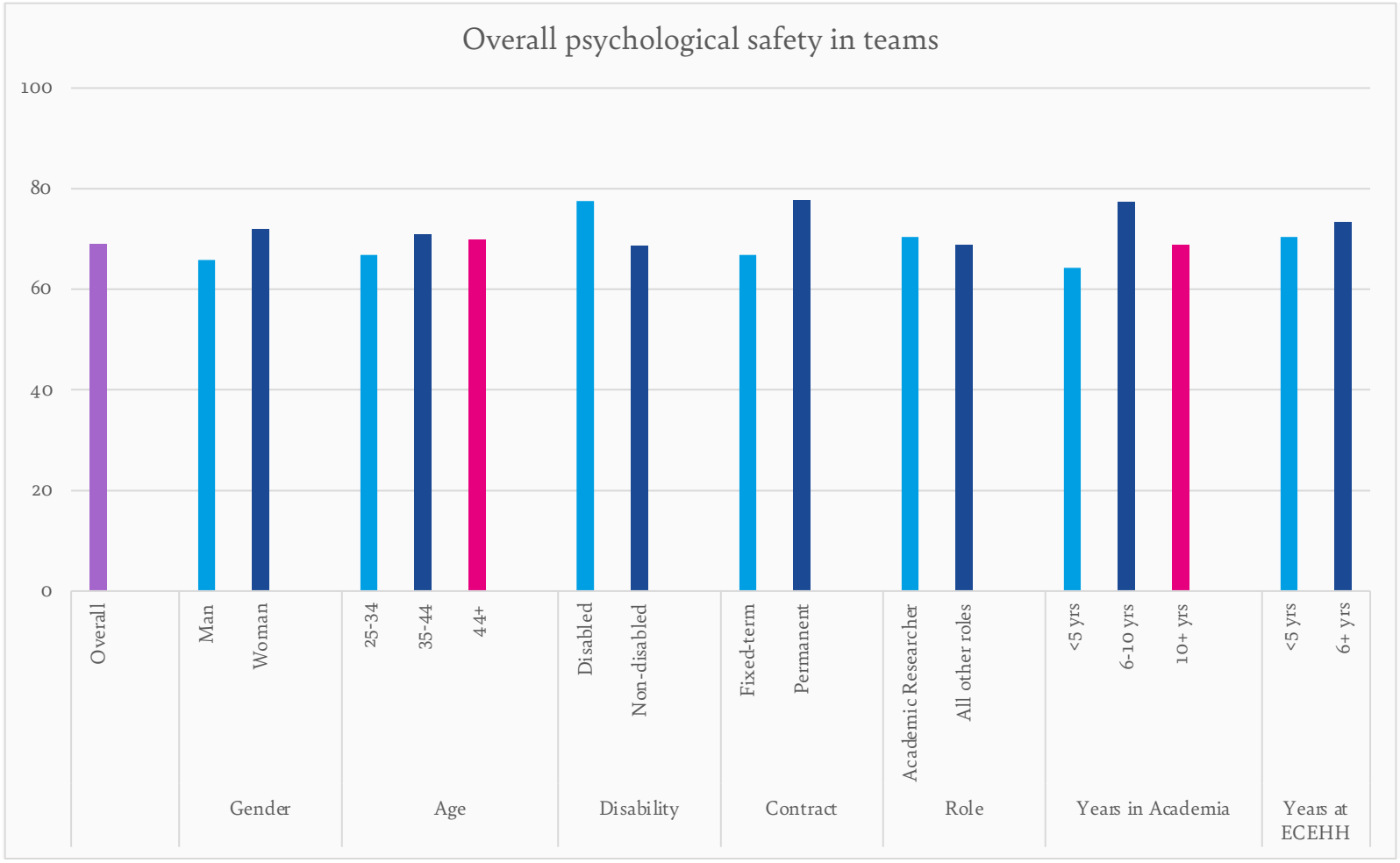
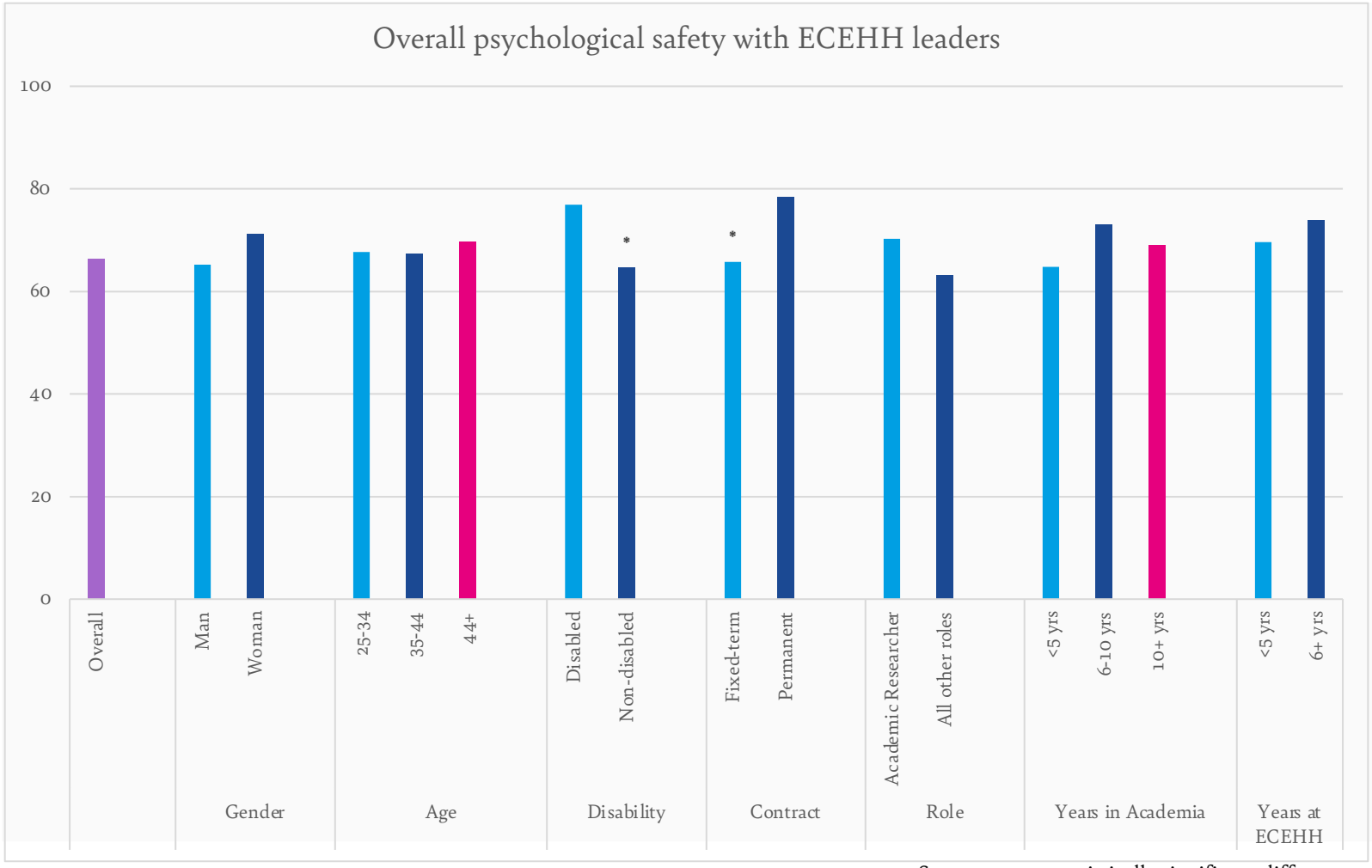
Within teams, there was an overall psychological safety score of 69%.



- Psychological safety overall was calculated by averaging the results of the last 4 questions. This is consistent with methodologies used in the literature (see: Edmondson, 1999) as well as in practice with organisations.
- Scores here were quite high – Centre members in general feel fairly psychologically safe within their teams.
- There are no statistical differences to note.

At 66%, there are similar levels of psychological safety with regards to ECEHH leaders versus their own teams.

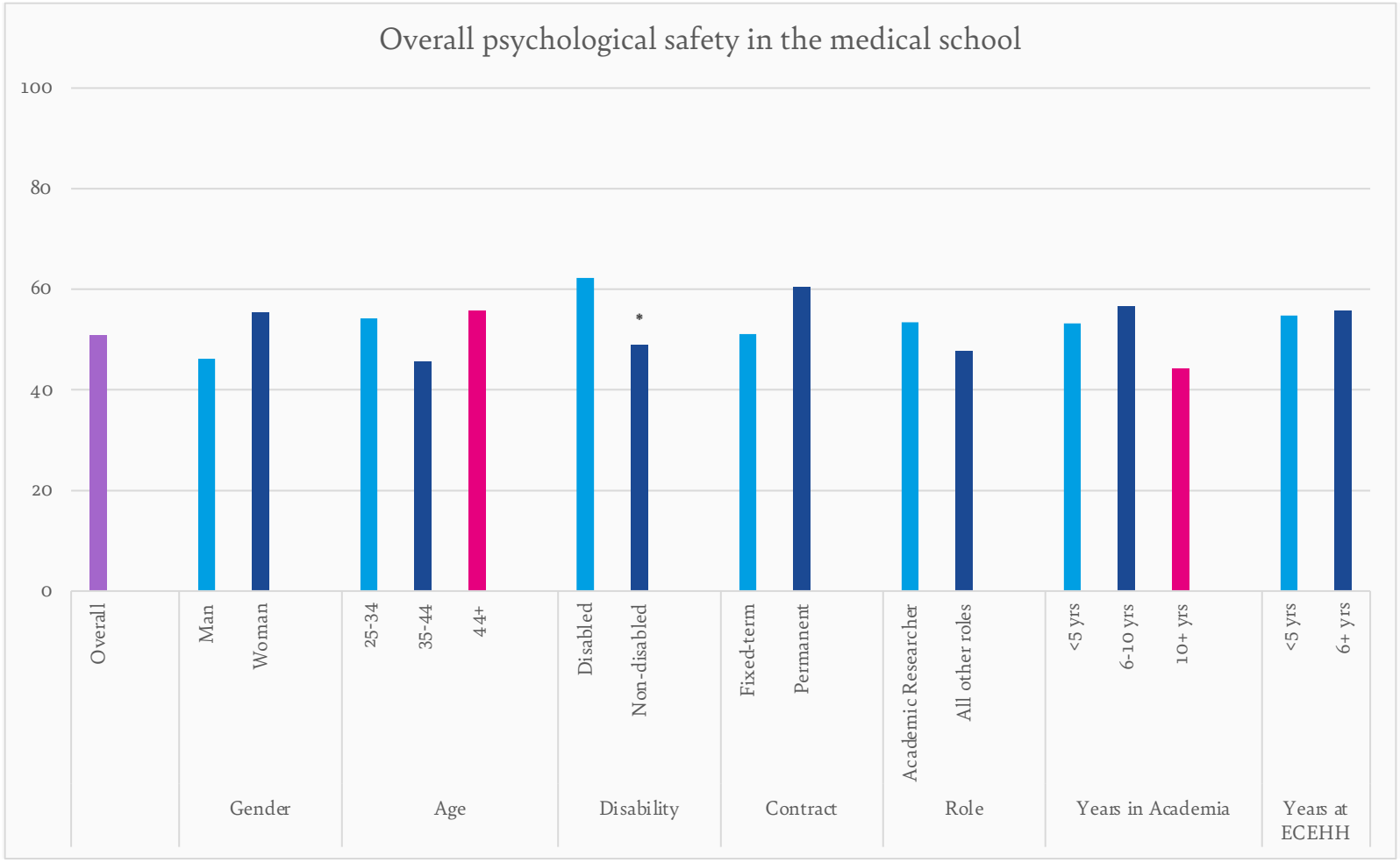


Stars represent statistically significant differences

- The score falls by 3% when referring to psychological safety with ECEHH leaders versus their own teams but at 66%, this is still fairly high.
- Whilst there were no statistical differences identified at a team level, with ECEHH leaders both disability and contract demographic groups display notable differences in responses.
    - Non-disabled and fixed terms colleagues feel the least psychologically safe relative to their comparator groups.

In the medical school environment, psychological safety scores drop

Stars represent statistically significant differences



- Upon moving to the medical school environment, psychologically safety scores drop to 51%. This is a reduction of 15% versus with ECEHH leaders and 18% versus their own teams.
- Again, a statistical difference is noted in the disability demographic group with non-disabled colleagues feeling less psychologically safe than their disabled counterparts.

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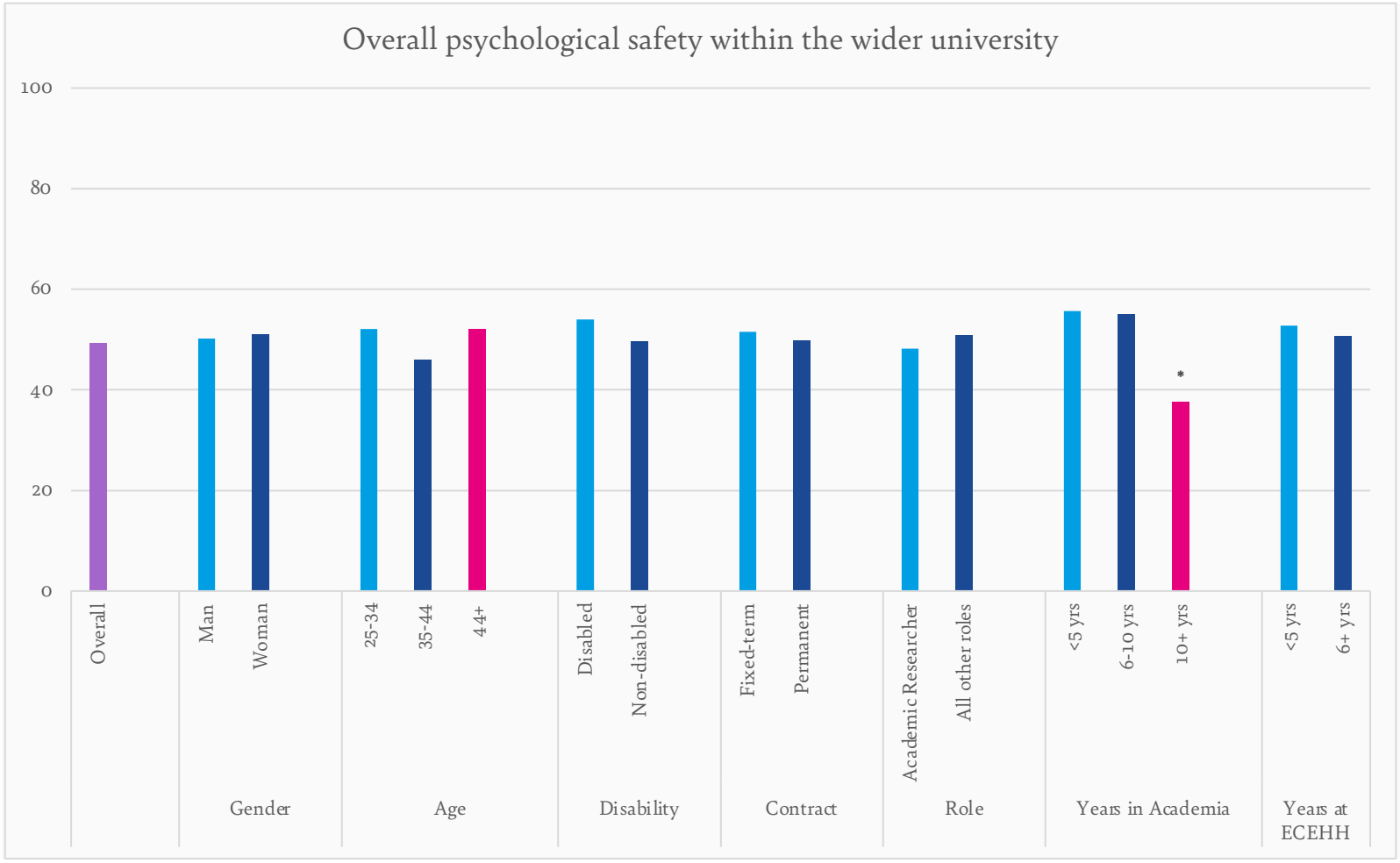
Respondents' psychological safety levels in the wider university environment similar to the medical school at 49%



- Whilst at 49%, this is the lowest levels of psychological safety, it is at a similar level to those felt in the medical school.
- For the first time, a statistical difference is presenting in respondents with 10+ years in academia. This is where the lowest levels of psychological safety is felt at 38%.
- Additionally, we see that there aren't differences between disabled and non-disabled respondents (which we saw in the medical school and with ECEHH leaders).

Stars represent statistically significant differences

Qualitative data

Qualitative Data

There were 4 free-text questions asked in the survey, yielding the following findings:

1. Recommendations to make ECEHH more inclusive:
    a. The most common theme here is that the Centre is already quite inviting and inclusive, but not very diverse (particularly in terms of ethnicity). There should be more effort to diversify Centre membership.
    b. Some felt that the Centre is at risk of groupthink in how to approach incorporating anti-racism/decolonisation into the work, and that more should be done to invite dissenting opinions and creating mechanisms or safe space to have conversations about HOW to build these topics into teaching and research.
    c. Institutional-level barriers exist to dedicating the time and energy necessary to this work (e.g. general overwork in academia, university with unrealistic expectations for career progression, preferred journals not being tolerant of certain worldviews).
2. Challenges to considering anti-racism and decolonisation in research, teaching, and other activities:
    a. While most people agreed that the key barriers to this were knowledge/expertise and time, exhaustion and feeling "too small to make a difference" was also mentioned by multiple respondents.
    b. Institutional mechanisms were also a barrier, such as how if students don't see it as relevant to their work then course evaluations get worse, leading to issues in the university.
    c. A small minority of respondents felt that this work shouldn't be done at all as it "forces a worldview" upon people.
3. Awareness of experiences of exclusion:
    a. Most felt that experiences of exclusion were happening due to hierarchies at the university level that are replicated throughout the different parts of the university – in terms of class, race, gender, or others – where marginalised people are often unheard.
    b. Some felt that there is exclusion in terms of the types of research some people do, with less support for qualitative research in social sciences.
    c. Many also felt that exclusion was simply due to ignorance (citing their own ignorance when perpetuating microaggressions or other exclusive behaviours).

Next Steps

included.

Next Steps

Based solely on the quantitative data from the survey presented in this report, the following next steps are likely to be most helpful based on *Included*'s experience of embedding inclusive behaviours in organisations. These may need to be changed or specified further with the addition of the qualitative data from the interviews conducted as part of the larger REACH project.

1. Conduct workshops or seminars focused on HOW to practically incorporate decolonisation and anti-racism into research and teaching.
    - This could be supplemented with a toolkit of ideas or techniques that Centre members could use as they review their syllabi or develop research protocols.

2. The Centre should conduct a review from an anti-racism and inclusion lens of promotion, termination, and remuneration processes where possible.
    - While there is likely much that is outside the Centre's control in these areas, it is likely to elicit some ways to improve the process that ECEHH can incorporate and increase perception of objectivity of these decisions to the extent that ECEHH can do so.
    - Communication about this process will also be critical, as without that transparency there will be no improvement in the perception of these processes.

3. Additional efforts should be made to diversify the Centre – and to identify the reasons why the Centre is so non-diverse in some demographic areas.
    - The low level of respondents from ethnic minorities suggests that this may be a metric by which the Centre is considered less diverse. The number of respondents is broadly representative of the number of individuals from ethnic minorities at the Centre itself.
    - A high proportion of disabled individuals responded (20%), relative to the wider population in the Centre (10%). Note that the percentage of disabled people in the UK is around 20%.
    - Based on HR data provided by the Centre, representation within the LGBTQ+ community seems low, although disclosure for this characteristic is also low in general.
    - The qualitative interviews that are part of the REACH project are likely to identify opportunities in this area

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