NIH OITE Climate Assessment - Fall 2022

OMB Number: 0925-0766 Expiration Date: 30 April 2023 Burden Time: 30 minutes

This survey is designed to generate an overall understanding of the trainees performing research within the NIH Intramural Research Program (NIH-IRP) to enhance their education and advance their career development. We understand this survey is long, but each question is critical for the NIH Administration to have a better understanding of the trainee population and their personal research, mentoring, and community experiences. Therefore, we ask that you take the ~30-minutes to complete this survey. To minimize your burden, the survey is configured to use conditional display and skip logic. The survey is completely anonymous. If you have any questions or concerns about the survey, please feel free to reach out to Dr. Sharon Milgram (sharon.milgram@nih.gov).

Career and Personal Development Resources - https://www.training.nih.gov
NIH Anti-harassment Program - https://hr.nih.gov/working-nih/civil

Public reporting burden for this collection of information is estimated to average 30-minutes per submission. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA 0925-0766. Do not return the completed form to this address.

TRAINING POSITION INFORMATION

What is your Institute-Center?

	your moment of		•								
•	CC	•	NCCIH	•	NHLBI	•	NIBIB	•	NIDDK	•	NINDS
•	CIT	•	NCI	•	NIA	•	NICHD	•	NIEHS	•	NINR
•	CSR	•	NCI-DCEG	•	NIAAA	•	NIDA	•	NIGMS	•	NLM
•	FIC	•	NEI	•	NIAID	•	NIDCD	•	NIMH	•	OD
•	NCATS	•	NHGRI	•	NIAMS	•	NIDCR	•	NIMHD	•	Other

On which NIH campus is your NIH research group located?

Baltimore, MD
Bethesda, MD
Detroit, MI
Framingham, MA
Frederick, MD

Gaithersburg, MD
Hamilton, MT
Phoenix, AZ
Poolesville, MD
Research Triangle Park, NC

Rockville, MD (Executive Plaza)
Rockville, MD (Shady Grove)
Rockville, MD (Twinbrook)
Other

What is your current trainee/educational status?

Postbaccalaureate TraineeMaster Trainee

Predoctoral Graduate Student

Predoctoral Medical Student

• Predoctoral Dental Student

Postdoctoral Trainee

Research Fellow

Clinical Fellow

How long have you been at the NIH in your current educational level?

0.0 – 0.5 years

• 2.5 – 3.0 years

• 5.0 – 5.5 years

• 7.5 – 8.0 years

• 0.5 – 1.0 years

• 3.0 – 3.5 years

• 5.5 – 6.0 years

8.0 – 8.5 years

• 1.0 – 1.5 years

• 3.5 – 4.0 years

• 6.0 – 6.5 years

• 8.5 – 9.0 years

• 1.5 – 2.0 years

2.0 - 2.5 years

4.5 – 5.0 years

4.0 - 4.5 years

6.5 – 7.0 years
 7.0 – 7.5 years

Other

DEMOGRAPHIC INFORMATION – (Based on HHS Workforce Demographic Survey: Who You Are Matters!)

Please select the racial category or categories with which you most closely identify by placing a 'check' in the appropriate box.

- American Indian or Alaska Native A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
- Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islanders
- White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

In the previous question, you selected *Asian* as an aspect of your racial identity. Please select the following option(s) below that best describes your response in this category.

Asian Indian

Korean

Vietnamese

Chinese

Filipino

Other Asian

Japanese

Pakistani

In the previous question, you selected *Black or African American* as an aspect of your racial identity. Please select the following option(s) below that best describes your response in this category. African American

Ethiopian

Jamaican

Somali

Haitian

Nigerian

Other Black or African American

In the previous question, you selected *Native Hawaiian or other Pacific Islander* as an aspect of your racial identity. Please select the following option(s) below that best describes your response in this category.

Chamorro

Samoan

Hawaiian

• Other Pacific Islander

In the previous question, you selected White as an aspect of your racial identity. Please select the following option(s) below that best describes your response in this category. English

French

Italian

Other White

• German

Middle Eastern or North African

Irish

Polish

ETHNICITY

Are You Hispanic or Latino?

- Yes
- No

Hispanic or Latino is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

SEX

Select Sex

- Female
- Male

GENDER IDENTITY

How do you currently describe yourself? (select all that apply)

- Female
- Male

Non-Binary

Transgender

• Two-Spirit

None of these

What sex were you assigned at birth, on your original birth certificate?

- Female
- Male

SEXUAL ORIENTATION

Which of the following best represents how you think of yourself? (Select one)

- Gay or lesbian
- Straight, that is, heterosexual
- Bisexual

- Something else
- I'm not sure yet
- Prefer not to answer

VETERAN STATUS

Have you ever served in the United States Military?

(If your only active duty was training in the Reserve or National Guard, answer "NO".)

- Yes
- No

Have you fulfilled or will you fulfill a military service obligation due to receiving an educational scholarship from the military?

- Yes
- No

DISABILITY STATUS

An individual with a disability: A person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.).

Please select applicable disability from dropdown box below. The section below the dropdown box provides a listing of disabilities or serious health conditions identified in the dropdown box for your convenience.

- I do not have a disability or serious health condition
- I have a disability or serious health condition, but do not wish to share
- I have a disability or serious health condition, and it is: [enter value here]

PERCEPTIONS OF YOUR RESEARCH GROUP AND PRINCIPAL INVESTIGATOR

Who is your Principal I	Investigator's Name?	(PI's forename and s	surname)	

For questions below, consider your interactions and experiences within your research group only. We will ask about your PI later.

The following questions pertain to you and your research/lab group	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree	Not Applicable
My research group has a collegial atmosphere.							
I understand the goals and mission of our research group.							
All members of the research group are encouraged to be actively involved in lab							
matters.							
My research group members are respectful and support of each other.							
My research group members are supportive of each other.							
I am able to work well with other members of my research group.							
Safety procedures are followed in my work area.							
My research group members are supportive of people of all backgrounds, races,							
cultures, genders, sexual orientations, countries, and disabilities, etc							
We have regular lab meetings.							
Our lab meeting is a safe place to present and share ideas.							
I have been encouraged to present my work at group and/or Lab/Branch meetings.							
I have strong collaborations with others in my research group.							
I have been taught new skills and techniques in my research group.							
My research group has a culture that values a work-life balance.							
I have witnessed someone being bullied or harassed in my research group.							
Someone in my research group has bullied or harassed me.							
Someone in my group has inappropriately touched me.							
Someone in my research group makes inappropriate comments and/or jokes that							
make me uncomfortable.							
Someone in my research group sends or shares inappropriate texts, pictures,							
videos, or memes that make me uncomfortable.							
I feel like an outsider in my research group.							_
I feel like my research group members accept me.							

FOR QUESTIONS BELOW, CONSIDER YOUR WORK

The following questions pertain to perceptions of your work	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree	Not Applicable
I have enough resources (e.g., space, equipment, supplies) work effectively.							
I find my work to be interesting.							
I find my work to be challenging.							
I feel comfortable expressing my ideas in group meetings.							
My work deadlines are reasonable.							
I have some flexibility in my work schedule.							
I have been given adequate time to apply and interview for school/job positions.							
I have been given the opportunity to attend conferences on campus.							
I have been given the opportunity to attend conferences off campus (national or							
international research meetings).							
I have been encouraged to take FAES or other courses.							
I am encouraged to attend seminars, lectures, and IC or campus-wide events.							
I have strong collaborations with others at NIH.							

FOR QUESTIONS BELOW, CONSIDER YOUR INTERACTIONS AND EXPERIENCES WITH YOUR PI

Following questions pertain to you and your PI only	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree	Not Applicable
My PI encourages me to develop my own projects/ideas.							
My PI shows respect to other members of the research group.							
I am treated fairly by my PI.							
My PI provides me with the right amount of scientific direction.							
My PI and I communicate effectively.							
My PI communicates with me about my strengths and weaknesses.							
My PI provides clear, helpful feedback.							
My PI provides guidance regarding my educational/career goals.							
My PI encourages me to develop my own projects/ideas.							
My PI helps me to <u>set</u> research goals.							
My PI helps me to <u>reach</u> my research goals.							
My PI provides help and guidance regarding my scientific progress.							
My PI gives me timely feedback on manuscripts, abstracts, and other written							
documents.							
My PI offered assistance with the school/job application process.							
My PI does <u>NOT</u> allow me to attend career development workshops.							
My PI has helped me set up collaborations with others outside of our group and							
Branch.							
I find my PI approachable.							
I feel comfortable expressing concerns and complaints to my PI.							
My PI helps the group resolve conflicts in a calm manner.							
I feel I can discuss personal issues or stresses with my PI.							
My PI is supportive of my personal and/or family needs.							
My PI yells and demeans individuals when upset							
My PI has threatened me in some way (e.g., termination, recommendation letters or							
lose authorship, etc).							
My PI has bullied or harassed me.							
My PI has inappropriately touched me.							
My PI makes inappropriate comments and/or jokes that make me uncomfortable.							
My PI sends or shares inappropriate texts, pictures, videos, or memes that make me							
uncomfortable.							
I have witnessed my PI bullying or harassing someone in my research group.							
My PI is supportive of people of all backgrounds, races, cultures, genders, sexual							
orientations, countries, etc.							
I would recommend my PI to friends and colleagues who are seeking mentors.							

You've indicated that your PI is not supportive of people of all backgrounds, please check which group(s) is/are not supported:

- Races
- Cultures
- Genders
- Sexual Orientation

- Countries
- Disabilities
- Other Please specify

•	Excellent Very good Good Fair Poor now would you rate your experiences at work/in lab?
•	Very positive Positive Neither positive or negative Negative Very negative
	ny hours per week do you work, on average (please fill in the blank)?:Hours per week
How ofte	n do you work weekends and holidays in a typical month?:Days per month
•	ver feel pressured by your PI to work in the evenings, on weekends, or on holidays? Always Often Sometimes Occasionally Never
•	eel able to take sick and personal days as needed? Yes No
What are	the most positive aspects of the mentoring you received at NIH? (Open-ended)
What as	pects of the mentoring you received at NIH need improvement? (Open-ended)
covered	ovide any additional comments relevant to your views of your research group and PI that you feel were not covered or n sufficient depth. (This survey is anonymous and no identifying information will be disclosed. Do not provide identifying ion in this field) (Open-ended)

OPTIONAL QUESTIONS: (Modified version of Occupational Depression Inventory, Bianchi & Schonfeld, 2020)

This final section is optional. It contains 9 questions related to your mental health at work, and how work is making you feel. It helps us understand trainees' stressors at work and the impact the work could have on you. Would you like to complete this section?

- Yes
- No

If no \rightarrow thank you screen with the contact info and list of resources. If yes:

The following questions concern the impact your work could have had on you. Please read each statement and indicate how often you experienced the problems mentioned over the PAST TWO WEEKS at work.

Use the scale provided to respond:

- 0 = never or almost never
- 1 = a few days only
- 2 = more than half the days
- 3 = nearly every day

Here is an example: "I felt anxious because of my job."

- If you did NOT feel anxious because of your job, select 0.
- If you felt anxious for reasons that you consider UNCONNECTED TO YOUR JOB (personal problems, marital problems, family problems, health problems, etc.), select 0 as well.
- If you felt anxious but don't know why, again select 0.
- If it is clear for you that YOUR JOB caused you to feel anxious, select 1, 2 or 3 to indicate how often that happened.

Questions	0 = never or almost never	1 = a few days only	2 = over half the days	3 = nearly every day
My work was so stressful that I could not enjoy the things that I usually like doing.				
I felt depressed because of my job.				
The stress of my job caused me to have sleep problems (I had difficulties falling asleep or staying				
asleep, or I slept much more than usual).				
I felt exhausted because of my work.				
I felt my appetite was disturbed because of the stress of my job (I lost my appetite, or the opposite, I ate too much).				
My experience at work made me feel like a failure.				
My job stressed me so much that I had trouble focusing on what I was doing (e.g., reading a newspaper article) or thinking clearly (e.g., to make decisions).				
As a result of job stress, I felt restless, or the opposite, noticeably slowed down—for example, in				
the way I moved or spoke.				
If you have encountered at least some of the problems mentioned above, do these problems lead you to consider leaving your current job or position?				