Duke University
Durham
North Carolina 27708-0005

Office of the Provost

220 Allen Building
Box 90005
Telephone (919) 684-2631
Fax (919) 684-4421

Memorandum

To: Members of the Academic Council, Deans, Academic Administration
Re: 2010 Faculty Survey Institutional Report
From: Peter Lange, Provost
Nancy B. Allen, Vice Provost for Faculty Diversity and Faculty Development
David Jamieson-Drake, Institutional Research
Date: April 18, 2011

It is with pleasure that we share the Institutional Report of our findings from the 2010 Faculty Survey with you at this time, in advance of our presentation and discussion at the next Academic Council meeting on Thursday, April 21, 2011 at 3:30 PM, in 0012 Westbrook.

This report is the culmination of almost one year of analysis, generation of reports, review, and discussion by members of our dedicated Institutional Research team (David, Jiali Luo, Pat Hull) and a group of faculty and administrators (Nancy, Ann Brown, Paula McClain, Christina Williams, Jacqueline Looney, Ben Reese) serving on a Faculty Survey Working Group this academic year. We are grateful for their efforts and service.

We realize that this is an enormous amount of information and will require detailed review by many faculty and leaders in the coming months. Our discussion on Thursday will be just a start.

Each dean has also received access to her/his individual school's (or divisions', in the case of Arts and Sciences) report and data. In some cases, larger departments will receive department-specific reports later in the summer or early fall. We strongly encourage the deans and other academic leaders to take every opportunity to engage with the data and develop action plans to address issues specific to their faculty and academic units.

PLEASE NOTE: THE SURVEY REPORT IS A CONFIDENTIAL DRAFT AND IS NOT FOR WIDER CIRCULATION BEYOND THE ACADEMIC COUNCIL, DEANS, FACULTY, AND ACADEMIC ADMINISTRATION AT THIS TIME.

Here's a key to the 2010 Faculty Survey Institutional Report:

Written Reports

Bar Charts

* Duke nonclinical faculty included faculty from 11 schools/divisions (i.e., Humanities, Social Sciences, Natural Sciences, Divinity, Engineering, Environment, Law, Business, Nursing, Public Policy, and Basic Sciences)
** Duke clinical faculty refers to faculty in the Clinical Sciences

2010 Faculty Survey Highlights

***Survey administration*.** The purpose of the Faculty Survey was to examine faculty's perceptions of their daily experiences at Duke. The survey focused on faculty's satisfaction with key dimensions of their professional and intellectual life and their views on the nature of faculty workload, departmental atmosphere, mentoring, promotion/tenure practices, hiring/retention, and their life outside Duke. Duke administered the second round of the Faculty Survey to 2994 regular faculty members in the spring of 2010, and 1515 faculty members responded to the survey, with a response rate of roughly 51%. In general, Duke nonclinical faculty were more likely than Duke clinical faculty to respond to the survey (64% vs. 40%). Sub-analyses showed that the response rates varied with nonclinical schools/divisions, ranging from 51% for Basic Sciences to 87% for Nursing. The demographic profile of respondents from each school/division was not significantly different from the demographic profile of the actual population.

***Historical and COFHE comparisons*.** In our analysis, we examined Duke faculty members' responses to questions that were included in both the 2005 and 2010 versions of the Faculty Survey and also compared Duke faculty members' responses to the 2010 Faculty Survey with the responses from their peers at 4 COFHE institutions (i.e., Harvard, MIT, Stanford, and Northwestern). Among the COFHE institutions, Harvard and Northwestern conducted the survey in 2007, while MIT and Stanford administered the survey in 2008, all before the onset of the economic crisis. Also, Harvard and MIT administered the survey only to their nonclinical faculty members, while Northwestern and Stanford administered the survey to both their nonclinical and clinical faculty members. The COFHE comparison institutions were referred to as "Peer" in the report. We also conducted analyses by subgroups of interest (i.e., by gender, race/ethnicity, and rank) for a nuanced understanding of the survey results.

Note on formal statistical significance. Throughout the analysis, for convenience and to set some standards for when narrative discussion of findings is warranted, we have employed $p <$ .05 to indicate formal statistical significance, which is commonly used as a minimum threshold for hypothesis rejection in scientific enquiry. A notation that a finding was formally statistically significant does not, however, always require our concern. Formal statistical significance coupled with a small absolute means difference only indicates that we are highly confident that the difference is both real and small. Hence we have also used an effect size of greater than .10 [1] to gauge statistically significant findings. At times, however, noteworthy findings do not quite meet the (arbitrarily specific) $p <.05$ threshold for formal significance. Such findings are also reported when the working group believed they were nevertheless of practical management value when viewed within our institutional context.

What we want to stress here is that judgment must be exercised in all cases to determine whether findings are actionable. The ratio of signal to noise that tests of significance provide is necessary but not sufficient to determine what findings are worth discussing or acting on.

[1] As suggested by some researchers, an effect size of less than .10 is substantially trivial, meaning the differences are too small to warrant consideration in making policy decisions. We considered an effect size larger than .10 to be notable and of potential practical import.

In what follows, we report our major findings and leave out results with fewer than 5 responses.

I. Key Findings-All Respondents

A. <u>Satisfaction</u>. A set of 30 questions in the 2010 Faculty Survey asked nonclinical respondents, and 32 questions asked clinical respondents, to indicate their satisfaction with their various aspects of professional and intellectual life on a 5-point scale with 1 = very dissatisfied and 5 = very satisfied. In general, the 2010 survey results compared very favorably with those of the 2005 survey. On a very positive note, both Duke nonclinical and clinical faculty indicated higher levels of satisfaction with the resources Duke provided to support their research than did their 2005 peers. Also, Duke faculty indicated similarly high levels of satisfaction as their counterparts at peer schools. Roughly 81% of Duke nonclinical faculty and 76% of Duke clinical faculty indicated they were somewhat or very satisfied with being a faculty member at Duke, compared with 82% of nonclinical faculty and 76% of clinical faculty at peer schools who indicated so.

- With regard to 19/21 specific aspects of their professional and intellectual life, both Duke nonclinical and clinical faculty indicated significantly higher levels of satisfaction in 4 areas than their counterparts at peer schools: (a) **availability of nearby parking**, (b) **office space**, (c) **lab or research space**, and (d) **computing support staff.** Additionally, Duke nonclinical faculty indicated higher satisfaction with **start-up funds**, **library and computer resources**, and **support for securing grants,** while Duke clinical faculty reported higher satisfaction with the **quality of graduate students**, than did their corresponding COFHE peers. Of the 19/21 specific aspects, both Duke nonclinical and clinical faculty indicated lower satisfaction with **access to teaching assistants** than did their corresponding COFHE peers. [2] In addition, Duke nonclinical faculty scored lower in two more areas (i.e., **advising responsibilities** and **quality of graduate students**), while Duke clinical faculty scored lower in 5 more areas (i.e., **salary**, **start-up funds**, **library resources**, **computer resources**, and **teaching responsibilities**).[3]

- Of 17 specific aspects that were included in both the 2005 and 2010 surveys, Duke nonclinical faculty indicated higher satisfaction in 12 of 17 areas (related to **benefits package**, **space**, **library and computer resources**, **clerical and technical support**) but lower satisfaction in 2 areas (i.e., **advising** and **committee/administrative responsibilities**) in 2010 than did their counterparts in 2005. Compared with their 2005

[2] In their free text responses, Duke nonclinical faculty suggested that Duke should devote more resources to 11 areas in order to improve teaching. Of the 11 areas, most notably, they thought Duke should improve classroom quality/quantity (27%) and provide more teaching assistants (17%), technology (15%), and technical support and training (13%).

[3] When asked where Duke should devote more resources to improve teaching, more than one-third (37%) of Duke clinical faculty suggested that Duke should provide more compensation/reward to enhance teaching.

peers, Duke clinical faculty indicated higher satisfaction in 5 specific areas (i.e., **current rank**, **office space**, **lab or research space**, **clerical and technical support**) but lower satisfaction in 3 areas (i.e., **library and computer resources**, and **committee/administrative responsibilities**).[4]

B. **Workload**. Duke faculty and their counterparts at peer schools rated the reasonableness of their workload very similarly. Approximately 55% of Duke nonclinical faculty and 49% of clinical faculty considered their workload was about right, compared to 54% of nonclinical faculty and 49% of clinical faculty at peer schools.

- With respect to **teaching** and **advising**, Duke nonclinical faculty were more likely to teach undergraduate classes and to report a small number of students in their undergraduate classes, while their COFHE peers were more likely to teach graduate classes, to report a large number of students in their graduate classes, to have TAs for their graduate classes, and to serve as advisors to undergraduate and postdoctoral students. In sharp contrast to their nonclinical Duke peers, Duke clinical faculty indicated teaching more graduate classes, having a larger number of students in their graduate classes, and having more graduate and postdoctoral students as their advisees than did their counterparts at peer schools.

- In comparison to their COFHE peers, Duke faculty, nonclinical and clinical alike, were more likely to serve in **administrative capacities** but less likely to receive **teaching relief** in exchange for serving as chair of department/unit.

- Duke nonclinical faculty compared very favorably with their counterparts at peer schools in terms of engagement in research and scholarly activities. Notably, they were more likely to indicate having submitted **papers** for publication in peer-reviewed journals in the past 12 months than did their COFHE peers. Compared with their clinical counterparts at peer schools, Duke clinical faculty appeared less likely than their COFHE peers to have submitted **grant proposals** in the past 12 months.

- In general, nonclinical faculty at Duke and peer schools spent a large proportion of their work week on **scholarship** and **teaching**, while clinical faculty at Duke and peer schools spent a large proportion of their work week on **scholarship** and **clinical work**. In comparison to their COFHE peers, Duke nonclinical faculty were less likely to spend time on **teaching**, **meeting or communicating with students outside of class**, and **scholarship** but more likely to spend time on **administrative responsibilities** and **external paid consulting**, while Duke clinical faculty were also less likely to spend time

[4] It is of interest to note that Duke nonclinical and clinical faculty scored higher on space and clerical and technical support but lower on committee/administrative responsibilities than did their corresponding 2005 peers. Also, Duke nonclinical faculty scored lower on advising responsibilities than did both their 2005 and COFHE peers, while Duke clinical faculty scored lower on library and computer resources than did both their 2005 and COFHE peers.

on **teaching** and **meeting or communicating with students outside of class** but more likely to spend time on **scholarship**.

- Regardless of institutions, both nonclinical and clinical faculty tended to consider **securing funding** for research and **scholarship productivity** highly stressful. In comparison to their 2005 peers, Duke nonclinical faculty were more likely to indicate **managing a research group or grant** as a source of stress, but they were less likely than their COFHE peers to consider **advising** and **review/promotion process** to be stressful. In comparison to their COFHE peers, Duke clinical faculty were more likely to indicate **timing of departmental meetings and functions** but less likely to report **teaching** as their sources of stress. Also, in comparison to their 2005 peers, Duke clinical faculty in 2010 were more likely to perceive **managing a research group or grant** as a source of stress but less likely to find **review/promotion process** stressful.

- In comparison to their 2005 peers, Duke nonclinical faculty were less likely to agree that their **workload was the same** as other faculty of their rank in their department or unit (42% vs. 46%) and that their overall **workload was no more than the workload of their colleagues** at peer institutions (48% vs. 56%), but they were more likely to agree that they **had enough time** to manage both their responsibilities as a faculty member and their personal/family responsibilities in 2010 (43% vs. 38%). In sharp contrast to their nonclinical peers, Duke clinical faculty in 2010 were more likely than their 2005 clinical peers to agree that their **workload was the same** as other faculty of their rank in their department or unit (48% vs. 40%). On a very positive note, both Duke nonclinical and clinical faculty were less likely than their 2005 peers to agree that it was **difficult to combine a successful Duke faculty career with significant personal responsibilities because of the workload** (Nonclinical: 41% vs. 57%. Clinical: 52% vs. 63%).

- In the 2010 Faculty Survey, two local questions asked respondents to indicate the impact of the current economic climate on their work productivity and overall work satisfaction. The responses showed that Duke clinical faculty were more likely than nonclinical faculty to indicate that the current economic climate had adversely affected their **work productivity** (55% vs. 43%) and **overall work satisfaction** (69% vs. 60%).

C. <u>Departmental Atmosphere</u>. In the 2010 Faculty Survey, respondents were asked to indicate their agreement to a set of 20 statements concerning the atmosphere of their department or unit. Of these 20 statements, Duke faculty were most likely to agree that they were proud to tell people that they worked at Duke. On a positive note, Duke nonclinical and clinical faculty had more favorable perceptions of their departmental atmosphere with respect to scheduling department/unit obligations and women with family responsibilities than did their 2005 peers. In comparison to their COFHE peers, Duke nonclinical faculty scored higher on opportunities for faculty collaboration across disciplines but lower on supportive collegial environment, while Duke clinical faculty viewed their departmental atmosphere less favorably in 7 of 12 common areas.

- In comparison to their 2005 peers, Duke nonclinical faculty were more likely to indicate agreement to 2 statements: (a) "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling department/unit obligations**" and (b) "**Commitment to diversity is demonstrated**." On another positive note, they were more likely than their 2005 peers to think that **women faculty with family responsibilities** were viewed or treated similarly rather than differently in comparison to their male peers. In comparison to their 2005 peers, Duke clinical faculty were less likely to agree that "**My colleagues value my research/scholarship**." On a positive note, they were more likely to agree that "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling department/unit obligations**" and to think that **women faculty with family responsibilities** were viewed or treated similarly rather than differently in comparison to their male peers.

- Duke nonclinical faculty had similar views on their departmental climate in most areas as their COFHE peers. Of 12 listed statements, Duke nonclinical faculty were more likely to agree that "**I am satisfied with opportunities to collaborate with faculty in other units at my institution**" and that "**Interdisciplinary research is recognized and rewarded by my department/unit**," but they were less likely to agree that "**My colleagues value my research/scholarship**" and that "**My chair/director/dean creates a collegial and supportive environment**."

- Compared with their COFHE peers, Duke clinical faculty were less likely to indicate agreement to 7 of 12 statements: (a) "**Interdisciplinary research is recognized and rewarded by my department/unit**." (b) "**My chair/director/dean creates a collegial and supportive environment**." (c) "**My chair /director/dean helps me obtain the resources I need**." (d) "**I have a voice in the decision-making that affects the direction of my department/unit**." (e) "**I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member**." (f) "**My department/unit is a good fit for me**." And (g) "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling department/unit obligations**."

D. **<u>Mentoring</u>**. Roughly 46% of Duke nonclinical faculty and 44% of Duke clinical faculty indicated that they had received adequate mentoring while working at Duke, compared to 56% of nonclinical faculty and 39% of clinical faculty at peer schools who indicated so. Roughly 26% of Duke nonclinical faculty and 39% of Duke clinical faculty reported having had formal mentoring, while 63% of Duke nonclinical faculty and 76% of Duke clinical faculty indicated having had informal mentoring.

- Approximately 74% of Duke nonclinical faculty and 61% of Duke clinical faculty indicated that they did not have **formal mentors**. For those who indicated they had

formal mentors, they tended to indicate that the mentors chosen by themselves were more helpful than those mentors who were assigned to them.

- Roughly 63% of Duke nonclinical faculty and 76% of Duke clinical faculty indicated that they had one or more **informal mentors** and found that the informal mentoring from the mentors both inside and outside Duke was similarly highly helpful.

E. <u>Promotion/Tenure</u>. Among key items considered in the tenure process, nonclinical and clinical faculty at both Duke and peer schools perceived that research was highly valued and that teaching and mentoring were more undervalued than valued appropriately. In comparison to their COFHE peers, a larger proportion of Duke nonclinical faculty agreed that the criteria for tenure were clearly communicated (69% vs. 65%), while a smaller proportion of Duke clinical faculty indicated so (42% vs. 57%). In addition, Duke clinical faculty were less likely than their COFHE peers to perceive that research and service were appropriately valued in the tenure process. When asked what changes should be made to improve the promotion and tenure process, approximately 39% of Duke nonclinical faculty and 21% of Duke clinical faculty suggested rewarding teaching, and 29% of Duke nonclinical faculty and 36% of Duke clinical faculty suggested improving communication.

- As for Duke policies on **flexible work arrangements**, **parental leave**, and **tenure clock extensions**, Duke nonclinical and clinical faculty appeared to be most aware of parental leave. While they did not emphasize the importance of these policies as their ratings were at or a bit over 2 on a 4-point scale, they placed slightly higher importance on the first two than the last one.

F. <u>Hiring/Retention</u>. When asked how likely they would leave their institution in the next three years, roughly 59% of Duke nonclinical faculty and 49% of Duke clinical faculty indicated they were unlikely to leave, compared with 55% of COFHE nonclinical faculty and 57% of clinical faculty who indicated so. Roughly 21% of Duke nonclinical faculty and 27% of Duke clinical faculty indicated they were likely to leave, compared with 24% of COFHE nonclinical and clinical faculty who indicated so.

- Duke nonclinical faculty were more likely to indicate that they would leave Duke because they wanted to increase their **salary** and **enhance their career in other ways**, while nonclinical faculty at peer schools were more likely to report that they would leave their institution because they wanted to **improve their prospects for tenure**, to **reduce stress**, to **address child-related issues**, and to **lower their cost of living**.

- Like Duke nonclinical faculty, Duke clinical faculty who intended to leave in the next three years also were more likely than their COFHE peers to indicate that they would leave Duke because they wanted to **increase their salary** and to **enhance their career in other ways**. Unlike Duke nonclinical faculty, Duke clinical faculty were more likely than their COFHE peer to cite two more reasons to leave: (a) to **find a more supportive work**

environment and (b) to **improve spouse employment situation**, while their COFHE peers were more likely to cite **increasing their time to do research** and **lowering their cost of living** as their reasons to leave their institution.

G. <u>Life outside the Institution</u>. In comparison to their 2005 peers, Duke nonclinical and clinical faculty were less likely to indicate their own health and personal daily financial responsibilities as their sources of stress outside the institution. Also, they were less likely than their COFHE peers to find it stressful to handle the cost of living in their life outside the institution. In addition, Duke nonclinical faculty were less likely than their 2005 and COFHE peers to find it stressful to handle childcare, and Duke clinical faculty were less likely than their 2005 peers to indicate care of sick relatives as a source of stress.

- Roughly 87% of Duke nonclinical faculty and 92% of Duke clinical faculty indicated they had a **spouse or partner**, and roughly 71% of nonclinical faculty and 70% of clinical faculty reported that their spouses or partners were **currently employed**.

- Duke nonclinical and clinical faculty and their COFHE peers were similarly likely to indicate that their spouses/domestic partners were satisfied with their **employment situation** (Nonclinical: 62% vs. 63%. Clinical: 60% vs. 66%) and that they were satisfied with **spouse or domestic partner benefits** (Nonclinical: 68% vs. 60%. Clinical: 67% vs. 62%).

- Approximately 28% of Duke nonclinical faculty and 32% of their COFHE peers indicated that their spouses/domestic partners **had problems finding an appropriate job** in the area. Roughly 76% of Duke nonclinical faculty reported having **children**, while 78% of their COFHE peers indicated so. Similarly, approximately 26% of Duke clinical faculty and 21% of their COFHE peers indicated that their spouses/domestic partners **had problems finding an appropriate job** in the area.[5] Roughly 86% of Duke clinical faculty reported having **children**, while 93% of their COFHE peers indicated so.

II. Key Findings by Gender

A. <u>Satisfaction</u>. Duke female nonclinical and clinical faculty and their corresponding male peers were similarly highly satisfied with most aspects of their professional and intellectual life, and they differed from each other in their perceptions in a few areas. In comparison to their corresponding male peers, Duke female nonclinical and clinical faculty indicated lower satisfaction in 3 common areas: (a) salary, (b) access to teaching assistants, and (c) advising responsibilities. Additionally, Duke female nonclinical faculty indicated lower satisfaction with current rank, teaching

[5] This finding could help explain why Duke clinical faculty were more likely than their COFHE peers to indicate improving spouse employment situation as one of their reasons to leave in the next 3 years.

responsibilities, time available for scholarly work, committee and administrative responsibilities, and opportunities to collaborate with undergraduates than did their male peers, while Duke female clinical faculty indicated higher satisfaction with gathering spaces than did their male peers.

- In comparison to their corresponding COFHE peers, both Duke female and male faculty, nonclinical and clinical alike, indicated higher satisfaction with the **availability of nearby parking** and **office space**, while Duke female nonclinical and clinical faculty indicated lower satisfaction with **salary** and **access to teaching assistants** than did their COFHE female peers. In addition, Duke female and male nonclinical faculty indicated higher satisfaction with **library resources** and **support for securing grants** but lower satisfaction with the **quality of graduate students** than did their COFHE peers. In addition to the aforementioned areas, Duke female nonclinical faculty indicated higher satisfaction with **classroom space** but lower satisfaction with **advising responsibilities** than did their COFHE peers, while Duke male nonclinical faculty indicated higher satisfaction in 7 more areas than did their COFHE peers, including **start-up funds**, **lab or research space**, **computer resources**, **other resources for research**, **time available for scholarly work**, and **committee and administrative responsibilities**. Unlike their nonclinical peers, Duke female and male clinical peers indicated higher satisfaction with the **quality of graduate students** but lower satisfaction with **library resources**. In addition, Duke female clinical faculty indicated higher satisfaction with **lab or research space** than did their COFHE peers, while Duke male clinical faculty indicated lower satisfaction with **start-up funds**, **teaching responsibilities**, and **time available for scholarly work** than did their COFHE peers.

B. **<u>Workload</u>**. Roughly 45% of Duke female nonclinical faculty indicated that their overall workload was about right, compared to 60% of their male peers who indicated so. At peer schools, 48% of female nonclinical faculty indicated that their workload was about right, while 57% of their male peers reported so. A similar proportion of Duke female and male clinical faculty indicated that their overall workload was about right (49% vs. 50%) and they compared favorably with their corresponding COFHE peers (Female: 49% vs. 43%. Male: 50% vs. 51%).

- With respect to 5 local questions on overall workload, Duke female nonclinical faculty and their male peers were similarly likely to agree that "**My workload is the same as other faculty of my rank in my department or unit**," while Duke female clinical faculty were more likely than their male peers to indicate so. On a negative note, both Duke female nonclinical and clinical faculty were less likely than their male peers to agree that "**I have enough time to manage both my responsibilities as a faculty member and my personal/family responsibilities,**" but more likely to agree that "**I would be happier at an institution with a lower level of stress due to time conflicts between work and personal/family responsibilities**" and that "**Because of the**

workload it is difficult to combine a successful Duke faculty career with significant personal responsibilities."

- With regard to teaching and advising, Duke female nonclinical faculty appeared more likely than their male peers to teach **undergraduate classes** and to serve as advisors to **informal students**. Also, Duke female nonclinical faculty were more likely to serve on **university/school/divisional committees** but less likely to serve in **administrative capacities**. Unlike their nonclinical peers, Duke female clinical faculty appeared less likely than their male peers to teach **graduate classes** but more likely to report a large number of **students** in their graduate classes. Also, Duke female clinical faculty were less likely to serve on **university/external committees** and to serve as **chair of the department/unit** and **in other administrative capacities**.

- With respect to scholarly activities, Duke female nonclinical and clinical faculty were less likely than their male peers to indicate having submitted **papers** for publication or presentation in the past 12 months.

- In comparison to their male peers, Duke female nonclinical faculty were more likely to indicate spending a large proportion of their time on **teaching** (29% vs. 23%) but less likely to report devoting a large proportion of their time to **scholarship or conducting research** (27% vs. 34%)**.** In general, Duke female clinical faculty were less likely than their male peers to indicate working more **hours in a typical work week** (55 vs. 60), but they were as likely as their male peers to indicate devoting a large proportion of their time to **scholarship** and **clinical work.**

- Overall, Duke female nonclinical faculty and their COFHE counterparts appeared to indicate a wide range of stress than did their male peers. Notably, Duke female nonclinical faculty were more likely than their male peers to find **timing of departmental meetings and functions, scholarly productivity, teaching, review/promotion process**, and **departmental politics** highly stressful. In addition to the aforementioned areas, female nonclinical faculty at peer schools reported one more area-**advising responsibilities** as their source of stress in the past 12 months. On the clinical side, Duke female clinical faculty also were more likely to find **timing of departmental meetings and functions** and **review/promotion process** to be highly stressful. In comparison to their male peers, female clinical faculty at peer schools were more likely to spend **time on teaching** and cited **scholarly productivity** and **review/promotion process** as their major sources of stress in the past 12 months.

- With regard to the impact of the current economic climate, Duke female nonclinical faculty were more likely than their male peers to indicate a negative impact on their **work productivity** (48% vs. 40%) and **overall work satisfaction** (67% vs. 56%). Duke female clinical faculty and their male peers were similarly likely to indicate a negative impact on

their **work productivity** (52% vs. 57%) and **overall work satisfaction** (71% vs. 68%); no statistically significant difference was evident.

C. **<u>Departmental Atmosphere</u>**. In general, female nonclinical faculty viewed their departmental atmosphere less favorably in most areas, Duke and peer schools alike. As for Duke female clinical faculty, they and their male peers viewed their departmental atmosphere similarly favorably in most areas and differed from each other only in a few areas concerning their social and work environment. Female clinical faculty at peer schools had in general less favorable perceptions of the departmental atmosphere than did their male peers.

- In comparison to their male peers, Duke female nonclinical faculty were less likely to agree to 9 positively-worded statements: (a) "**My colleagues value my research/scholarship**." (b) "**My chair/director/dean creates a collegial and supportive environment**." (c) "**My chair/director/dean helps me obtain the resources I need**." (d) "**My department/unit is a good fit for me**." (e) "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling department/unit obligations**." (f) "**The academic leadership is effective**." (g) "**There are plenty of places to meet informally and network with my colleagues**." (h) "**I feel a strong sense of belonging to a community of faculty**." And (i) "**I am proud to tell people that I work at Duke**." On another negative note, they were more likely than their male peers to agree that "**I feel excluded from an informal network in my department/unit**" and that "**I have to work harder than some of my colleagues to be perceived as a legitimate scholar.**"

- In comparison to their male peers, Duke female clinical faculty were less likely to agree to two statements: (a) "**I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member**." And (b) "**I am proud to tell people that I work at Duke**." On another negative note, they were more likely than their male peers to agree that "**I have to work harder than some of my colleagues to be perceived as a legitimate scholar**" and that "**Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit**."

D. **<u>Mentoring</u>**. In comparison to their clinical peers, Duke female and male nonclinical faculty were less likely to indicate having had one or more formal mentors (Female: 28% vs. 48%. Male: 25% vs. 32%). Also, they were less likely to indicate having one or more informal mentors (Female: 72% vs. 83%. Male: 58% vs. 71%). When asked whether they had had adequate mentoring while at Duke, roughly 42% of Duke female nonclinical faculty and 47% of their male peers indicated having received adequate mentoring, compared with 50% of women and 59% of men at peer schools who indicated so. In comparison to their COFHE peers, Duke female clinical faculty

appeared more likely to indicate a positive response (45% vs. 30%), while Duke male clinical faculty were as likely as their COFHE peers to indicate a positive response (44% vs. 43%).

- Roughly 66% of Duke female nonclinical faculty indicated having served as **mentors** to other faculty members, compared with 68% of their male peers who indicated so. Approximately 54% of Duke female clinical faculty indicated having served as mentors to other faculty members, compared with 66% of their male peers who indicated so.

- Both Duke female and male nonclinical and clinical faculty were similarly likely to indicate that the **formal mentors** chosen by themselves were more helpful than the formal mentors assigned to them. Also, they were similarly likely to find **informal mentors** from inside and outside Duke helpful.

E. <u>Promotion/Tenure</u>. In general, Duke female nonclinical faculty were less likely than their male peers to perceive that the criteria for promotion (50% vs. 63%) and tenure (61% vs. 73%) were clearly communicated.[6] Unlike their nonclinical peers, Duke female clinical faculty and their male peers were similarly likely to perceive that the criteria for promotion (56% vs. 52%) and tenure (41% vs. 43%) were clearly communicated. [7] Among key items considered in the promotion and tenure processes, both Duke female nonclinical and clinical faculty and their male peers considered that research was highly valued, while nonclinical women were more likely to perceive that teaching, service, and mentoring were undervalued for tenure and promotion.

- With regard to Duke policies on **flexible arrangements**, **parental leave**, and **tenure extensions**, Duke female nonclinical and clinical faculty were more likely than their male peers to be aware of the last two policies and to stress the importance of all three policies.

F. <u>Hiring/Retention</u>. In general, Duke female nonclinical and clinical faculty were less likely than their male peers to indicate having received a formal or informal job offer that they took to their department/unit chair/dean in the last 5 years (Nonclinical: 19% vs. 25%. Clinical: 14% vs. 27%),[8] and the outside job offer resulted notably in adjustments to salary. In comparison to their male peers, Duke female nonclinical

[6] At peer schools, roughly 53% of female nonclinical faculty agreed that the criteria for tenure were clearly communicated, while 70% of their male peers indicated so. Also, they were more likely to perceive that teaching and service were undervalued in the tenure process.

[7] Roughly 44% of female clinical faculty at peer schools agreed that the criteria for tenure were clearly communicated, while 61% of their male peers indicated so.

[8] Approximately 27% of female nonclinical faculty at peer schools indicated they had received a formal or informal job offer in the last 5 years, compared to 23% of their male peers who indicated so. On the clinical side, roughly 18% of female faculty at peer schools indicated they had received a formal or informal job offer in the last 5 years, compared to 23% of their male peers who indicated so.

faculty showed lower likelihood of staying at Duke, while Duke female clinical faculty and their male peers showed similarly high likelihood of staying at Duke.

- In comparison to their male peers**,** Duke female nonclinical faculty appeared more likely to indicate **improving their prospects for tenure, finding a more supportive environment, reducing stress**, and **addressing child-related issues** as their major reasons to leave. In comparison to their male peers who seemed more likely to indicate that they would leave Duke because they wanted to **increase their time to do research,** Duke female clinical faculty appeared more likely to indicate **reducing stress**, **addressing child-related issues**, and **improving spouse employment situation** as their major reasons to leave.

- At peer schools, women, nonclinical and clinical alike, were also more likely than their male peers to indicate a variety of reasons to leave, including **improving their prospects for tenure**, **finding a more supportive environment, increasing time to do research**, **reducing stress**, **addressing child-related issues**, and **improving spouse employment situation**.

G. <u>Life outside the Institution</u>. In general, female nonclinical and clinical faculty at Duke and peer schools were more likely than their male peers to indicate managing household responsibilities and childcare as their major sources of stress in their life outside the institution. In addition, female nonclinical faculty at Duke and peer schools were more likely than their male peers to indicate care of sick relatives and own health as their major sources of stress in their life outside the institution.

- In comparison to their clinical peers, a smaller proportion of Duke female nonclinical faculty indicated having a **spouse or domestic partner** (78% vs. 88%), while Duke male nonclinical and clinical faculty were similarly likely to indicate so (92% vs. 95%). For those who indicated having a spouse or domestic partner, Duke female nonclinical and clinical faculty were more likely to report that their spouse or domestic partner was currently **employed** (Nonclinical: 86% vs. 64%. Clinical: 84% vs. 62%) and was a **faculty member** (Nonclinical: 37% vs. 21%. Clinical: 36% vs. 24%).

- Duke female nonclinical and clinical faculty were slightly more likely than their male peers to indicate having a **commuting relationship** with their spouse or partner (Nonclinical: 20% vs. 12%. Clinical: 21% vs. 10%). While Duke female nonclinical faculty were less likely than their male peers to indicate that their spouse or partner had **problems finding an appropriate job** in the area (24% vs. 29%), Duke female clinical faculty were more likely than their male peers to indicate so (29% vs. 24%).

- In general, Duke female nonclinical and clinical faculty were slightly more likely than their male peers to indicate they were currently **caring for sick relatives** (Nonclinical: 22% vs. 16%. Clinical: 24% vs. 18%). A similar pattern was also apparent at peer schools (Nonclinical: 18% vs. 16%. Clinical: 25% vs. 19%).

- Duke female nonclinical and clinical faculty were more likely than their male peers to be **assistant professors** (Nonclinical: 30% vs. 16%. Clinical: 54% vs. 37%) but less likely to be **full professors** (Nonclinical: 36% vs. 57%. Clinical: 14% vs. 29%). A similar pattern was also apparent at peer schools.

III. Key Findings by Race/Ethnicity

A. <u>Satisfaction</u>. Duke nonclinical and clinical faculty from each racial/ethnic group were similarly highly satisfied with most aspects of their professional and intellectual life. Of all satisfaction items, Duke nonclinical and clinical racial/ethnic groups showed only a few significant differences.

- In comparison to their White peers, Duke Hispanic nonclinical faculty indicated lower satisfaction with the **availability of nearby parking**, while Duke Asian nonclinical faculty indicated lower satisfaction with **being a faculty member at Duke**, the **quality of graduate students**, and **intellectual stimulation of work**. In addition, Asian nonclinical faculty indicated lower satisfaction with **the quality of graduate students** than did their Black peers.

- In comparison to their White peers, Duke Black clinical faculty indicated lower satisfaction with their **salary, time available for scholarly work**, and **intellectual stimulation of work**, while Duke Asian clinical faculty reported higher satisfaction with **resources for research and scholarship** but lower satisfaction with **benefits package** and **intellectual stimulation of work**. Also, Duke Black clinical faculty indicated lower satisfaction with **being a faculty member** and **salary** than did their Hispanic peers, and lower satisfaction with **time available for scholarly work** than did their Asian peers.

B. <u>Workload</u>. Of all Duke nonclinical faculty, Hispanic faculty were most likely to indicate their workload was about right, while White faculty were least likely to indicate so (Black 53%, Asian 61%, Hispanic 75%, and Caucasian 52%). In comparison to their White and Asian peers, Duke Black and Hispanic clinical faculty appeared less likely to indicate that their overall workload was about right (Black 31%, Asian 58%, Hispanic 48%, and White 58%).

- Duke nonclinical faculty from each racial/ethnical group had similar perceptions of many aspects of their work; few significant differences were noted. With respect to teaching and advising, Black nonclinical faculty were most likely to indicate **undergraduate classes** were close to their research interests and to serve on **departmental and external committees**. On the clinical side, Hispanic faculty were most likely to teach **undergraduate classes**, while Black faculty appeared most likely to teach **graduate classes** and to serve as **advisors** to graduate students; the difference between Black

faculty and other faculty members was, however, not statistically significant in this regard.

- Of all Duke nonclinical faculty, Black nonclinical faculty were most likely to spend a large proportion of their work week on **teaching** (Black 35%, Asian 24%, Hispanic 19%, and Caucasian 25%) but least likely to spend a large proportion of their work week on **scholarship or research** (Black 25%, Asian 49%, Hispanic 42%, and Caucasian 30%). In comparison to their Asian and White peers, Duke Black and Hispanic nonclinical faculty were more likely to spend time on **community activities** in a typical week outside of work (Black 8 hours, Asian 4, Hispanic 7, and Caucasian 4). Duke clinical faculty spent a major proportion of their work week on **scholarship** and **clinical work**. In comparison to other faculty, Duke Hispanic clinical faculty were more likely to indicate that they devoted time to **external consulting**.

- With respect to sources of work-related stress, Duke Black nonclinical faculty were more likely than White faculty to find **teaching** stressful, while no significant difference among Duke clinical racial/ethnic groups was noted with respect to sources of work-related stress.

- Among Duke nonclinical and clinical faculty, Black faculty were most likely to indicate that the current economic climate adversely impacted their **work productivity** (Nonclinical: Black 65%, Asian 45%, Hispanic 53%, and White 41%. Clinical: Black 76%, Asian 70%, Hispanic 46%, and White 52%) and had a negative impact on their **overall work satisfaction** (Nonclinical: Black 70%, Asian 60%, Hispanic 58%, and White 60%. Clinical: Black 77%, Asian 76%, Hispanic 54%, and White 68%).

C. **<u>Departmental Atmosphere</u>**. In general, Duke nonclinical faculty from each racial/ethnic group viewed most aspects of their departmental atmosphere quite favorably, and only two significant differences were noted: (a) Duke Black nonclinical faculty were more likely than their White peers to agree that "**I have to work harder than some of my colleagues to be perceived as a legitimate scholar."** And (b) Duke Black and Hispanic nonclinical faculty were less likely than their White and Asian peers to agree that "**Commitment to diversity is demonstrated**." On the clinical side, Duke Asian clinical faculty viewed their departmental atmosphere quite favorably. Notably, they were more likely than their Black peers to indicate agreement to 2 statements (i.e., "**I have a voice in the decision-making**" and "**I am proud to tell people that I work at Duke**"[9]). Also, they were more likely than their White peers to indicate agreement to 4 statements: (a) "**My colleagues value my research/scholarship**." (b) "**I am satisfied with faculty collaboration in the department/unit**." (c) "**My chair/dean/director creates a collegial environment**." And (d) "**I feel a strong sense of belonging to a community**."

[9] Duke White clinical faculty were also more likely than their Black peers to agree that "I am proud to tell people that I work at Duke."

D. **<u>Mentoring</u>**. Duke nonclinical and clinical faculty from each racial/ethnic group tended to indicate having had more informal mentoring than formal mentoring. On the nonclinical side, Duke Black faculty were most likely to report having had informal mentoring and least likely to indicate having received adequate mentoring while working at Duke. On the clinical side, Duke Black faculty were most likely to report having had both formal and informal mentoring, while Hispanic faculty were least likely to indicate having received adequate mentoring while working at Duke.

- Of Duke nonclinical faculty, Hispanic faculty were most likely to indicate having had one or more **formal mentors** (Black 29%, Asian 37%, Hispanic 41%, and White 25%), while Black faculty were most likely to indicate having had **informal mentors** (Black 81%, Asian 68%, Hispanic 75%, and White 61%). Of Duke clinical faculty, Black faculty were most likely to indicate having had one or more **formal mentors** (Black 50%, Asian 48%, Hispanic 11%, and White 37%) and **informal mentors** (Black 92%, Asian 70%, Hispanic 67%, and White 77%), while **Hispanic faculty** were least likely to indicate so.

E. **<u>Promotion/Tenure</u>**. Among Duke nonclinical racial/ethnic groups, White faculty were most likely to agree that the criteria for promotion and tenure were clearly communicated (Promotion: Black 50%, Asian 55%, Hispanic 54%, and White 59%. Tenure: Black 63%, Asian 65%, Hispanic 50%, and White 70%). Among key items considered in the tenure and promotion processes, Duke nonclinical faculty from each racial group perceived that research was highly valued. While Black faculty were consistently most likely to perceive that teaching, service, and mentoring were more undervalued than valued appropriately, Asian faculty were consistently most likely to consider that teaching, service, and mentoring were valued appropriately, for both tenure and promotion. Among Duke clinical racial/ethnic groups, Hispanic faculty were most likely to agree that the criteria for promotion and tenure were clearly communicated (Promotion: Black 42%, Asian 35%, Hispanic 50%, and White 45%. Tenure: Black 43%, Asian 55%, Hispanic 72%, and White 54%).[10] Among key items considered in the tenure and promotion processes, Duke clinical faculty from each racial group perceived that research was highly valued and that teaching, service, clinical work, and mentoring were more undervalued than valued appropriately.

- With respect to Duke policies on **flexible work arrangements**, **parental leave,** and **tenure clock extensions**, Duke nonclinical faculty from each racial/ethnic group appeared to be more aware of the last two policies, and Black faculty were most likely to stress the importance of the three policies, and especially the first two. Duke Hispanic clinical faculty were least likely to indicate that they were aware of the first and third

[10] At peer schools, roughly 64% of Black nonclinical faculty indicated that the criteria for tenure were clearly communicated, compared to 51% of Asian faculty, 59% of Hispanic faculty, and 67% of White faculty who indicated so. On the clinical side, Black clinical faculty were most likely to agree that the criteria for tenure were clearly communicated (Black 67%, Asian 50%, Hispanic 56%, and White 57%).

policies, while Duke Black and Asian clinical faculty appeared more likely than their Hispanic and White peers to emphasize the importance of tenure clock extensions.

F. **Hiring/Retention**. Duke Black and Hispanic nonclinical faculty appeared more likely than their Asian and White peers to indicate having received an outside offer in the last five years (Black 29%, Hispanic 36%, Asian 20%, and White 22%). The outside offer resulted notably in adjustments to salary for Black faculty, and to both salary and lab start-ups for Hispanic faculty. Among Duke nonclinical racial/ethnic groups, Black faculty were most likely to indicate they would leave Duke in the next 3 years, while Hispanic faculty were least likely to indicate so (Black 32%, Hispanic 14%, Asian 19%, and White 21%). At peer schools, Hispanic nonclinical faculty were most likely to indicate they would leave their institution in the next 3 years, while Asian nonclinical faculty were least likely to indicate so (Hispanic 35%, Black 24%, White 24%, and Asian 17%). Duke Black and Hispanic clinical faculty appeared similarly likely as their White peers, but more likely than their Asian peers, to indicate having received an outside offer in the last five years (Black 21%, Hispanic 22%, White 23%, and Asian 11%). The outside offer resulted notably in adjustments to spouse employment for Hispanic faculty. Among Duke clinical racial/ethnic groups, Black faculty were most likely to indicate they would leave Duke in the next 3 years, while Asian faculty were least likely to indicate so (Black 31%, Hispanic 22%, White 29%, and Asian 19%). A similar pattern was also noted at peer schools (Black 44%, Hispanic 33%, White 23%, and Asian 21%).

- Of Duke nonclinical faculty, Black faculty were most likely to indicate **reducing stress** (Black 59%, Asian 40%, Hispanic 18%, and White 42%) as one of their reasons to leave, while Asian faculty were most likely to cite **improving their prospects for tenure** (Asian 46%, Black 27%, Hispanic 30%, and White 24%), **increasing their time to do research** (Asian 65%, Black 32%, Hispanic 36%, and White 49%), and **improving their spouse employment situation** (Asian 53%, Black 35%, Hispanic 36%, and White 34%) as their major reasons to leave.

- In comparison to their White peers (and Asian and Hispanic peers as well), Duke Black clinical faculty appeared more likely to cite **increasing their salary** as one of their major reasons to leave (Black 100%, Asian 70%, Hispanic 56%, and White 73%). Also, they were more likely than Asian faculty to cite **pursuing a non-academic job** as one of their major reasons to leave (Black 64%, Asian 27%, Hispanic 38%, and White 35%). When compared with their White peers, Duke Asian clinical faculty were more likely to indicate **improving their prospects for tenure** (Black 30%, Asian 48%, Hispanic 0%, and White 31%) as one of their reasons to leave.

G. **Life outside the Institution**. In comparison to their White peers, Duke Black nonclinical faculty were more likely to indicate the cost of living and day-to-day financial responsibilities as their sources of stress in their life outside the institution. At peer schools, Hispanic nonclinical faculty were more likely than their White peers

to find it stressful to handle the cost of living. Duke clinical faculty from each racial/ethnic group indicated similar sources of stress in their life outside the institution; no significant difference was found. At peer schools, Black clinical faculty were most likely to find it stressful to handle the cost of living.

- Among Duke nonclinical and clinical racial/ethnic groups, Black faculty were least likely to indicate having a **spouse/domestic partner** (Nonclinical: Black 73%, Asian 90%, Hispanic 83%, and White 88%. Clinical: Black 79%, Asian 93%, Hispanic 100%, and White 92%). For those who had a spouse/domestic partner, they were, however, as likely as other racial/ethnic groups to indicate their spouses were currently **employed** (Nonclinical: Black 74%, Asian 71%, Hispanic 80%, and White 71%. Clinical: Black 73%, Asian 74%, Hispanic 56%, and White 70%).

- Compared with their White and Black peers, Duke Asian and Hispanic nonclinical faculty were more likely to indicate that their spouse/domestic partner had **problems finding an appropriate job** in the area (Black 33%, Asian 48%, Hispanic 50%, and White 24%), but they were all similarly likely to indicate that they were currently **caring for sick relatives** (Black 24%, Asian 20%, Hispanic 27%, and White 18%). On the clinical side, Duke Black faculty were most likely to indicate that their spouse/domestic partner had **problems finding an appropriate job** in the area (Black 46%, Asian 33%, Hispanic 43%, and White 25%) and to indicate that they were currently **caring for sick relatives** (Black 36%, Asian 23%, Hispanic 11%, and White 21%).

IV. Key Findings by Rank[11]

A. **Satisfaction**. In general, Duke full nonclinical professors and instructors viewed most aspects of their professional and intellectual life very favorably. Notably, Duke full nonclinical professors indicated higher satisfaction with salary, current rank, availability of nearby parking, and time available for scholarly work than did all other faculty members. In addition, they indicated higher satisfaction with lab or research space and teaching responsibilities than did both assistant and associate professors. Moreover, they indicated higher satisfaction with being a faculty member and opportunities to collaborate with undergraduate students than did associate professors, and higher satisfaction with library resources and advising responsibilities than did assistant professors. As for instructors, they indicated lower satisfaction with start-up funds than did assistant professors but higher satisfaction with classroom space and library resources than did assistant and associate professors. On the clinical side, in comparison to full professors, assistant professors indicated lower satisfaction with

[11] For the analysis by rank, we grouped respondents into 4 categories: (a) Professor, (b) Associate Professor, (c) Assistant Professor, and (d) Other. As only instructors fell in the "Other" category, we used, for brevity, "instructors" to refer to the nonclinical "Other" category in the report; on the clinical side, we refer to respondents in the "Other" category as medical instructors.

their salary and current rank but higher satisfaction with gathering spaces and computer resources. In comparison to associate clinical professors, medical instructors indicated lower satisfaction with the quality of dining options but higher satisfaction with the opportunity to collaborate with undergraduate students.

- Cross-school examinations showed that Duke nonclinical faculty from each rank compared very favorably with their COFHE peers. Notably, Duke nonclinical professors indicated higher satisfaction in 11 of 20 areas than did their COFHE peers, including **parking**, **space**, **library** and **computer resources**, **support for securing grants**, **time available for scholarly work**, and **committee and administrative responsibilities**. Duke associate nonclinical faculty indicated higher satisfaction in 5 areas concerning **parking**, **office space**, **library and computer resources**, and **computing support staff**, and Duke assistant professors indicated higher satisfaction with **salary**, **parking**, **library and computer resources**, and **support for securing grants**. Duke instructors indicated higher satisfaction with classroom **space and library resources**. Of 20 common areas, Duke full professors (and assistant professors as well) only indicated lower satisfaction with **access to teaching assistants** and **quality of graduate students**, while assistant professors indicated lower satisfaction with **advising responsibilities** and **time available for scholarly work**, and instructors indicated lower satisfaction with **access to teaching assistants** and **teaching responsibilities**.

- Cross-school examinations showed that Duke clinical faculty from each rank compared very favorably with their COFHE peers. Notably, Duke clinical faculty from each rank indicated higher satisfaction with the **availability of nearby parking, office space,** and **quality of graduate students**. Additionally, Duke assistant and associate clinical professors indicated higher satisfaction with **lab or research space** than did their COFHE peers. On a negative note, however, Duke clinical faculty from each rank indicated lower satisfaction with their **salary** and **library resources** than did their COFHE peers.

B. **<u>Workload</u>**. Of all Duke nonclinical and clinical faculty, assistant professors were most likely to indicate that their overall workload was about right, while nonclinical instructors and full clinical professors were least likely to indicate so (Nonclinical: Assistant Professor 59%, Associate Professor 52%, Professor 55%, and Instructor 38%. Clinical: Assistant Professor 54%, Associate Professor 48%, Professor 43%, and Medical Instructor 49%).

- With regard to **teaching and advising**, Duke nonclinical instructors were most likely to teach **undergraduate students**, to **have a large number of students** in their undergraduate classes, to have **TAs** for their graduate classes, and to indicate that their **graduate classes were close to their research interests**, and to serve as **advisors** to

undergraduate and informal students. On the clinical side, Duke full professors were most likely to teach **graduate students**, to **have a large number of students** in their graduate classes, to indicate that their **graduate classes were close to their research interests**, and to serve as **advisors** to graduate and postdoctoral students, while medical instructors were least likely to indicate so.

- As can be expected, Duke full and associate nonclinical professors were more likely than assistant and instructors to serve on **departmental**, **university,** and **external committees** or boards related to their discipline. In addition, Duke full professors were most likely to **serve as chair** of department or unit and in **other administrative capacities** and to have received **teaching relief** for their services in these regards. On the clinical side, similarly, Duke full professors were most likely to serve on **departmental**, **university**, and **external committees** or boards related to their discipline, and to **serve as chair** of department or unit and in **other administrative capacities**.

- Duke full nonclinical and clinical professors were most actively engaged in scholarly activities; they were especially likely to indicate having submitted **papers** for publication or presentation, **edited books**, and **chapters** for review in the past 12 months. While Duke assistant, associate, and full nonclinical professors were more likely than nonclinical instructors to indicate having submitted **grant proposals** in the past 12 months, Duke full clinical professors were more likely than assistant clinical professors to indicate having submitted **other scholarly or creative works** and **grant proposals** for review in the past 12 months.

- With respect to time use, assistant, associate, and full nonclinical professors were more likely than instructors to report spending **hours working in a typical week**, Duke and peer schools alike (Duke: Assistant Professor 55, Associate Professor 56, Professor 56, and Instructor 50. Peer: Assistant Professor 61, Associate Professor 59, Professor 58, and Instructor 46). Sub-analyses showed that in comparison to assistant, associate, and full professors, instructors were more likely to spend time on **teaching** but less time on **scholarship**. While full professors were most likely to report devoting time to **external consulting**, assistant professors were least likely to spend time in **fulfilling administrative responsibilities**.

- On the clinical side, Duke full faculty were more likely than assistant professors to report spending **hours working in a typical week** (Assistant Professor 56, Associate Professor 58, Professor 60, and Medical Instructor 60). Sub-analyses showed only three significant differences: In comparison to medical instructors who were most likely to spend time on **clinical work**, associate professors indicated spending more time **meeting or communicating with students** outside of class; and full professors reported devoting more time to **fulfilling administrative responsibilities**. With respect to time on activities

outside work, Duke full clinical professors were more likely than assistant professors to spend time on **domestic duties**, and they were also more likely than assistant and associate professors to have **family time**.

- In terms of work-related stress, Duke assistant nonclinical professors were most likely to indicate **securing funding for research**, **scholarly productivity,** and **review/promotion process**, but least likely to cite **committee and/or administrative responsibilities,** as sources of stress, while instructors were more likely to find **teaching** and **departmental politics** highly stressful.

- In terms of work-related stress, Duke associate clinical professors were more likely than assistant professors to indicate **managing a research group or grant** as a source of stress. In comparison to full professors, they (and assistant professors as well) were more likely to indicate **scholarly productivity** and **review/promotion process,** but less likely to cite **committee and/or administrative responsibilities,** as sources of stress. In addition, associate professors were more likely than medical instructors to find **mentoring** stressful.

- With regard to 5 local statements on **overall workload and responsibilities**, sub-analyses showed that both Duke assistant nonclinical and clinical professors were more likely than full and associate professors to indicate agreement to 3 statement s: (a) "**My workload is the same as other faculty of my rank in my department/unit.**" (b) "**I would be happier at an institution with a lower level of stress due to time conflicts between work and personal/family responsibilities.**" And (c) "**Because of the workload it is difficult to combine a successful Duke faculty career with significant personal responsibilities**."

- With regard to the **impact of the current economic climate**, both Duke nonclinical and clinical faculty from each rank appeared to perceive that it had a slightly less impact on their work productivity (Nonclinical: Professor 39%, Associate Professor 47%, Assistant Professor 45%, and Instructor 42%. Clinical: Professor 55%, Associate Professor 54%, Assistant Professor 58%, and Medical Instructor 46%) than on their overall work satisfaction (Nonclinical: Professor 57%, Associate Professor 63%, Assistant Professor 63%, and Instructor 71%. Clinical: Professor 70%, Associate Professor 69%, Assistant Professor 70%, and Medical Instructor 63%). Overall, the current economic downturn had a more negative impact on clinical faculty at all rank levels except medical instructors than on their nonclinical peers.

C. <u>Departmental Atmosphere</u>. In general, Duke full nonclinical professors viewed their departmental atmosphere more favorably than other faculty members in most areas. Notably, Duke full professors were more likely than associate professors to indicate agreement to items concerning diversity and sense of belonging, and

instructors were less likely than other faculty members to indicate agreement to items on faculty collaboration, work, and social environments. On the clinical side, Duke full professors and medical instructors viewed their departmental atmosphere more favorably than other faculty members in most areas. Notably, Duke full clinical professors were more likely than associate clinical professors to indicate agreement to items concerning faculty collaboration, and medical instructors were more likely than other faculty members to indicate agreement to items on work and social environments.

- In comparison to associate professors, Duke full nonclinical professors were more likely to indicate agreement to 5 statements: (a) "**My colleagues value my research/scholarship**." (b) "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling departmental/unit obligations**." (c) "**Commitment to diversity is demonstrated**." (d) "**I feel a strong sense of belonging to a community of faculty**." And (e) "**I am proud to tell people that I work at Duke**." Also, they were more likely than all other faculty to agree that "**I have a voice in the decision-making that affects the direction of my department/unit**" and that **I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member.**" In addition, compared with full professors, nonclinical instructors were less likely to indicate agreement in 4 areas: (a) "**My colleagues value my research/scholarship**." (b) "**I am satisfied with opportunities to collaborate with faculty in other units at my institution**." (c) "**My chair/director/dean creates a collegial environment**." And (d) "**The academic leadership is effective**." Both assistant and associate professors were more likely than full professors to agree that that "**I have to work harder than some of my colleagues to be perceived as a legitimate scholar**."

- On the clinical side, in comparison to associate professors, Duke full clinical professors were more likely to indicate agreement to two statements: (a) "**I am satisfied with opportunities to collaborate with faculty in my primary department/unit**." And (b) "**I am satisfied with opportunities to collaborate with faculty in other units at my institution**." Also, they were more likely than assistant professors to agree that "**I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member**" in addition to satisfaction with faculty collaboration in other units. Compared with full professors, Duke medical instructors were more likely to indicate agreement in three areas: (a) "**My chair/director/dean helps me obtain the resources I need**." (b) "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling departmental/unit obligations**." And (c) "**There are plenty of places to meet informally and network with my colleagues**." Also, they were more likely than assistant and associate professors to agree that "**I feel a strong sense of belonging to a community of faculty**."

- Cross-school examinations showed that Duke nonclinical faculty compared favorably with their COFHE peers in most aspects but less favorably in collegiality, faculty collaboration, and leadership in creating a supportive work environment and helping

obtain needed resources. On the clinical side, Duke clinical faculty, especially at the full and associate rank levels, compared less favorably with their COFHE peers. On a positive note, Duke assistant clinical faculty were more likely than their COFHE peers to agree that "**I am satisfied with opportunities to collaborate with faculty in my primary department/unit,**" although they were less likely to indicate agreement in 3 areas: (a) "**My chair/director/dean helps me obtain the resources I need**." (b) "**I have a voice in the decision-making that affects the direction of my department/unit**." And (c) "**I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member.**"

D. **<u>Mentoring</u>**. Of all Duke nonclinical faculty members, full professors were most likely to indicate having served as mentors to other faculty members (Professor 83%, Associate Professor 66%, Assistant Professor 29%, and Instructor 60%); assistant professors were most likely to indicate having had one or more formal mentors (Assistant Professor 40%, Associate Professor 30%, Professor 20%, and Instructor 15%) and informal mentors (Assistant Professor 86%, Associate Professor 72%, Professor 50%, and Instructor 45%) and that they had received adequate mentoring while at Duke (Assistant Professor 57%, Associate Professor 46%, Professor 42%, and Instructor 20%). On the clinical side, Duke full professors were most likely to indicate having served as mentors to other faculty members (Professor 92%, Associate Professor 78%, Assistant Professor 38%, and Medical Instructor 6%); medical instructors were most likely to indicate having had one or more formal mentors (Medical Instructor 61%, Assistant Professor 46%, Associate Professor 28%, and Professor 32%) and informal mentors (Medical Instructor 83%, Assistant Professor 80%, Associate Professor 74%, and Professor 70%) and that they had received adequate mentoring while at Duke (Medical Instructor 52%, Assistant Professor 47%, Associate Professor 38%, and Professor 36%).

- In general, Duke assistant, associate, and full nonclinical and clinical professors tended to indicate that **formal mentors they chose by themselves** were more helpful than those who were assigned to them. They perceived, however, **informal mentors** both inside and outside Duke were similarly highly helpful.

E. **<u>Promotion/Tenure</u>**. In comparison to other faculty members, Duke full professors, nonclinical and clinical alike, appeared more likely to agree that the criteria for promotion (Nonclinical: Professor 69%, Associate Professor 50%, Assistant Professor 45%, and Instructor 14%. Clinical: Professor 66%, Associate Professor 53%, Assistant Professor 46%, and Medical Instructor 58%) and tenure[12] (Nonclinical:

[12] On the nonclinical side, roughly 75% of full professors at peer schools agreed that the criteria for tenure were clearly communicated, while 50% of associate professors and 49% of assistant professors indicated so. On the

Professor 75%, Associate Professor 66%, Assistant Professor 59%, and Instructor 43%. Clinical: Professor 52%, Associate Professor 34%, Assistant Professor 42%, and Medical Instructor 46%) were clearly communicated. Among key items considered in the tenure and promotion processes, on the nonclinical side, all professors were more likely than instructors to indicate that research was highly valued in the promotion and tenure processes, while assistant and associate professors and instructors were more likely than full professors to indicate that teaching, service, and mentoring were more undervalued than valued appropriately. On the clinical side, all Duke clinical faculty from each rank indicated that research was highly valued in the promotion and tenure processes, while teaching, service, clinical work, and mentoring were more undervalued than valued appropriately.

- In general, Duke full professors, nonclinical and clinical alike, appeared more likely than instructors to be aware of Duke policies on **flexible arrangements**, **parental leave**, and **tenure extensions**, while assistant professors and instructors were more likely than full and associate professors to stress the **importance** of these policies.

F. <u>Hiring/Retention</u>. Among Duke nonclinical faculty, instructors were most likely to indicate having received an outside job offer (Professor 24%, Associate Professor 26%, Assistant Professor 12%, and Instructor 33%), which resulted noticeably in adjustments to salary for full and associate professors and instructors. In comparison to full professors, Duke other nonclinical faculty, especially assistant professors, showed lower likelihood to stay. On the clinical side, Duke full professors were most likely to indicate having received an outside job offer (Professor 35%, Associate Professor 25%, Assistant Professor 14%, and Medical Instructor 7%), which resulted noticeably in adjustments to salary. All Duke clinical faculty indicated similarly high likelihood to stay at Duke; no significant difference was noted.

- In comparison to associate professors, assistant nonclinical professors were less likely to cite **increasing time to do research** but more likely to indicate **pursuing a non-academic job** and **addressing child-related issues** as their reasons to leave. Also, instructors were more likely than full professors to cite **increasing their salary**, **reducing stress**, and **addressing child-related issues** as their reasons to leave.

- When asked how likely they would **leave** their institution in the next three years, roughly 54% of Duke full clinical professors, 52% of associate professors, 43% of assistant professors, and 58% of medical instructors indicated that they would choose to remain at Duke; Only less than one-third indicated they would leave Duke in the next three years (Assistant Professor 29%, Associate Professor 28%, Professor 29%, and Medical Instructor 19%). Among those who indicated they were likely to leave, Duke assistant

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clinical side, approximately 63% of full professors at peer schools agreed that the criteria for tenure were clearly communicated, while 69% of associate professors and 41% of assistant professors indicated so.

clinical professors were significantly more likely than senior faculty to indicate various reasons to leave. In comparison to full professors, Duke assistant and associate professors and medical instructors were more likely to indicate **improving their prospects for tenure** but less likely to indicate **retirement** as their reasons to leave. In addition, assistant professors were more likely than full professors to cite **increasing their salary, pursuing a nonacademic job, addressing child-related issues**, and **improving spouse job situation** as their reasons to leave. In comparison to associate professors, assistant clinical professors were less likely to cite **increasing time to do research** but more likely to indicate **pursuing a non-academic job** and **addressing child-related issues** as their reasons to leave. Also, medical instructors were more likely than full professors to cite **increasing their salary**, **reducing stress**, and **addressing child-related issues** as their reasons to leave.

G. **Life outside the Institution**. In comparison to full professors, Duke assistant and associate nonclinical professors and instructors seemed more likely than full professors to find it stressful to manage household responsibilities and to handle childcare and the cost of living. In comparison to assistant professors and instructors, full and associate professors were more likely to indicate taking care of sick relatives as one of their sources of stress in their life outside the institution. On the clinical side, in comparison to full professors, Duke assistant and associate clinical professors and medical instructors seemed more likely to find it stressful to handle childcare, and assistant professors (and medical instructors as well) were more likely to indicate managing household responsibilities, but less likely to cite taking care of sick relatives, as their sources of stress in their life outside the institution.

- Cross-school examinations showed Duke full, assistant, and associate nonclinical and clinical professors were less likely than their COFHE peers to report the **cost of living** as a source of stress. Also, Duke full and associate nonclinical professors were less likely than their COFHE peers to indicate **childcare** as a source of stress.

- Of Duke nonclinical and clinical faculty, full professors were most likely to indicate that they had a **spouse or domestic partner**, while instructors were least likely to indicate so (Nonclinical: Professor 91%, Associate Professor 82%, Assistant Professor 88%, and Instructor 78%. Clinical: Professor 96%, Associate Professor 92%, Assistant Professor 91%, and Medical Instructor 84%).

- For those who had a spouse or partner, Duke nonclinical instructors were most likely to indicate their spouse or partner was **currently employed** (Professor 69%, Associate Professor 75%, Assistant Professor 70%, and Instructor 100%), while most of Duke clinical faculty from each rank indicated their spouse or partner was **currently employed** (Professor 59%, Associate Professor 72%, Assistant Professor 76%, and Medical Instructor 73%).

- Among Duke nonclinical faculty, instructors were most likely to indicate that they had a **commuting relationship** with their spouse or partner (Instructor 29%, Professor 13%,

Associate Professor 12%, and Assistant Professor 19%). Duke assistant professors were most likely to indicate that their spouse or partner had problems **finding a job in the area** (Assistant Professors 37%, Associate Professor 27%, Professor 24%, and Instructor 27%).[13] On the clinical side, Duke clinical faculty from each rank were similarly likely to indicate that their spouse or partner had problems **finding a job in the area** (Professor 25%, Associate Professor 25%, Assistant Professor 28%, and Medical Instructor 24%).[14] In comparison to other faculty members, however, medical instructors were more likely to indicate that they had a **computing relationship** with their spouse/domestic partner (Professor 15%, Associate Professor 11%, Assistant Professor 16%, and Medical Instructor 30%).

- Assistant and associate professors and instructors, nonclinical and clinical alike, were more likely than full professors to indicate having **children** under 12 years old but less likely to have kids who were 18 or older.

- Compared with assistant professors and instructors, a larger proportion of Duke associate and full nonclinical and clinical professors indicated that they were currently **caring for sick relatives** (Nonclinical: Professor 20%, Associate Professor 20%, Assistant Professor 11%, and Instructor 13%. Clinical: Professor 34%, Associate Professor 26%, Assistant Professor 11%, and Medical Instructor 10%).

[13] A similar pattern was also apparent at peer schools (Assistant Professor 45%, Associate Professor 39%, Professor 26%, and Instructor 27%).

[14] Clinical faculty at peer schools showed a similar pattern (Assistant Professor 16%, Associate Professor 21%, Professor 24%, and Medical Instructor 23%).

2010 Faculty Survey Results—Nonclinical

Highlights

856 of 1342 Duke nonclinical faculty[1] participated in the 2010 Faculty Survey, with a response rate of roughly 64%. Table 1 displays Duke nonclinical faculty respondents by gender, race/ethnicity, and rank compared with actual population proportions.

Table 1 Duke Nonclinical Respondents to the 2010 Faculty Survey

	Survey #	Survey %	Actual %
Gender			
Male	553	64.6%	68.5%
Female	303	35.4%	31.5%
Race/Ethnicity			
Black	46	5.4%	4.8%
Asian	78	9.1%	12.7%
Hispanic	20	2.3%	2.5%
White	712	83.2%	79.9%
Rank			
Professor	423	49.4%	49.0%
Associate Professor	226	26.4%	25.6%
Assistant Professor	181	21.1%	22.4%
Other Regular Rank	26	3.0%	3.0%

As indicated in the table, the demographic profile of nonclinical respondents was similar to the demographic profile of the actual population. While a slightly larger proportion of women and White faculty responded to the survey, a slightly smaller proportion of men and Asian faculty took the survey; the difference was, however, not significant.

The purpose of this study was to examine nonclinical faculty's perceptions of their daily experiences at Duke. The study focused on nonclinical faculty's satisfaction with key dimensions of their professional and intellectual life and their views on the nature of faculty workload, departmental atmosphere, mentoring, promotion/tenure practices, hiring/retention, and their life outside Duke. In our analyses, we examined Duke nonclinical faculty members' responses to questions that were included in both the 2005 and 2010 versions of the Faculty Survey and also compared Duke nonclinical faculty members' responses to the 2010 Faculty Survey with the responses from their peers at 4 COFHE institutions (i.e., Harvard, MIT, Stanford, and Northwestern). Among the COFHE institutions, Harvard and Northwestern conducted the survey in 2007, while MIT and Stanford administered the survey in 2008, all before the onset of the

[1] Duke nonclinical faculty included faculty from 11 schools/divisions (i.e., Humanities, Social Sciences, Natural Sciences, Divinity, Engineering, Environment, Law, Business, Nursing, Public Policy, and Basic Sciences).

economic crisis. The comparison institutions were referred to as "Peer" in the report. We also conducted analyses by subgroups of interest (i.e., by gender, race/ethnicity, and rank) for a nuanced understanding of the survey results.

In what follows, we report our major findings and leave out results with fewer than 5 responses. Throughout the analysis, for convenience and to set some standards for when narrative discussion of findings is warranted, we have employed $p < .05$ to indicate formal statistical significance, which is commonly used as a minimum threshold for hypothesis rejection in scientific enquiry. A notation that a finding was formally statistically significant does not, however, always require our concern. Formal statistical significance coupled with a small absolute means difference only indicates that we are highly confident that the difference is both real and small. Hence we have also used an effect size of greater than .10 [2] to gauge statistically significant findings. At times, however, noteworthy findings do not quite meet the (arbitrarily specific) $p < .05$ threshold for formal significance. Such findings are also reported when the working group believed they were nevertheless of practical management value when viewed within our institutional context.

What we want to stress here is that judgment must be exercised in all cases to determine whether findings are actionable. The ratio of signal to noise that tests of significance provide is necessary but not sufficient to determine what findings are worth discussing or acting on.

I. Key Findings-All Respondents

A. **<u>Satisfaction</u>**. A set of 30 questions in the 2010 Faculty Survey asked respondents to indicate their satisfaction with their various aspects of professional and intellectual life on a 5-point scale with 1 = very dissatisfied and 5 = very satisfied. In general, the 2010 survey results compared very favorably with those of the 2005 survey. Notably, Duke nonclinical faculty indicated higher levels of satisfaction with the resources Duke provided to support their research and teaching. Also, Duke nonclinical faculty indicated similarly high levels of satisfaction as their counterparts at comparison schools. Roughly 81% of Duke nonclinical faculty indicated they were somewhat or very satisfied with being a faculty member at Duke, compared with 82% of nonclinical faculty at peer schools who indicated so.[3]

[2] As suggested by some researchers, an effect size of less than .10 is substantially trivial, meaning the differences are too small to warrant consideration in making policy decisions. We considered an effect size larger than .10 to be notable and of potential practical import.

[3] Sub-analyses by school/division showed that Duke nonclinical faculty from each school/division were generally satisfied with being a faculty member at Duke. Notably, 8 of 11 schools/divisions (i.e., Social Sciences, Divinity, Engineering, Environment, Law, Business, Basic Sciences, and Public Policy) scored above 4 on overall satisfaction. In comparison to the 2005 results, only Divinity and Law showed a noticeable, but statistically insignificant, decrease in this regard. In addition, faculty satisfaction with their resources Duke provided for their research and teaching showed significant signs of improvement. Particularly noteworthy, Social Sciences, Engineering, and Environment scored higher on the resources for both research and teaching in comparison to the 2005 results.

- With regard to specific aspects of their professional and intellectual life, Duke nonclinical faculty indicated significantly higher levels of satisfaction in 8 of 19 areas than their counterparts at peer schools, which included **start-up funds**, **availability of nearby parking**, **office space**, **lab or research space**, **library and computer resources**, **computing support staff**, and **support for securing grants**. Of the 19 specific aspects, faculty at peer schools indicated higher satisfaction in only 3 areas (i.e**., access to teaching assistants**, **advising responsibilities**, and **quality of graduate students**).[4]

- Of 17 specific aspects that were included in both the 2005 and 2010 surveys, Duke nonclinical faculty indicated higher satisfaction in 12 of 17 areas (related to **benefits package**, **space**[5], **library and computer resources**, **clerical and technical support**) but lower satisfaction in 2 areas (i.e., **advising** and **committee/administrative responsibilities**) in 2010 than did their counterparts in 2005.

B. **Workload**. Duke faculty and their counterparts at peer schools rated the reasonableness of their workload very similarly. Approximately 55% of Duke nonclinical faculty considered their workload was about right, compared to 54% of nonclinical faculty at peer schools who indicated so.

- With respect to **teaching** and **advising**, Duke nonclinical faculty were more likely to teach undergraduate classes and to report a small number of students in their undergraduate classes, while their COFHE peers were more likely to teach graduate classes, to report a large number of students in their graduate classes, to have TAs for their graduate classes, and to serve as advisors to undergraduate and postdoctoral students.

- In comparison to their COFHE peers, Duke faculty were more likely to serve in **administrative capacities** but less likely to receive **teaching relief** in exchange for serving as chair of department/unit.

[4] In their free text responses, Duke nonclinical faculty suggested that Duke should devote more resources to 11 areas in order to improve teaching. Of those 11 areas, most notably, they thought Duke should improve classroom quality/quantity (27%) and provide more teaching assistants (17%), technology (15%), and technical support and training (13%).

[5] Sub-analyses showed that Duke nonclinical faculty from almost all schools in 2010 indicated higher satisfaction with classroom, lab, and office space than did their 2005 peers. This is particularly true for Humanities, Social Sciences, Natural Sciences, Engineering, Environment, Business, and Nursing; they scored significantly higher on classroom space when compared with the 2005 results.

Another finding of interest, while faculty from most nonclinical schools/divisions indicated higher satisfaction with technical and research staff, faculty from all nonclinical schools/divisions except Public Policy indicated lower satisfaction with committee and administrative responsibilities than did their 2005 peers.

- Duke nonclinical faculty compared very favorably with their counterparts at peer schools in terms of engagement in research and scholarly activities. Notably, they were more likely to indicate having submitted **papers** for publication in peer-reviewed journals in the past 12 months than did their COFHE peers.

- In general, nonclinical faculty at Duke and peer schools spent a large proportion of their work week on **scholarship** and **teaching**. In comparison to their COFHE peers, Duke nonclinical faculty were less likely to spend time on **teaching**, **meeting or communicating with students outside of class**, and **scholarship** but more likely to spend time on **administrative responsibilities** and **external paid consulting**.

- Regardless of institutions, faculty members tended to consider **securing funding for research** and **scholarship productivity** highly stressful. In comparison to their 2005 peers, Duke nonclinical faculty were more likely to indicate **managing a research group or grant** as a source of stress, but they were less likely than their COFHE peers to consider **advising** and **review/promotion process** to be stressful.

- In comparison to their 2005 peers, Duke nonclinical faculty were less likely to agree that their **workload was the same** as other faculty of their rank in their department or unit (42% vs. 46%) and that their overall **workload was no more than the workload of their colleagues** at peer institutions (48% vs. 56%), but they were more likely to agree that they **had enough time** to manage both their responsibilities as a faculty member and their personal/family responsibilities in 2010 (43% vs. 38%). On a positive note, in comparison to their 2005 peers, a smaller proportion of Duke nonclinical faculty indicated agreement to the statement that it was **difficult to combine a successful Duke faculty career with significant personal responsibilities because of the workload** (41% vs. 57%).[6]

- In the 2010 Faculty Survey, two local questions asked respondents to indicate the impact of the current economic climate on their work productivity and overall work satisfaction. Overall, 43% of Duke nonclinical respondents indicated that the current economic climate adversely impacted their **work productivity**, and 60% reported that it had a negative impact on their **overall work satisfaction**.

C. <u>Departmental Atmosphere</u>. In general, Duke nonclinical faculty viewed their departmental atmosphere quite favorably. Notably, they had more favorable perceptions of their departmental atmosphere with respect to scheduling department/unit obligations, commitment to diversity, and women with family responsibilities than did their 2005 peers. In comparison to their COFHE peers, they scored higher on opportunities for faculty collaboration across disciplines but lower on supportive collegial environment.

[6] Sub-analyses revealed that Humanities, Social Sciences, Natural Sciences, Divinity, Engineering, Business, and Nursing showed significant signs of improvement in this regard.

- In the 2010 Faculty Survey, respondents were asked to indicate their agreement to a set of 20 statements concerning the atmosphere of their department or unit. Of these 20 statements, Duke nonclinical faculty were most likely to agree that **they were proud to tell people that they worked at Duke**. In comparison to their 2005 peers, Duke nonclinical faculty were more likely to indicate agreement to 2 statements: (a) "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling department/unit obligations**" and (b) "**Commitment to diversity is demonstrated**." On another positive note, they were more likely than their 2005 peers to think that **women faculty with family responsibilities** were viewed or treated similarly rather than differently in comparison to their male peers.[7]

- Duke nonclinical faculty had similar views on their departmental climate in most areas as their COFHE peers. Of 12 listed statements, Duke nonclinical faculty were more likely to agree that "**I am satisfied with opportunities to collaborate with faculty in other units at my institution**" and that "**Interdisciplinary research is recognized and rewarded by my department/unit**," but they were less likely to agree that "**My colleagues value my research/scholarship**" and that "**My chair/director/dean creates a collegial and supportive environment**."

D. **<u>Mentoring</u>**. Roughly 46% of Duke nonclinical faculty indicated that they had received adequate mentoring while working at Duke, compared to 56% of nonclinical faculty at peer schools who indicated so. Roughly 26% of Duke nonclinical faculty reported having had formal mentoring, while 63% of them indicated having had informal mentoring.

- Roughly 67% of Duke nonclinical faculty indicated that they had **served as mentors** to other faculty members.

- Approximately 74% of Duke nonclinical faculty indicated that they did not have formal mentors. For those who indicated they had formal mentors, they tended to indicate that the mentors **chosen by themselves** were more helpful than those who were **assigned to them**.

- Roughly 63% of Duke nonclinical faculty indicated that they had one or more **informal mentors** and found that the informal mentoring from the mentors both inside and outside Duke was similarly highly helpful.

[7] Compared with the 2005 results, Humanities, Social Sciences, Natural Sciences, Environment, Basic Sciences, and Public Policy showed significant signs of improvement in this regard.

E. <u>Promotion/Tenure</u>. Approximately 69% of Duke nonclinical faculty agreed that the criteria for tenure were clearly communicated, while roughly 58% indicated so for the criteria for promotion. Among key items considered in the tenure and promotion processes, Duke nonclinical faculty perceived that research was highly valued and that teaching and mentoring were more undervalued than valued appropriately. When asked what changes should be made to improve the promotion and tenure process, notably more than one-third (39%) of nonclinical faculty suggested rewarding teaching, and 29% suggested improving communication.

- Duke nonclinical faculty compared favorably with their COFHE peers, and a larger proportion of them indicated agreement to the statement "**The criteria for tenure are clearly communicated**" (69% vs. 65%).

- As for Duke policies on **flexible work arrangements**, **parental leave**, and **tenure clock extensions**, Duke nonclinical faculty appeared to be more aware of the last two than the first one. While they did not emphasize the importance of these policies as their ratings were at or a bit over 2 on a 4-point scale, they placed slightly higher importance on the first two than the last one.

F. <u>Hiring/Retention</u>. Duke nonclinical faculty showed high likelihood of staying at Duke, and only 21% of them indicated that they were likely to leave Duke in the next three years, while 24% of their COFHE peers indicated so. Among those who were likely to live, Duke nonclinical faculty appeared more likely than their COFHE peers to indicate increasing their salary and enhance their career in other ways, but less likely to cite improving their prospects for tenure, reducing stress, addressing child-related issues, and lowering their cost of living, as their reasons to leave.

- When asked how likely they would leave their institution in the next three years, roughly 59% of Duke nonclinical faculty indicated they were unlikely to leave, compared with 55% of COFHE nonclinical faculty who indicated so. Roughly 21% of Duke nonclinical faculty indicated they were likely to leave, compared with 24% of COFHE nonclinical faculty who indicated so.

- Duke nonclinical faculty were more likely to indicate that they would leave Duke because they wanted to increase their **salary** and **enhance their career in other ways**, while nonclinical faculty at peer schools were more likely to report that they would leave their institution because they wanted to **improve their prospects for tenure**, to **reduce stress**, to **address child-related issues**, and to **lower their cost of living**.

G. <u>Life outside the Institution</u>. In comparison to their 2005 peers, Duke nonclinical faculty were less likely to indicate handling childcare, their own health, and personal daily financial responsibilities as their sources of stress outside the institution. Also, they were less likely than their COFHE peers to cite childcare and cost of living as their sources of stress.

- Roughly 87% of Duke nonclinical faculty indicated they had a **spouse or partner**, and roughly 71% of them reported that their spouse or partner was **currently employed**. Approximately 59% of them indicated their spouse or partner was **not an academic**, and 32% of them reported their spouse or partner was **working or studying at Duke**.

- Duke nonclinical faculty and their COFHE peers were similarly likely to indicate that their spouses/domestic partners were satisfied with their **employment situation** (62% vs. 63%) and that they were satisfied with **spouse or domestic partner benefits** (68% vs. 60%).

- Approximately 28% of Duke nonclinical faculty and 32% of their COFHE peers indicated that their spouse/domestic partner **had problems finding an appropriate job** in the area. Roughly 76% of Duke nonclinical faculty reported having **children**, while 78% of their COFHE peers indicated so.

II. Key Findings by Gender

A. **<u>Satisfaction</u>**. Duke female nonclinical faculty and their male peers were similarly highly satisfied with most aspects of their professional and intellectual life, and they differed from each other in their perceptions in 8 areas. In comparison to their male peers, Duke female nonclinical faculty indicated lower satisfaction with their salary[8], current rank, teaching responsibilities, access to teaching assistants, advising responsibilities, time available for scholarly work, committee and administrative responsibilities, and opportunities to collaborate with undergraduates. Similarly, female nonclinical faculty at peer schools also indicated lower satisfaction in 4 areas than did their male peers: (a) being a faculty member, (b) classroom space, (c) support for securing grants, and (d) time available for scholarly work.

- When checking the proportion of respondents who indicated dissatisfaction with various aspects of their professional and intellectual life at Duke, we found that, a larger proportion of Duke female nonclinical respondents indicated dissatisfaction with **salary** (35% vs. 24%), **access to teaching assistants** (33% vs. 17%), and **time available for scholarly work** (44% vs. 21%) than did their male peers.

- In comparison to their corresponding COFHE peers, both Duke female and male nonclinical faculty indicated higher satisfaction with the **availability of nearby parking**, **office space**, **library resources**, and **support for securing grants** but lower satisfaction with the **quality of graduate students.** In addition to the aforementioned areas, Duke

[8] Sub-analyses showed that women in Humanities, Social Sciences, Natural Sciences, Engineering, Divinity, and Business indicated noticeably lower satisfaction with their salary than did their male peers, but the difference was not statistically significant.

female nonclinical faculty indicated higher satisfaction with **classroom space** but lower satisfaction with **salary**, **access to teaching assistants**, and **advising responsibilities** than did their COFHE peers, while Duke male nonclinical faculty indicated higher satisfaction in 7 more areas than did their COFHE peers, including **start-up funds**, **lab or research space**, **computer resources**, **other resources for research**, **time available for scholarly work**, and **committee and administrative responsibilities**.

B. **<u>Workload</u>**. Roughly 45% of Duke female nonclinical faculty indicated that their overall workload was about right, compared to 60% of their male peers who indicated so.[9] At peer schools, 48% of female nonclinical faculty indicated that their workload was about right, while 57% of their male peers reported so. Sub-analyses showed a few significant differences with respect to teaching, committee services, scholarly activities, and sources of work-related stress.

- With respect to 5 local questions on overall workload, Duke female nonclinical faculty and their male peers were similarly likely to agree that "**My workload is the same as other faculty of my rank in my department or unit**." On a negative note, they were less likely to agree that "**The overall workload of my being a Duke faculty member is no more than the workload of my colleagues at peer institution**" and that "**I have enough time to manage both my responsibilities as a faculty member and my personal/family responsibilities.**" But, they were more likely to agree that "**I would be happier at an institution with a lower level of stress due to time conflicts between work and personal/family responsibilities**" and that "**Because of the workload it is difficult to combine a successful Duke faculty career with significant personal responsibilities**."

- With regard to teaching and advising, Duke female nonclinical faculty appeared more likely to teach **undergraduate classes** and to serve as advisors to **informal students**. Also, Duke female nonclinical faculty were more likely to serve on **university/school/divisional committees** but less likely to serve in **administrative capacities**.

- With respect to scholarly activities, Duke female nonclinical faculty were less likely than their male peers to indicate having submitted **papers** for publication or presentation in the past 12 months. A similar pattern is also apparent at peer schools.

- In comparison to their male peers, Duke female nonclinical faculty were more likely to indicate spending a large proportion of their time on **teaching** (29% vs. 23%) but less likely to report devoting a large proportion of their time to **scholarship or conducting research** (27% vs. 34%)**.** Similarly, female nonclinical faculty at peer schools tended to

[9] Sub-analyses showed that women in all nonclinical schools/divisions except Law, Natural Sciences, and Basic Sciences appeared less likely than their male peers to indicate that their overall workload was bout right.

spend more time on teaching (30% vs. 26%) and less time on scholarship (32% vs. 35%) than did their male peers as well.

- Overall, Duke female nonclinical faculty and their COFHE counterparts appeared to indicate a wide range of stress than did their male peers. Notably, Duke female nonclinical faculty were more likely than their male peers to find **timing of departmental meetings and functions, scholarly productivity, teaching, review/promotion process**, and **departmental politics** highly stressful. In addition to the aforementioned areas, female nonclinical faculty at peer schools reported one more area---**advising responsibilities---**as their source of stress in the past 12 months.

- With regard to the impact of the current economic climate, Duke female nonclinical faculty were more likely than their male peers to indicate a negative impact on their **work productivity** (48% vs. 40%) and **overall work satisfaction** (67% vs. 56%).

C. <u>Departmental Atmosphere</u>. In general, female nonclinical faculty viewed their departmental atmosphere less favorably in most areas, Duke and peer schools alike.[10]

- In comparison to their male peers, Duke female nonclinical faculty were less likely to agree to 9 positively-worded statements: (a) "**My colleagues value my research/scholarship**." (b) "**My chair/director/dean creates a collegial and supportive environment**." (c) "**My chair/director/dean helps me obtain the resources I need**." (d) "**My department/unit is a good fit for me**." (e) "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling department/unit obligations**." (f) "**The academic leadership is effective**." (g) "**There are plenty of places to meet informally and network with my colleagues**." (h) "**I feel a strong sense of belonging to a community of faculty**." And (i) "**I am proud to tell people that I work at Duke**." On another negative note, they were more likely than their male peers to agree that "**I feel excluded from an informal network in my department/unit**" and that "**I have to work harder than some of my colleagues to be perceived as a legitimate scholar.**"

- Similarly, female nonclinical faculty at peer schools also had less favorable perceptions of their departmental atmosphere in a wide range of aspects. Notably, they were less likely than their male peers to indicate agreement to 7 of 10 positively-worded statements (e.g., **colleagues valuing my research**, **being satisfied with faculty collaboration in the department or in other units**, **having a voice in the decision-making**, **navigating the unwritten rules**, **department/unit being a good fit**, and

[10] Sub-analyses showed that women in Natural Sciences, Engineering, Divinity, Business, and Basic Sciences perceived most aspects of their departmental atmosphere less favorably than did their male peers.

faculty may raise personal responsibilities) but more likely to indicate agreement to 2 negatively-worded statements (i.e., feeling **excluded** from an informal network and **having to work harder** to be perceived as legitimate scholars).

D. **Mentoring**. Roughly 28% of Duke female nonclinical faculty and 25% of their male peers indicated having had one or more formal mentors. Also, approximately 72% of them indicated having had one or more informal mentors, compared to 58% of their male peers who indicated so. Roughly 42% of Duke female nonclinical faculty and 47% of their male peers indicated having received adequate mentoring[11], while 50% of women and 59% of men at peer schools indicated so.

- Roughly 66% of Duke female nonclinical faculty indicated having **served as mentors** to other faculty members, compared with 68% of their male peers who indicated so.

- Both Duke female and male nonclinical faculty were similarly likely to indicate that the **formal mentors** chosen by themselves were more helpful than the formal mentors assigned to them. Also, they were similarly likely to find **informal mentors** from inside and outside Duke helpful.

E. **Promotion/Tenure**. In general, Duke female nonclinical faculty were less likely than their male peers to perceive that the criteria for promotion (50% vs. 63%) and tenure (61% vs. 73%) were clearly communicated.[12] Among key items considered in the promotion and tenure processes, both Duke female nonclinical faculty and their male peers considered that research was highly valued, while women were consistently more likely to perceive that teaching, service, and mentoring were undervalued for tenure and promotion.

- With regard to Duke policies on **flexible arrangements**, **parental leave**, and **tenure extensions**, Duke female nonclinical faculty were more likely than their male peers to be aware of the last two policies and to stress the importance of all three policies.

[11] In comparison to their male peers, Duke women in Humanities, Social Sciences, Natural Sciences, Engineering, Basic Sciences, and Business appeared less likely to indicate having received adequate mentoring while at Duke.

[12] At peer schools, roughly 53% of female nonclinical faculty agreed that the criteria for tenure were clearly communicated, while 70% of their male peers indicated so. Also, they were more likely to perceive that teaching and service were undervalued in the tenure process.

Sub-analyses showed that women in Engineering and Basic Sciences were likely that their male peers to think that the criteria for both promotion and tenure were clearly communicated. Also, women in Social Sciences, Natural Sciences, Divinity, and Business were less likely than their male peers to think that the criteria for promotion were clearly communicated.

- In comparison to their male peers, Duke female nonclinical faculty were more likely to indicate that they had received **relief from teaching** or other workload duties for personal reasons, including care giving for a child or parent, own health concerns, and a family crisis (25% vs. 12%). Also, they were more likely to indicate having had their **tenure clock slowed or stopped** for personal reasons since they started working at Duke (12% vs. 3%). A similar pattern was also apparent at peer schools.

  F. <u>Hiring/Retention</u>. Roughly 19% of Duke female nonclinical faculty indicated having received a formal or informal job offer that they took to their department/unit chair/dean in the last 5 years, while 25% of their male peers indicated so,[13] and the outside job offer resulted notably in adjustments to salary. In comparison to their male peers, Duke female nonclinical faculty showed lower likelihood of staying at Duke.[14]

- When asked how likely they would leave their institution in the next three years, roughly 52% of Duke female clinical faculty indicated they were **unlikely to leave**, compared with 61% of their male peers who indicated so. While roughly 18% of Duke male nonclinical faculty indicated they were likely to leave, 27% of Duke female nonclinical faculty reported so. At peer schools, 22% of men and 28% of women indicated they were likely to leave.

- In comparison to their male peers**,** Duke female nonclinical faculty appeared more likely to indicate **improving their prospects for tenure, finding a more supportive environment, reducing stress**, and **addressing child-related issues** as their major reasons to leave. At peer schools, women were also more likely than their male peers to indicate a variety of reasons to leave, including **improving their prospects for tenure**, **enhancing their career in other ways**, **finding a more supportive environment, increasing time to do research**, **reducing stress**, **addressing child-related issues**, and **improving spouse employment situation**. They were less likely than their male peers to cite **retirement** as a reason to leave.

  G. <u>Life outside the Institution</u>. In general, female nonclinical faculty at Duke and peer schools were more likely than their male peers to indicate managing household responsibilities, childcare, care of sick relatives, and own health as their major sources of stress in their life outside the institution.

- Roughly 78% of Duke female nonclinical faculty indicated having a **spouse or domestic partner**, compared to 92% of their male peers who indicated so. For those who indicated having a spouse or domestic partner, Duke female nonclinical faculty were more likely to

[13] At peer schools, roughly 27% of female nonclinical faculty indicated they had received a formal or informal job offer in the last 5 years, compared to 23% of their male peers who indicated so.

[14] In comparison to their male peers, Duke women in Humanities, Engineering, Divinity, Nursing, and Basic Sciences were notably more likely to leave Duke in the next 3 years.

report that their spouse or domestic partner was currently **employed** (86% vs. 64%) and was a **faculty member** (37% vs. 21%).

- Approximately 20% of Duke female nonclinical faculty and 12% of their male peers indicated having a **commuting relationship** with their spouse or partner, while 27% of women and 18% of men at peer schools indicated so. They were, however, less likely than their male peers to indicate that their spouse or partner had **problems finding an appropriate job** in the area (24% vs. 29%). Duke female nonclinical faculty were in general less likely than their male peers to report having **kids** who were 13 years old or older. At peer schools, female nonclinical faculty were less likely than their male peers to indicate having kids who were 13 years old or older but more likely to have kids who were under 4.

- Roughly 22% of Duke female nonclinical faculty indicated they were currently **caring for sick relatives**, while 16% of their male peers indicated so. At peer schools, 18% of female nonclinical faculty and 16% of their male peers reported that they were currently caring for sick relatives.

- Duke female nonclinical faculty were more likely than their male peers to be **assistant professors** (30% vs. 16%) but less likely to be **full professors** (36% vs. 57%). A similar pattern was also apparent at peer schools.

III. Key Findings by Race/Ethnicity

A. <u>Satisfaction</u>. Duke nonclinical faculty from each racial/ethnic group were similarly highly satisfied with most aspects of their professional and intellectual life. Of 30 satisfaction items, Duke nonclinical racial/ethnic groups showed only a few significant differences.

- In comparison to their White peers, Duke Hispanic nonclinical faculty indicated lower satisfaction with the **availability of nearby parking**, while Duke Asian faculty indicated lower satisfaction with **being a faculty member at Duke**, the **quality of graduate students**, and **intellectual stimulation of work**. In addition, Asian nonclinical faculty indicated lower satisfaction with **the quality of graduate students** than did their Black peers.

- At peer schools, Black and White nonclinical faculty indicated higher satisfaction with their **salary** than did Asian faculty. In addition to salary, White nonclinical faculty indicated higher satisfaction with the **access to teaching assistants** and the **quality of graduate students**.

- When checking the proportion of respondents who indicated dissatisfaction with various aspects of their professional and intellectual life at Duke, we found that roughly a large proportion of Duke Hispanic nonclinical respondents indicated dissatisfaction with the

availability of nearby parking (45%) and **quality of dining options** (40%). At peer schools, a large proportion of Hispanic nonclinical faculty indicated dissatisfaction with **computing support staff** (40%) and **time available for scholarly work** (44%).

B. **<u>Workload</u>**. Of all Duke nonclinical faculty, Hispanic faculty were most likely to indicate their workload was about right, while White faculty were least likely to indicate so (Black 53%, Asian 61%, Hispanic 75%, and Caucasian 52%). At peer schools, Black nonclinical faculty were most likely to indicate that their overall workload was about right, while Asian faculty were least likely to indicate so (Black 68%, Asian 50%, Hispanic 53%, and Caucasian 54%).

- With respect to 5 local questions on overall workload, Duke Black nonclinical faculty were less likely than Asian and White faculty to indicate agreement in three areas: (a) "**My workload is the same as other faculty of my rank in my department or unit**." (b) "**The overall workload of my being a Duke faculty member is no more than the workload of my colleagues at peer institution.**" And (c) "**I have enough time to manage both my responsibilities as a faculty member and my personal/family responsibilities.**" On another negative note, they appeared more likely than all other faculty members to agree that "**Because of the workload it is difficult to combine a successful Duke faculty career with significant personal responsibilities**."

- Duke nonclinical faculty from each racial/ethnical group had similar perceptions of many aspects of their work; few significant differences were noted. With respect to teaching and advising, Black nonclinical faculty were most likely to indicate **undergraduate classes** were close to their research interests and to serve on **departmental and external committees**.

- While no significant difference was noted with engagement in scholarly activities, Duke Hispanic nonclinical faculty appeared most likely to indicate having submitted **papers** for publication and presentation in the past 12 months. At peer schools, Black nonclinical faculty were least likely to indicate having submitted **papers** for publication but most likely to indicate having submitted **chapters** and **other scholarly or creative works** for review.

- Of all Duke nonclinical faculty, Black nonclinical faculty were most likely to spend a large proportion of their work week on **teaching** (Black 35%, Asian 24%, Hispanic 19%, and Caucasian 25%) but least likely to spend a large proportion of their work week on **scholarship or research** (Black 25%, Asian 49%, Hispanic 42%, and Caucasian 30%). In comparison to their Asian and White peers, Duke Black and Hispanic nonclinical faculty were more likely to spend time on **community activities** in a typical week outside of work (Black 8 hours, Asian 4, Hispanic 7, and Caucasian 4).

- With respect to sources of work-related stress, Duke Black nonclinical faculty were more likely than White faculty to find **teaching** stressful. At peer schools, Black and Hispanic nonclinical faculty were more likely than their White peers to perceive **timing of departmental meetings and functions** and **review/promotion process** to be highly stressful.

- Among Duke nonclinical faculty, Black faculty were most likely to indicate that the current economic climate adversely impacted their **work productivity** (Black 65%, Asian 45%, Hispanic 53%, and White 41%) and had a negative impact on their **overall work satisfaction** (Black 70%, Asian 60%, Hispanic 58%, and White 60%).

C. **<u>Departmental Atmosphere</u>**. In general, Duke nonclinical faculty from each racial/ethnic group viewed most aspects of their departmental atmosphere quite favorably, and only two significant differences were noted: (a) Duke Black nonclinical faculty were more likely than their White peers to agree that "**I have to work harder than some of my colleagues to be perceived as a legitimate scholar."** And (b) Duke Black and Hispanic nonclinical faculty were less likely than their White and Asian peers to agree that "**Commitment to diversity is demonstrated**."

- At peer schools, Black nonclinical faculty were more likely than their Asian peers to indicate that "**My chair/director/dean helps me obtain the resources I need.**" On a negative note, they were more likely than their White peers to indicate agreement to the statement "**I have to work harder than some of my colleagues in order to be perceived as a legitimate scholar**," while Asian nonclinical faculty were less likely their White peers to indicate that "**I have a voice in the decision-making that affects the direction of my department/unit**" and that "**I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member**."

D. **<u>Mentoring</u>**. Duke nonclinical faculty from each racial/ethnic group tended to indicate having had more informal mentoring than formal mentoring. In general, Duke Black nonclinical faculty were most likely to report having had informal mentoring and least likely to indicate having received adequate mentoring while working at Duke.

- Roughly 55% of Duke Black clinical faculty and 43% of Asian faculty indicated that they had **served as mentors** to other faculty members, compared to 65% of their Hispanic peers and 70% of their White peers.

- Of Duke nonclinical faculty, Hispanic faculty were most likely to indicate having had one or more **formal mentors** (Black 29%, Asian 37%, Hispanic 41%, and White 25%), while Black faculty were most likely to indicate having had **informal mentors** (Black 81%, Asian 68%, Hispanic 75%, and White 61%).

- When asked whether they felt as though they had received **adequate mentoring** while at Duke, a smaller proportion of Black, Asian, and White nonclinical faculty indicated that they had had adequate mentoring when compared with their Hispanic peers (Black 33%, Asian 46%, Hispanic 64%, and White 46%). At peer schools, a larger proportion of Black, Hispanic, and White nonclinical faculty indicated having had adequate mentoring when compared with their Asian peers (Black 57%, Asian 49%, Hispanic 56%, and White 57%).

E. <u>Promotion/Tenure</u>. Among Duke nonclinical racial/ethnic groups, White faculty were most likely to agree that the criteria for promotion and tenure were clearly communicated (Promotion: Black 50%, Asian 55%, Hispanic 54%, and White 59%. Tenure: Black 63%, Asian 65%, Hispanic 50%, and White 70%). Among key items considered in the tenure and promotion processes, Duke nonclinical faculty from each racial group perceived that research was highly valued. While Black faculty were consistently most likely to perceive that teaching, service, and mentoring were more undervalued than valued appropriately, Asian faculty were consistently most likely to consider that teaching, service, and mentoring were valued appropriately, for both tenure and promotion.

- A similar pattern is also apparent at peer schools. White nonclinical faculty at peer schools were most likely to agree that the criteria for tenure were clearly communicated (Black 64%, Asian 51%, Hispanic 59%, and White 67%). Among key items considered in the tenure and promotion processes, nonclinical faculty from each racial group at peer schools perceived that research was highly valued, and Black faculty were most likely to perceive that teaching and service were more undervalued than valued appropriately.

- With respect to Duke policies on **flexible work arrangements**, **parental leave,** and **tenure clock extensions**, Duke nonclinical faculty from each racial/ethnic group appeared to be more aware of the last two policies, and Black faculty were most likely to stress the importance of the three policies, and especially the first two.

F. <u>Hiring/Retention</u>. Duke Black and Hispanic nonclinical faculty appeared more likely than their Asian and White peers to indicate having received an outside offer in the last five years (Black 29%, Hispanic 36%, Asian 20%, and White 22%). The outside offer resulted notably in adjustments to salary for Black faculty, and to both salary and lab start-ups for Hispanic faculty. Among Duke nonclinical racial/ethnic groups, Black nonclinical faculty were most likely to indicate they would leave Duke in the next 3 years, while Hispanic faculty were least likely to indicate so (Black 32%, Hispanic 14%, Asian 19%, and White 21%). At peer schools, Hispanic nonclinical faculty were most likely to indicate they would leave their institution in the next 3 years, while Asian faculty were least likely to indicate so (Hispanic 35%, Black 24%, White 24%, and Asian 17%).

- Of Duke nonclinical faculty, Black faculty were most likely to indicate **reducing stress** (Black 59%, Asian 40%, Hispanic 18%, and White 42%) as one of their reasons to leave, while Asian faculty were most likely to cite **improving their prospects for tenure** (Asian 46%, Black 27%, Hispanic 30%, and White 24%), **increasing their time to do research** (Asian 65%, Black 32%, Hispanic 36%, and White 49%), and **improving their spouse employment situation** (Asian 53%, Black 35%, Hispanic 36%, and White 34%) as their major reasons to leave. At peer schools, Black nonclinical faculty were most likely to indicate **improving their spouse employment situation** and **addressing child-related issues** as their reasons to leave their institution, while Asian faculty were most likely to cite **enhancing their career in other ways** and Hispanic faculty were most likely to indicate **increasing their time to do research** as their major reasons to leave.

G. <u>Life outside the Institution</u>. In comparison to their White peers, Duke Black nonclinical faculty were more likely to indicate the cost of living and day-to-day financial responsibilities as their sources of stress in their life outside the institution. At peer schools, Hispanic nonclinical faculty were more likely than their White peers to find it stressful to handle the cost of living.

- Among Duke nonclinical racial/ethnic groups, Black faculty were least likely to indicate having a **spouse/domestic partner** (Black 73%, Asian 90%, Hispanic 83%, and White 88%). They were, however, similarly likely to indicate their spouses were currently **employed** (Black 74%, Asian 71%, Hispanic 80%, and White 71%). Also, they were similarly likely to indicate that their spouses/partners were satisfied with their **employment situation** (Black 61%, Asian 53%, Hispanic 50%, and White 63%). In comparison to their White peers, Duke Black faculty and their Asian and Hispanic peers were less likely to indicate that they were satisfied with **spouse/partner benefits** (Black 59%, Asian 51%, Hispanic 50%, and White 71%).

- In comparison to their Asian, Hispanic, and White peers, Duke Black nonclinical faculty appeared more likely to report that they had a **commuting relationship** with their spouse/partner (Black 36%, Asian 18%, Hispanic 11%, and White 13%). Compared with their White and Black peers, Duke Asian and Hispanic nonclinical faculty were more likely to indicate that their spouse/domestic partner had **problems finding an appropriate job** in the area (Black 33%, Asian 48%, Hispanic 50%, and White 24%), but they were all similarly likely to indicate that they were currently **caring for sick relatives** (Black 24%, Asian 20%, Hispanic 27%, and White 18%).

- In comparison to their Duke Black peers, a smaller proportion of Black nonclinical faculty at peer schools indicated that they had a **commuting relationship** with their spouse/partner (29% vs. 36%), but a larger proportion of them indicated their spouse/domestic partner had **problems finding an appropriate job** in the area (51% vs. 33%).

IV. Key Findings by Rank[15]

A. **<u>Satisfaction</u>**. In general, Duke full nonclinical professors and instructors viewed most aspects of their professional and intellectual life very favorably. Notably, Duke full nonclinical professors indicated higher satisfaction with salary, current rank, availability of nearby parking, and time available for scholarly work than did all other faculty members. In addition, they indicated higher satisfaction with lab or research space and teaching responsibilities than did both assistant and associate professors. Moreover, they indicated higher satisfaction with being a faculty member and opportunities to collaborate with undergraduate students than did associate professors, and higher satisfaction with library resources and advising responsibilities than did assistant professors. As for instructors, they indicated lower satisfaction with start-up funds than did assistant professors but higher satisfaction with classroom space and library resources than did assistant and associate professors.[16]

- At peer schools, instructors viewed many aspects of their professional and intellectual life more favorably than did other faculty members. Notably, they indicated higher satisfaction with **library and computer resources**, **clerical and administrative staff**, **technical and research staff**, and **computing support staff** than did all other faculty members. Also, they indicated higher satisfaction with **teaching responsibilities**, **access to teaching assistants**, and **quality of graduate students** than did assistant and associate professors. In addition, they indicated higher satisfaction with **being a faculty member**, **advising responsibilities**, **time available for scholarly work**, and **committee and administrative responsibilities** than did associate professors. While associate professors indicated lower satisfaction with **being a faculty member** than did all other faculty members, assistant professors indicated higher satisfaction with **start-up funds,** and full professors indicated higher satisfaction with the **availability of nearby parking** than did all other faculty members. In comparison to associate professors, assistant professors indicated higher satisfaction with **salary**, **classroom space**, **time available for scholarly work** and **committee and administrative responsibilities**, while full professors also indicated higher satisfaction with **salary**, **access to teaching assistants**, and **quality of graduate students** than did associate professors.

[15] For the analysis by rank, we grouped respondents into 4 categories: (a) Professor, (b) Associate Professor, (c) Assistant Professor, and (d) Other. As only instructors fell in the "Other" category, we used, for brevity, "instructors" to refer to the "Other" category in the report.

[16] In comparison to associate professors, Duke assistant nonclinical professors indicated higher satisfaction with committee and administrative responsibilities. When checking the proportion of respondents who indicated dissatisfaction with various aspects of their professional and intellectual life at Duke, we found that more than two-fifths of Duke instructors indicated dissatisfaction in three areas: (a) start-up funds (42%), (b) space for postdoctoral fellows and graduates (50%), and (c) time available for scholarly work (50%).

- Cross-school examinations showed that Duke nonclinical faculty from each rank compared very favorably with their COFHE peers. Notably, Duke nonclinical professors indicated higher satisfaction in 11 of 20 areas than did their COFHE peers, including **parking**, **space**, **library** and **computer resources**, **support for securing grants**, **time available for scholarly work**, and **committee and administrative responsibilities**. Duke associate nonclinical faculty indicated higher satisfaction in 5 areas concerning **parking**, **office space**, **library and computer resources**, and **computing support staff**, and Duke assistant professors indicated higher satisfaction with **salary**, **parking**, **library and computer resources**, and **support for securing grants**. Duke instructors indicated higher satisfaction with classroom **space and library resources**. Of 20 common areas, Duke full professors (and assistant professors as well) only indicated lower satisfaction with **access to teaching assistants** and **quality of graduate students**, while assistant professors indicated lower satisfaction with **advising responsibilities** and **time available for scholarly work**, and instructors indicated lower satisfaction with access to **teaching assistants** and **teaching responsibilities**.

  B. **<u>Workload</u>**. Of all Duke nonclinical faculty, assistant professors were most likely to indicate that their overall workload was about right, while instructors were least likely to indicate so (Assistant Professor 59%, Associate Professor 52%, Professor 55%, and Other 38%). At peer schools, instructors were most likely to agree that their overall workload was about right, while associate professors were least likely to indicate so (Assistant Professor 57%, Associate Professor 49%, Professor 51%, and Other 68%).

- With regard to **teaching and advising**, Duke instructors were most likely to teach **undergraduate students**, to **have a large number of students** in their undergraduate classes, to have TAs for their graduate classes, and to indicate that their **graduate classes were close to their research interests**, and to serve as **advisors** to undergraduate and informal students.

- As can be expected, Duke full and associate nonclinical professors were more likely than assistant and instructors to serve on **departmental**, **university,** and **external committees** or boards related to their discipline. In addition, Duke full professors were most likely to **serve as chair** of department or unit and in **other administrative capacities** and to have received **teaching relief** for their services in these regards.[17]

- Duke full nonclinical professors were most actively engaged in scholarly activities; they were especially likely to indicate having submitted **papers** for publication or presentation, **authored and edited books**, and **chapters** for review in the past 12 months. In addition, assistant, associate, and full professors were more likely than

[17] A similar pattern was also noted at peer schools with respect to teaching, advising, and committee service.

instructors to indicate having submitted **grant proposals** in the past 12 months. Peer schools had a similar pattern, and the only difference was that it was associate professors, not full professors, appeared most likely to indicate having submitted **papers** for publication and presentation and **grant proposals** for review.

- With respect to time use, assistant, associate, and full nonclinical professors were more likely than instructors to report spending **hours working in a typical week**, Duke and peer schools alike (Duke: Assistant Professor 55, Associate Professor 56, Professor 56, and Other 50. Peer: Assistant Professor 61, Associate Professor 59, Professor 58, and Other 46). Sub-analyses showed that in comparison to assistant, associate, and full professors, instructors were more likely to spend time on **teaching** but less time on **scholarship**. While full professors were most likely to report devoting time to **external consulting**, assistant professors were least likely to spend time in **fulfilling administrative responsibilities**. This pattern was noted at both Duke and peer schools.

- In terms of work-related stress, Duke assistant nonclinical professors were most likely to indicate **securing funding for research**, **scholarly productivity,** and **review/promotion process**, but least likely to cite **committee and/or administrative responsibilities,** as sources of stress, while instructors were more likely to find **teaching** and **departmental politics** highly stressful. At peer schools, assistant professors were most likely to indicate **scholarly productivity**, **teaching**, and **review/promotion process**, but least likely to find **committee and/or administrative responsibilities**, highly stressful, while full professors were most likely to indicate **timing of departmental meetings and functions**, **managing a research group**, and **committee and/or administrative responsibilities**, but least likely to find **review/promotion process**, highly stressful. Associate professors were most likely to cite **securing funding for research**, **advising responsibilities**, and **departmental politics** as their sources of stress.

- With regard to 5 local statements on **overall workload and responsibilities**, sub-analyses showed 4 significant differences: Duke assistant nonclinical professors were more likely than full and associate professors to agree that "**My workload is the same as other faculty of my rank in my department/unit,**" while full professors were more likely than assistant and associate professors to agree that "**I have enough time to manage responsibilities as a faculty member and my personal/family responsibilities.**" On another positive note, they were less likely than all other faculty members to agree that "**I would be happier at an institution with a lower level of stress due to time conflicts between work and personal/family responsibilities**" and that "**Because of the workload it is difficult to combine a successful Duke faculty career with significant personal responsibilities**."

- With regard to the **impact of the current economic climate**, Duke nonclinical faculty from each rank appeared to perceive that it had a slightly less impact on their work productivity (Professor 39%, Associate Professor 47%, Assistant Professor 45%, and Other 42%) than on their overall work satisfaction (Professor 57%, Associate Professor 63%, Assistant Professor 63%, and Other 71%).

C. <u>Departmental Atmosphere</u>. In general, Duke full nonclinical professors viewed their departmental atmosphere more favorably than other faculty members in most areas. Notably, Duke full professors were more likely than associate professors to indicate agreement to items concerning diversity and sense of belonging, and instructors were less likely than other faculty members to indicate agreement to items on faculty collaboration, work, and social environments.

- In comparison to associate professors, Duke full nonclinical professors were more likely to indicate agreement to 5 statements: (a) "**My colleagues value my research/scholarship**." (b) "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling departmental/unit obligations**." (c) "**Commitment to diversity is demonstrated**." (d) "**I feel a strong sense of belonging to a community of faculty**." And (e) "**I am proud to tell people that I work at Duke**." Also, they were more likely than all other faculty to agree that "**I have a voice in the decision-making that affects the direction of my department/unit**" and that **I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member.**"

- In addition, compared with full professors, Duke nonclinical instructors were less likely to indicate agreement in 4 areas: (a) "**My colleagues value my research/scholarship**." (b) "**I am satisfied with opportunities to collaborate with faculty in other units at my institution**." (c) "**My chair/director/dean creates a collegial environment**." And (d) "**The academic leadership is effective**." Both assistant and associate professors were more likely than full professors to agree that that "**I have to work harder than some of my colleagues to be perceived as a legitimate scholar**."

- At peer schools, full professors appeared to have more favorable perceptions on their departmental atmosphere than did instructors. Notably, they were more likely than all other faculty members to indicate agreement to 4 positively-worded statements: (a) "**I am satisfied with opportunities to collaborate with faculty in my primary department/unit**." (b) "**I am satisfied with opportunities to collaborate with faculty in other units at my institution**." (c) "**I have a voice in the decision-making that affects the direction of my department/unit**." And (d) "**I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member.**" In addition, full professors were more likely than instructors to agree that "**My colleagues value my research/scholarship**." Assistant professors were more likely than associate and full professors to agree that "**My chair/director/dean creates a collegial environment**" and that "**My chair/director/dean helps me obtain the resources I need**." As for two negatively-worded statements, instructors were more likely than all other faculty to agree

that "**I feel excluded from an informal network in my department/unit**" and "**I have to work harder than some of my colleagues to be perceived as a legitimate scholar**."

- Cross-school examinations showed that Duke nonclinical faculty compared favorably with their COFHE peers in most aspects but less favorably in **collegiality**, **faculty collaboration**, and **leadership** in creating a supportive work environment and helping obtain needed resources.

D. **Mentoring**. Of all Duke nonclinical faculty members, full professors were most likely to indicate having served as mentors to other faculty members (Professor 83%, Associate Professor 66%, Assistant Professor 29%, and Other 60%); assistant professors were most likely to indicate having had one or more formal mentors (Assistant Professor 40%, Associate Professor 30%, Professor 20%, and Other 15%) and informal mentors (Assistant Professor 86%, Associate Professor 72%, Professor 50%, and Other 45%) and that they had received adequate mentoring while at Duke (Assistant Professor 57%, Associate Professor 46%, Professor 42%, and Other 20%). At peer schools, assistant professors were most likely to indicate having received adequate mentoring, while instructors were least likely to indicate so (Assistant Professor 64%, Associate Professor 63%, Professor 54%, and Other 48%).

- In general, Duke assistant, associate, and full nonclinical professors tended to indicate that **formal mentors they chose by themselves** were more helpful than those who were assigned to them. They perceived, however, **informal mentors** both inside and outside Duke were similarly highly helpful.

E. **Promotion/Tenure**. In comparison to other faculty members, Duke full nonclinical professors appeared more likely to agree that the criteria for promotion (Professor 69%, Associate Professor 50%, Assistant Professor 45%, and Other 14%) and tenure[18] (Professor 75%, Associate Professor 66%, Assistant Professor 59%, and Other 43%) were clearly communicated. Among key items considered in the tenure and promotion processes, assistant, associate, and full professors were more likely than instructors to indicate that research was highly valued in the promotion and tenure processes, while assistant and associate professors and instructors were more likely than full professors to indicate that teaching, service, and mentoring were more undervalued than valued appropriately.

- In general, Duke full nonclinical professors were more likely than instructors to be aware of Duke policies on **flexible arrangements**, **parental leave**, and **tenure extensions**,

[18] At peer schools, roughly 75% of full nonclinical professors agreed that the criteria for tenure were clearly communicated, while 50% of associate professors and 49% of assistant professors indicated so.

while assistant professors and instructors were more likely than full and associate professors to stress the **importance** of these policies.

- In comparison to other faculty members, Duke assistant nonclinical professors were more likely to indicate that they had received **relief from teaching** or other workload duties for personal reasons and were more likely to indicate that their department/unit was **supportive** concerning relief from teaching or other workload duties, while instructors at peer schools were most likely to indicate so.

F. <u>Hiring/Retention</u>. Among Duke nonclinical faculty, instructors were most likely to indicate having received an outside job offer (Professor 24%, Associate Professor 26%, Assistant Professor 12%, and Other 33%), which resulted noticeably in adjustments to salary for full and associate professors and instructors. At peer schools, associate nonclinical professors were most likely to indicate having received an outside job offer (Professor 26%, Associate Professor 36%, Assistant Professor 14%, and Other 9%), which also resulted noticeably in adjustments to salary for associate and full faculty. In comparison to full professors, Duke other nonclinical faculty, especially assistant professors, showed lower likelihood to stay, while other nonclinical faculty at peer schools, especially associate professors, showed higher likelihood to leave their institution.[19]

- When asked how likely they would **leave** their institute in the next three years, roughly 65% of Duke full nonclinical professors, 54% of associate professors, 45% of assistant professors, and 56% of instructors indicated that they would choose to remain at Duke; only a small proportion indicated they would leave Duke in the next three years (Assistant Professor 26%, Associate Professor 23%, Professor 17%, and Other 39%). Among those who indicated they were likely to leave, Duke other nonclinical professors were significantly more likely than full professors to indicate various reasons to leave. In comparison to full professors, assistant and associate professors and instructors were more likely to indicate **improving their prospects for tenure** and **reducing stress**, but less likely to indicate **retirement** as their reasons to leave. In addition, assistant professors were more likely than full professors to cite **addressing child-related issues** and **improving spouse job situation** as their reasons to leave.

- In comparison to associate professors, assistant professors were less likely to cite **increasing time to do research** but more likely to indicate **pursuing a non-academic**

[19] To identify factors that were likely to affect faculty likelihood of leaving, we conducted multiple regression analysis, using faculty workload (i.e., teaching, advising, and committee work), work-related stress, life stress, departmental atmosphere, gender, race/ethnicity, and rank as independent variables. The results showed that faculty likelihood of leaving was positively related to rank but negatively correlated with workload, stress, and departmental atmosphere. Specifically, in comparison to full professors, assistant professors were more likely to leave, and faculty who scored high on the number of graduate classes, the level of stress related to managing research (i.e., securing funding for research and managing a research group or grant), departmental leadership, social and work environment, and sense of community demonstrated lower likelihood to leave.

job and **addressing child-related issues** as their reasons to leave. Also, instructors were more likely than full professors to cite **increasing their salary**, **reducing stress**, and **addressing child-related issues** as their reasons to leave.

- At peer schools, in comparison to full professors who were less likely than all other faculty to indicate they would leave because they wanted to improve their prospects for tenure, assistant and associate professors were more likely to indicate **addressing child-related issues** and improving **spouse employment situation, reducing stress,** and **lowering the cost of living**, but less likely to **cite retirement**, as their reasons to leave. In addition, associate professors and instructors were more likely than full and assistant professors to indicate increasing their **salary**, **enhancing their career in other ways**, as their reasons to leave. In comparison to all other faculty, associate professors were more likely to cite **finding a more supportive work environment**, and instructors were more likely to indicate **pursuing a non-academic job,** as their reasons to leave. In addition, both associate and full professors were more likely than assistant professors and instructors to indicate **increasing their time to do research** as one of their reasons to leave.

G. <u>Life outside the Institution</u>. In comparison to full professors, Duke assistant and associate nonclinical professors and instructors seemed more likely than full professors to find it stressful to manage household responsibilities and to handle childcare and the cost of living. In comparison to assistant professors and instructors, full and associate professors were more likely to indicate taking care of sick relatives as one of their sources of stress in their life outside the institution. At peer schools, assistant and associate professors were more likely than full professors to find managing household responsibilities and handling childcare and the cost of living stressful. In addition, full professors and instructors were more likely than associate and assistant professors to cite taking care of sick relatives as one of their sources of stress.

- Cross-school examinations showed Duke full, assistant, and associate nonclinical professors were less likely than their COFHE peers to report the **cost of living** as a source of stress. Also, Duke full and associate professors were less likely than their COFHE peers to indicate **childcare** as a source of stress.

- Of Duke nonclinical faculty, full professors were most likely to indicate that they had a **spouse or domestic partner**, while instructors were least likely to indicate so (Professor 91%, Associate Professor 82%, Assistant Professor 88%, and Other 78%). A similar pattern was also noted at peer schools (Professor 91%, Associate Professor 87%, Assistant Professor 83%, and Other 80%). For those who had a spouse or partner, Duke nonclinical instructors were most likely to indicate their spouse or partner was **currently employed** (Professor 69%, Associate Professor 75%, Assistant Professor 70%, and Other 100%).

- Among Duke nonclinical faculty, instructors were most likely to indicate that they had a **commuting relationship** with their spouse or partner (Other 29%, Professor 13%, Associate Professor 12%, and Assistant Professor 19%). Duke assistant professors were most likely to indicate that their spouse or partner had problems **finding a job in the area** (Assistant Professors 37%, Associate Professor 27%, Professor 24%, and Other 27%).[20] While Duke full nonclinical professors were most likely to indicate that their spouse/partner was satisfied with their **employment situation** (Professor 66%, Associate Professor 57%, Assistant Professor 67%, and Other 78%), instructors were most likely to report that they were satisfied with **spouse/partner benefits** (Professor 70%, Associate Professor 62%, Assistant Professor 67%, and Other 78%).

- In comparison to full professors, assistant and associate professors and instructors were more likely to have **children** under 12 years old but less likely to have kids were 18 or older. Peer schools had a similar pattern. Compared with assistant professors and instructors, a larger proportion of Duke associate and full nonclinical professors indicated that they were currently **caring for sick relatives** (Professor 20%, Associate Professor 20%, Assistant Professor 11%, and Other 13%). At peer schools, approximately 21% of full professors and 19% of instructors indicated that they were currently **caring for sick relatives**, compared with 9% of assistant professors and 12% of associate professors who indicated so.

[20] A similar pattern was also apparent at peer schools (Assistant Professor 45%, Associate Professor 39%, Professor 26%, and Other 27%).

2010 Faculty Survey Results—Clinical

Highlights

659 of 1652 Duke clinical faculty in the School of Medicine participated in the 2010 Faculty Survey, with a response rate of roughly 40%. Table 1 displays Duke clinical faculty respondents by gender, race/ethnicity, and rank compared with actual population proportions.

Table 1 Duke Clinical Respondents to the 2010 Faculty Survey

	Survey #	Survey %	Actual %
Gender			
Male	394	59.8%	63.6%
Female	265	40.2%	36.4%
Race/Ethnicity			
Black	17	2.6%	3.8%
Asian	94	14.3%	15.3%
Hispanic	13	2.0%	2.3%
White	535	81.2%	78.6%
Rank			
Professor	150	22.8%	21.9%
Associate Professor	179	27.2%	25.7%
Assistant Professor	288	43.7%	46.5%
Other Regular Rank	42	6.4%	5.9%

As indicated in the table, the demographic profile of clinical respondents was similar to the demographic profile of the actual population. While a slightly larger proportion of women and White faculty responded to the survey, a slightly smaller proportion of men, Asian faculty, and assistant professors took the survey; the difference was, however, not significant.

The purpose of this study was to examine clinical faculty's perceptions of their daily experiences at Duke. The study focused on clinical faculty's satisfaction with key dimensions of their professional and intellectual life and their views on the nature of faculty workload, departmental atmosphere, mentoring, promotion/tenure practices, hiring/retention, and their life outside Duke. In our analyses, we examined Duke clinical faculty members' responses to questions that were included in both the 2005 and 2010 versions of the Faculty Survey and also compared Duke clinical faculty members' responses to the 2010 Faculty Survey with the responses from their peers at 2 COFHE institutions (i.e., Stanford and Northwestern). Among the COFHE institutions, Northwestern conducted the survey in 2007, while Stanford administered the survey in 2008, all before the onset of the economic crisis. The COFHE comparison institutions were referred to as "Peer" in the report. We also conducted analyses by subgroups of interest (i.e., by gender, race/ethnicity, and rank) for a nuanced understanding of the survey results.

In what follows, we report our major findings and leave out results with fewer than 5 responses. Throughout the analysis, for convenience and to set some standards for when narrative discussion of findings is warranted, we have employed $p < .05$ to indicate formal statistical significance, which is commonly used as a minimum threshold for hypothesis rejection in scientific enquiry. A notation that a finding was formally statistically significant does not, however, always require our concern. Formal statistical significance coupled with a small absolute means difference only indicates that we are highly confident that the difference is both real and small. Hence we have also used an effect size of greater than .10 [1] to gauge statistically significant findings. At times, however, noteworthy findings do not quite meet the (arbitrarily specific) $p < .05$ threshold for formal significance. Such findings are also reported when the working group believed they were nevertheless of practical management value when viewed within our institutional context.

What we want to stress here is that judgment must be exercised in all cases to determine whether findings are actionable. The ratio of signal to noise that tests of significance provide is necessary but not sufficient to determine what findings are worth discussing or acting on.

I. Key Findings-All Respondents

A. **<u>Satisfaction</u>**. A set of 32 questions in the 2010 Faculty Survey asked respondents to indicate their satisfaction with their various aspects of professional and intellectual life on a 5-point scale with 1 = very dissatisfied and 5 = very satisfied. Overall, Duke clinical faculty in 2010 compared favorably with their COFHE peers. Roughly 76% of Duke clinical faculty indicated they were somewhat or very satisfied with being a faculty member at Duke, compared to 77% of their 2005 peers and 76% of their COFHE counterparts. On a very positive note, Duke clinical faculty indicated higher satisfaction with the resources Duke provided to support their research than did their 2005 peers.

- Of 17 specific aspects of their professional and intellectual life that were included in both the 2005 and 2010 surveys, Duke clinical faculty indicated higher satisfaction in 5 specific areas (i.e., **current rank**, **office space**, **lab or research space**, **clerical and technical support**) but lower satisfaction in 3 areas (i.e., **library and computer resources**, and **committee/administrative responsibilities**).

- In comparison to their COFHE peers, Duke clinical faculty indicated higher satisfaction in 5 of 19 common specific aspects (i.e., **availability of nearby parking**, **office space**, **lab or research space**, **computing support staff**, and **quality of graduate students**) but

[1] As suggested by some researchers, an effect size of less than .10 is substantially trivial, meaning the differences are too small to warrant consideration in making policy decisions. We considered an effect size larger than .10 to be notable and of potential practical import.

lower satisfaction in 6 areas (i.e., **salary**, **start-up funds**, **library resources**, **computer resources**, **teaching responsibilities**, and **access to teaching assistants**).[2]

B. **Workload**. Duke clinical faculty and their COFHE counterparts rated the reasonableness of their workload very similarly. Approximately 49% of them considered their workload was about right.

- With respect to teaching and advising, Duke clinical faculty indicated teaching more graduate classes, having a larger **number of students** in their graduate classes, and serving as **advisors** to more graduate and postdoctoral students than did their counterparts at peer schools.

- In comparison to their COFHE peers, Duke clinical faculty were less likely to serve on **departmental** and **external committees**. They were more likely to serve in **administrative capacities** but less likely to receive **teaching relief** in exchange for serving as chair of department/unit. With respect to scholarly activities, Duke clinical faculty appeared less likely than their COFHE peers to have submitted **grant proposals** in the past 12 months.

- In general, clinical faculty at Duke and peer schools spent a large proportion of their work week on scholarship and clinical work. By comparison, Duke clinical faculty were less likely to spend time on **teaching** and **meeting or communicating with students outside of class** but more likely to spend time on **scholarship**.

- Regardless of institutions, clinical faculty tended to consider securing funding and scholarship productivity highly stressful. In comparison to their COFHE peers, Duke clinical faculty were more likely to indicate **timing of departmental meetings and functions** but less likely to report **teaching** as their sources of stress. Also, in comparison to their 2005 peers, Duke clinical faculty in 2010 were more likely to perceive **managing a research group or grant** as a source of stress but less likely to find **review/promotion process** stressful.

- On a positive note, in comparison to their 2005 peers, Duke clinical faculty in 2010 were more likely to agree that their **workload was the same** as other faculty of their rank in their department or unit (48% vs. 40%) and less likely to agree that it was **difficult to combine a successful Duke faculty career with significant personal responsibilities because of the workload** (52% vs. 63%).

- In the 2010 Faculty Survey, two local questions asked respondents to indicate the impact of the current economic climate on their work productivity and overall work satisfaction. Overall, 55% of Duke clinical respondents indicated that the current economic climate

[2] In their free text responses, Duke clinical faculty suggested that Duke should devote more resources to 9 areas in order to improve teaching. Of those 9 areas, most notably, more than one-third (37%) of them thought Duke should provide more compensation/reward.

adversely impacted their **work productivity**, and 69% reported that it had a negative impact on their **overall work satisfaction**.[3]

C. <u>Departmental Atmosphere</u>. Duke clinical faculty had more favorable perceptions of their departmental atmosphere with respect to scheduling department/unit obligations and women with family responsibilities than did their 2005 peers. In comparison to their COFHE peers, they viewed their departmental atmosphere less favorably in 7 of 12 common areas.

- In the 2010 Faculty Survey, respondents were asked to indicate their agreement to a set of 20 statements concerning the atmosphere of their department or unit. Of these 20 statements, Duke clinical faculty were most likely to agree that they were proud to tell people that they **worked at Duke**. In comparison to their 2005 peers, Duke clinical faculty were less likely to agree that "**My colleagues value my research/scholarship**." On a positive note, they were more likely to agree that "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling department/unit obligations**" and to think that **women faculty with family responsibilities** were viewed or treated similarly rather than differently in comparison to their male peers.

- Compared with their COFHE peers, Duke clinical faculty were less likely to indicate agreement to 7 of 12 statements: (a) "**Interdisciplinary research is recognized and rewarded by my department/unit**." (b) "**My chair/director/dean creates a collegial and supportive environment**." (c) "**My chair /director/dean helps me obtain the resources I need**." (d) "**I have a voice in the decision-making that affects the direction of my department/unit**." (e) "**I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member**." (f) "**My department/unit is a good fit for me**." And (g) "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling department/unit obligations**."

D. <u>Mentoring</u>. Roughly 44% of Duke clinical faculty indicated that they had received adequate mentoring while working at Duke, compared to 39% of clinical faculty at peer schools who indicated so. Roughly 39% of Duke clinical faculty reported having had formal mentoring, while 76% of them indicated having had informal mentoring.

- Roughly 61% of Duke clinical faculty indicated that they had **served as mentors** to other faculty members.

[3] In comparison to nonclinical faculty, Duke clinical faculty appeared more likely to indicate that the current economic climate had adversely affected their work productivity (55% vs. 43%) and overall work satisfaction (69% vs. 60%).

- Most Duke clinical faculty indicated that they did not have **formal mentors**. For those who indicated they had formal mentors, they tended to indicate that the mentors **chosen by themselves** were more helpful than those who were **assigned to them**.

- Roughly 76% of Duke clinical faculty indicated that they had one or more **informal mentors** and found that the informal mentoring from the mentors both inside and outside Duke was similarly highly helpful.

E. <u>Promotion/Tenure</u>. Approximately 42% of Duke clinical faculty agreed that the criteria for tenure were clearly communicated, while roughly 54% indicated so for the criteria for promotion.[4] Among key items considered in the tenure and promotion processes, Duke clinical faculty perceived that research was highly valued and that teaching, service, clinical work, and mentoring were more undervalued than valued appropriately. When asked what changes should be made to improve the promotion and tenure process, notably more than one-third (36%) of Duke clinical faculty suggested improving communication; 21% suggested rewarding teaching; 10% suggested rewarding service; and 15% of them suggested improving mentoring.

- In comparison to their COFHE peers, a smaller proportion of Duke clinical faculty agreed that the criteria for tenure were clearly communicated (42% vs. 57%). Also, Duke clinical faculty were less likely to perceive that research and service were appropriately valued in the tenure process.

- As for Duke policies on **flexible work arrangements**, **parental leave**, and **tenure clock extensions**, Duke clinical faculty appeared to be more aware of parental leave than the other two. While they did not emphasize the **importance** of these policies as their ratings were at or a bit over 2 on a 4-point scale, they placed slightly higher importance on the first two than the last one.

F. <u>Hiring/Retention</u>. When asked how likely they would **leave** their institution in the next three years, roughly 49% of Duke clinical faculty indicated they were unlikely to leave, compared with 57% of their COFHE peers who indicated so. Approximately 27% of Duke clinical faculty indicated they were likely to leave, while 24% of their COFHE peers indicated so.

- In comparison to their COFHE peers, Duke clinical faculty who intended to leave in the next three years were more likely to indicate that they would leave because they wanted to **increase their salary**, to **enhance their career in other ways**, to **find a more supportive work environment** and to **improve spouse employment situation**, while their COFHE peers were more likely to cite **increasing their time to do research** and **lowering their cost of living** as their reasons to leave their institution.

[4] On a positive note, in comparison to their 2005 peers, a larger proportion of clinical faculty in 2010 indicated that the criteria for promotion were clearly communicated (54% vs. 44%).

G. <u>Life outside the Institution</u>. In comparison to their 2005 peers, Duke clinical faculty were less likely to indicate care of sick relatives, their own health, and personal daily financial responsibilities as their sources of stress. In comparison to their COFHE peers, they were less likely to find it stressful to cope with the cost of living in their life outside the institution.

- Roughly 92% of Duke clinical faculty indicated they had a **spouse or partner**, and roughly 70% of them reported that their spouse or partner was **currently employed**.

- Duke clinical faculty and their COFHE peers were similarly likely to indicate that their spouses/domestic partners were satisfied with their **employment situation** (60% vs. 66%) and that they were satisfied with **spouse or domestic partner benefits** (67% vs. 62%).

- Approximately 26% of Duke clinical faculty and 21% of their COFHE peers indicated that their spouse/domestic partner **had problems finding an appropriate job** in the area. Roughly 86% of Duke clinical faculty reported having **children**, while 93% of their COFHE peers indicated so.

II. Key Findings by Gender

A. <u>Satisfaction</u>. Duke female clinical faculty and their male peers were similarly highly satisfied with most aspects of their professional and intellectual life, and they differed from each other in their perceptions in 4 areas. In comparison to their male peers, Duke female clinical faculty indicated lower satisfaction with their salary, access to teaching assistants, and advising responsibilities, but higher satisfaction with gathering spaces. At peer schools, female clinical faculty indicated higher satisfaction with the quality of graduate students but lower satisfaction with being a faculty member, salary, start-up funds, lab or research space, technical and research staff, support for securing grants, other resources for research, teaching responsibilities, and time available for scholarly work than did their male peers.

- In comparison to their corresponding COFHE peers, both Duke female and male clinical faculty indicated higher satisfaction with the **availability of nearby parking**, **office space**, and the **quality of graduate students** but lower satisfaction with **salary** and **library resources**. In addition to the aforementioned areas, Duke female clinical faculty indicated higher satisfaction with **lab or research space** but lower satisfaction with **access to teaching assistants**, while Duke male clinical faculty indicated lower

satisfaction with **start-up funds**, **teaching responsibilities**, and **time available for scholarly work** than did their COFHE peers.[5]

B. **Workload**. Roughly 49% of Duke female clinical faculty indicated that their overall workload was about right, compared to 50% of their male peers who indicated so. At peer schools, 43% of female clinical faculty indicated that their workload was about right, while 51% of their male peers reported so. Sub-analyses showed a few significant differences with respect to teaching, committee services, scholarly activities, and sources of work-related stress.

- With respect to 5 local questions on overall workload, on a positive note, Duke female clinical faculty were more likely than their male peers to agree that "**My workload is the same as other faculty of my rank in my department or unit**." On a negative note, they were less likely than their male peers to agree that "**I have enough time to manage both my responsibilities as a faculty member and my personal/family responsibilities,**" but more likely to agree that "**I would be happier at an institution with a lower level of stress due to time conflicts between work and personal/family responsibilities**" and that "**Because of the workload it is difficult to combine a successful Duke faculty career with significant personal responsibilities**."

- With regard to teaching and advising, Duke female clinical faculty appeared less likely to teach **graduate classes** but more likely to report a large number of **students** in their graduate classes. Also, Duke female clinical faculty were less likely to serve on **university/external committees** and to serve as **chair of the department/unit** and **in other administrative capacities**.

- With respect to scholarly activities, Duke female clinical faculty were less likely to indicate having submitted **papers** for publication or presentation in the past 12 months.

- In general, Duke female clinical faculty tended to indicate working more **hours in a typical work week** (55 vs. 60) than did their male peers, but they were as likely as their male peers to indicate devoting a large proportion of their time to **scholarship** and **clinical work.**

- With respect to the sources of work-related stress, Duke female clinical faculty were more likely to find **timing of departmental meetings and functions** to be highly stressful. Female clinical faculty at peer schools also were more likely than their male peers to spend **time on teaching** and cited **scholarly productivity** and **review/promotion process** as their major sources of stress in the past 12 months.

[5] When checking the proportion of respondents who indicated dissatisfaction with various aspects of their professional and intellectual life at Duke, we found that a large proportion of Duke female clinical respondents indicated dissatisfaction with start-up funds (55%) and time available for scholarly work (42%).

- With regard to the impact of the current economic climate, Duke female clinical faculty and their male peers were similarly likely to indicate a negative impact on their **work productivity** (52% vs. 57%) and **overall work satisfaction** (71% vs. 68%); no statistically significant difference was evident.

C. <u>Departmental Atmosphere</u>. In general, Duke female clinical faculty and their male peers viewed their departmental atmosphere similarly favorably in most areas and only a few significant differences were found. Female clinical faculty at peer schools had in general less favorable perceptions of the departmental atmosphere than did their male peers.

- In comparison to their male peers, Duke female clinical faculty were less likely to agree to two statements: (a) "**I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member**." And (b) "**I am proud to tell people that I work at Duke**." On another negative note, they were more likely than their male peers to agree that "**I have to work harder than some of my colleagues to be perceived as a legitimate scholar**" and that "**Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit**."

- Female clinical faculty at peer schools had less favorable perceptions of their departmental atmosphere in a wide range of aspects. Notably, they were less likely than their male peers to indicate agreement to 8 of 10 positively-worded statements (e.g., **colleagues valuing my research**, **being satisfied with faculty collaboration in the department or in other units**, **chair/dean/director creating a collegial and supportive environment and helping obtain the resources**, **having a voice in the decision-making**, **navigating the unwritten rules**, and **faculty may raise personal responsibilities**) but more likely to indicate agreement to 2 negatively-worded statements (i.e., feeling **excluded** from an informal network and **having to work harder** to be perceived as legitimate scholars).

D. <u>Mentoring</u>. Roughly 48% of Duke female clinical faculty and 32% of their male peers indicated having had one or more formal mentors. Also, approximately 83% of them indicated having had one or more informal mentors, compared to 71% of their male peers who indicated so. When asked whether they had had adequate mentoring while at Duke, Duke female clinical faculty and their male peers were similarly likely to indicate a positive response (45% vs. 44%).

- Roughly 54% of Duke female clinical faculty indicated having **served as mentors** to other faculty members, compared with 66% of their male peers who indicated so.

- In comparison to their male peers, Duke female clinical faculty were slightly more likely to have **formal mentors** (48% vs. 32%) and **informal mentors** (83% vs. 71%). Both Duke female and male clinical faculty were, however, similarly likely to indicate that the formal **mentors chosen by themselves** were more helpful than those who were **assigned to them**. Also, they were similarly likely to find informal mentors from **inside** and **outside Duke** helpful.

- When asked whether they had had **adequate mentoring** while at Duke, Duke female clinical faculty and their male peers were similarly likely to indicate a positive response (45% vs. 44%). Approximately 30% of female clinical faculty at peer schools indicated having had adequate mentoring, compared to 43% of their male peers who indicated so.

E. **<u>Promotion/Tenure</u>**. In general, Duke female clinical faculty and their male peers were similarly likely to perceive that the criteria for promotion (56% vs. 52%) and tenure (41% vs. 43%) were clearly communicated.[6] Among key items considered in the promotion and tenure processes, both Duke female clinical faculty and their male peers considered that research was highly valued, while more than three-fifths of them perceived that teaching, service, and mentoring were undervalued for tenure and promotion.

- With regard to Duke policies on **flexible arrangements**, **parental leave**, and **tenure extensions**, Duke female clinical faculty were more likely than their male peers to be aware of the last two policies and to stress the importance of all three policies.

- In comparison to their male peers, Duke female clinical faculty were more likely to indicate that they had received **relief from teaching** or other workload duties for personal reasons, including care giving for a child or parent, own health concerns, and a family crisis (45% vs. 18%). Also, they were more likely to indicate having had their **tenure clock slowed or stopped** for personal reasons since they started working at Duke (31% vs. 15%). A similar pattern was also apparent at peer schools.

F. **<u>Hiring/Retention</u>**. Roughly 14% of Duke female clinical faculty indicated having received a formal or informal job offer that they took to their department/unit chair/dean in the last 5 years, while 27% of their male peers indicated so,[7] and the outside job offer resulted in adjustments to salary slightly more likely for men than for women. Duke female clinical faculty and their male peers showed similarly high likelihood of staying at Duke.

[6] At peer schools, roughly 44% of female clinical faculty agreed that the criteria for tenure were clearly communicated, while 61% of their male peers indicated so.

[7] Approximately 18% of female clinical faculty at peer schools indicated they had received a formal or informal job offer in the last 5 years, compared to 23% of their male peers who indicated so, and the outside job offer resulted in adjustment to salary, administrative responsibilities, and lab start-up similarly likely for men and women.

- When asked how likely they would leave their institution in the next three years, roughly 47% of Duke female clinical faculty indicated they were **unlikely to leave**, compared with 51% of their female peers who indicated so. While roughly 29% of Duke male clinical faculty indicated they were likely to leave, 27% of Duke female clinical faculty reported so. At peer schools, 23% of men and 24% of women indicated they were likely to leave.

- In comparison to their male peers who seemed more likely to indicate that they would leave Duke because they wanted to **increase their time to do research,** Duke female clinical faculty appeared more likely to indicate **reducing stress**, **addressing child-related issues**, and **improving spouse employment situation** as their major reasons to leave. At peer schools, women were also more likely than their male peers to indicate a variety of reasons to leave, including **improving their prospects for tenure**, **finding a more supportive environment, increasing time to do research**, **reducing stress**, **addressing child-related issues**, and **improving spouse employment situation**.

G. <u>Life outside the Institution</u>. In general, female clinical faculty at Duke and peer schools were more likely than their male peers to indicate managing household responsibilities and childcare as their major sources of stress in their life outside the institution.

- Roughly 88% of Duke female clinical faculty indicated having a **spouse or domestic partner**, compared to 95% of their male peers who indicated so. For those who indicated having a spouse or domestic partner, Duke female clinical faculty were more likely to report that their spouse or domestic partner was currently **employed** (84% vs. 62%) and was a **faculty member** (36% vs. 24%).

- Approximately 21% of Duke female clinical faculty indicated having a **commuting relationship** with their spouse or partner, while 10% of their male peers indicated so. Also, 29% of them indicated that their spouse or partner had **problems finding an appropriate job** in the area, while 24% of their male peers reported so. Duke female clinical faculty were more likely than their male peers to report having **kids** under 4 years old (28% vs. 17%) but less likely to have kids who were 24 or older (9% vs. 19%). At peer schools, female clinical faculty were less likely to indicate having kids who were between 5 and 12 years old (10% vs. 14%) and kids who were 24 or older (8% vs. 13%).

- Roughly 24% of Duke female clinical faculty indicated they were currently **caring for sick relatives**, while 18% of their male peers indicated so. Similarly, 25% of female clinical faculty at peer schools and 19% of their male peers reported that they were currently caring for sick relatives.

- Duke female clinical faculty were more likely than their male peers to be **assistant professors** (54% vs. 37%) but less likely to be **full professors** (14% vs. 29%). A similar pattern was also apparent at peer schools.

A. <u>Satisfaction</u>. Duke clinical faculty from each racial/ethnic group were similarly highly satisfied with most aspects of their professional and intellectual life. Of 32 satisfaction items, Duke clinical racial/ethnic groups showed only a few significant differences. At peer schools, as the number of Black clinical faculty was fewer than 5 in half of the cases, no significant difference was noted.

- In comparison to their White peers, Duke Black clinical faculty indicated lower satisfaction with their **salary, time available for scholarly work**, and **intellectual stimulation of work**, while Duke Asian clinical faculty reported higher satisfaction with **resources for research and scholarship** but lower satisfaction with **benefits package** and **intellectual stimulation of work**. Also, Duke Black clinical faculty indicated lower satisfaction with **being a faculty member** and **salary** than did their Hispanic peers, and lower satisfaction with **time available for scholarly work** than did their Asian peers.

- When checking the proportion of respondents who indicated dissatisfaction with various aspects of their professional and intellectual life at Duke, we found that more than half of Duke Black clinical respondents indicated dissatisfaction with **salary** (75%), **start-up funds** (63%), **other resources for research** (60%), and **time available for scholarly work** (82%). At peer schools, a large proportion of Black clinical faculty indicated dissatisfaction with **salary** (60%) and **classroom space** (50%).

B. <u>Workload</u>. In comparison to their White and Asian peers, Duke Black and Hispanic clinical faculty appeared less likely to indicate that their overall workload was about right (Black 31%, Asian 58%, Hispanic 48%, and White 58%). At peer schools, Asian clinical faculty were most likely to indicate that their overall workload was about right, while Hispanic clinical faculty were least likely to indicate so (Black 50%, Asian 52%, Hispanic 44%, and White 48%).

- Duke clinical faculty from each racial/ethnic group had similar perceptions of many aspects of their work; few significant differences were noted. With respect to teaching and advising, Hispanic faculty were most likely to teach **undergraduate classes**, while Black faculty appeared most likely to teach **graduate classes** and to serve as **advisors** to graduate students. The difference between Black faculty and other faculty members was, however, not statistically significant in this regard.

- While no significant difference was noted with engagement in scholarly activities, Asian and White faculty appeared more likely than Black and Hispanic faculty to indicate having submitted **papers** for publication and presentation and **grant proposals** for review in the past 12 months.

- On average, Duke Black clinical faculty were most likely to **work more hours in a typical work week** (Black 62, Asian 56, Hispanic 55, and White 58). A similar pattern is also apparent at peer schools (Black 66, Asian 61, Hispanic 61, and White 61).

- Regardless of institutions, clinical faculty spent a major proportion of their work week on **scholarship** and **clinical work**. In comparison to other faculty, Duke Hispanic faculty were more likely to indicate that they devoted time to **external consulting**. At peer schools, Black and Asian faculty were more likely than Hispanic and White faculty to spend time on **scholarship**, and Asian faculty also were less likely than White faculty to devote time to **administrative responsibilities**.

- While no significant difference was noted with respect to sources of work-related stress at Duke, White clinical faculty at peer schools were more likely than Asian faculty to find **committee** work stressful.

- In comparison to their Hispanic and White peers, Black and Asian clinical faculty appeared more likely to indicate that the current economic climate adversely impacted their **work productivity** (Black 76%, Asian 70%, Hispanic 46%, and White 52%) and **overall work satisfaction** (Black 77%, Asian 76%, Hispanic 54%, and White 68%).

C. <u>Departmental Atmosphere</u>. In general, Duke Asian clinical faculty viewed their departmental atmosphere quite favorably. Notably, they were more likely than their Black peers to indicate agreement to 2 statements (i.e., "**I have a voice in the decision-making**" and "**I am proud to tell people that I work at Duke**"[8]). Also, they were more likely than their White peers to indicate agreement to 4 statements: (a) "**My colleagues value my research/scholarship**." (b) "**I am satisfied with faculty collaboration in the department/unit**." (c) "**My chair/dean/director creates a collegial environment**." And (d) "**I feel a strong sense of belonging to a community**."

- When checking the proportion of respondents who indicated disagreement to the statements on various aspects of their departmental atmosphere, we found that Duke Black clinical faculty were most likely to indicate disagreement to the statement "**I have a voice in the decision-making**" (Black 71%, Asian 34%, Hispanic 27%, and White 43%), while Duke Hispanic clinical faculty were, on a positive note, most likely to disagree that "**I have to work harder than some of my colleagues in order to be perceived as a legitimate scholar**" ((Black 31%, Asian 36%, Hispanic 78%, and White 47%).

[8] Duke White clinical faculty were also more likely than their Black peers to agree that "I am proud to tell people that I work at Duke."

- At peer schools, Black clinical faculty viewed many aspects of their departmental atmosphere quite favorably. Notably, they were most likely to indicate agreement to 5 positively-worded statements: (a) "**Interdisciplinary research is recognized & rewarded**." (b) "**My chair creates a collegial environment**." (c) "**I have a voice in the decision-making**." (d) "**I can navigate the unwritten rules**." And (e) "**My department/unit is a good fit for me**." On a negative note, however, they were more likely to agree that "**I have to work harder than some of my colleagues in order to be perceived as a legitimate scholar**."

D. **Mentoring**. Duke clinical faculty from each racial/ethnic group tended to indicate having had more informal mentoring than formal mentoring. In general, Duke Black clinical faculty were slightly more likely to report having had informal mentoring, while Hispanic clinical faculty were least likely to indicate having received adequate mentoring while working at Duke.[9]

- Roughly 57% of Duke Black clinical faculty and 56% of Hispanic faculty indicated that they had **served as mentors** to other faculty members, compared to 46% of their Asian peers and 63% of their White peers.

- Of Duke clinical faculty, Black faculty were most likely to indicate having had one or more **formal mentors** (Black 50%, Asian 48%, Hispanic 11%, and White 37%) and **informal mentors** (Black 92%, Asian 70%, Hispanic 67%, and White 77%), while **Hispanic faculty** were least likely to indicate so.

- When asked whether they felt as though they had received **adequate mentoring** while at Duke, a smaller proportion of Black and Hispanic clinical faculty indicated that they had had adequate mentoring when compared with their Asian and White peers (Black 29%, Asian 52%, Hispanic 22%, and White 44%). At peer schools, a larger proportion of Black and Hispanic clinical faculty indicated having had adequate mentoring when compared with their Asian and White peers (Black 50%, Asian 37%, Hispanic 50%, and White 38%).

E. **Promotion/Tenure**. Among Duke clinical racial/ethnic groups, Hispanic faculty were most likely to agree that the criteria for promotion and tenure were clearly communicated (Promotion: Black 42%, Asian 35%, Hispanic 50%, and White 45%. Tenure: Black 43%, Asian 55%, Hispanic 72%, and White 54%).[10] Among key items

[9] Due to the number of Black and Hispanic clinical faculty respondents in some cases, we also reported noteworthy patterns in addition to significant differences in the sections that follow.

[10] At peer schools, Black clinical faculty were most likely to agree that the criteria for tenure were clearly communicated (Black 67%, Asian 50%, Hispanic 56%, and White 57%).

considered in the tenure and promotion processes, Duke clinical faculty from each racial group perceived that research was highly valued and that teaching, service, clinical work, and mentoring were more undervalued than valued appropriately.

- With respect to Duke policies on **flexible work arrangements**, **parental leave,** and **tenure clock extensions**, Duke Hispanic clinical faculty were least likely to indicate that they were aware of the first and third policies, while Duke Black and Asian clinical faculty appeared more likely than their Hispanic and White peers to emphasize the importance of tenure clock extensions.

F. <u>Hiring/Retention</u>. Duke Black and Hispanic clinical faculty appeared similarly likely as their White peers, but more likely than their Asian peers, to indicate having received an outside job offer in the last five years (Black 21%, Hispanic 22%, White 23%, and Asian 11%). The outside job offer resulted notably in adjustments to spouse employment for Hispanic faculty. Among Duke clinical racial/ethnic groups, Black clinical faculty were most likely to indicate they would leave Duke in the next 3 years, while Asian faculty were least likely to indicate so (Black 31%, Hispanic 22%, White 29%, and Asian 19%). A similar pattern was also noted at peer schools (Black 44%, Hispanic 33%, White 23%, and Asian 21%).

- In comparison to their White peers (and Asian and Hispanic peers as well), Duke Black clinical faculty appeared more likely to cite **increasing their salary** as one of their major reasons to leave (Black 100%, Asian 70%, Hispanic 56%, and White 73%). Also, they were more likely than Asian faculty to cite **pursuing a non-academic job** as one of their major reasons to leave (Black 64%, Asian 27%, Hispanic 38%, and White 35%). When compared with their White peers, Duke Asian clinical faculty were more likely to indicate **improving their prospects for tenure** (Black 30%, Asian 48%, Hispanic 0%, and White 31%) as one of their reasons to leave. At peer schools, Hispanic clinical faculty were more likely than their White peers to indicate **increasing their salary** as one of their reasons to leave their institution. Also, Asian faculty were more likely than their White peers to indicate **improving their prospects for tenure** and **improving spouse employment situation** as their major reasons to leave.

G. <u>Life outside the Institution</u>. Duke clinical faculty from each racial/ethnic group indicated similar sources of stress in their life outside the institution; no significant difference was found. At peer schools, Black clinical faculty were most likely to find it stressful to handle the cost of living.

- Among Duke clinical racial/ethnic groups, Black faculty were least likely to indicate having a **spouse or domestic partner** (Black 79%, Asian 93%, Hispanic 100%, and White 92%). They were, however, more likely than their Hispanic peers to indicate their spouses were currently **employed** (Black 73%, Asian 74%, Hispanic 56%, and White 70%).

- Also, Duke Black clinical faculty were least likely to report that their spouse/partner were **working or studying at Duke** (Black 9%, Asian 26%, Hispanic 33%, and White 29%) and that their spouses were satisfied with their **employment situation** (Black 46%, Asian 63%, Hispanic 100%, and White 60%). In comparison to their Hispanic peers, they (and Asian and White faculty as well) indicated lower satisfaction with Duke's **spouse/partner benefits** (Black 70%, Asian 52%, Hispanic 100%, and White 69%).

- In addition, Duke Black clinical faculty were most likely to indicate that their spouse/domestic partner had **problems finding an appropriate job** in the area (Black 46%, Asian 33%, Hispanic 43%, and White 25%) and to indicate that they were currently **caring for sick relatives** (Black 36%, Asian 23%, Hispanic 11%, and White 21%). At peer schools, in comparison to their corresponding Duke peers, a smaller proportion of clinical faculty from each racial/ethnic group indicated that their spouses/domestic partners had **problems finding an appropriate job** in the area (Black 25%, Asian 20%, Hispanic 25%, and White 21%). Also, like their Duke counterparts, Black clinical faculty at peer schools were most likely to report that they were currently **caring for sick relatives** (Black 40%, Asian 27%, Hispanic 30%, and White 19%).

IV. Key Findings by Rank[11]

A. **Satisfaction**. Duke clinical faculty from each rank were similarly highly satisfied with most aspects of their professional and intellectual life. Of 32 satisfaction items, they showed only 6 significant differences. In comparison to full professors, assistant professors indicated lower satisfaction with their salary and current rank but higher satisfaction with gathering spaces and computer resources.[12] In comparison to associate professors, medical instructors indicated lower satisfaction with the quality of dining options but higher satisfaction with the opportunity to collaborate with undergraduate students.[13]

- At peer schools, associate clinical professors indicated lower satisfaction with **salary** and **technical and research staff** than did full professors.[14] In comparison to assistant,

[11] For analysis and comparison across schools, we grouped Duke respondents into 4 categories: (a) Professor, (b) Associate Professor, (c) Assistant Professor, and (d) Other. As only medical instructors fell in the "Other" category on the clinical side, we used, for brevity, "medical instructors" to refer to respondents falling in the "Other" category in the report.

[12] Duke associate clinical professors also indicated lower satisfaction with their current rank but higher satisfaction with gathering spaces than did full professors.

[13] When checking the proportion of respondents who indicated dissatisfaction with various aspects of their professional and intellectual life at Duke, we found that more than half of Duke medical instructors indicated dissatisfaction in three areas: (a) salary (59%), (b) start-up funds (54%), and (c) quality of dining options (52%).

[14] Assistant clinical professors at peer schools also indicated lower satisfaction with their salary than did full professors.

associate, and full professors, medical instructors indicated higher satisfaction with **computing support staff**. In addition, they indicated higher satisfaction with **clerical and administrative staff** than did associate professors.

- Cross-school examinations showed that Duke clinical faculty from each rank compared very favorably with their COFHE peers. Notably, Duke clinical faculty from each rank indicated higher satisfaction with the **availability of nearby parking, office space,** and **quality of graduate students**. Additionally, Duke assistant and associate clinical professors indicated higher satisfaction with **lab or research space** than did their COFHE peers. On a negative note, Duke clinical faculty from each rank indicated lower satisfaction with their **salary** and **library resources** than did their COFHE peers.

B. **Workload**. Duke clinical faculty and their COFHE peers viewed the reasonableness of their overall workload very similarly; no significant difference was noted. Of all Duke clinical faculty, assistant professors were most likely to indicate that their overall workload was about right, while full professors were least likely to indicate so (Assistant Professor 54%, Associate Professor 48%, Professor 43%, and Medical Instructor 49%). At peer schools, a similar pattern was also apparent, with associate professors most likely to indicate that their workload was about right (Assistant Professor 49%, Associate Professor 51%, Professor 47%, and Medical Instructor 48%).

- With regard to teaching and advising, Duke full clinical professors were most likely to teach **graduate students**, to **have a large number of students** in their graduate classes, to indicate that their **graduate classes were close to their research interests**, and to serve as **advisors** to graduate and postdoctoral students, while medical instructors were least likely to indicate so.

- As can be expected, Duke full clinical professors were most likely to serve on **departmental**, **university**, and **external committees** or boards related to their discipline, and to **serve as chair** of department or unit and in **other administrative capacities**.[15]

- Duke full clinical professors were most actively engaged in scholarly activities; they were more likely than all other faculty members to indicate having submitted **papers** for publication or presentation, **edited books**, and **chapters** for review in the past 12 months.

[15] A similar pattern was also noted at peer schools, with the exception that at peer schools, it was medical instructors, not full professors, who were most likely to teach graduate classes and reported having more students in their graduate classes and more undergraduates and graduates as their advisees.

Also, they were more likely than assistant professors to indicate having submitted **other scholarly or creative works** and **grant proposals** for review in the past 12 months.[16]

- With respect to time use, Duke full clinical professors and medical instructors were more likely than assistant professors to report spending **hours working in a typical week** (Assistant Professor 56, Associate Professor 58, Professor 60, and Medical Instructor 60). Sub-analyses showed only three significant differences: In comparison to medical instructors who were most likely to spend time on **clinical work**, associate professors indicated spending more time **meeting or communicating with students** outside of class; and full professors reported devoting more time to **fulfilling administrative responsibilities**. A similar pattern was also apparent at peer schools. With respect to time on activities outside work, Duke full clinical professors were more likely than assistant professors to spend time on **domestic duties**, and they were also more likely than assistant and associate professors to have **family time**.

- In terms of work-related stress, Duke associate clinical professors were more likely than assistant professors to indicate **managing a research group or grant** as a source of stress. In comparison to full professors, they (and assistant professors as well) were more likely to indicate **scholarly productivity** and **review/promotion process,** but less likely to cite **committee and/or administrative responsibilities,** as sources of stress. In addition, associate professors were more likely than medical instructors to find **mentoring** stressful. At peer schools, assistant professors were more likely than full professors to indicate **scholarly productivity**, **teaching**, and **review/promotion process**, but less likely to find **committee and/or administrative responsibilities**, highly stressful. In comparison to medical instructors, assistant professors were more likely to indicate **managing a research group or grant** and **securing funding for research** as their sources of stress.

- With regard to 5 local statements on overall workload and responsibilities, sub-analyses showed three significant differences: Duke assistant clinical professors were more likely than full professors to agree that "**My workload is the same as other faculty of my rank in my department/unit.**" On a negative note, they were more likely to agree that "**I would be happier at an institution with a lower level of stress due to time conflicts between work and personal/family responsibilities**" and that "**Because of the workload it is difficult to combine a successful Duke faculty career with significant personal responsibilities**."

[16] Duke associate clinical faculty were also more likely than assistant and medical instructors to indicate having submitted grant proposals in the past 12 months.

- With regard to the **impact of the current economic climate**, Duke clinical faculty from each rank appeared to perceive that it had a slightly less impact on their work productivity (Professor 55%, Associate Professor 54%, Assistant Professor 58%, and Medical Instructor 46%) than on their overall work satisfaction (Professor 70%, Associate Professor 69%, Assistant Professor 70%, and Medical Instructor 63%).

C. <u>Departmental Atmosphere</u>. In general, Duke full clinical professors and medical instructors viewed their departmental atmosphere more favorably than other faculty members in most areas. Notably, Duke full professors were more likely than associate professors to indicate agreement to items concerning faculty collaboration, and medical instructors were more likely than other faculty members to indicate agreement to items on work and social environments.

- In comparison to associate professors, Duke full clinical professors were more likely to indicate agreement to two statements: (a) "**I am satisfied with opportunities to collaborate with faculty in my primary department/unit**" and (b) "**I am satisfied with opportunities to collaborate with faculty in other units at my institution**." Also, they were more likely than assistant professors to agree that "**I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member**" in addition to satisfaction with faculty collaboration in other units.

- Compared with full professors, Duke medical instructors were more likely to indicate agreement in three areas: (a) "**My chair/director/dean helps me obtain the resources I need**." (b) "**My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling departmental/unit obligations**." And (c) "**There are plenty of places to meet informally and network with my colleagues**." Also, they were more likely than assistant and associate professors to agree that "**I feel a strong sense of belonging to a community of faculty**."

- At peer schools, full professors appeared to have more favorable perceptions on their departmental atmosphere than did assistant professors. Notably, they were more likely to indicate agreement to 5 positively-worded statements: (a) "**My colleagues value my research/scholarship**." (b) "**I am satisfied with opportunities to collaborate with faculty in my primary department/unit**." (c) "**I am satisfied with opportunities to collaborate with faculty in other units at my institution**." (d) "**I have a voice in the decision-making that affects the direction of my department/unit**." And (e) "**I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member.**" As for two negatively-worded statements, assistant professors were more likely than full professors to agree that "**I feel excluded from an informal network in my department/unit**," while medical instructors were more likely than assistant and full professors to agree that "**I have to work harder than some of my colleagues to be perceived as a legitimate scholar**."

- Cross-school examinations showed that Duke clinical faculty, especially at the full and associate rank levels, compared less favorably with their COFHE peers. On a positive

note, Duke assistant clinical faculty were more likely than their COFHE peers to agree that "**I am satisfied with opportunities to collaborate with faculty in my primary department/unit,**" although they were less likely to indicate agreement in 3 areas: (a) "**My chair/director/dean helps me obtain the resources I need**." (b) "**I have a voice in the decision-making that affects the direction of my department/unit**." And (c) "**I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member.**"

D. **Mentoring**. Of all Duke clinical faculty members, full professors were most likely to indicate having served as mentors to other faculty members (Professor 92%, Associate Professor 78%, Assistant Professor 38%, and Medical Instructor 6%); medical instructors were most likely to indicate having had one or more formal mentors (Medical Instructor 61%, Assistant Professor 46%, Associate Professor 28%, and Professor 32%) and informal mentors (Medical Instructor 83%, Assistant Professor 80%, Associate Professor 74%, and Professor 70%) and that they had received adequate mentoring while at Duke (Medical Instructor 52%, Assistant Professor 47%, Associate Professor 38%, and Professor 36%). At peer schools, associate professors were most likely to indicate having received adequate mentoring, while medical instructors were least likely to indicate so (Assistant Professor 36%, Associate Professor 51%, Professor 36%, and Medical Instructor 32%).

- In general, Duke clinical faculty from each rank tended to indicate that the **formal mentors they chose by themselves** were more helpful than those who were assigned to them. They perceived **informal mentors** both inside and outside Duke were similarly highly helpful.

E. **Promotion/Tenure**. In comparison to other faculty members, Duke full professors appeared more likely to agree that the criteria for promotion (Professor 66%, Associate Professor 53%, Assistant Professor 46%, and Medical Instructor 58%) and tenure[17] (Professor 52%, Associate Professor 34%, Assistant Professor 42%, and Medical Instructor 46%) were clearly communicated. Among key items considered in the tenure and promotion processes, Duke clinical faculty from each rank indicated that research was highly valued in the promotion and tenure processes, while teaching, service, clinical work, and mentoring were more undervalued than valued appropriately.

- In general, Duke full clinical professors were most likely aware of Duke policies on **flexible arrangements**, **parental leave**, and **tenure extensions**, while assistant

[17] At peer schools, roughly 63% of full professors agreed that the criteria for tenure were clearly communicated, while 69% of associate professors and 41% of assistant professors indicated so.

professors and medical instructors were more likely than full and associate professors to stress the **importance** of these policies.

- In comparison to full and associate professors, Duke assistant professors and medical instructors were more likely to indicate that they had received **relief from teaching** or other workload duties for personal reasons, but they were similarly likely to indicate that their department/unit was **supportive** concerning their relief from teaching or other workload duties.

F. <u>Hiring/Retention</u>. Among Duke clinical faculty, full professors were most likely to indicate having received an outside job offer (Professor 35%, Associate Professor 25%, Assistant Professor 14%, and Medical Instructor 7%), which resulted noticeably in adjustments to salary. At peer schools, associate professors were most likely to indicate having received an outside job offer (Professor 21%, Associate Professor 31%, Assistant Professor 17%, and Medical Instructor 3%), which also resulted noticeably in adjustments to salary. Duke clinical faculty indicated similarly high likelihood to stay at Duke; no significant difference was noted. At peer schools, assistant professors showed higher likelihood to leave their institution than did full professors.

- When asked how likely they would **leave** their institution in the next three years, roughly 54% of Duke full clinical professors, 52% of associate professors, 43% of assistant professors, and 58% of medical instructors indicated that they would choose to remain at Duke; Only less than one-third indicated they would leave Duke in the next three years (Assistant Professor 29%, Associate Professor 28%, Professor 29%, and Medical Instructor 19%). Among those who indicated they were likely to leave, Duke assistant clinical professors were significantly more likely than senior faculty to indicate various reasons to leave. In comparison to full professors, Duke assistant and associate professors and medical instructors were more likely to indicate **improving their prospects for tenure** but less likely to indicate **retirement** as their reasons to leave. In addition, assistant professors were more likely than full professors to cite **increasing their salary, pursuing a nonacademic job, addressing child-related issues**, and **improving spouse employment situation** as their reasons to leave. In comparison to associate professors, assistant professors were less likely to cite **increasing time to do research** but more likely to indicate **pursuing a non-academic job** and **addressing child-related issues** as their reasons to leave. Also, medical instructors were more likely than full professors to cite **increasing their salary**, **reducing stress**, and **addressing child-related issues** as their reasons to leave.

- At peer schools, in comparison to full professors, assistant and associate professors and medical instructors were more likely to indicate improving their **salary**, **addressing child-related issues**, and **lowering the cost of living**, but less likely to **cite retirement**, as their reasons to leave. In addition, assistant professors were more likely than full professors to indicate **improving their prospects for tenure**, and improving **spouse employment situation** as their reasons to leave, while medical instructors were more

likely to cite **pursuing a non-academic job**, **reducing stress**, and **improving spouse employment situation** as their reasons to leave.

G. **Life outside the Institution**. In comparison to full professors, Duke assistant and associate clinical professors and medical instructors seemed more likely to find it stressful to handle childcare, and assistant professors (and medical instructors as well) were more likely to indicate managing household responsibilities, but less likely to cite taking care of sick relatives, as their sources of stress in their life outside the institution. At peer schools, a similar pattern was also apparent. The only difference was that assistant and associate professors at peer schools were more likely than full professors to find it stressful to handle the cost of living in addition to managing household responsibilities.

- Cross-school examinations showed Duke full, assistant, and associate clinical professors were less likely than their COFHE peers to report the **cost of living** as a source of stress.

- Of Duke clinical faculty, full professors were most likely to indicate that they had a **spouse or domestic partner**, while medical instructors were least likely to indicate so (Professor 96%, Associate Professor 92%, Assistant Professor 91%, and Medical Instructor 84%). In comparison to their COFHE peers who indicated having a spouse or partner (Professor 88%, Associate Professor 89%, Assistant Professor 85%, and Medical Instructor 79%), a slightly larger proportion of Duke clinical faculty from each rank reported that they had a spouse or domestic partner, but the difference was statistically insignificant.

- For those who had a spouse or partner, most of Duke clinical faculty from each rank indicated their spouse or partner was **currently employed** (Professor 59%, Associate Professor 72%, Assistant Professor 76%, and Medical Instructor 73%).

- Duke clinical faculty from each rank were similarly likely to indicate that their spouse or partner had problems **finding a job in the area** (Professor 25%, Associate Professor 25%, Assistant Professor 28%, and Medical Instructor 24%).[18] In comparison to other faculty members, however, medical instructors were more likely to indicate that they had a **computing relationship** with their spouse/domestic partner (Professor 15%, Associate Professor 11%, Assistant Professor 16%, and Medical Instructor 30%).

- In comparison to full professors, assistant and associate professors and medical instructors were more likely to have **children** under 12 years old but less likely to have kids who were 18 or older. Peer schools had a similar pattern.

- Compared with assistant professors and medical instructors, a larger proportion of Duke associate and full clinical professors indicated that they were currently **caring for sick**

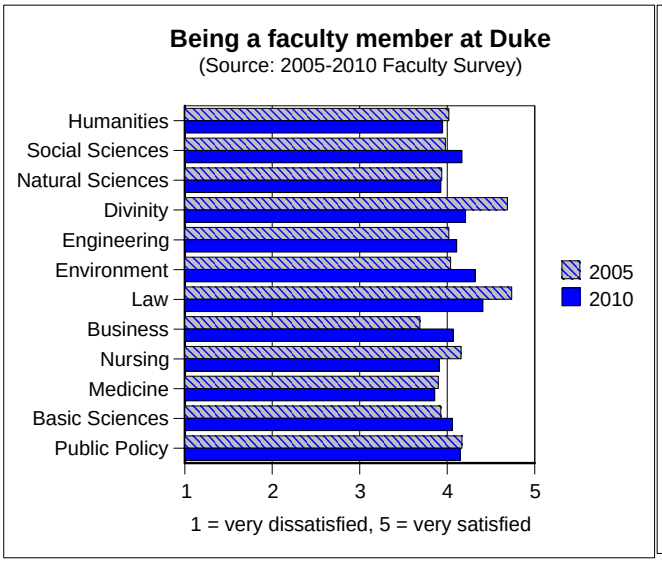
[18] A similar pattern was also apparent at peer schools (Assistant Professor 16%, Associate Professor 21%, Professor 24%, and Medical Instructor 23%).

relatives (Professor 34%, Associate Professor 26%, Assistant Professor 11%, and Medical Instructor 10%). At peer schools, approximately 25% of full professors and 30% of medical instructors indicated that they were currently **caring for sick relatives**, compared with 15% of assistant professors and 20% of associate professors who indicated so.

2005-2010 Faculty Survey Results

I. Overall Satisfaction

Figure 1



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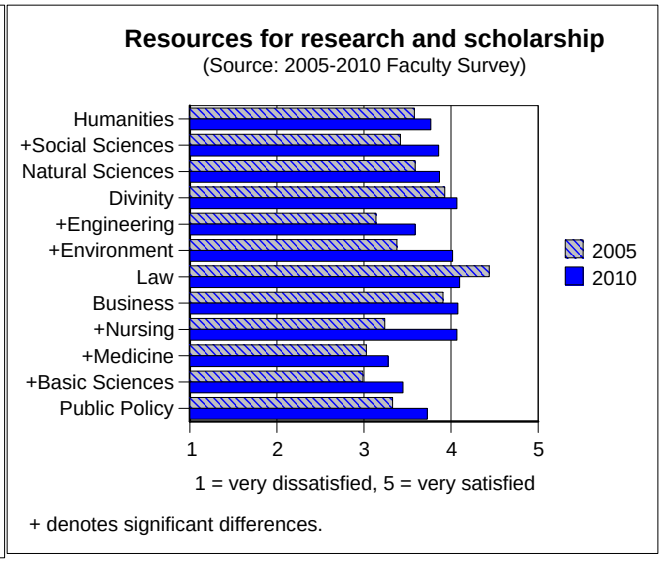
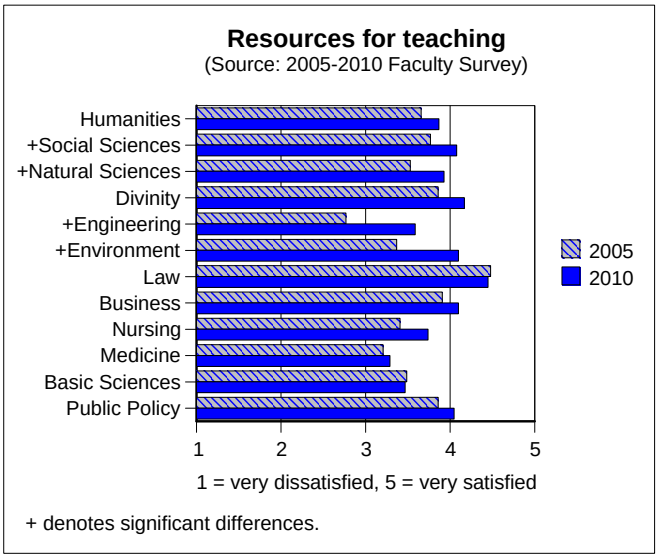


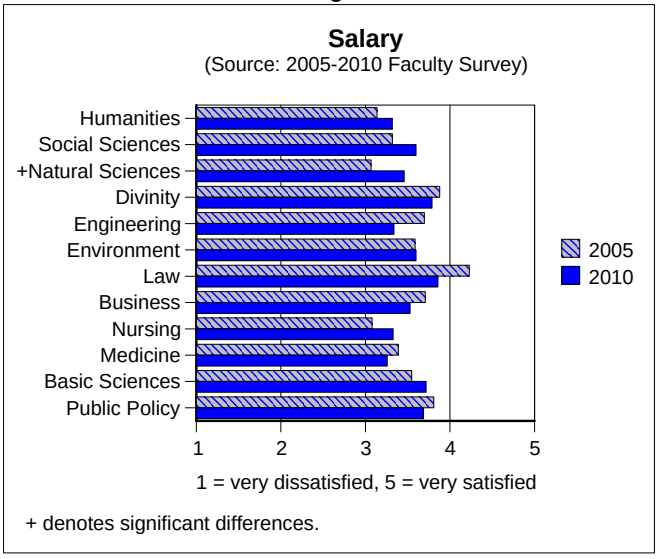
+ denotes significant differences.

Figure 3



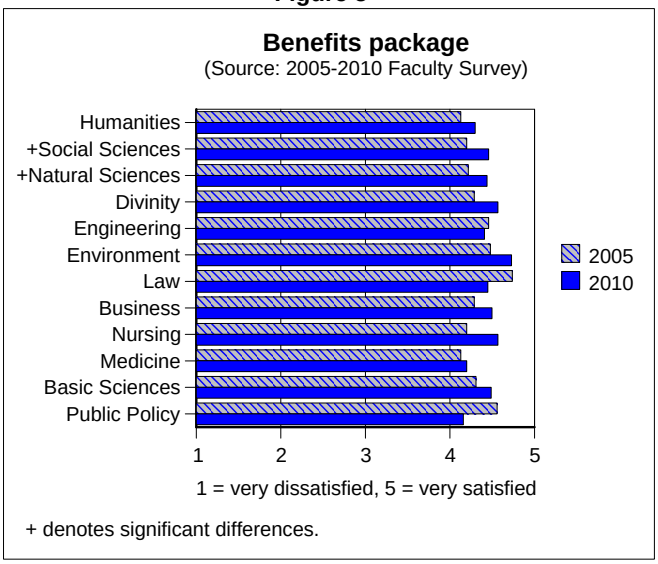
+ denotes significant differences.

Figure 4



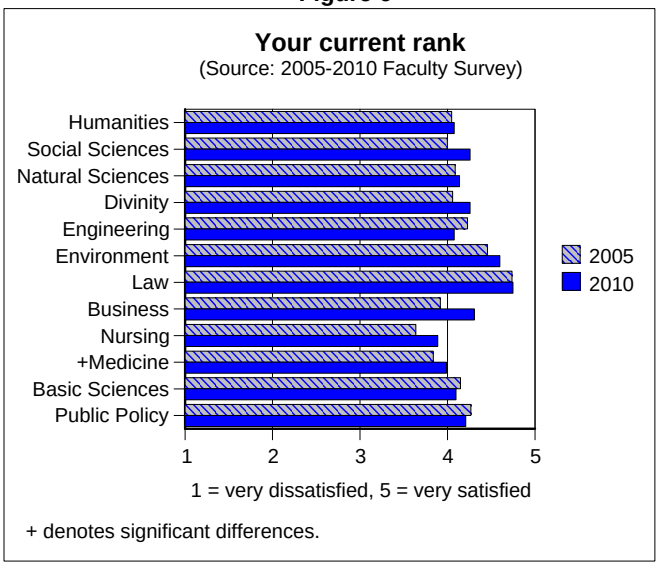
+ denotes significant differences.

Figure 5



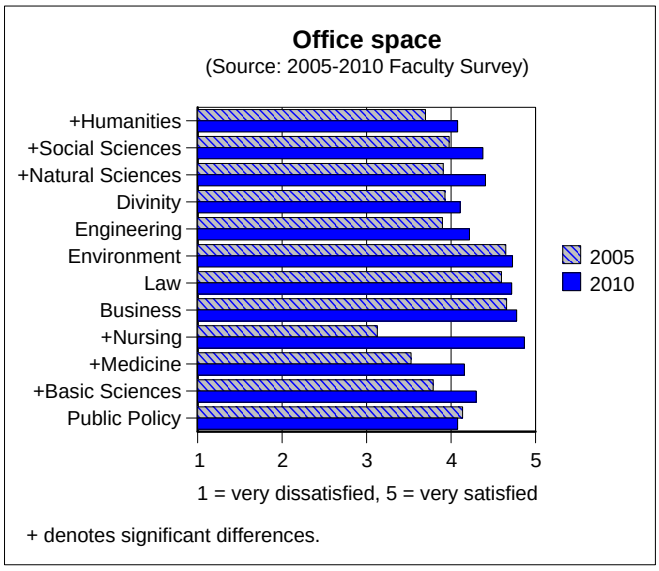
+ denotes significant differences.

Figure 6



+ denotes significant differences.

Figure 7



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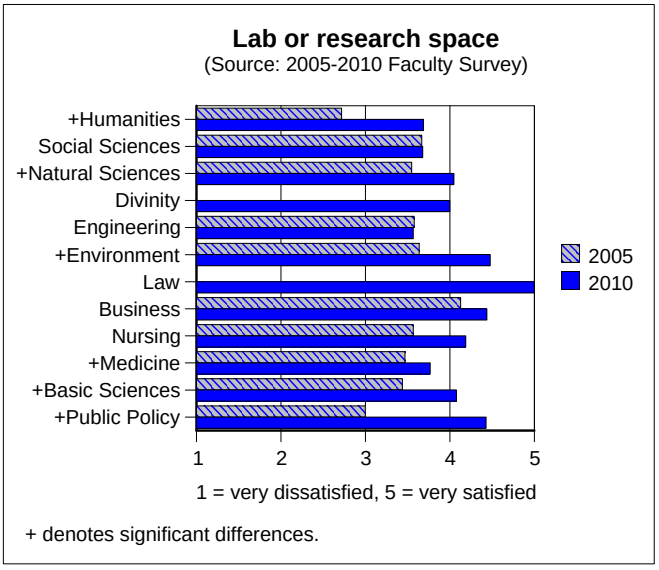

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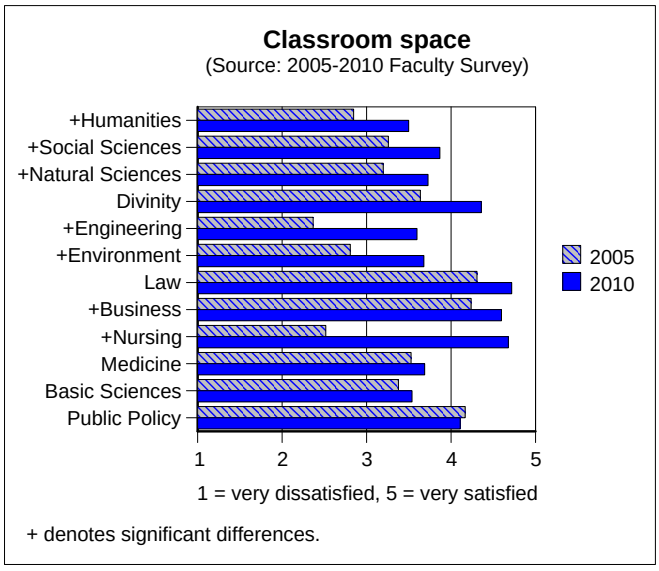

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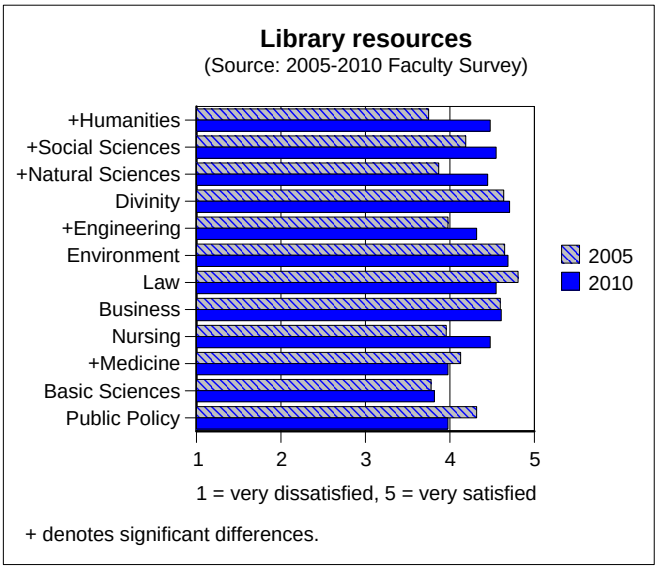

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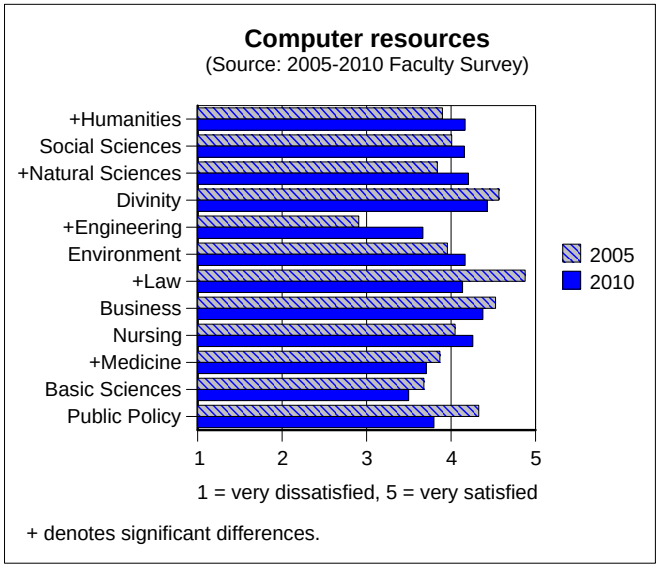

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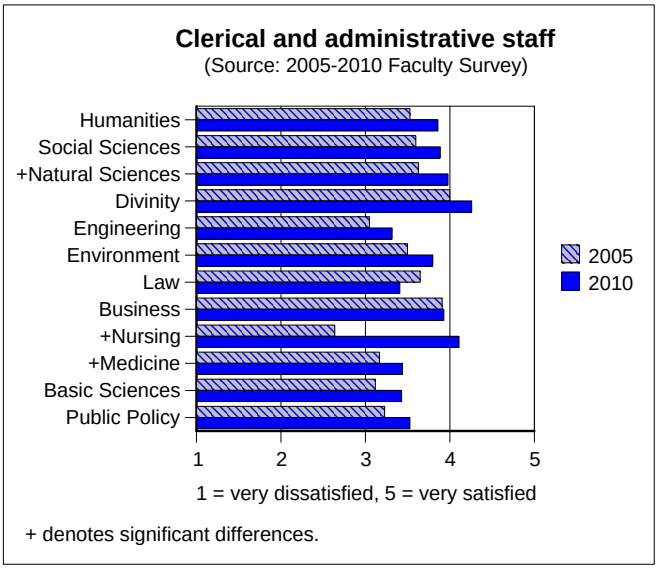

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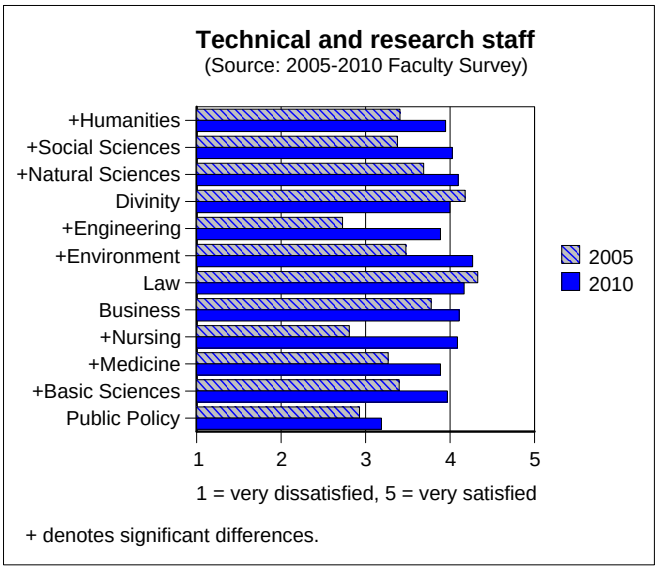

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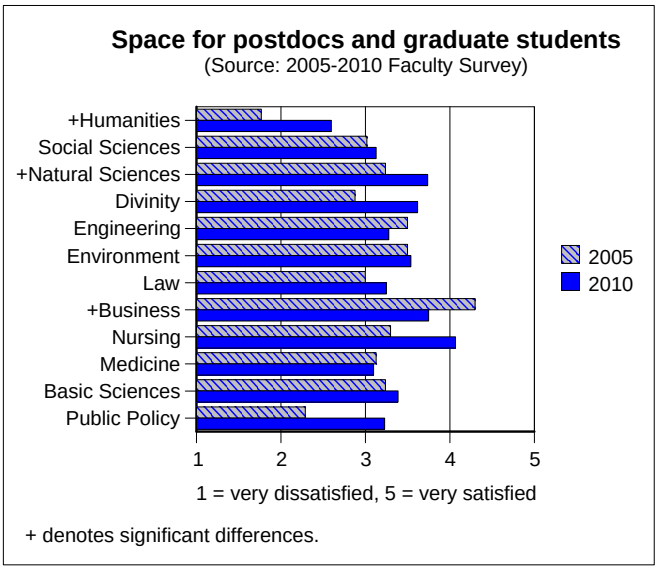

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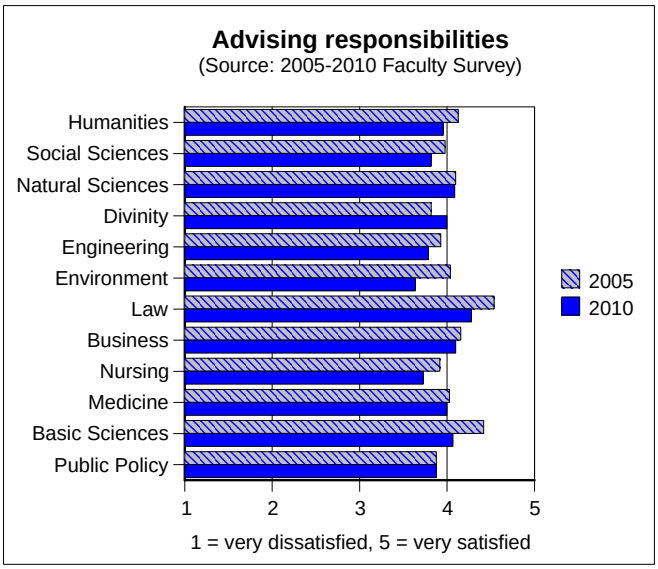

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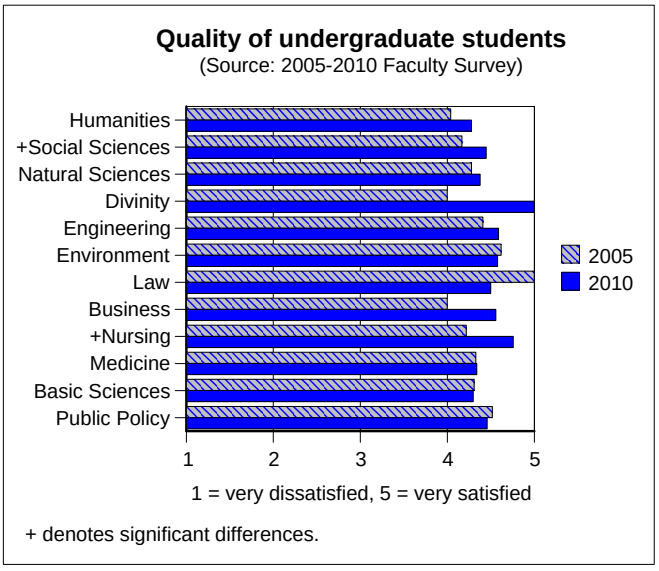

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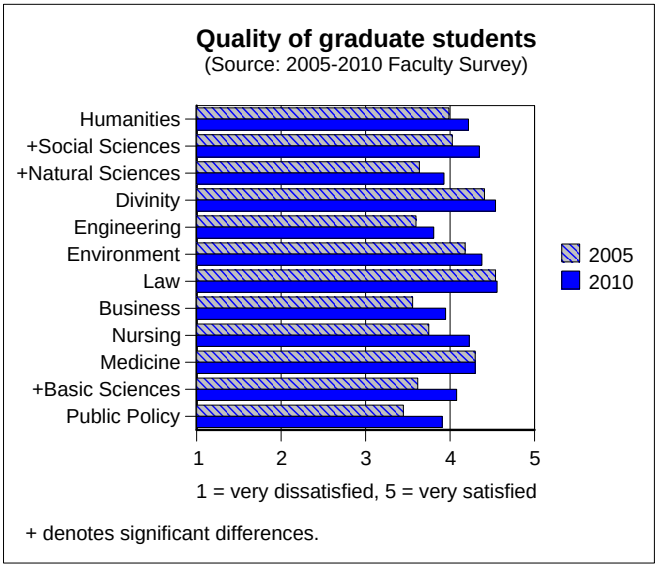

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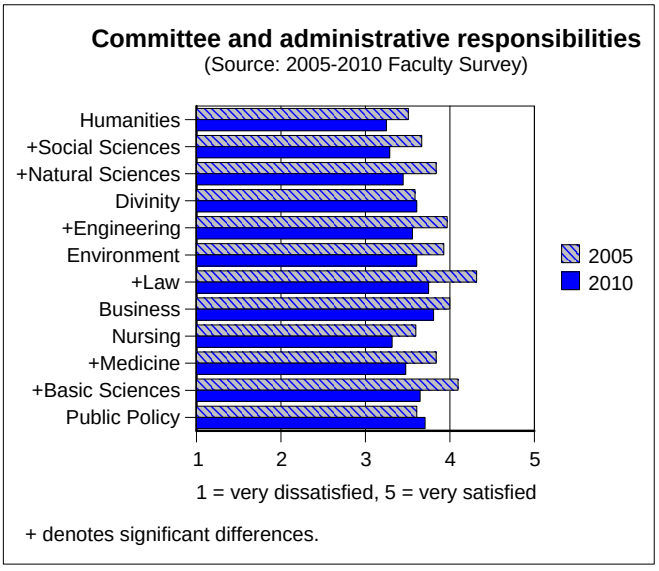

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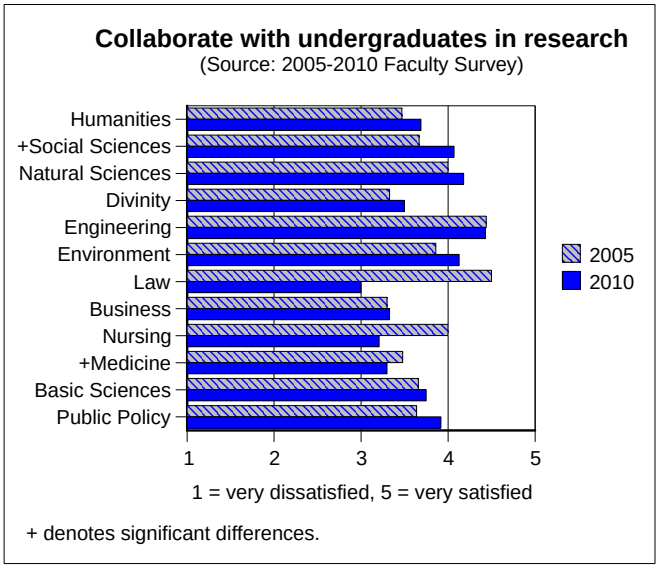

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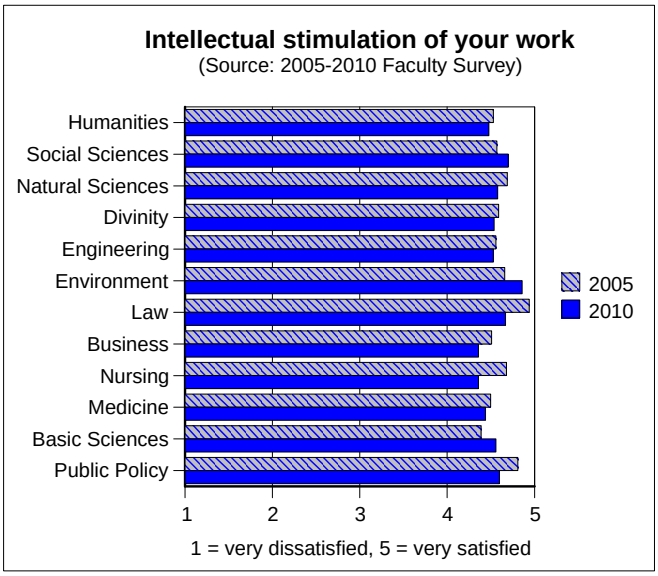
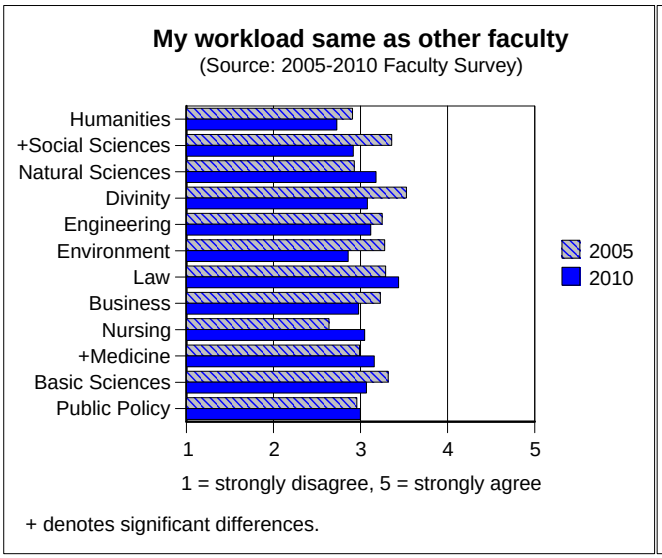


II. Workload and Atmosphere

Figure 1



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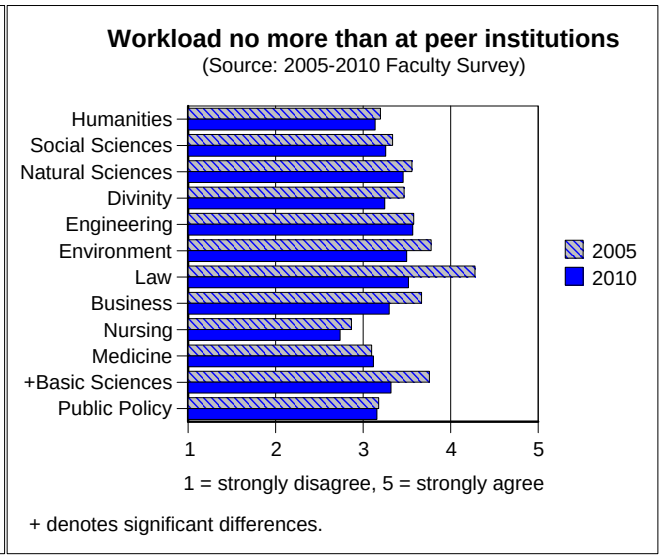

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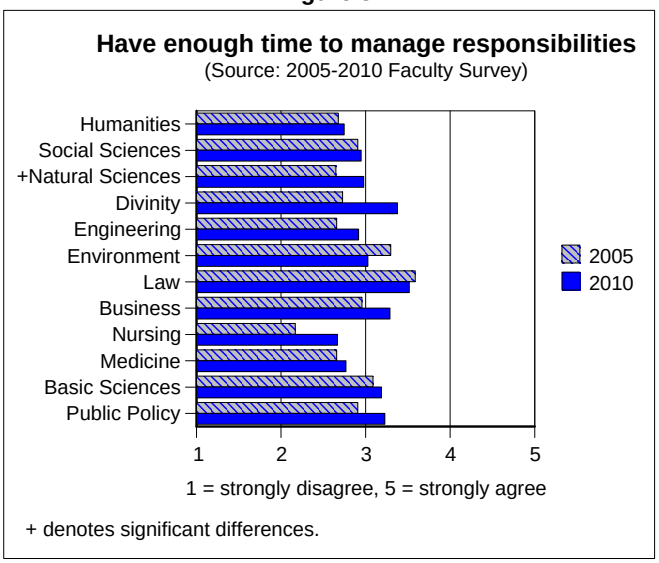

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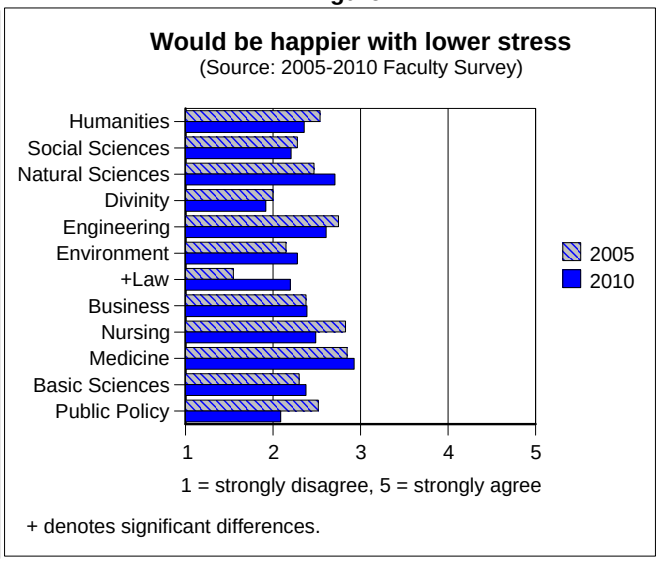

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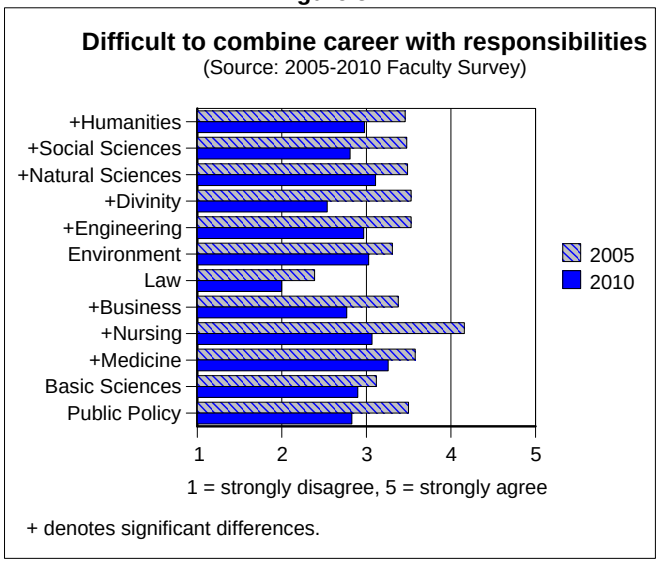

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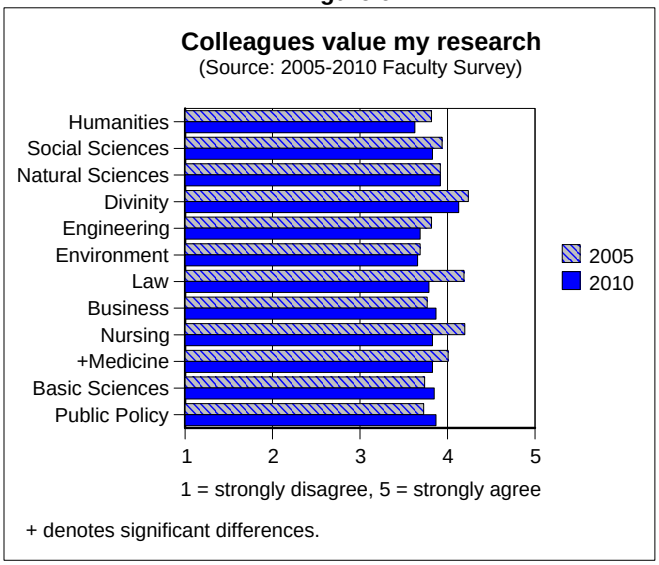

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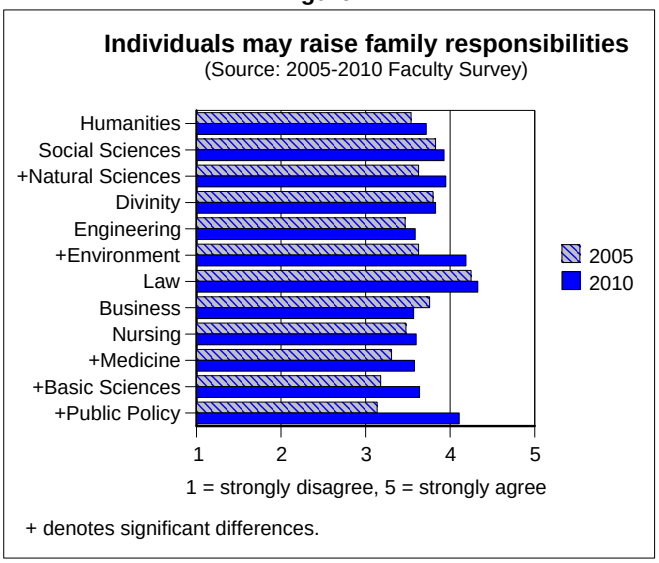

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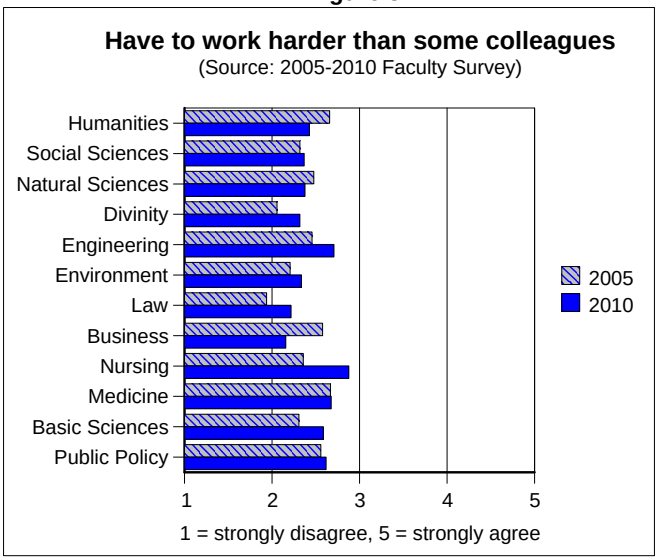

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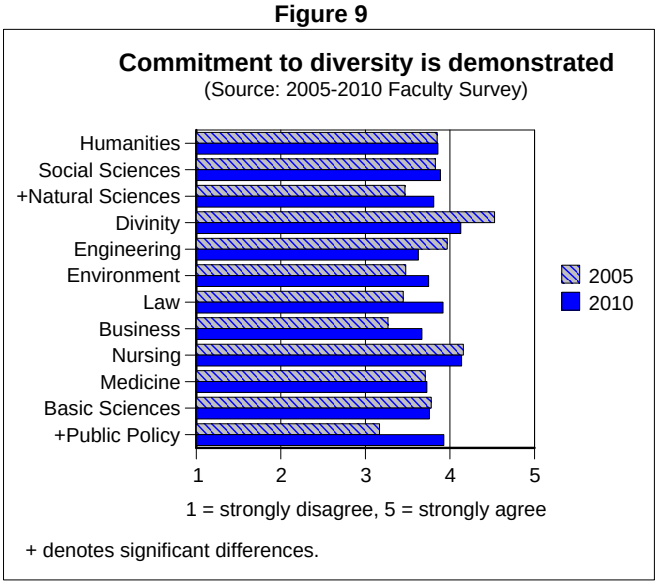

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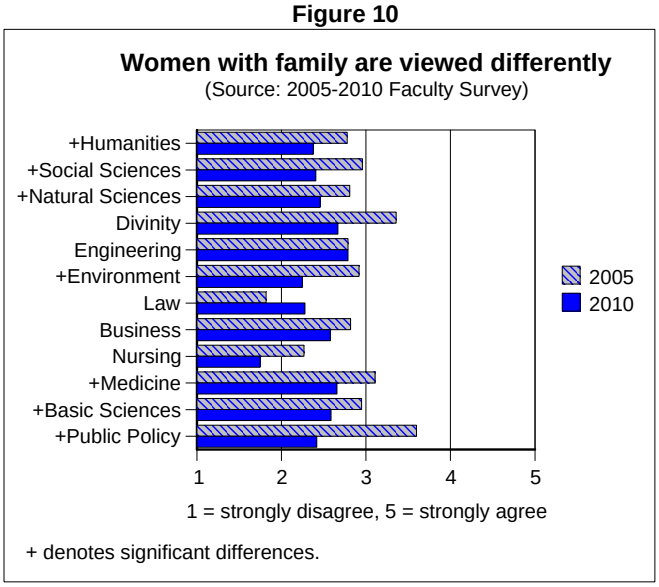
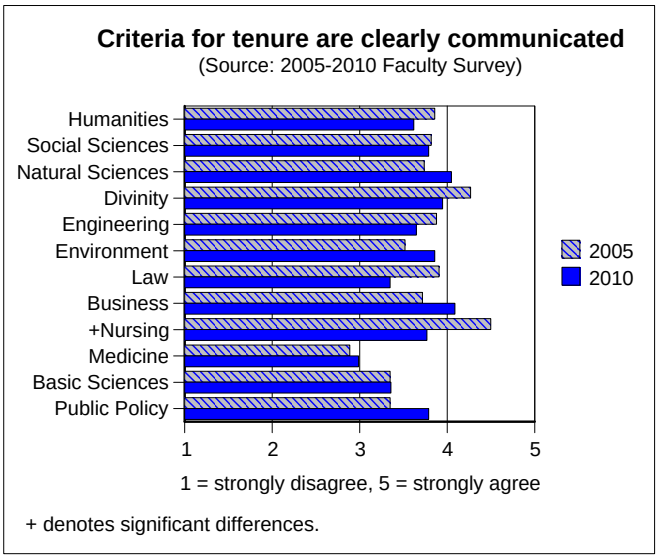


III. Tenure and Promotion

Figure 1



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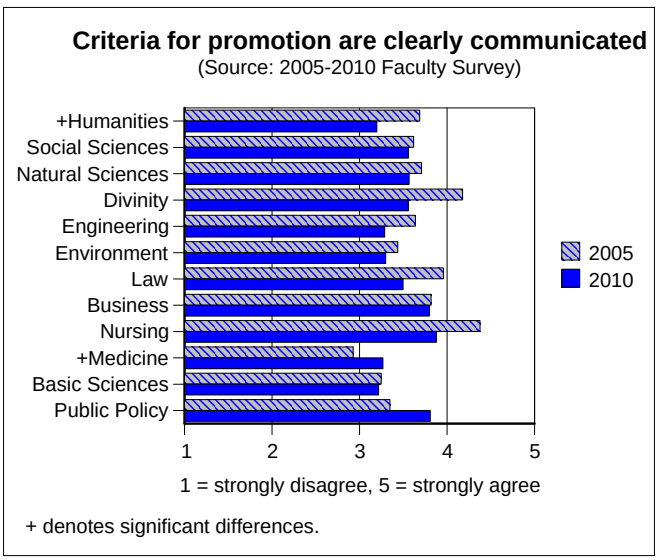
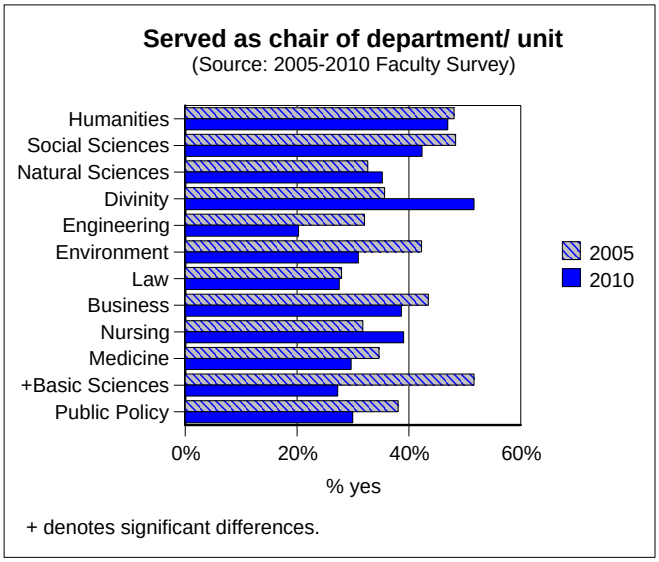


IV. Other

Figure 1



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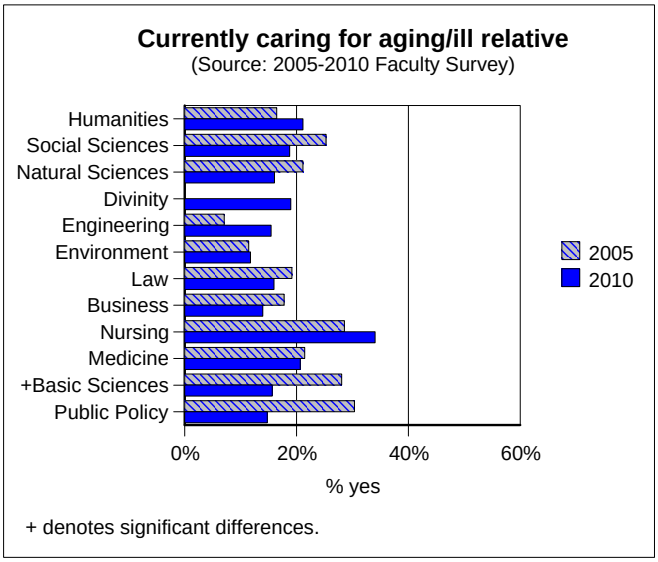
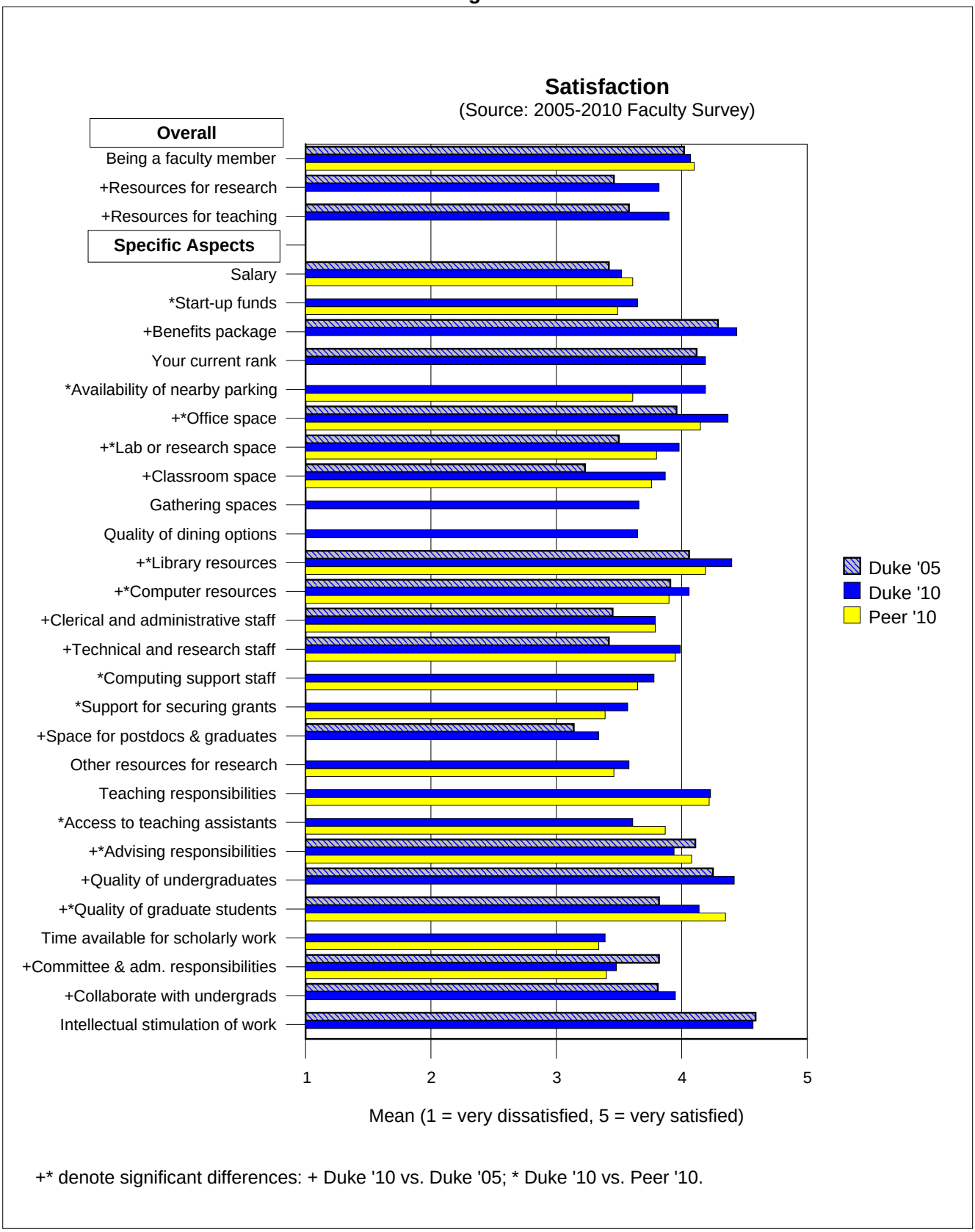


2010 Faculty Survey Results

I. Satisfaction (Nonclinical)

Figure 1

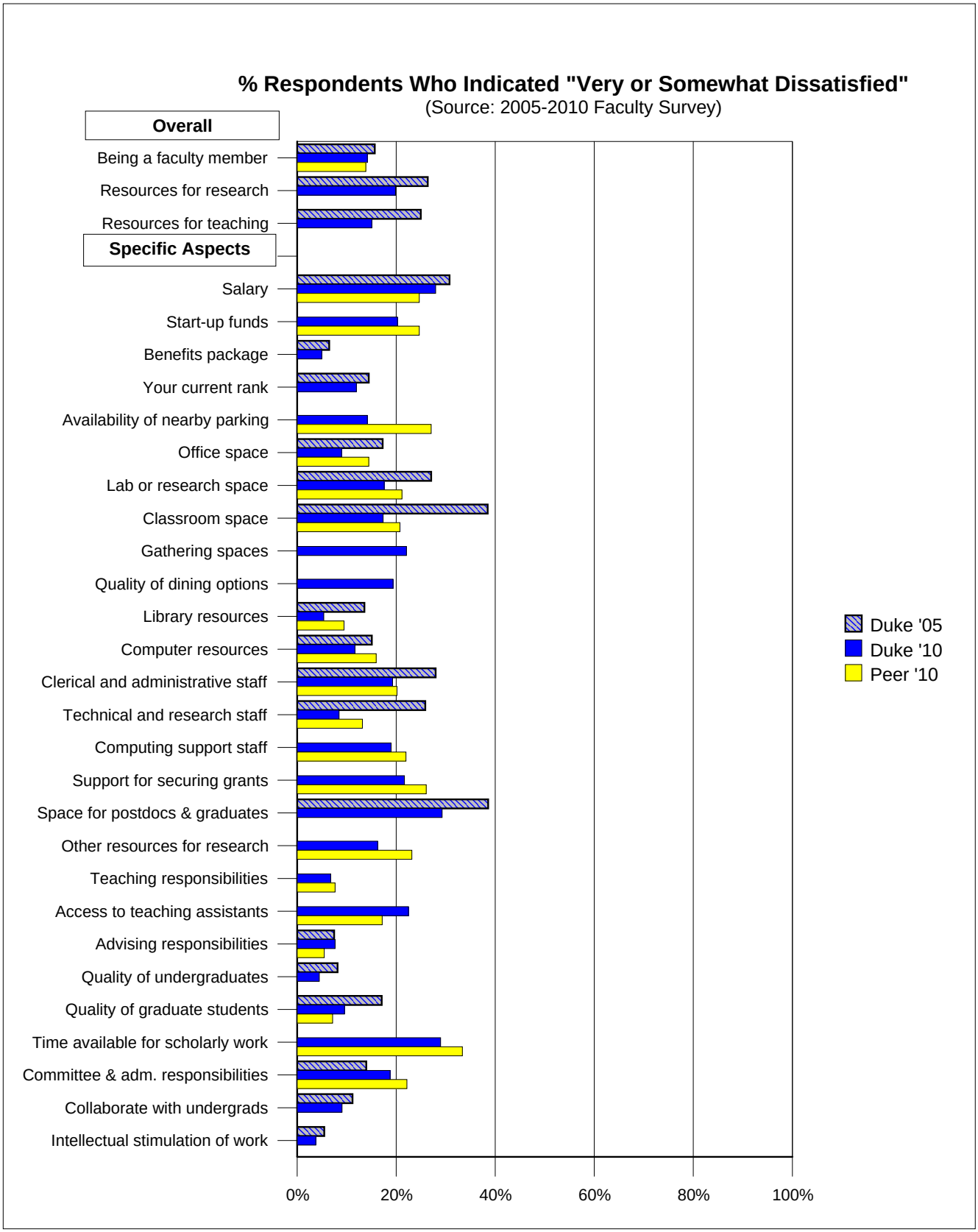


+* denote significant differences: + Duke '10 vs. Duke '05; * Duke '10 vs. Peer '10.

2010 Faculty Survey Results % Dissatisfied: Nonclinical

I. Satisfaction (Nonclinical)

Figure 1



Part II: Workload (Nonclinical)

Figure 1

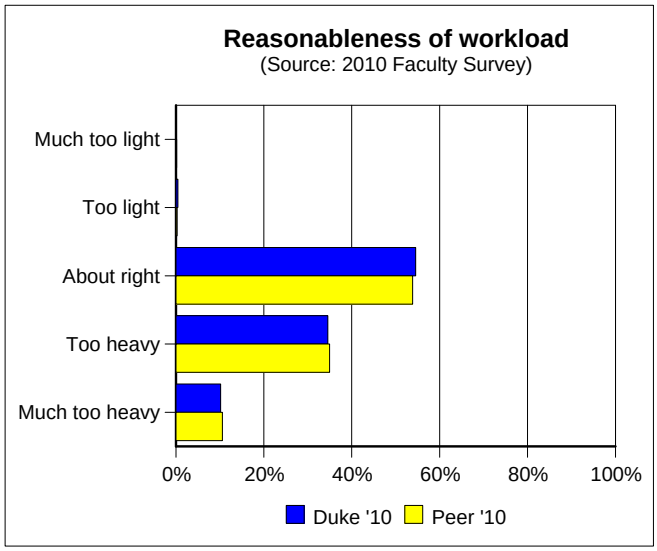


Figure 2

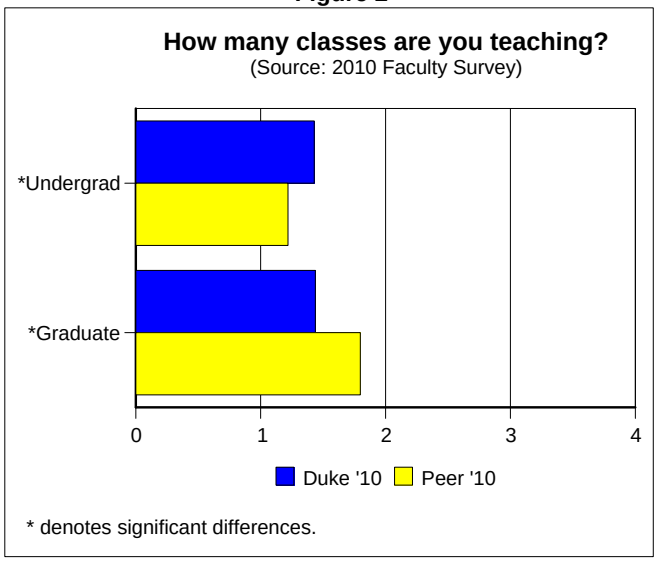


Figure 3

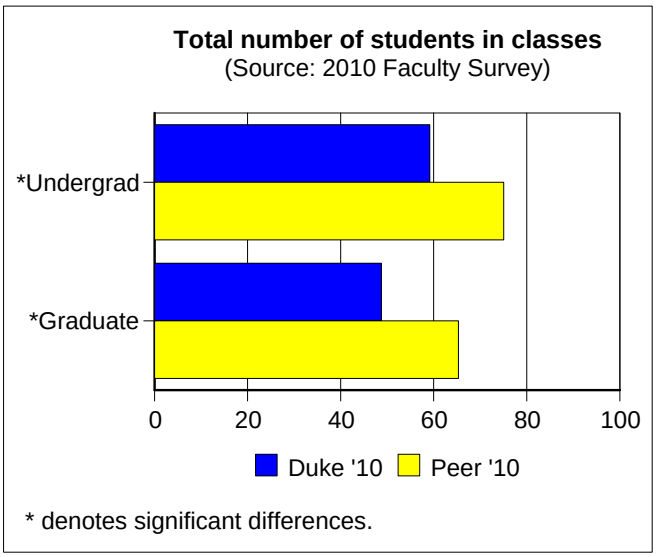


Figure 4

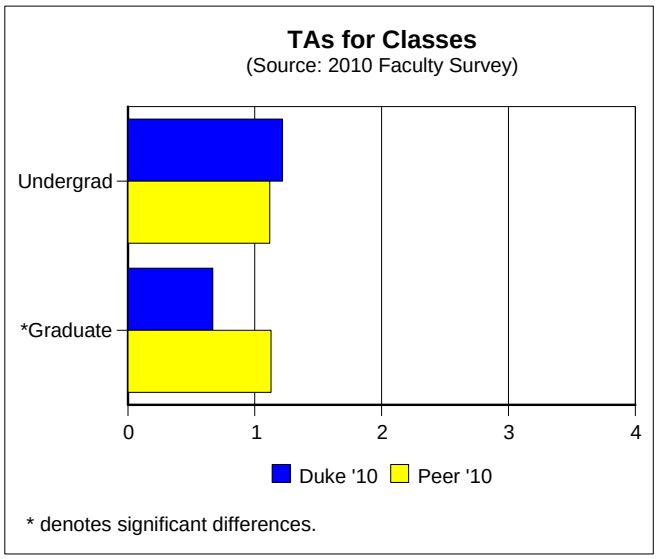


Figure 5

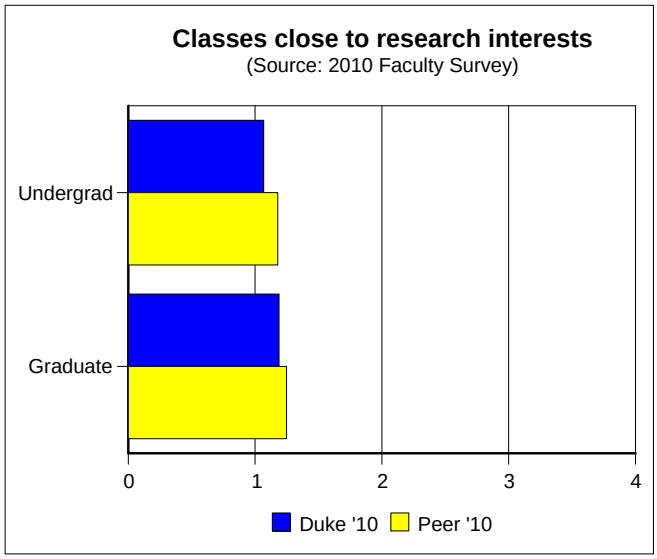


Figure 6

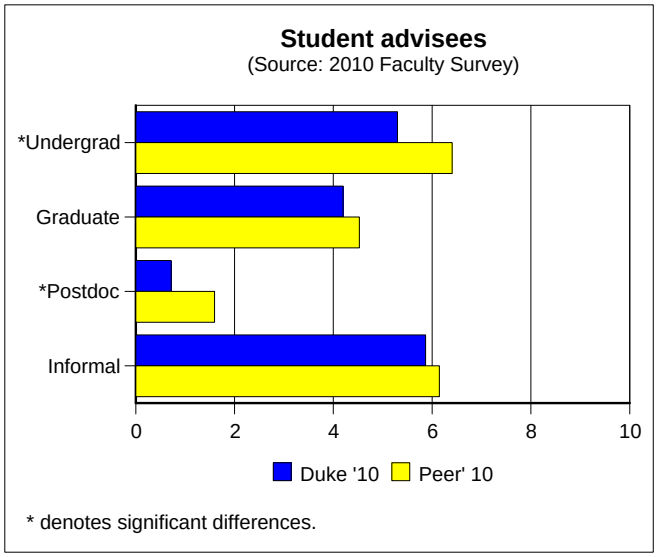


Figure 7

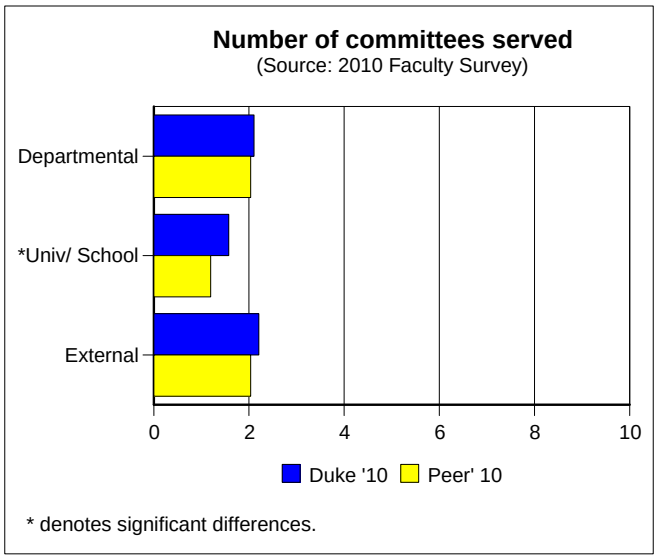


Figure 8

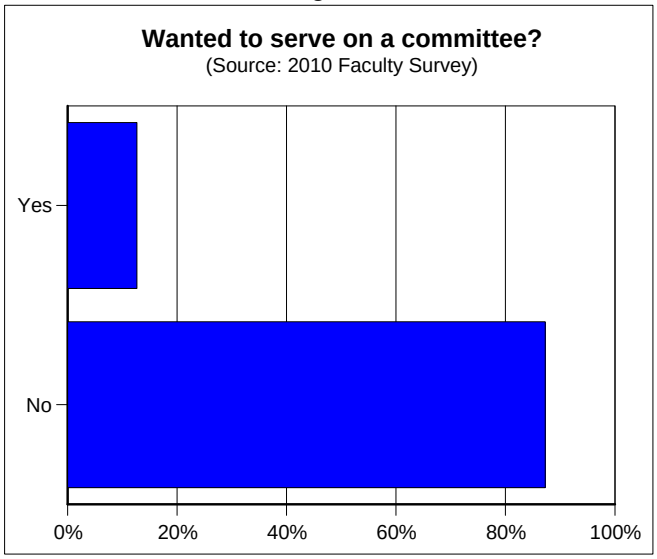


Figure 9

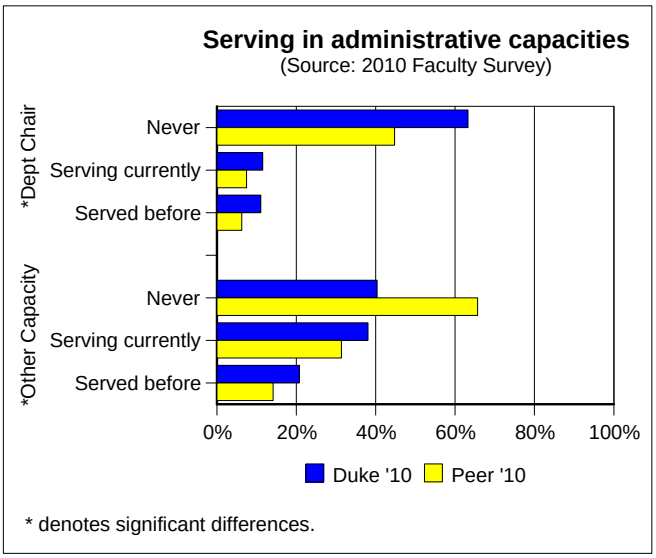


Figure 10

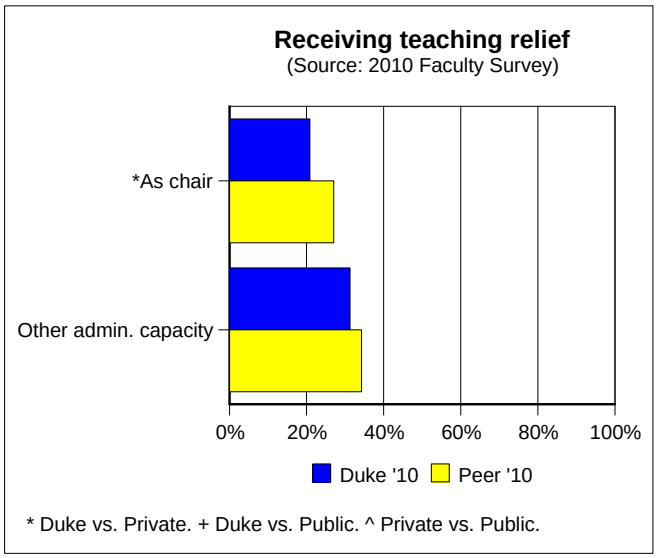


Figure 11

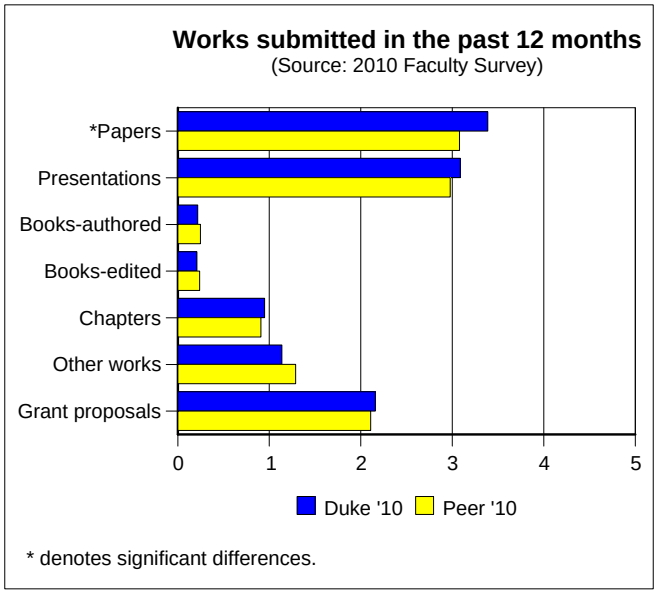


Figure 12

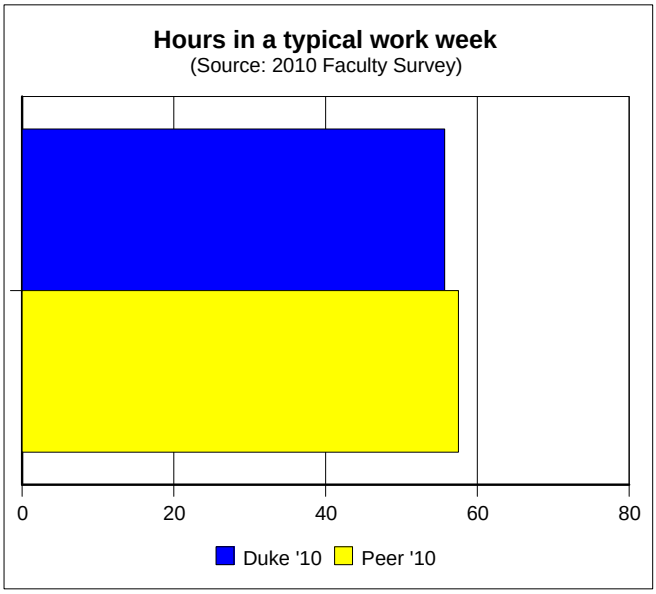


Figure 13

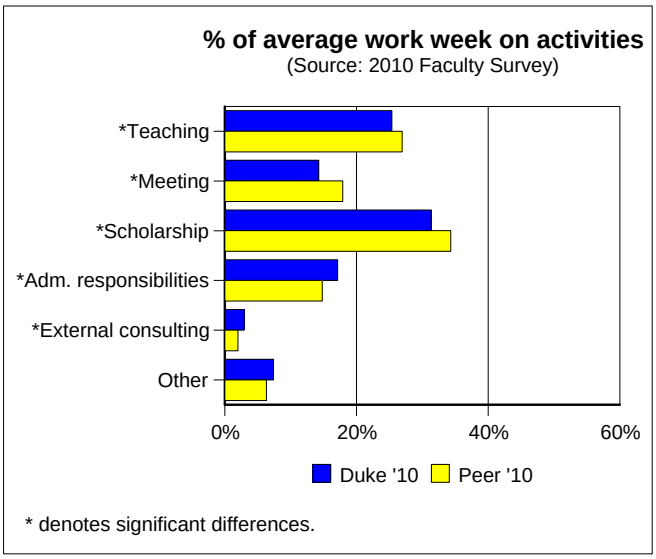


Figure 14

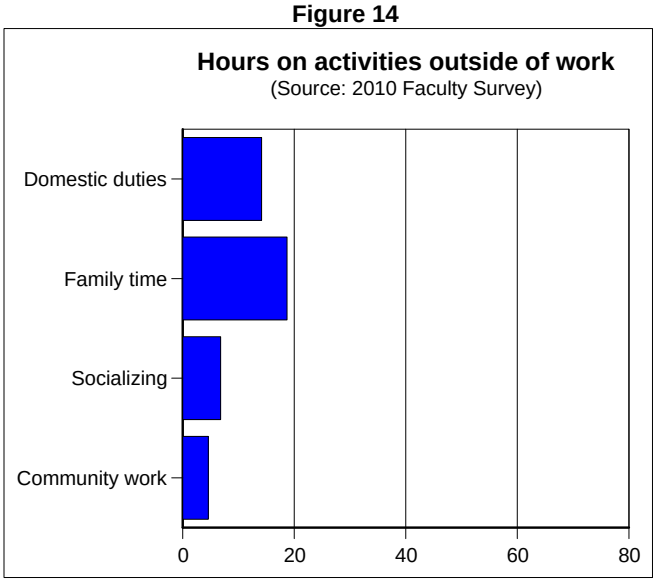


Figure 15

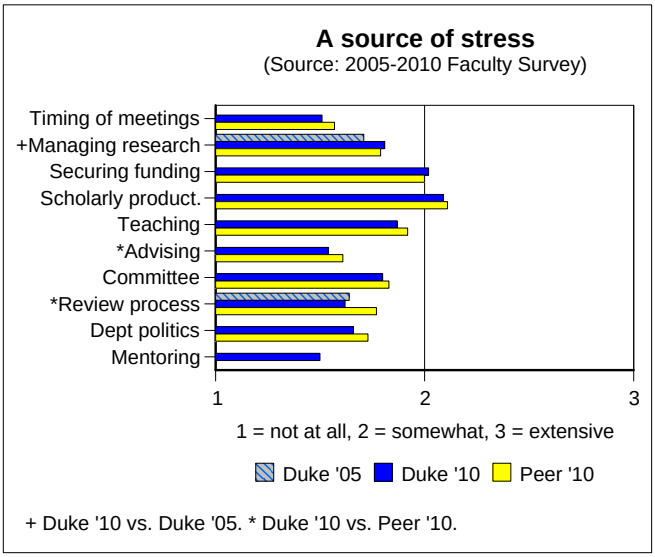


Figure 16

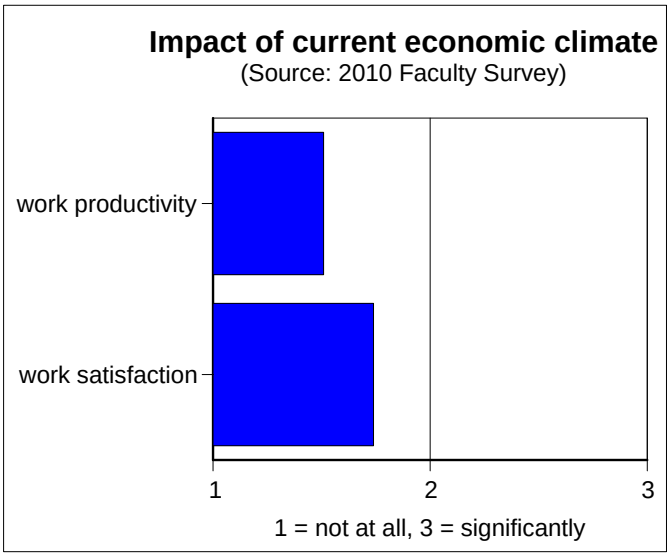
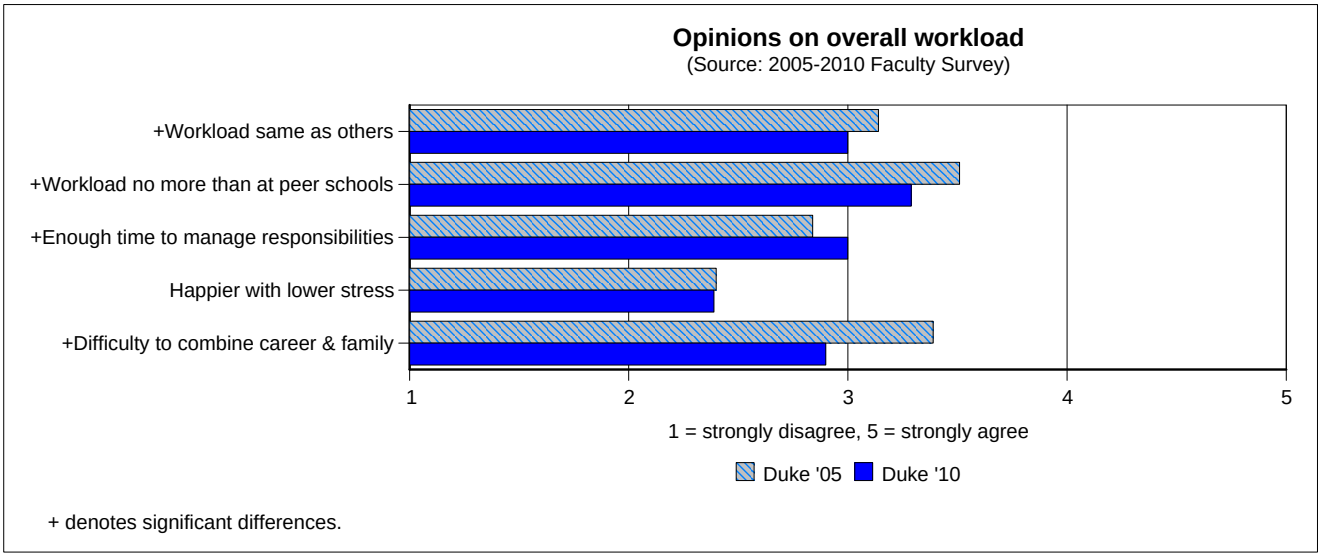
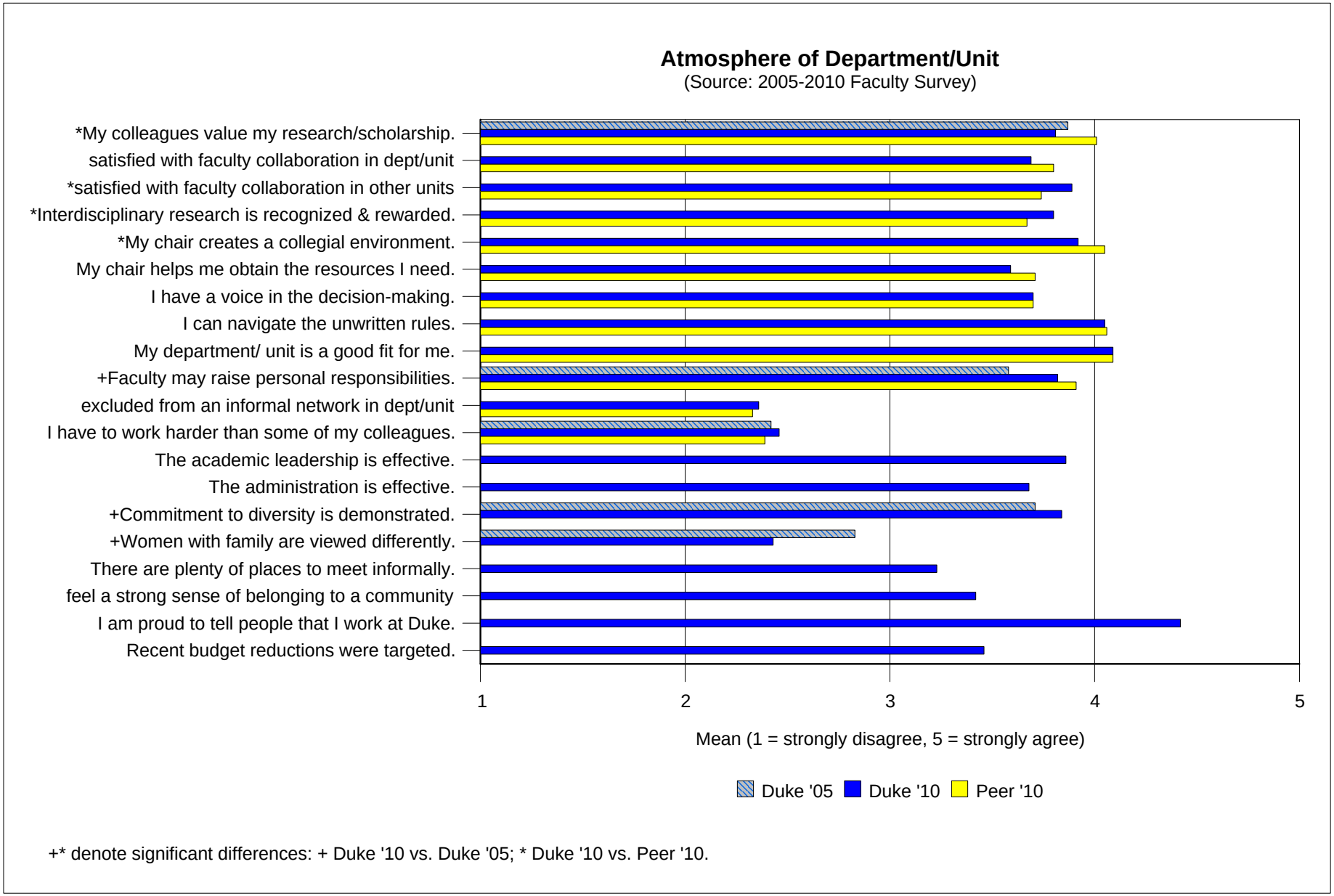


Figure 15



Part III: Atmosphere of Department/Unit (Nonclinical)

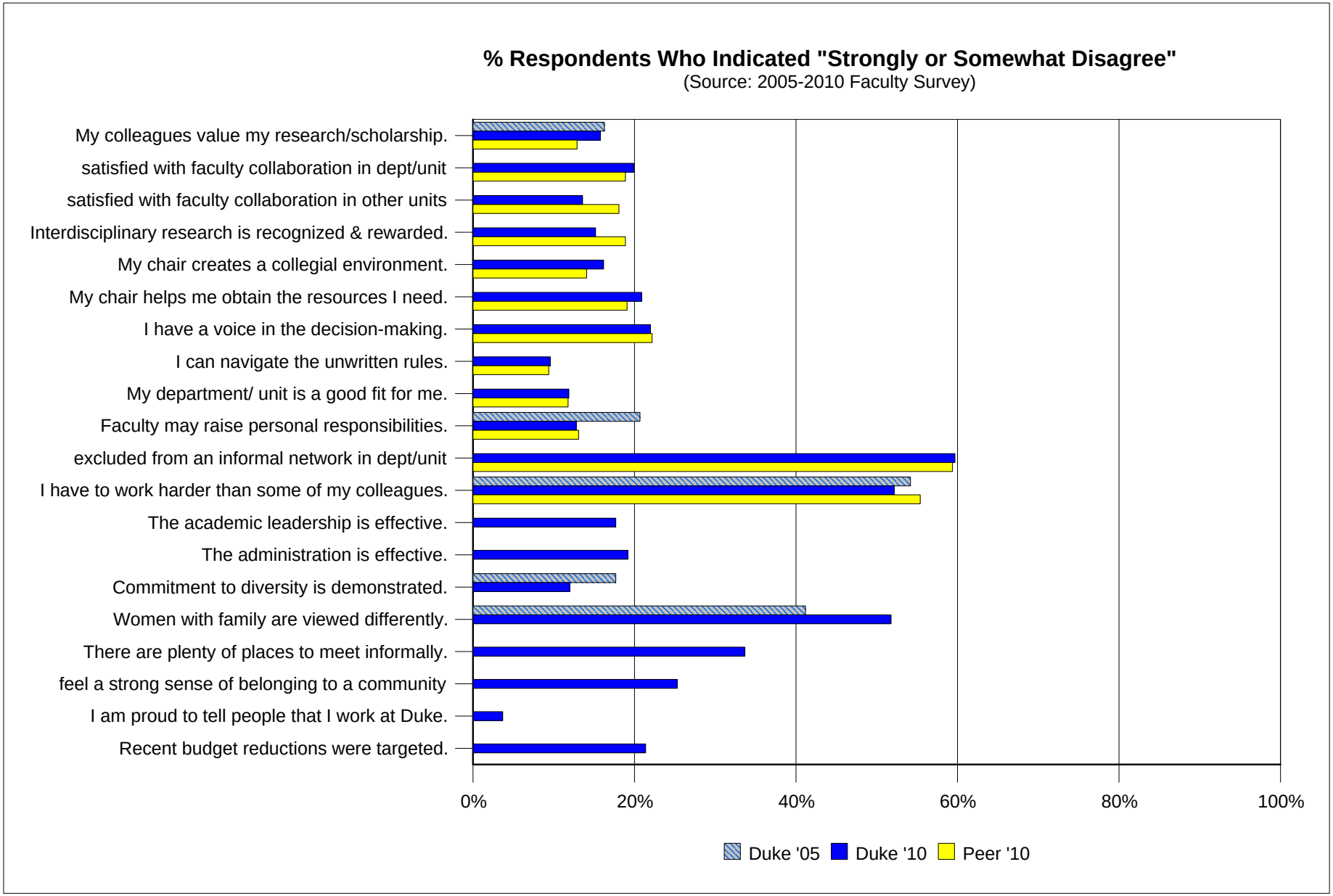
Figure 1



+* denote significant differences: + Duke '10 vs. Duke '05; * Duke '10 vs. Peer '10.

III. Atmosphere of Department/Unit (Nonclinical)

Figure 1



IV. Mentoring (Nonclinical)

Figure 1

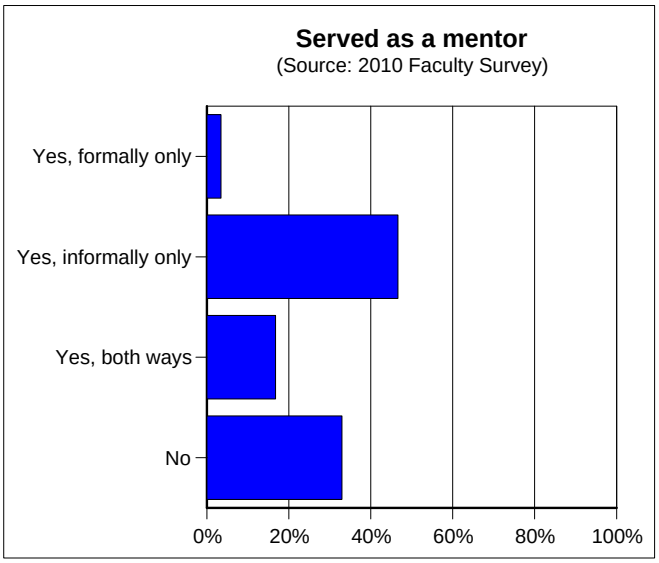


Figure 2

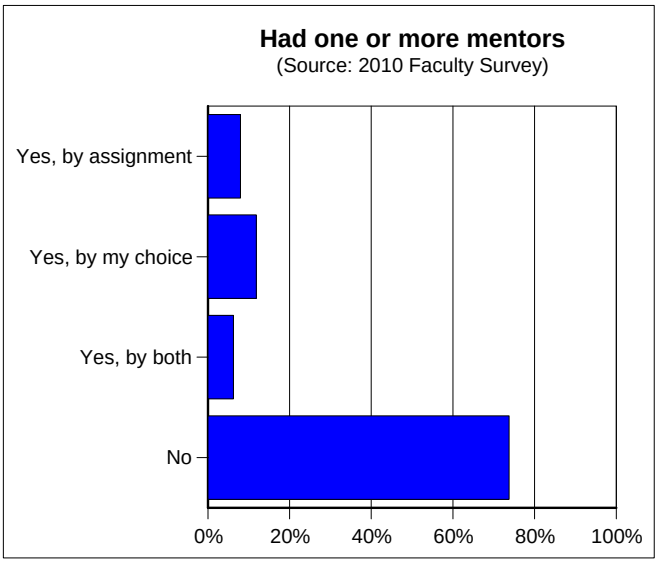


Figure 3

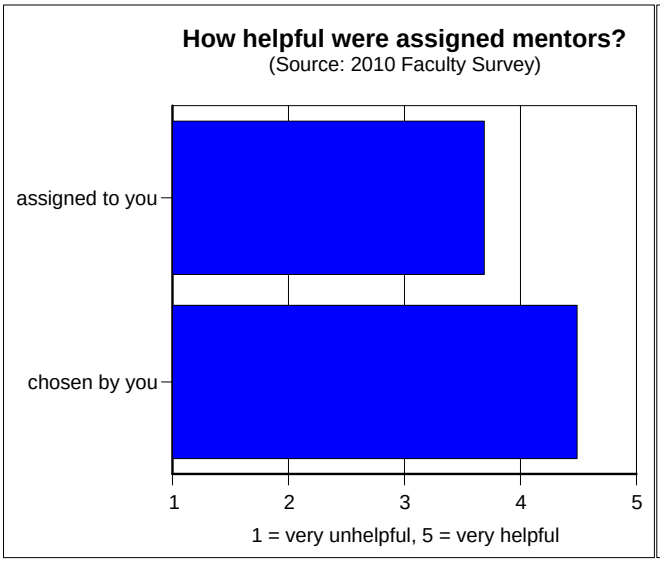


Figure 4

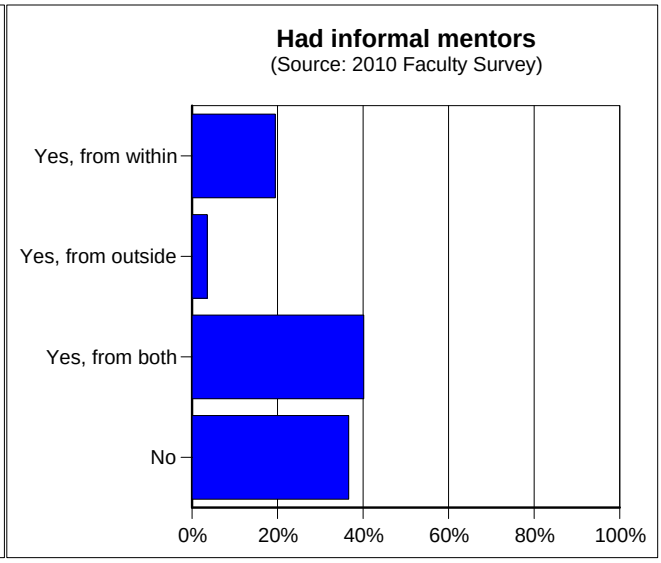


Figure 5

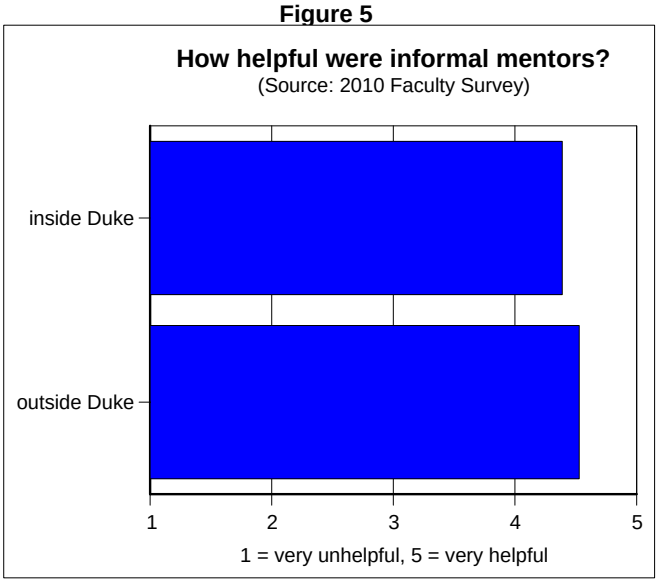


Figure 6

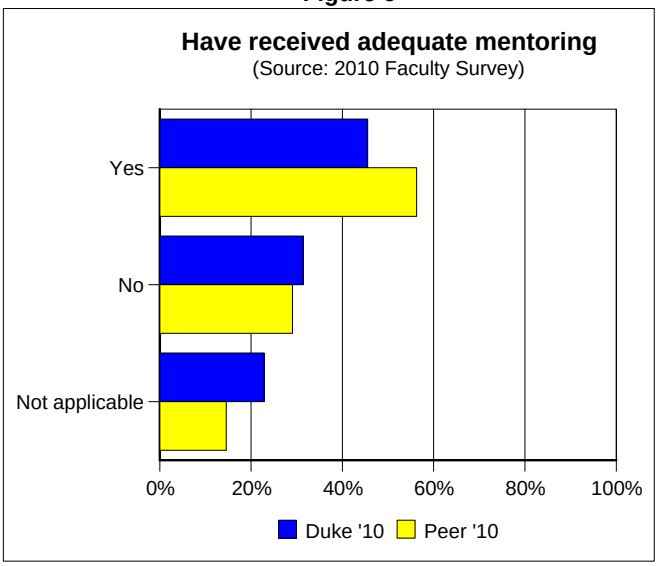
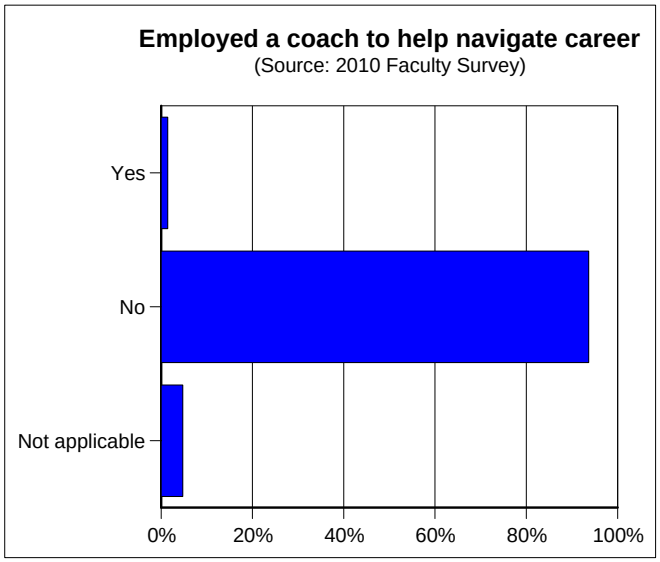


Figure 7


Employed a coach to help navigate career
(Source: 2010 Faculty Survey)
Yes
No
Not applicable
0%
20%
40%
60%
80%
100%

V. Promotion/Tenure (Nonclinical)

Figure 1

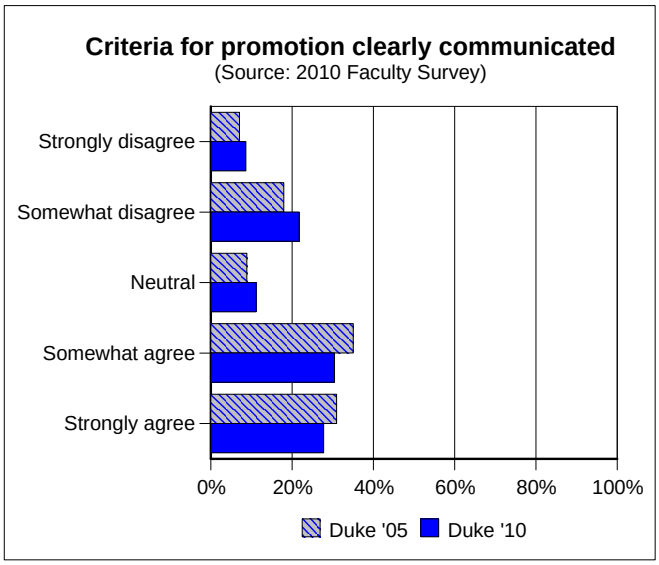


Figure 2

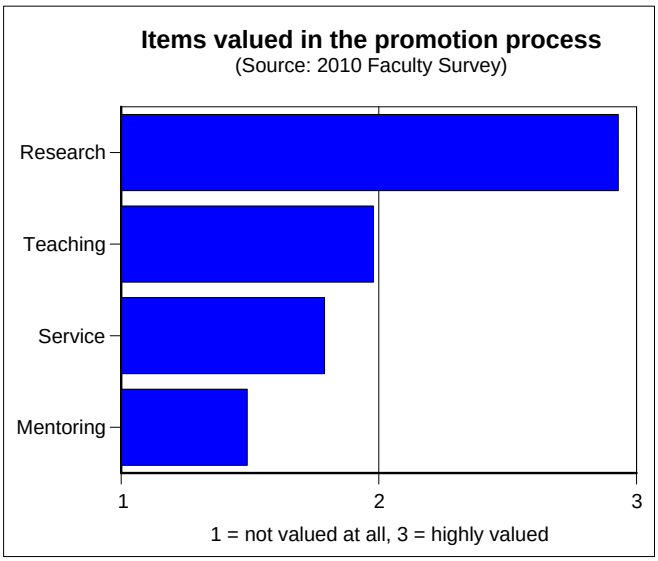


Figure 3

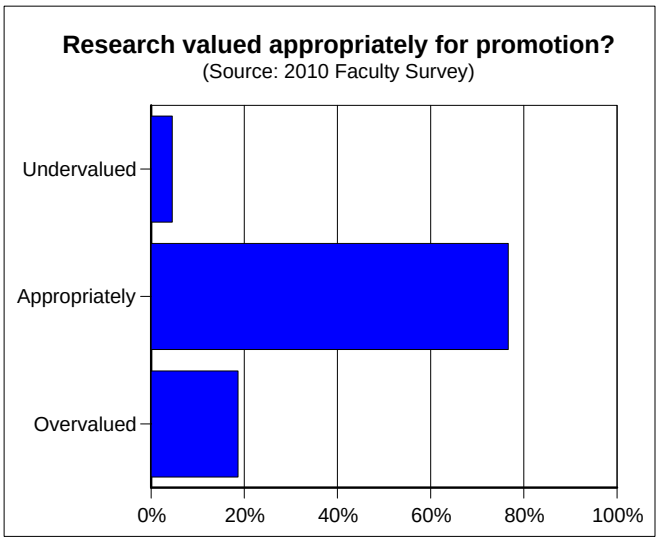


Figure 4

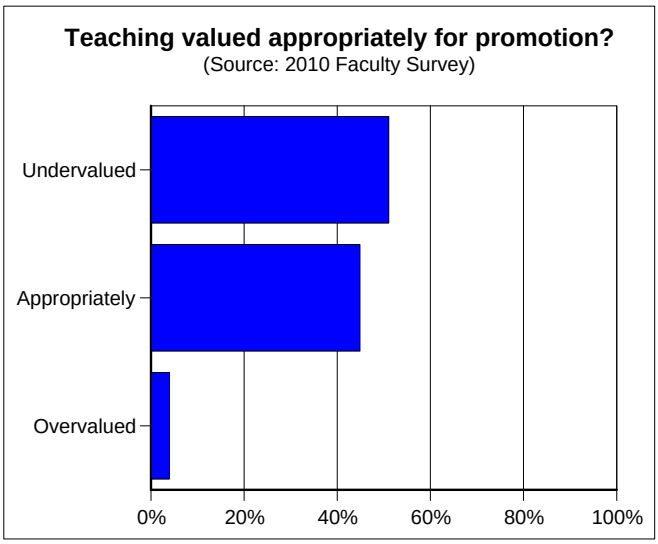


Figure 5

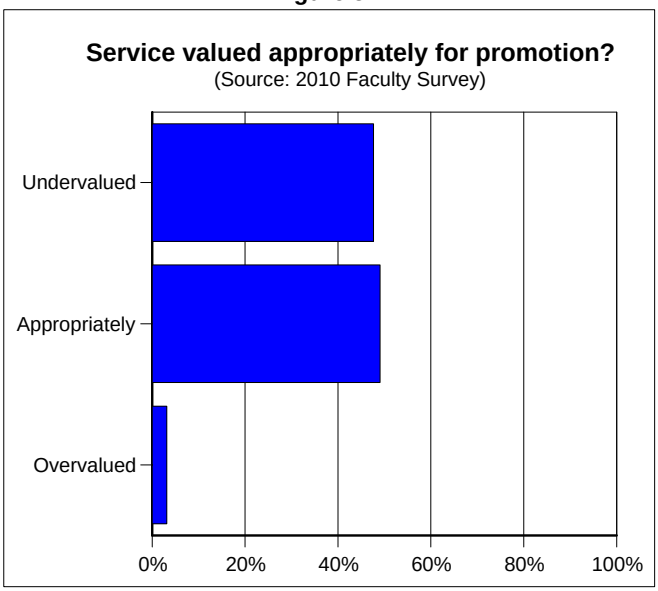


Figure 6

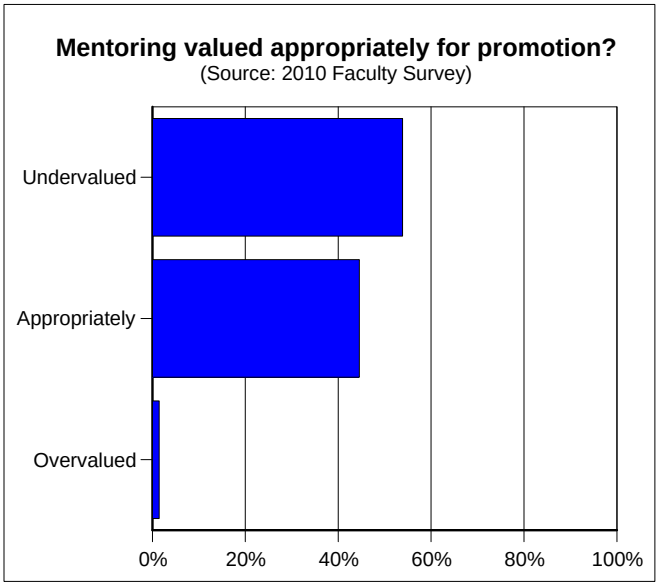


Figure 7

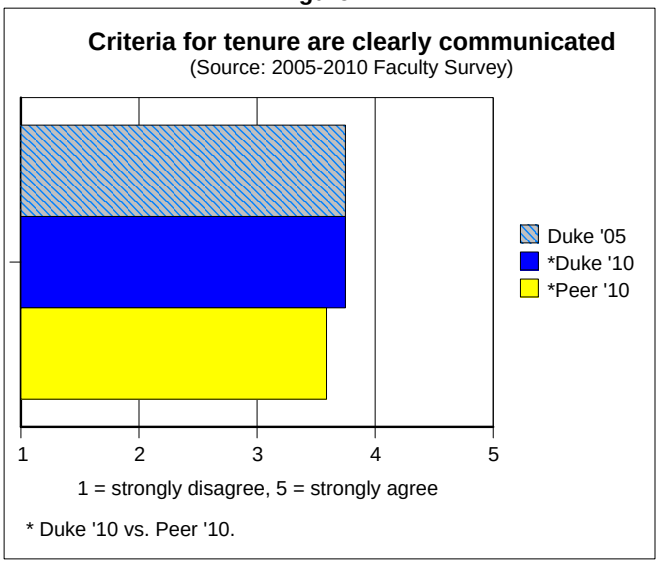


Figure 8

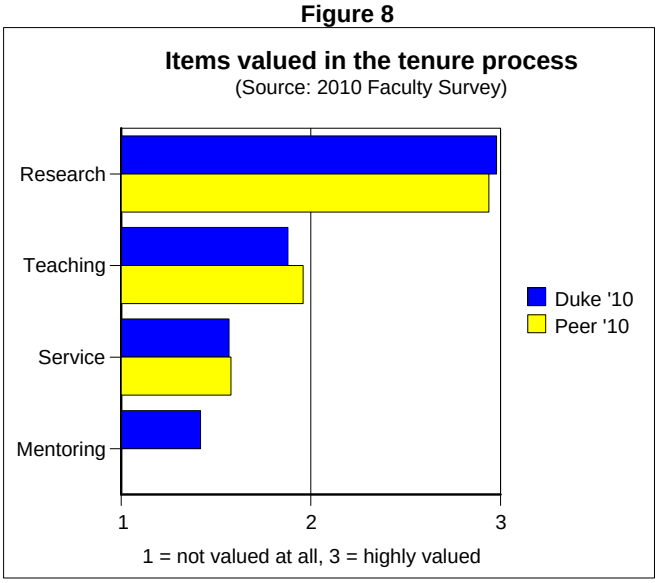


Figure 9

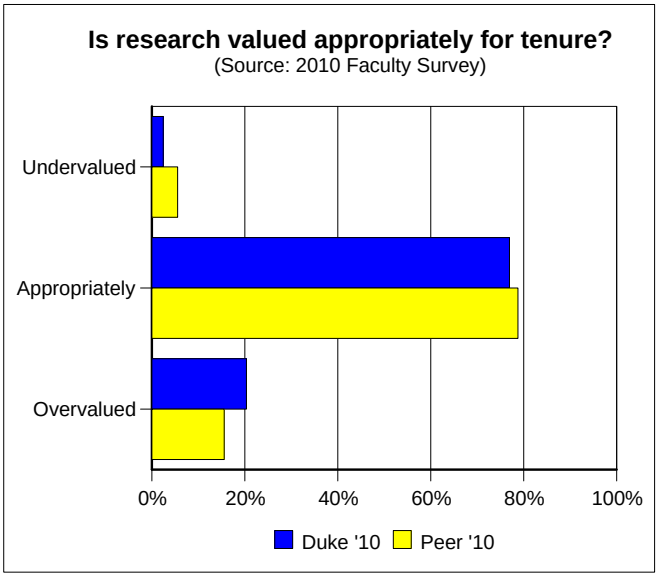


Figure 10

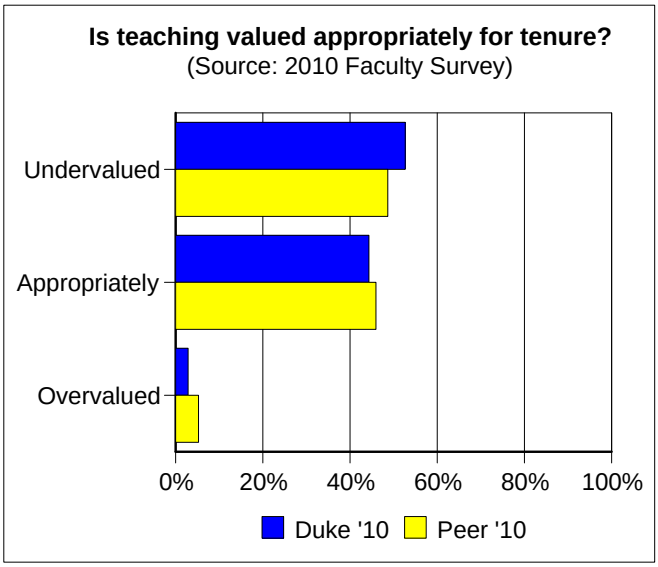


Figure 11

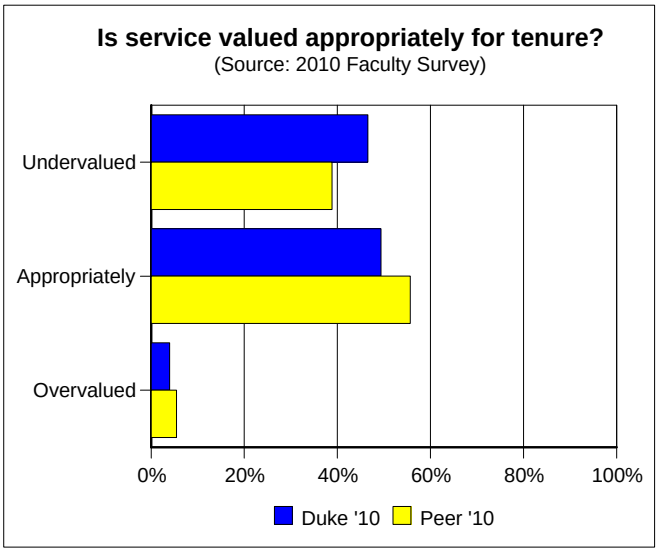


Figure 12

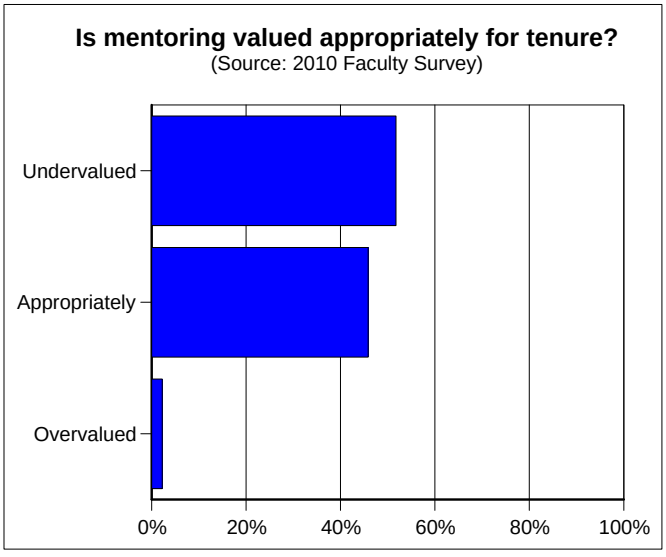


Figure 13

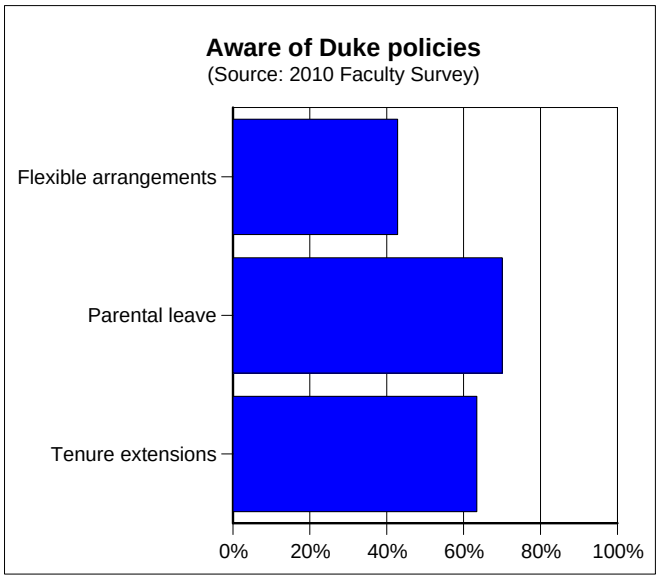


Figure 14

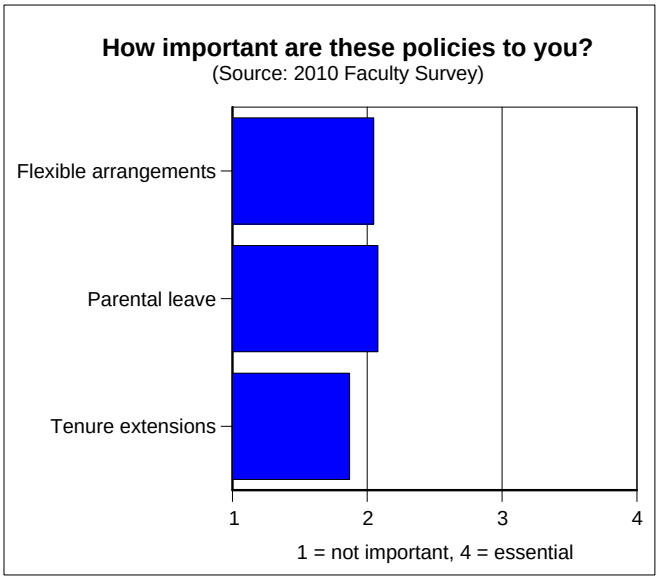


Figure 15

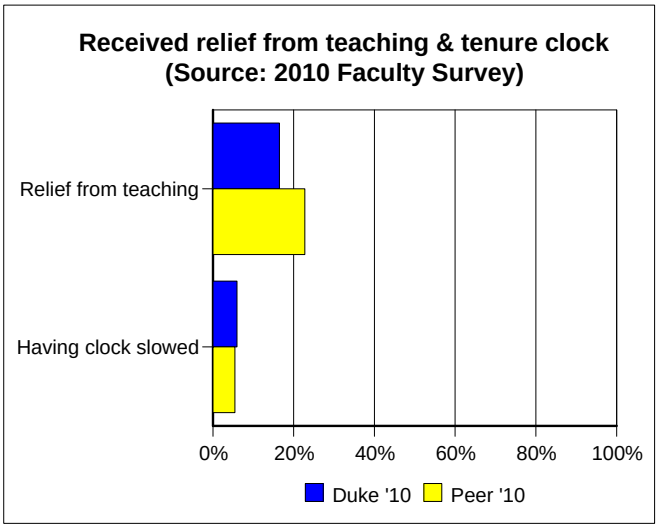
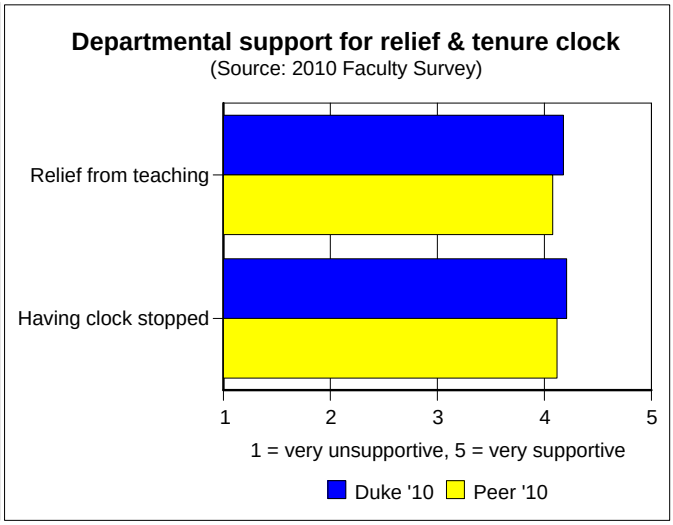


Figure 16



VI. Hiring/Retention (Nonclinical)

Figure 1

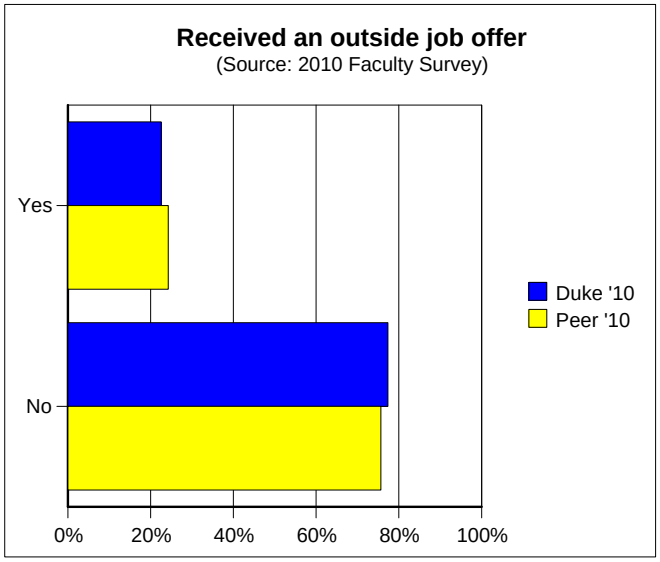


Figure 2

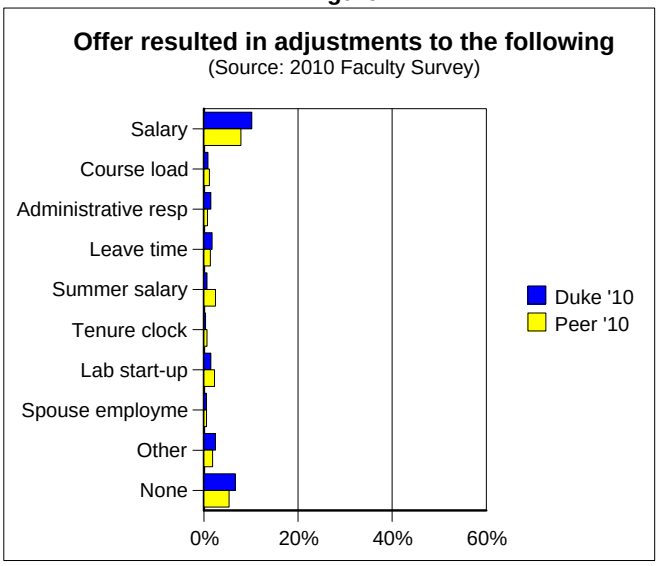


Figure 3

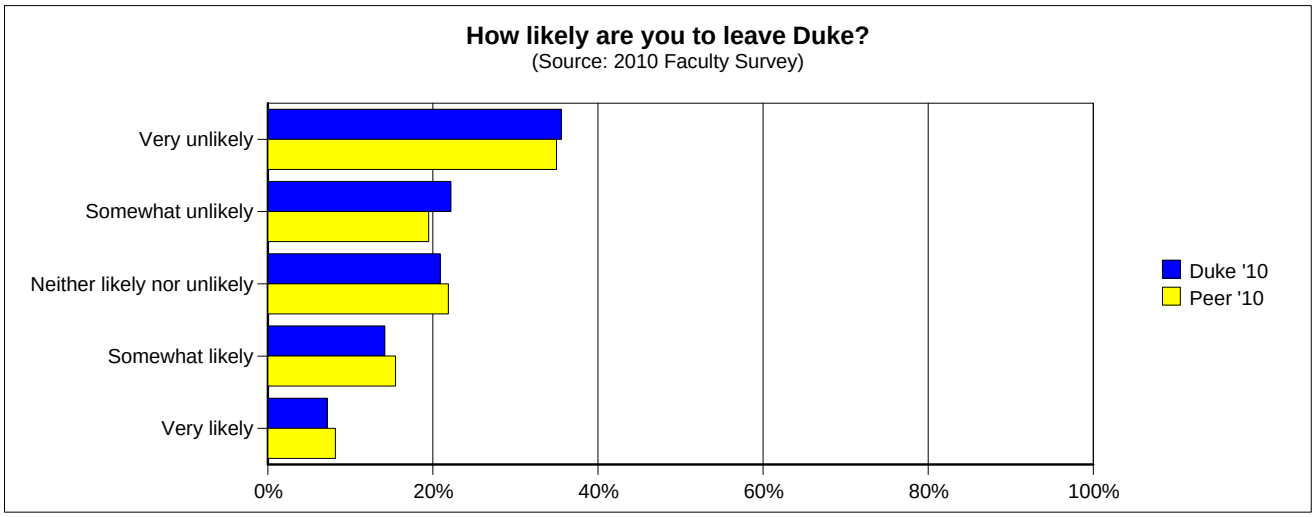
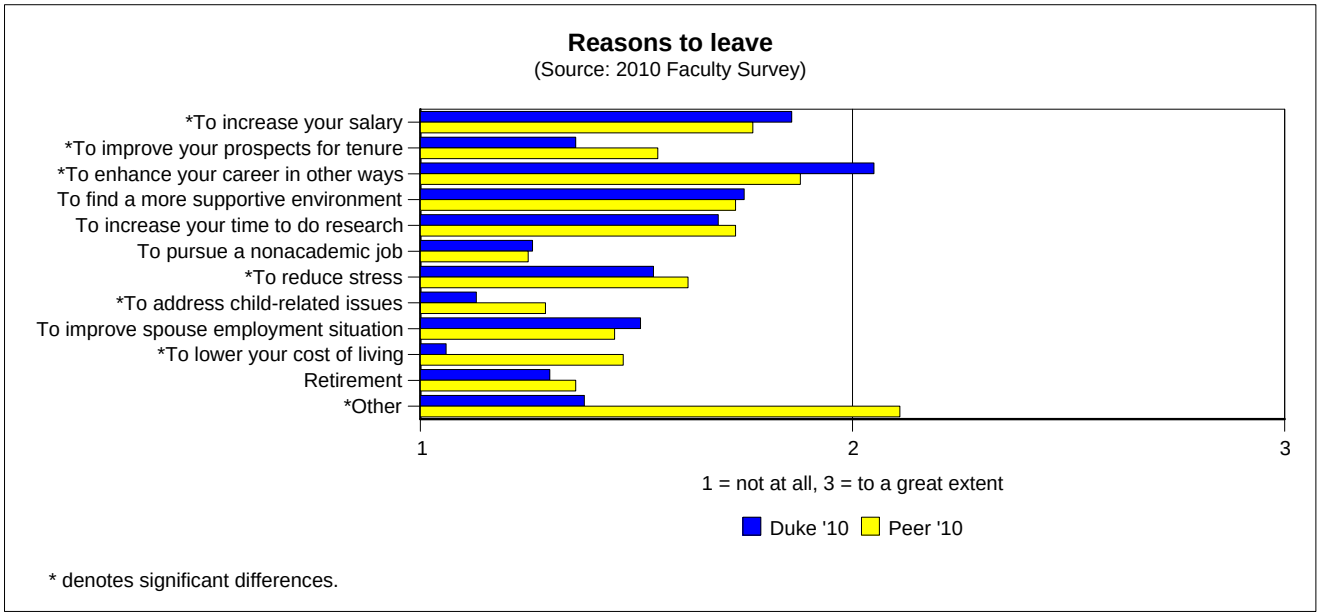


Figure 4



* denotes significant differences.

Part VII: Life outside the Institution (Nonclinical)

Figure 1

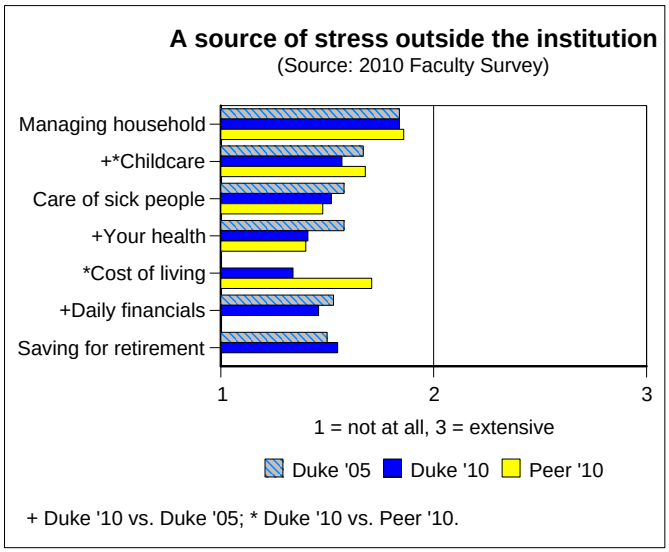


Figure 2

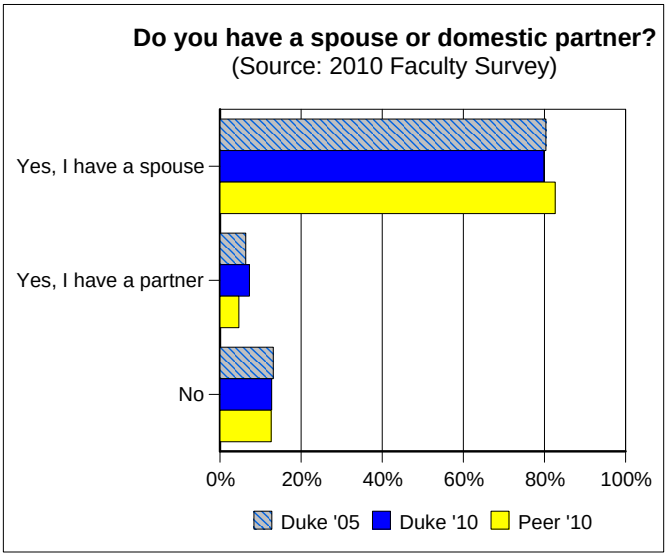


Figure 3

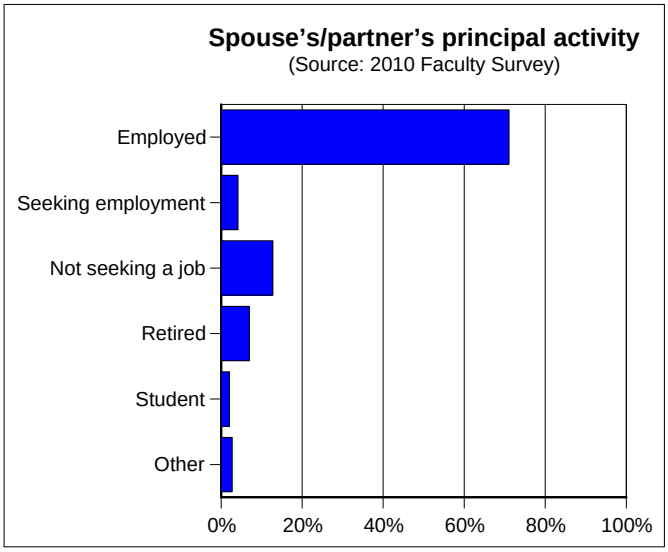


Figure 4

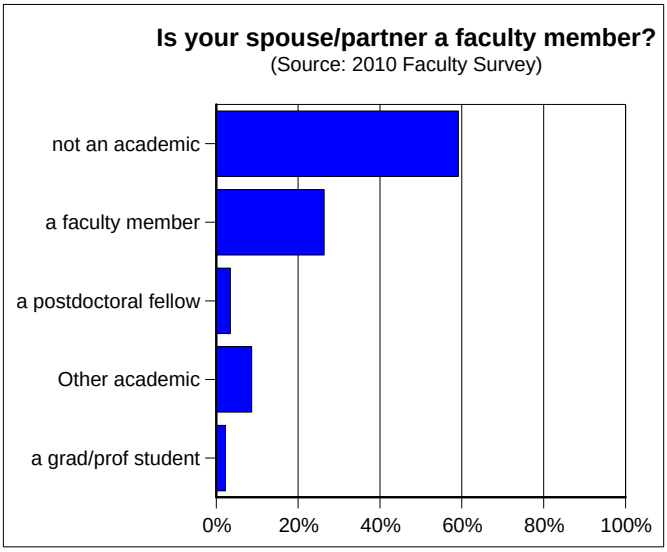


Figure 5

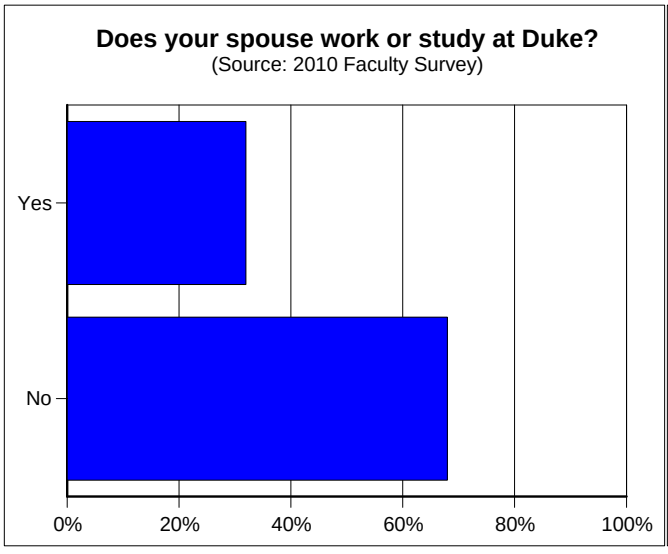


Figure 6

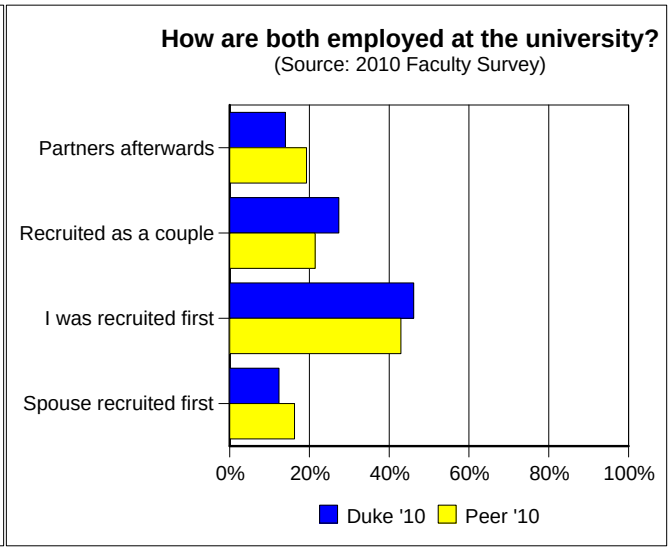


Figure 7

Figure 8

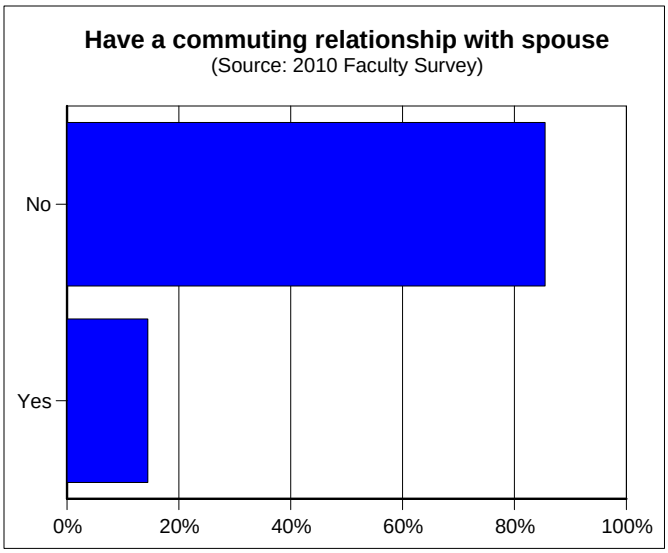


Figure 9

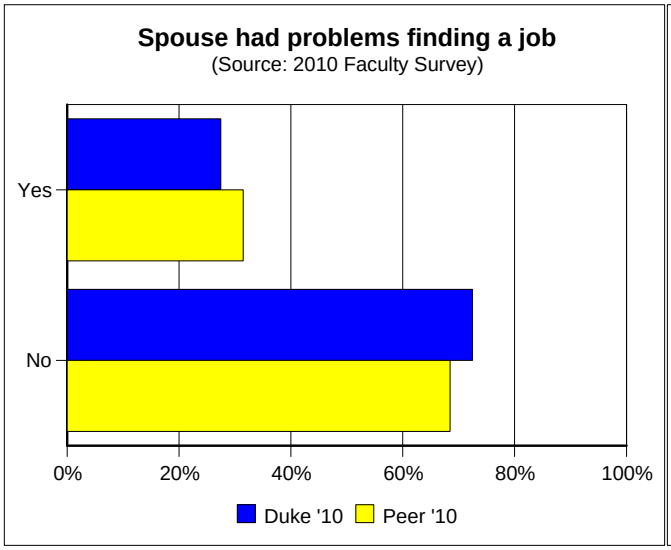


Figure 10

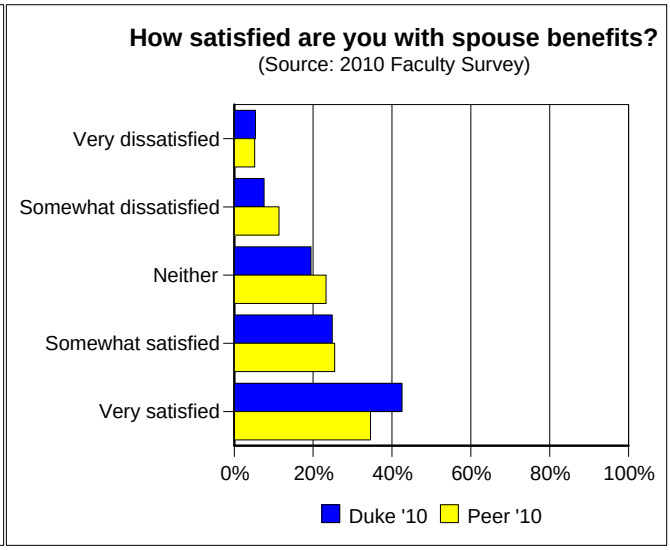


Figure 11

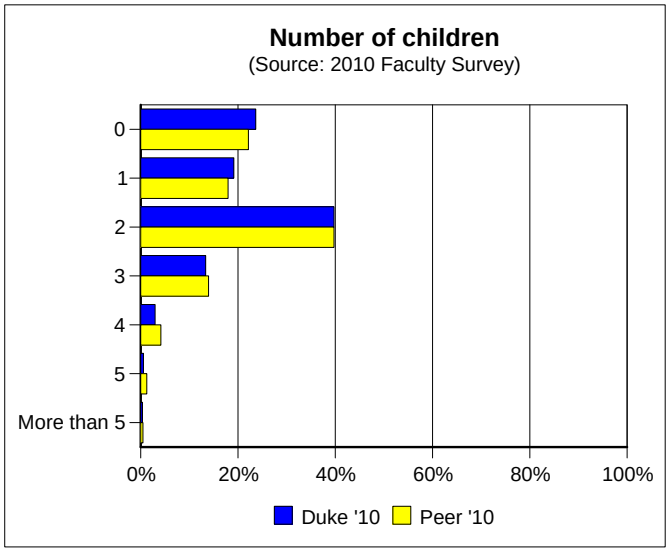


Figure 12

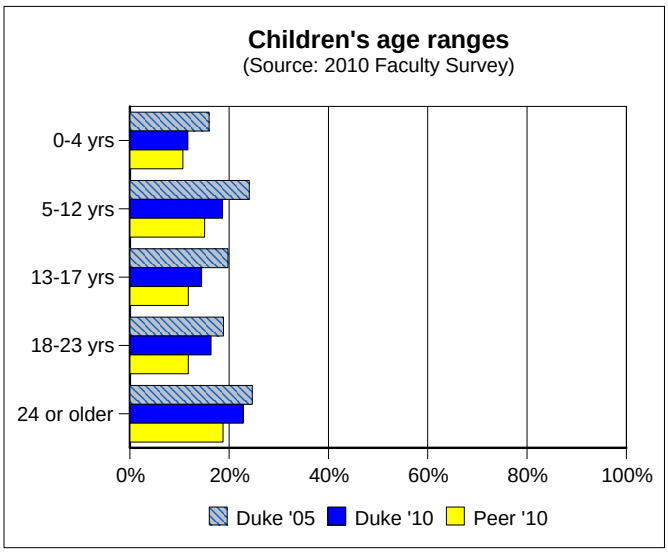


Figure 13

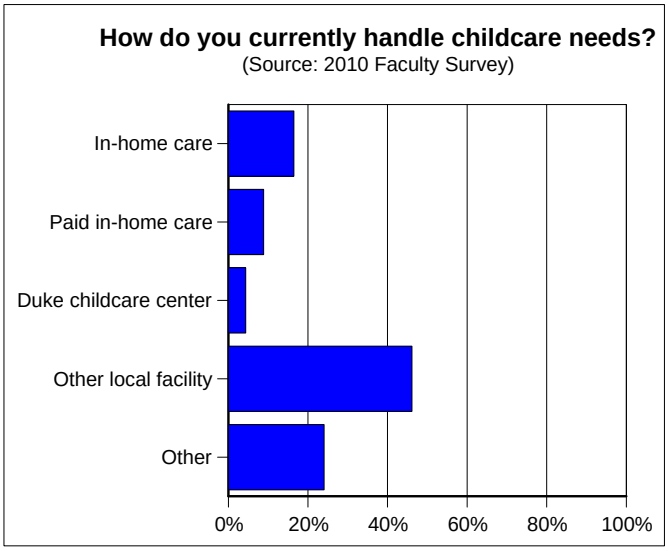


Figure 14

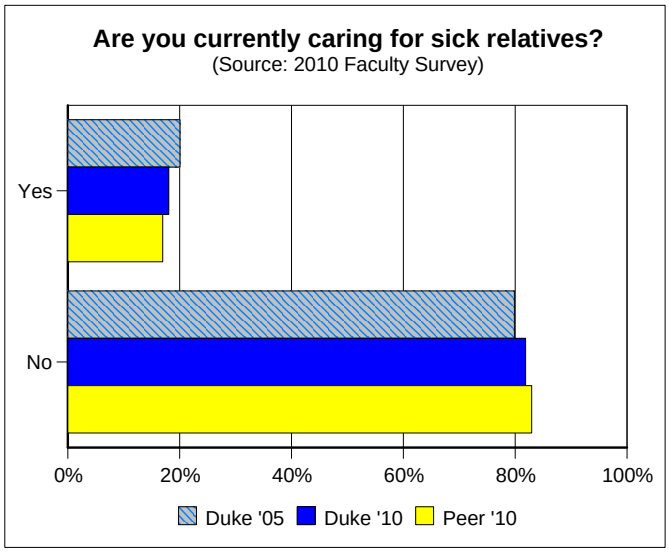


Figure 15

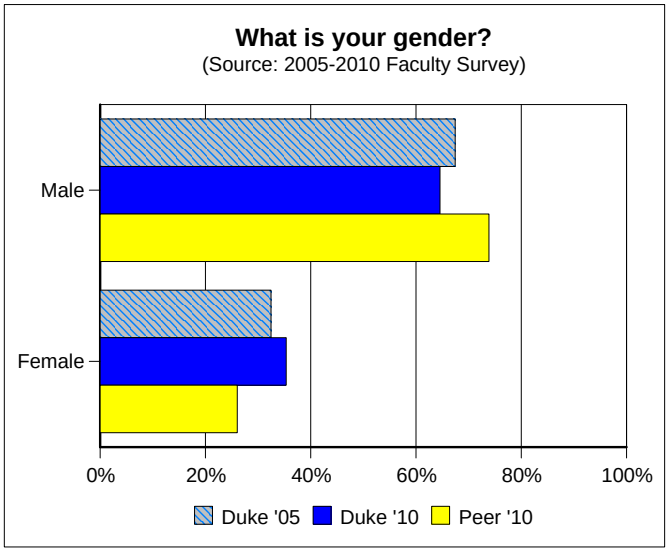


Figure 16

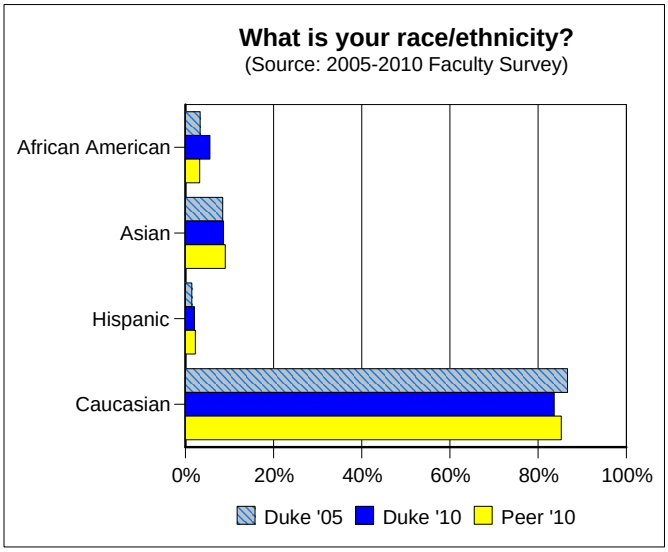


Figure 17

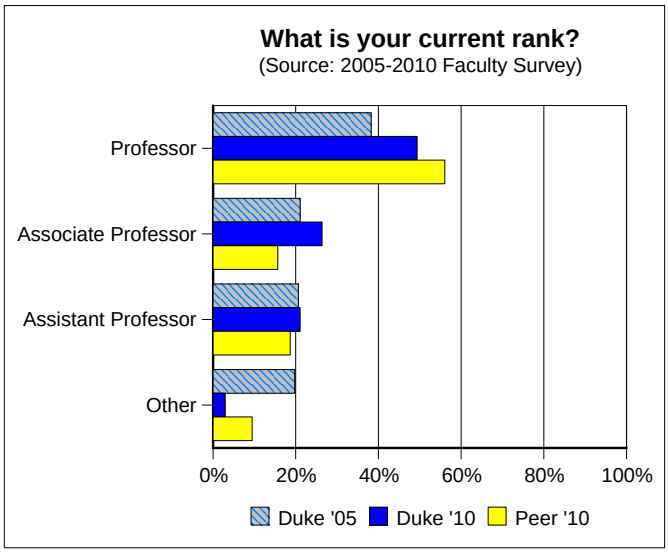
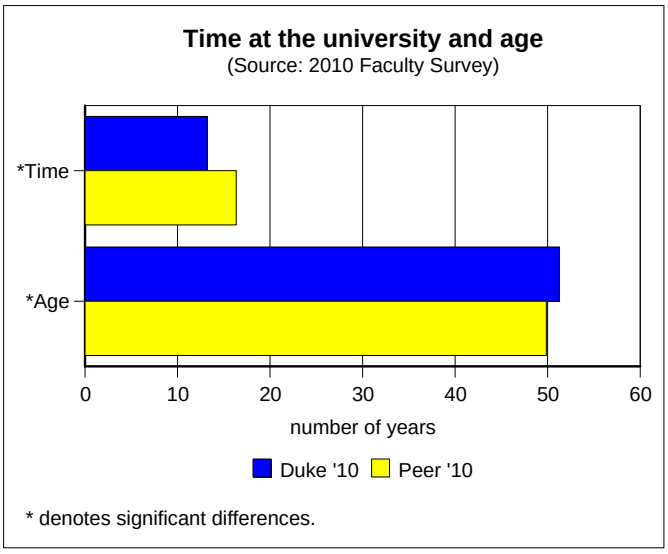


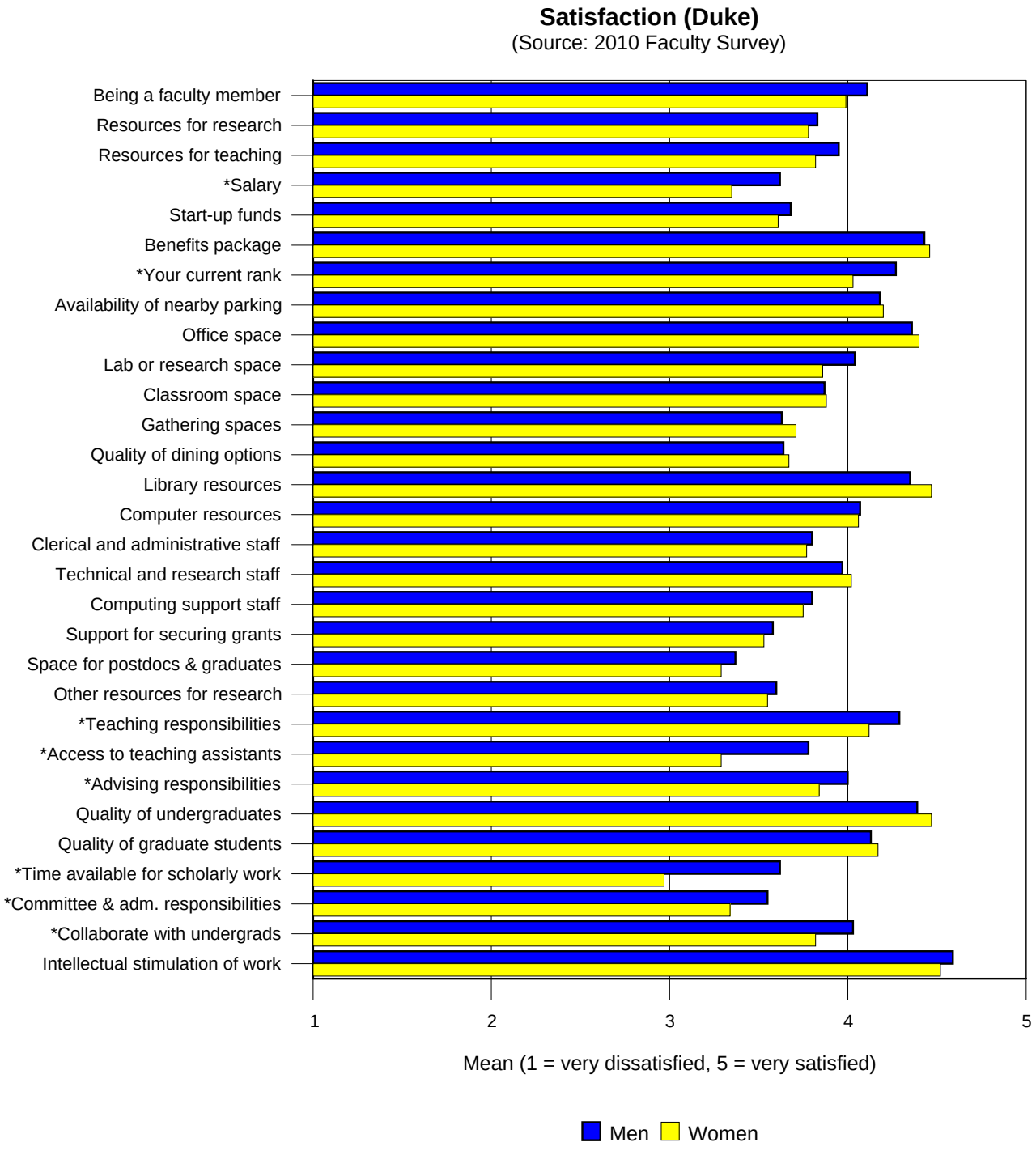
Figure 18



2010 Faculty Survey Results by Gender--Nonclinical

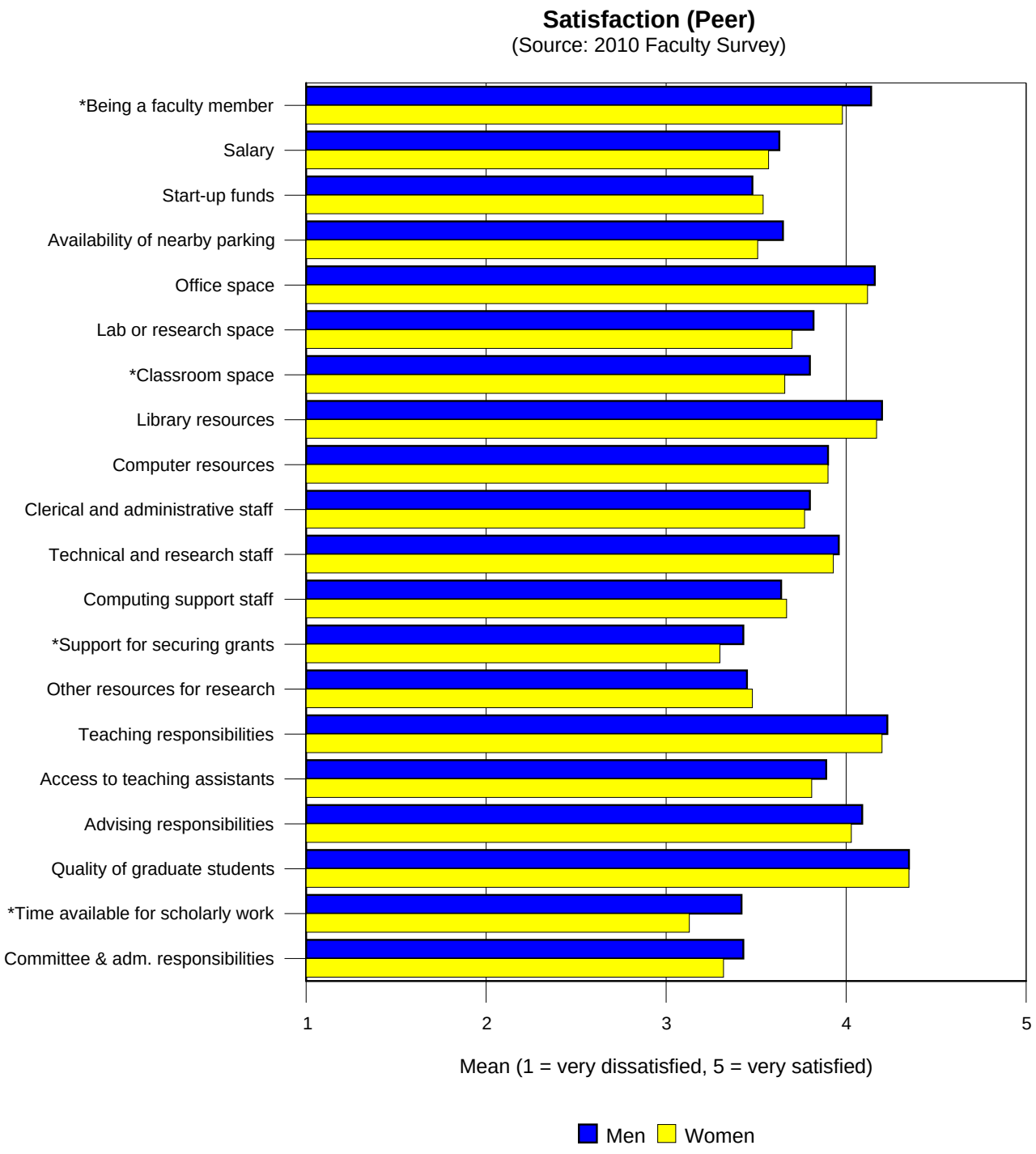
I. Satisfaction (Nonclinical)

Figure 1



* denotes significant differences.

Figure 2



* denotes significant differences.

2010 Faculty Survey Results by Gender: Nonclinical

I. Satisfaction (Nonclinical)

Figure 1

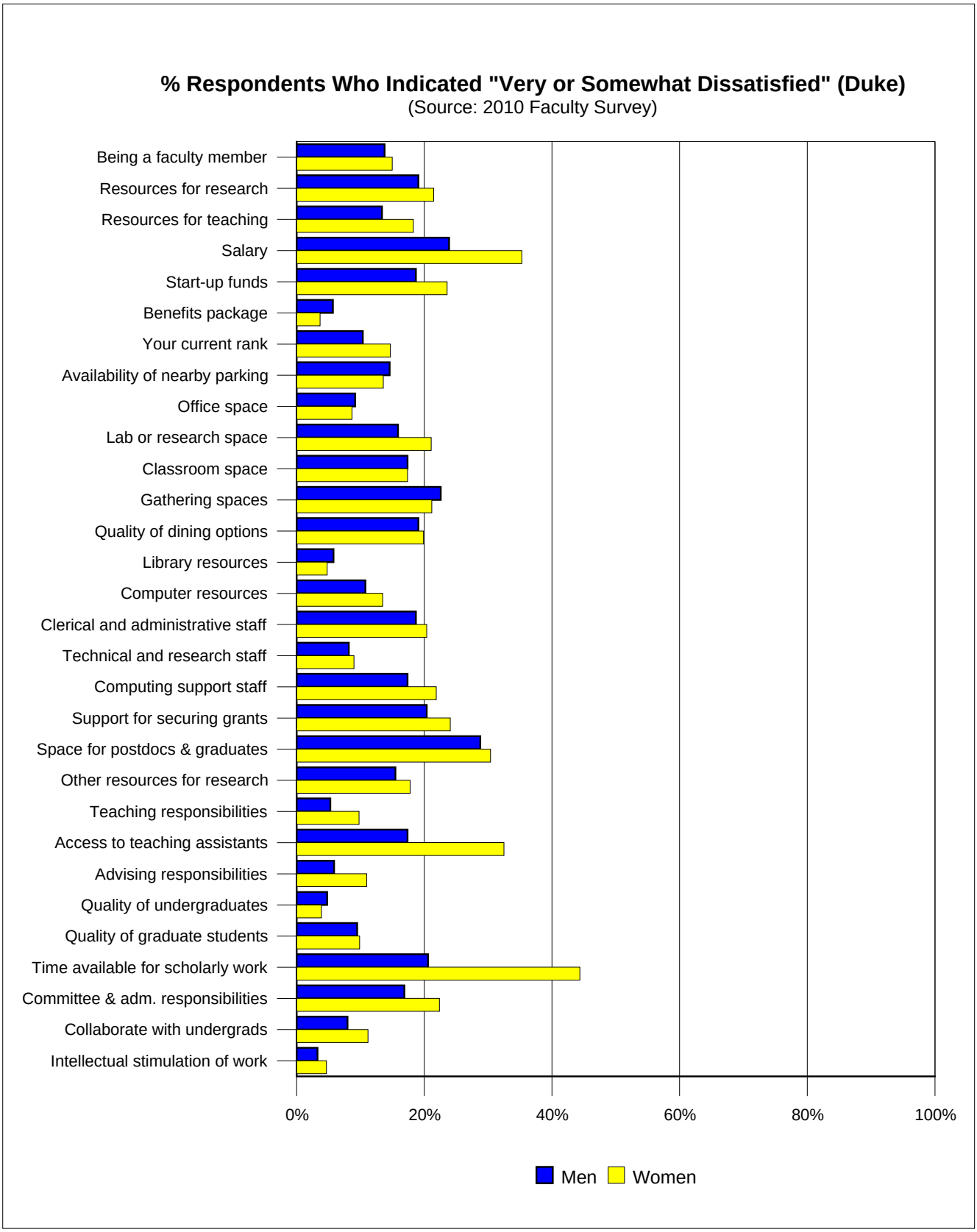
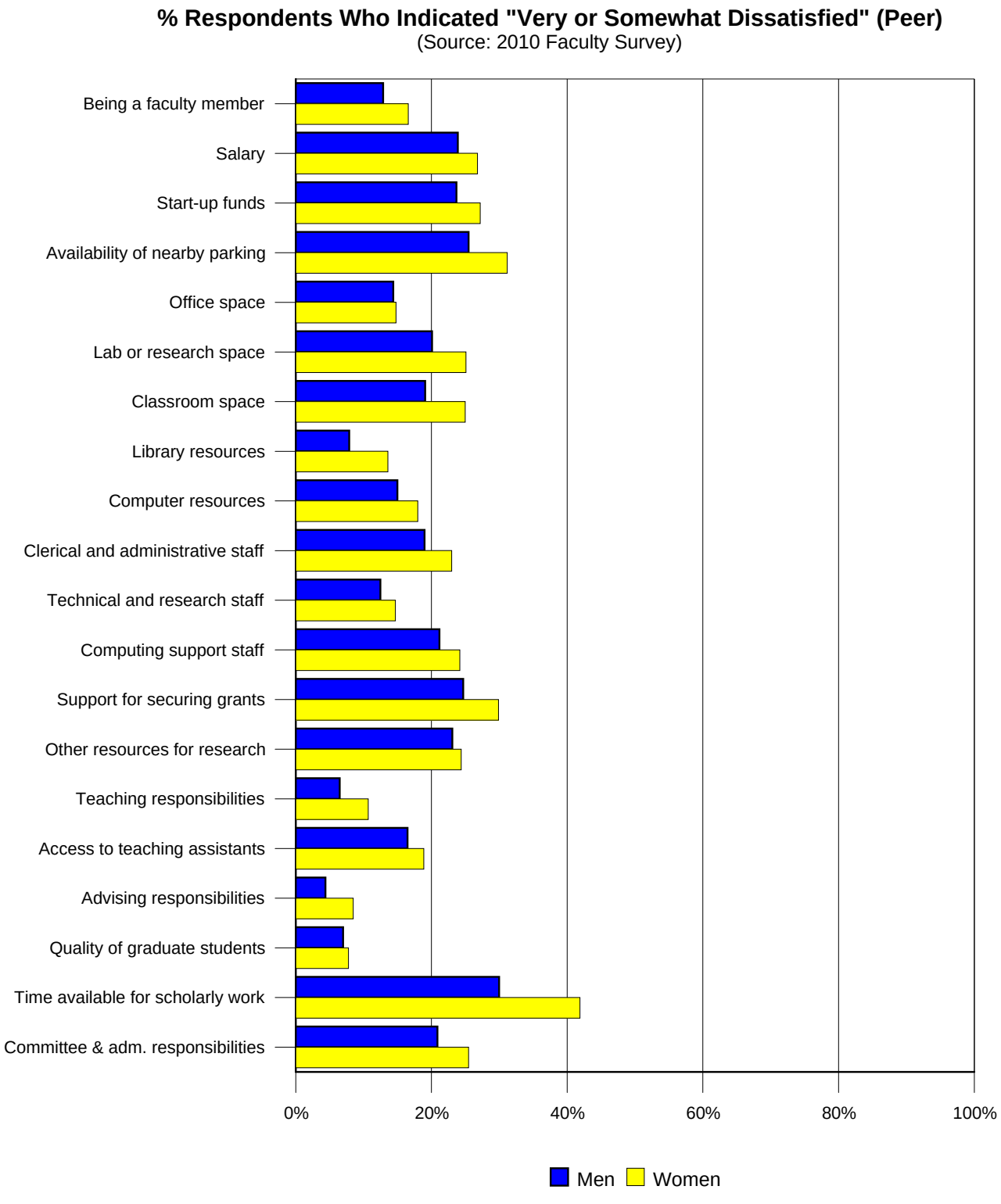


Figure 2


% Respondents Who Indicated "Very or Somewhat Dissatisfied" (Peer)
(Source: 2010 Faculty Survey)
Being a faculty member
Salary
Start-up funds
Availability of nearby parking
Office space
Lab or research space
Classroom space
Library resources
Computer resources
Clerical and administrative staff
Technical and research staff
Computing support staff
Support for securing grants
Other resources for research
Teaching responsibilities
Access to teaching assistants
Advising responsibilities
Quality of graduate students
Time available for scholarly work
Committee & adm. responsibilities
0%
20%
40%
60%
80%
100%
Men
Women

II. Workload (Nonclinical)

Figure 1

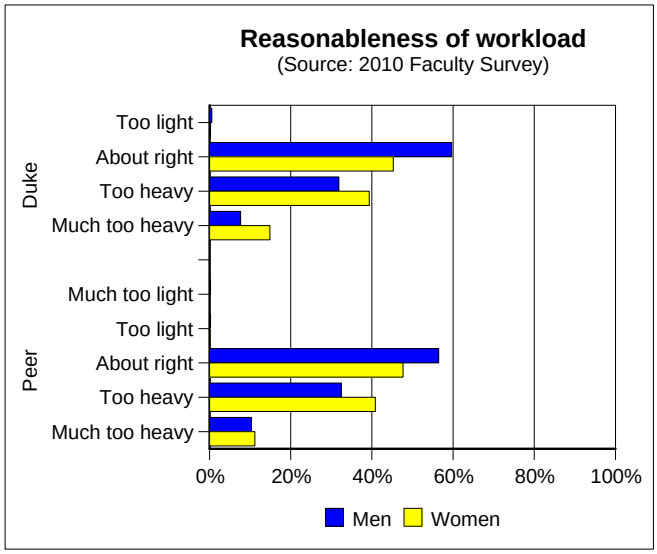


Figure 2

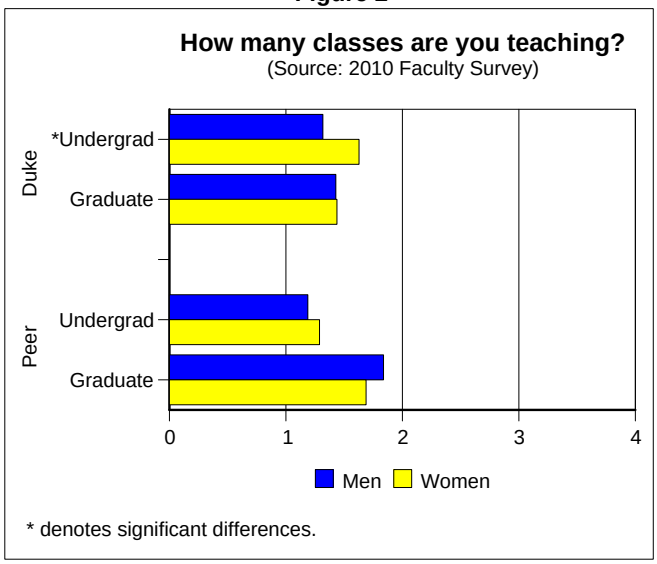


Figure 3

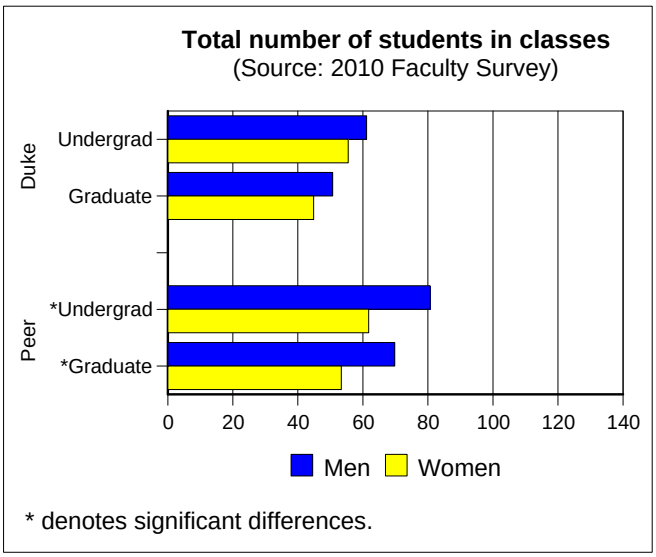


Figure 4

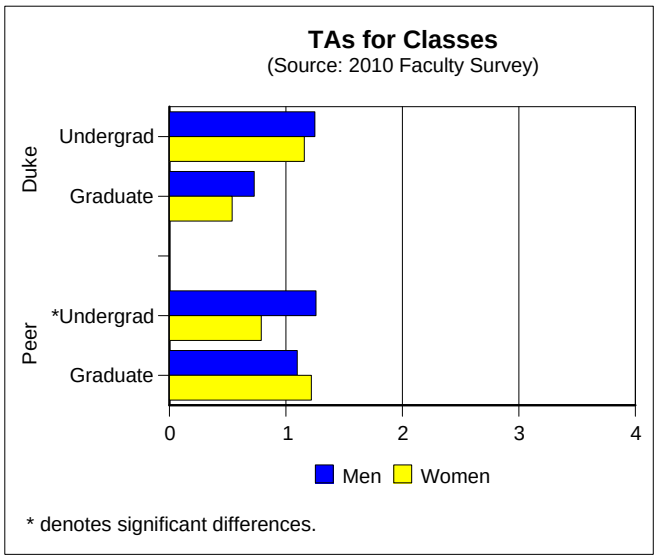


Figure 5

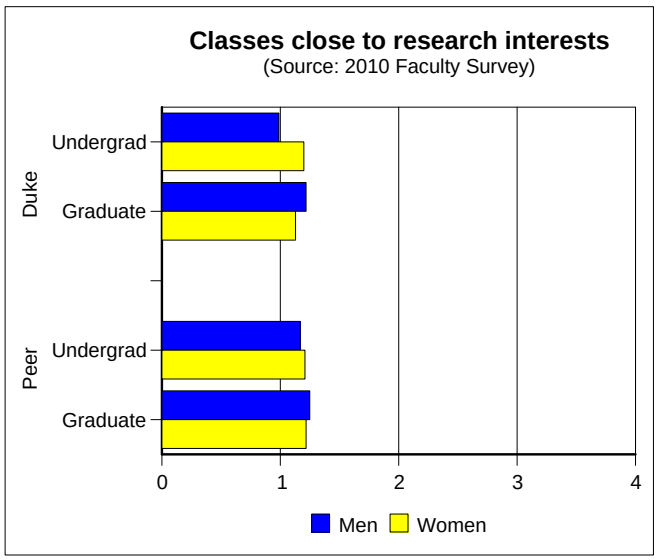


Figure 6

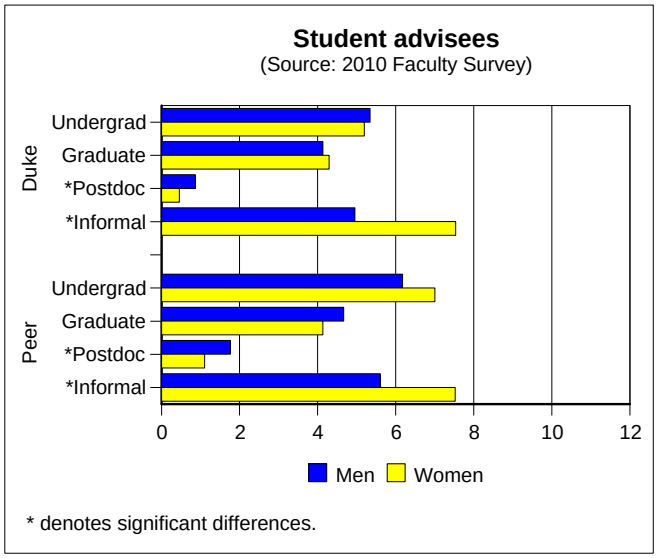


Figure 7

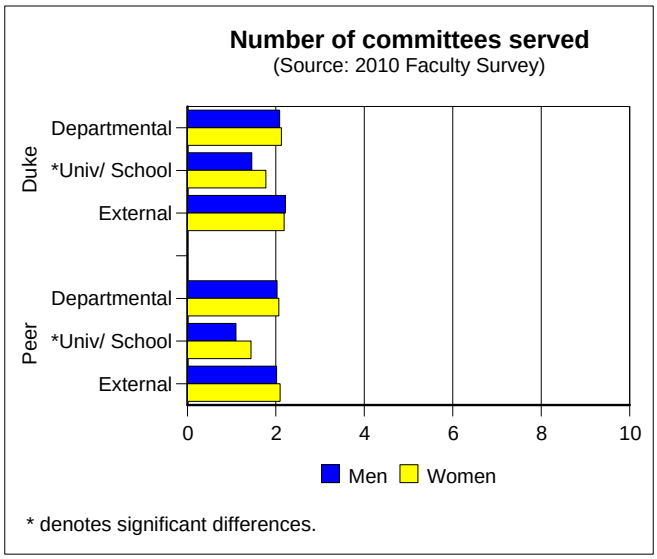


Figure 8

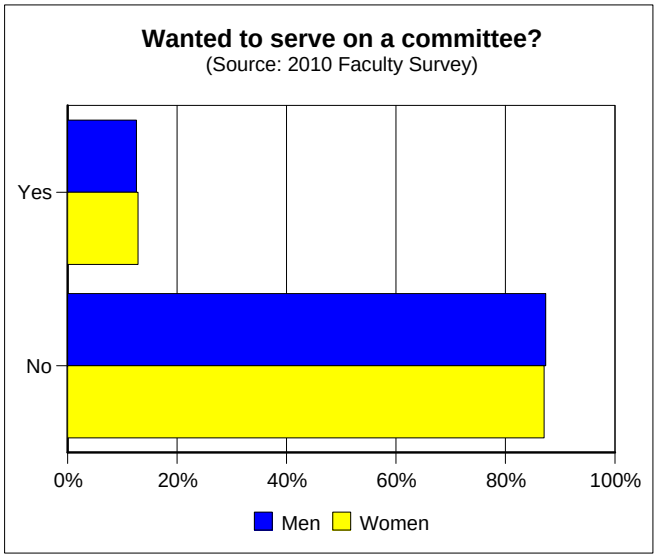


Figure 9

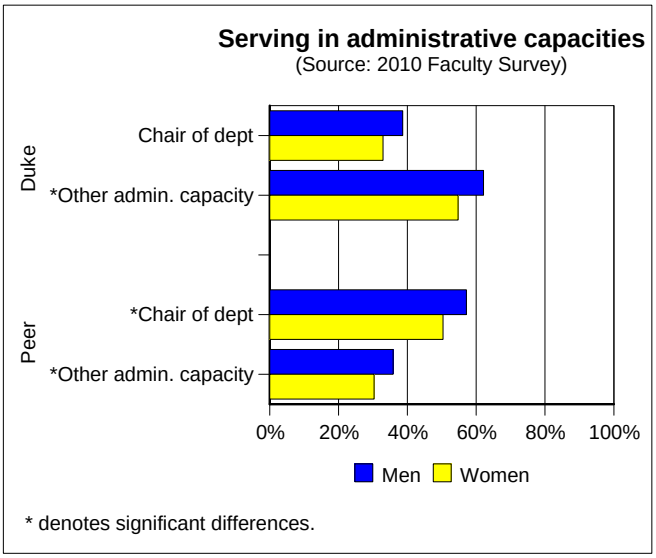


Figure 10

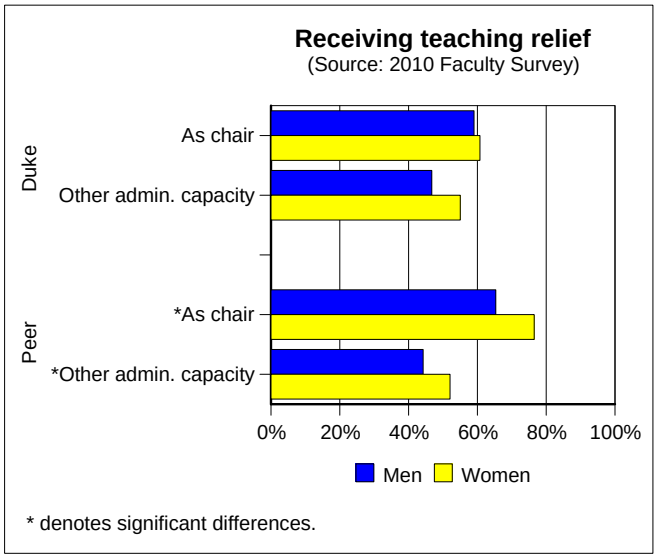


Figure 11

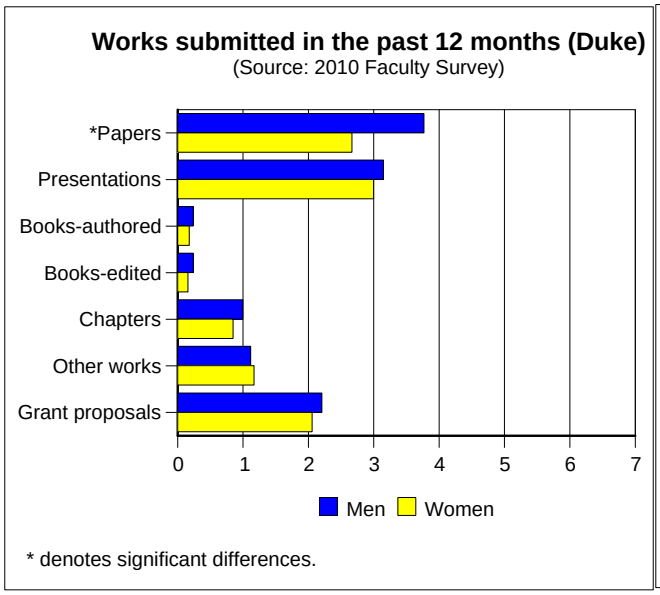


Figure 12

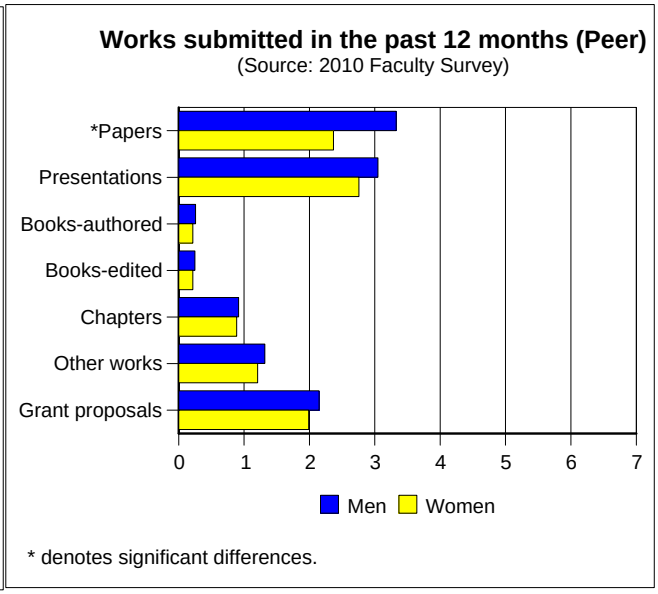


Figure 13

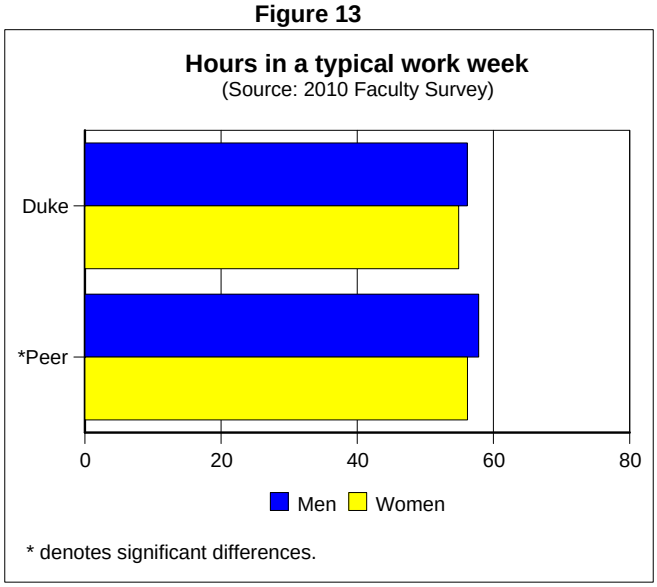


Figure 14

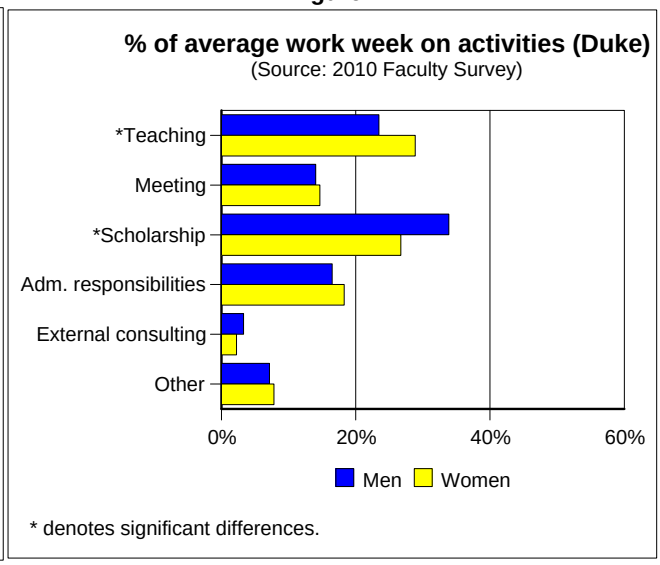


Figure 15

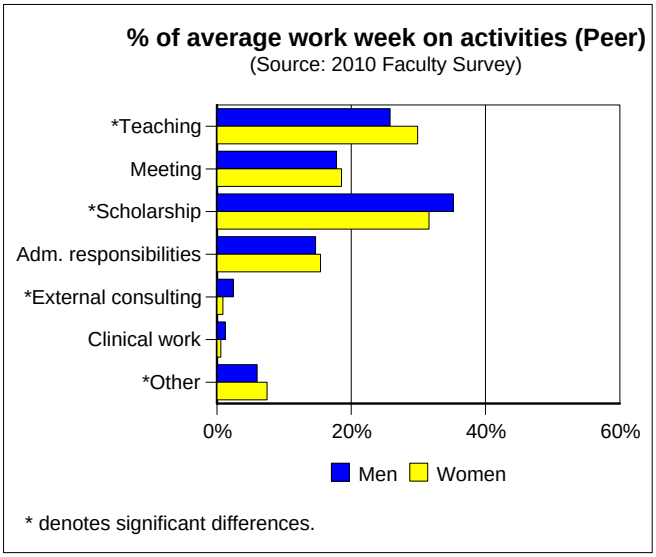


Figure 16

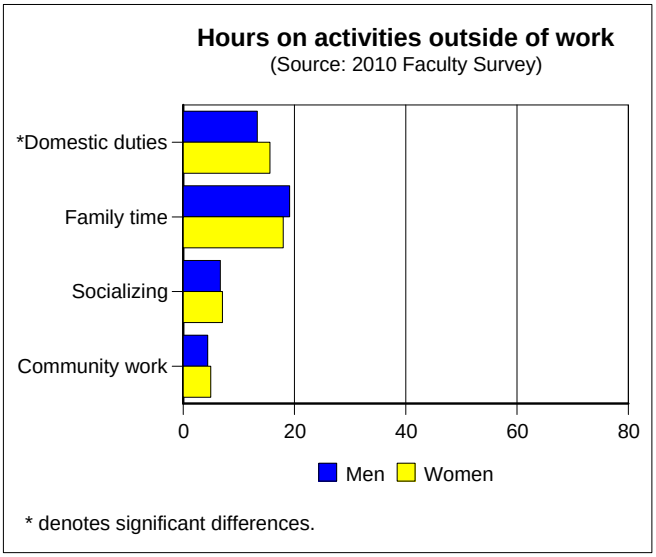


Figure 17

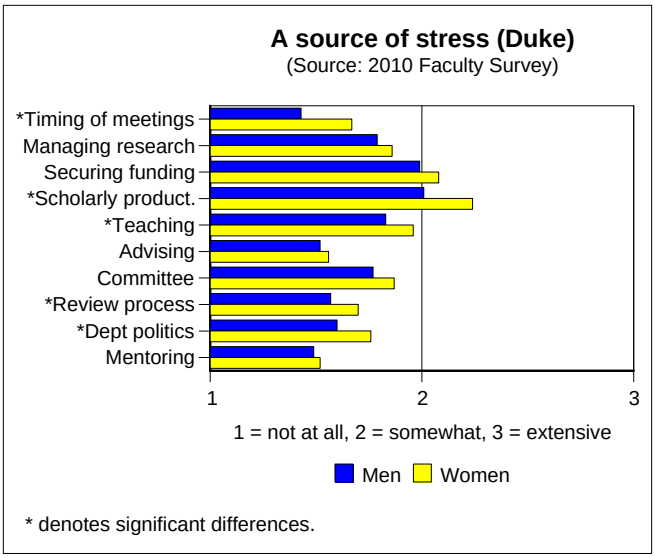


Figure 18

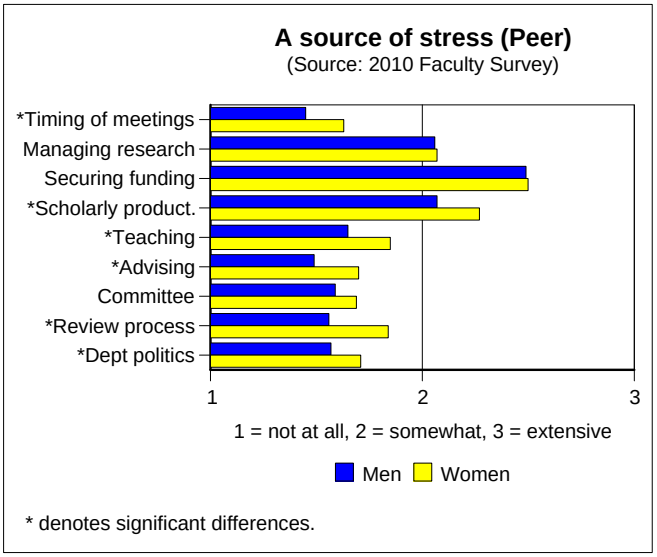


Figure 19

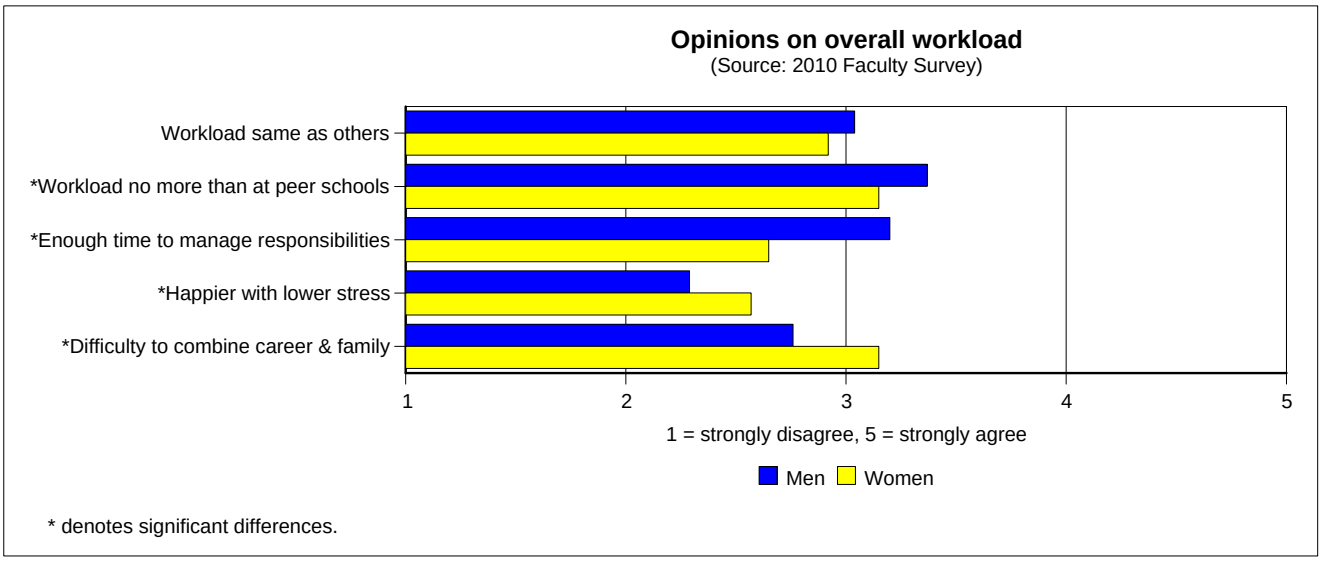
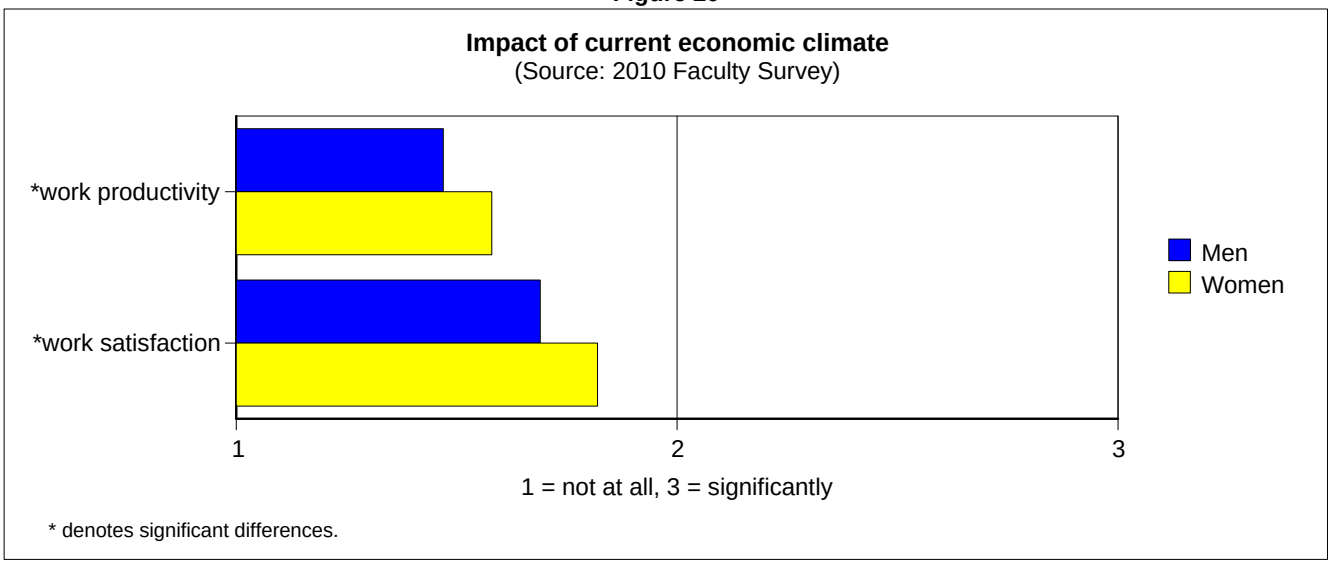
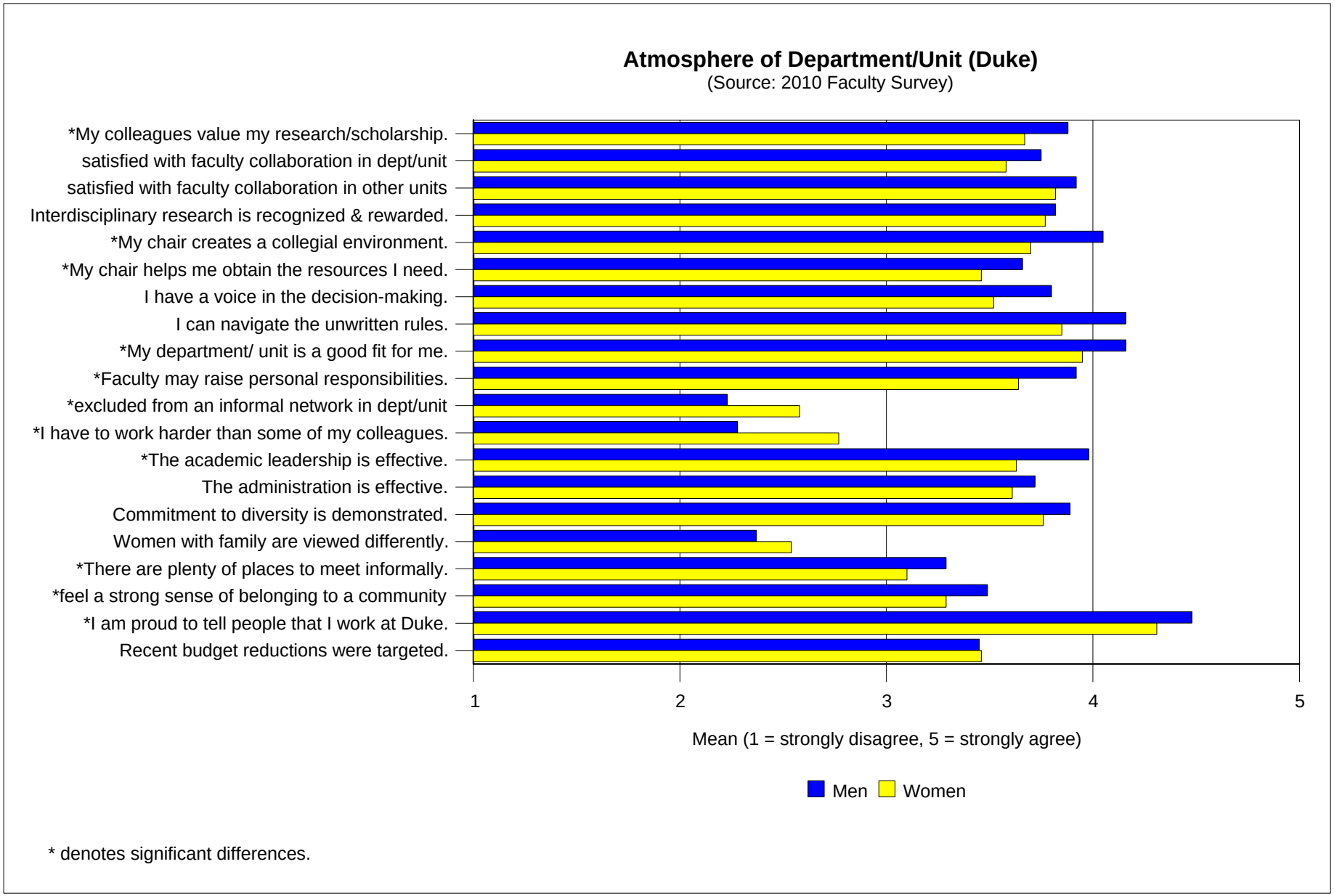


Figure 20



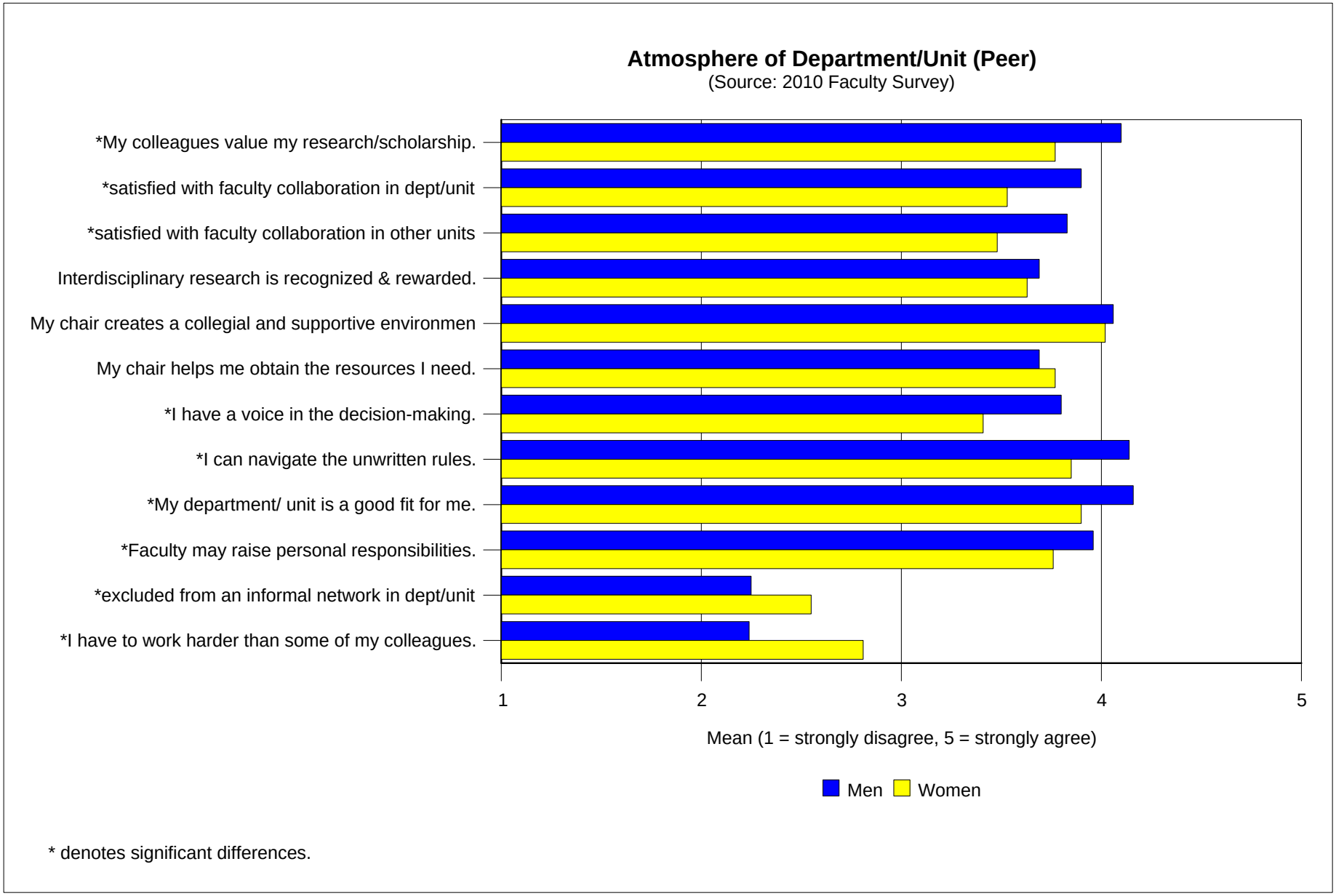
III. Atmosphere of Department/Unit (Nonclinical)

Figure 1



* denotes significant differences.

Figure 2



* denotes significant differences.

III. Atmosphere of Department/Unit by Gender (Nonclinical)

Figure 1

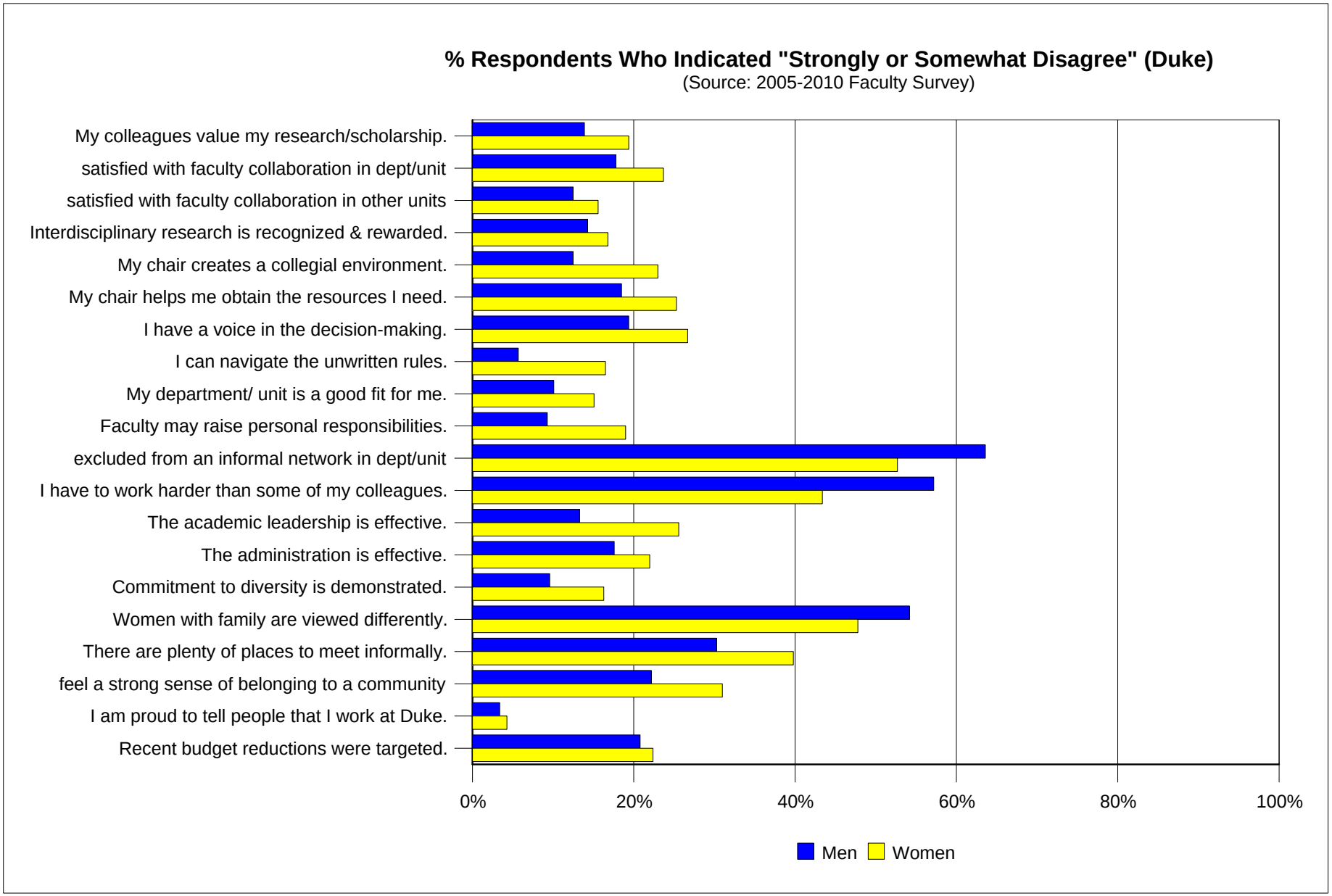
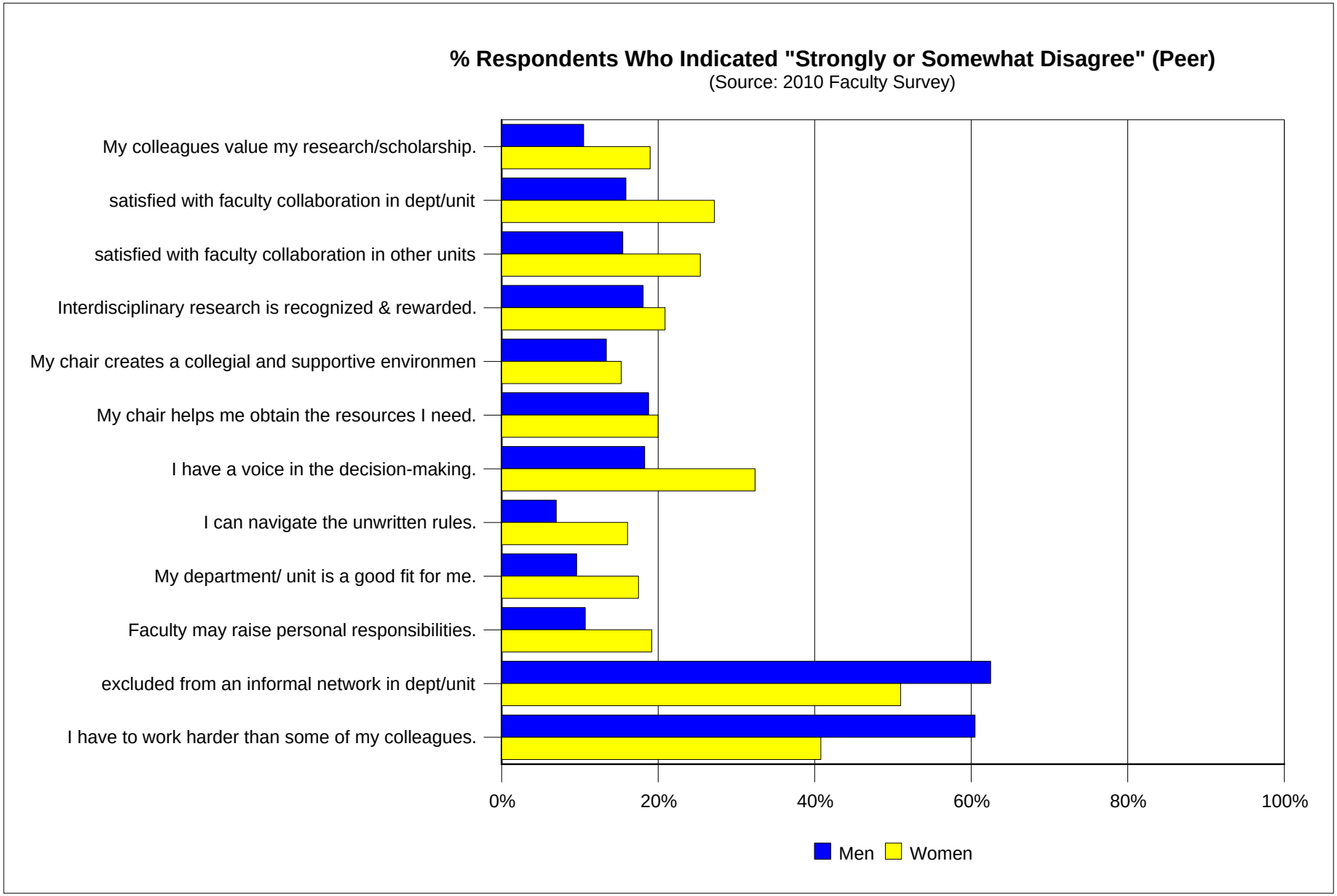


Figure 2


% Respondents Who Indicated "Strongly or Somewhat Disagree" (Peer)
(Source: 2010 Faculty Survey)
My colleagues value my research/scholarship.
satisfied with faculty collaboration in dept/unit
satisfied with faculty collaboration in other units
Interdisciplinary research is recognized & rewarded.
My chair creates a collegial and supportive environmen
My chair helps me obtain the resources I need.
I have a voice in the decision-making.
I can navigate the unwritten rules.
My department/ unit is a good fit for me.
Faculty may raise personal responsibilities.
excluded from an informal network in dept/unit
I have to work harder than some of my colleagues.
0%
20%
40%
60%
80%
100%
Men
Women

IV. Mentoring (Nonclinical)

Figure 1

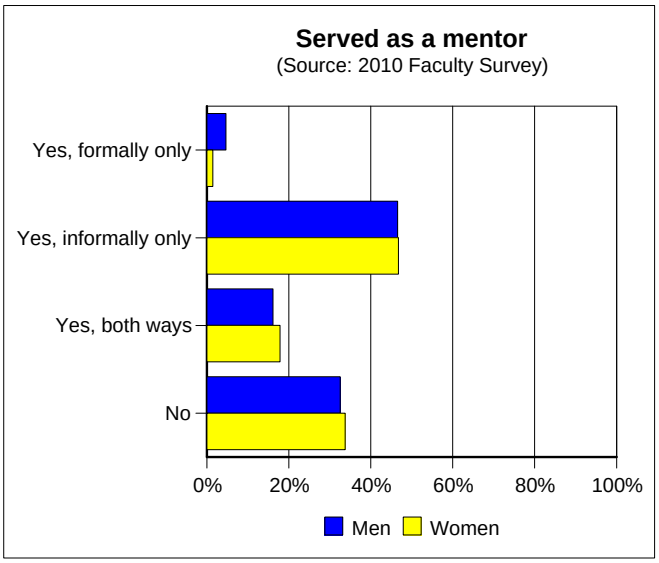


Figure 2

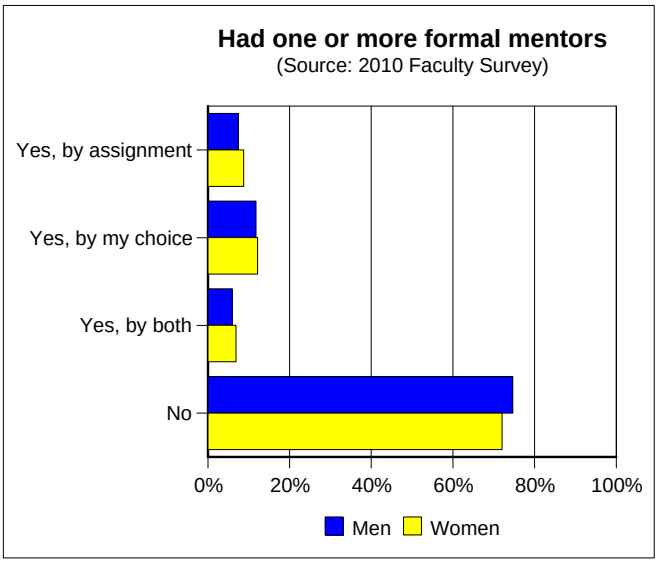


Figure 3

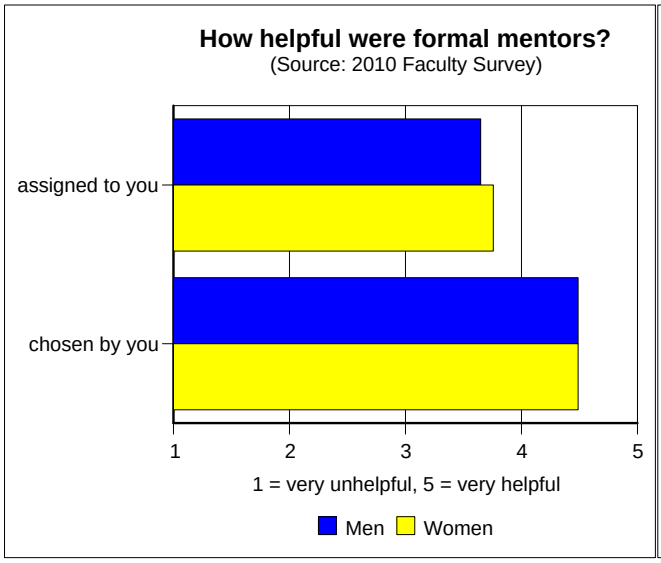


Figure 4

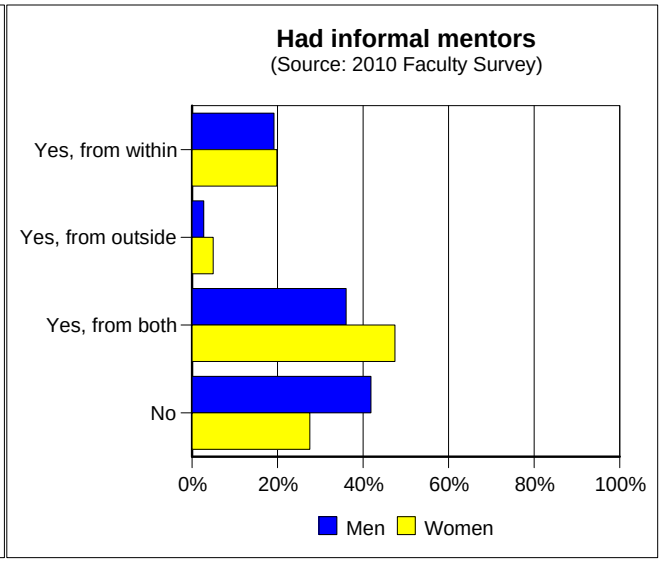


Figure 5

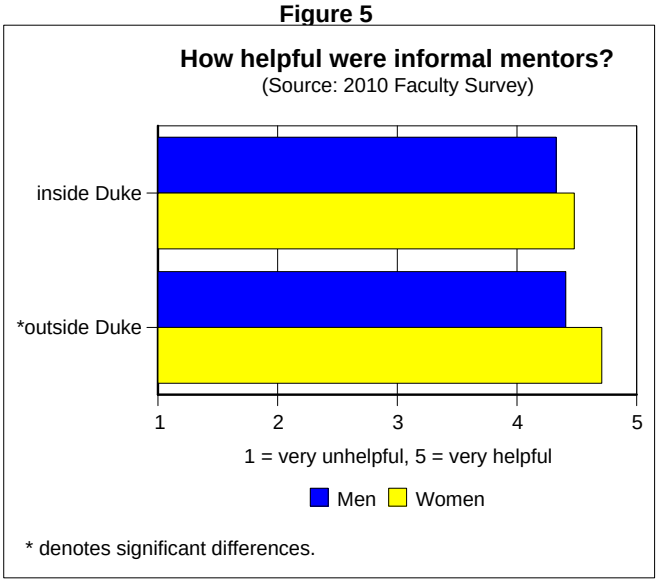


Figure 6

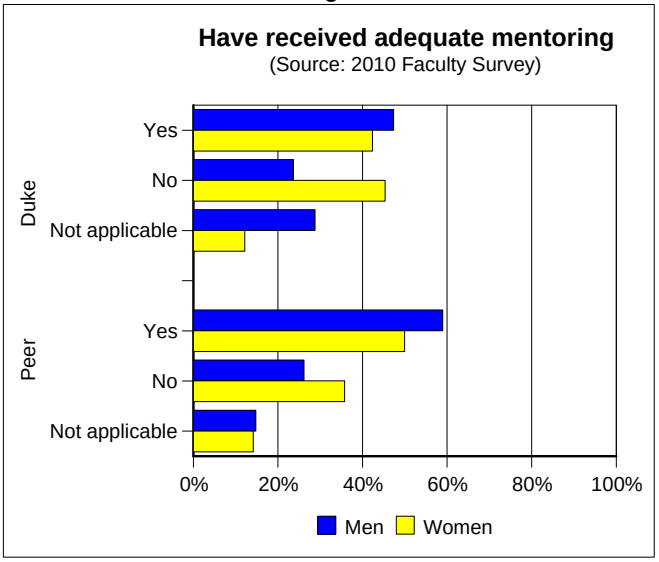
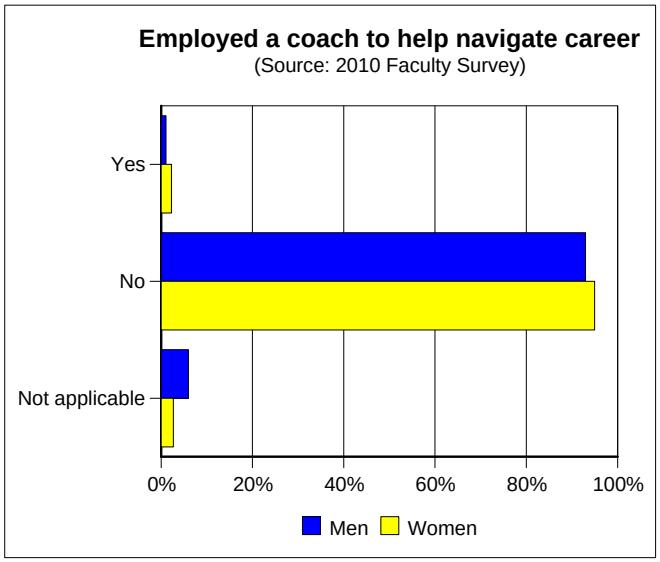


Figure 7


Employed a coach to help navigate career
(Source: 2010 Faculty Survey)
Yes
No
Not applicable
0%
20%
40%
60%
80%
100%
Men
Women

V. Promotion/Tenure (Nonclinical)

Figure 1

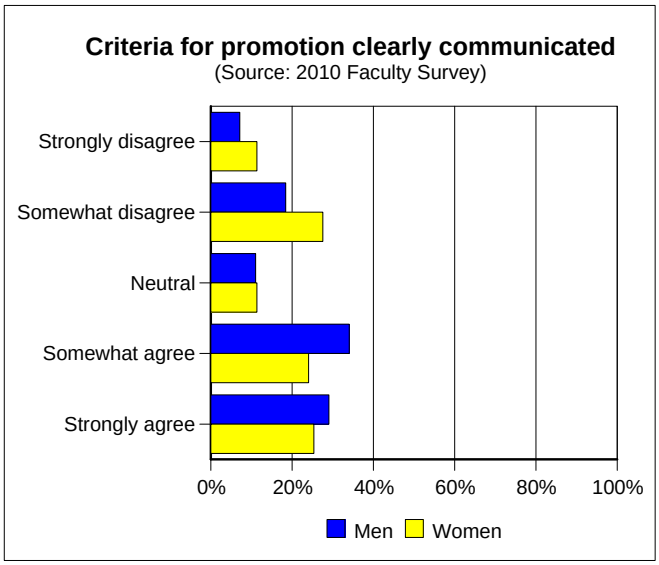


Figure 2

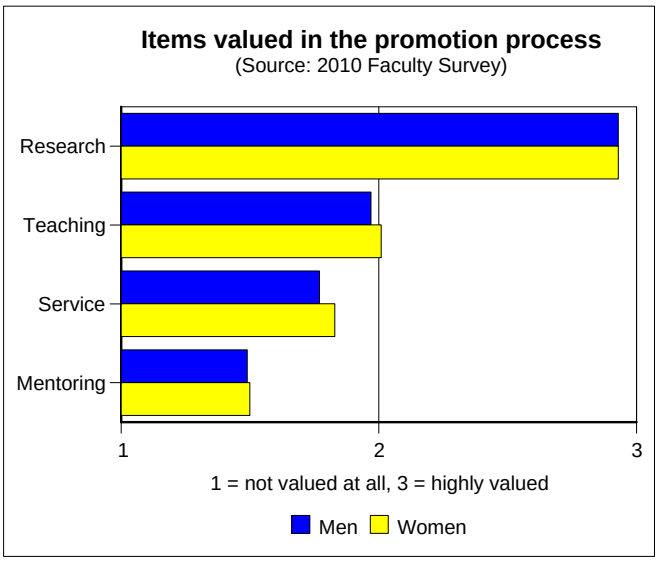


Figure 3

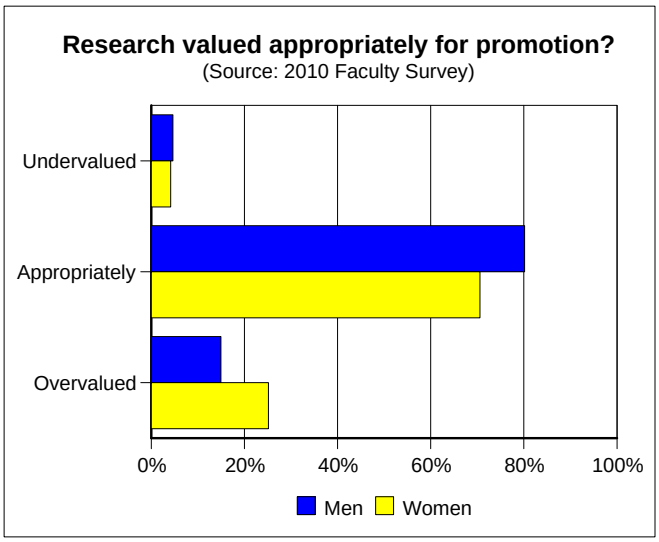


Figure 4

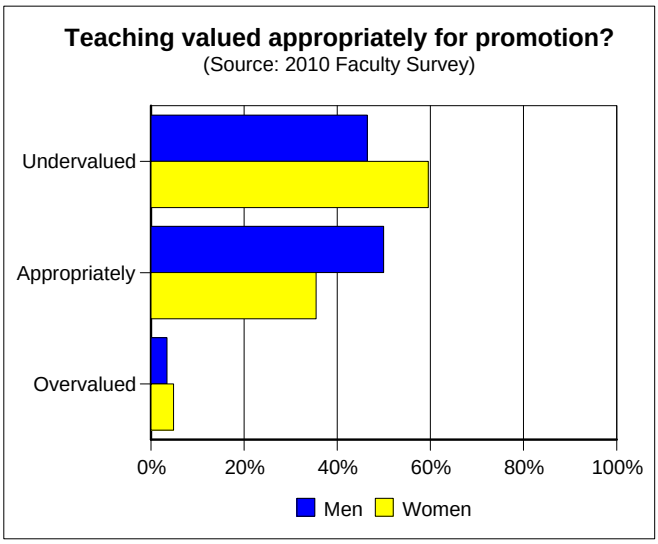


Figure 5

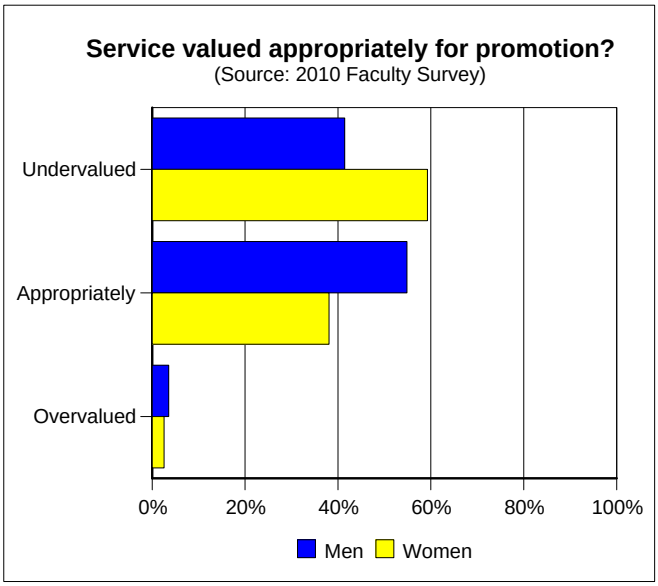


Figure 6

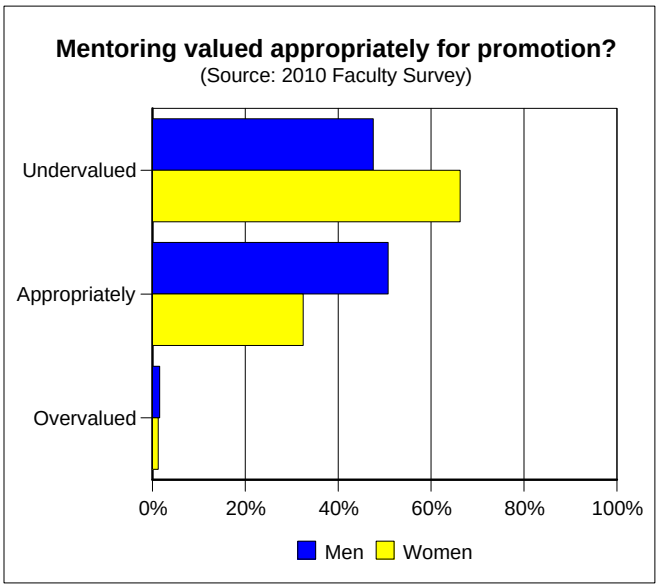


Figure 7

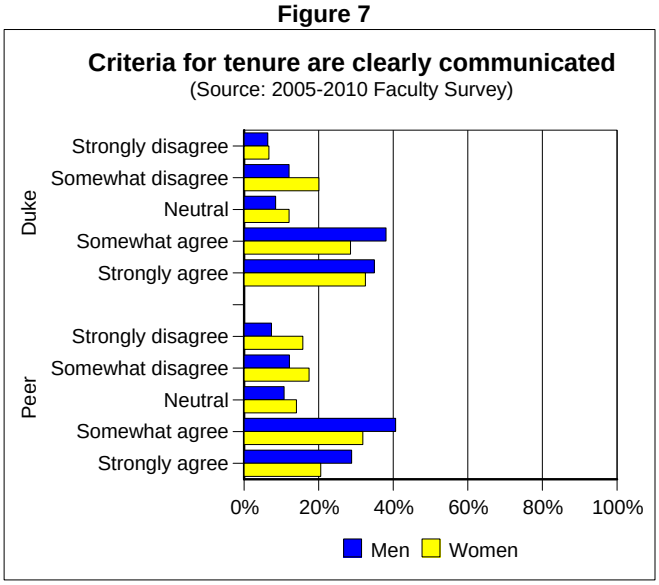


Figure 8

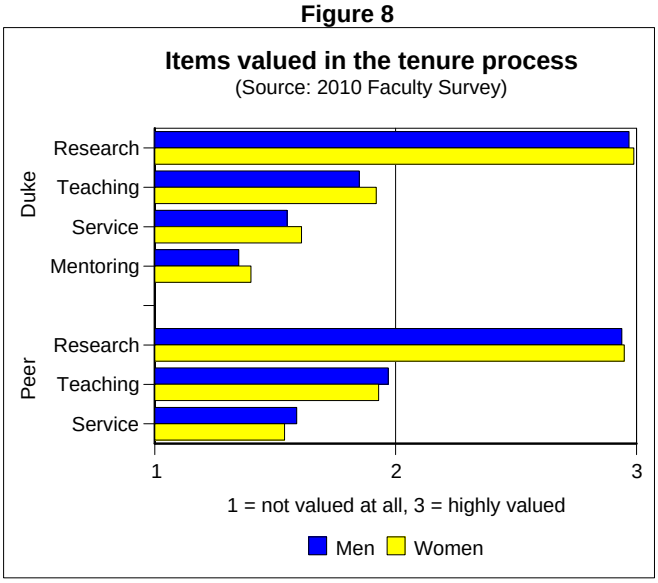


Figure 9

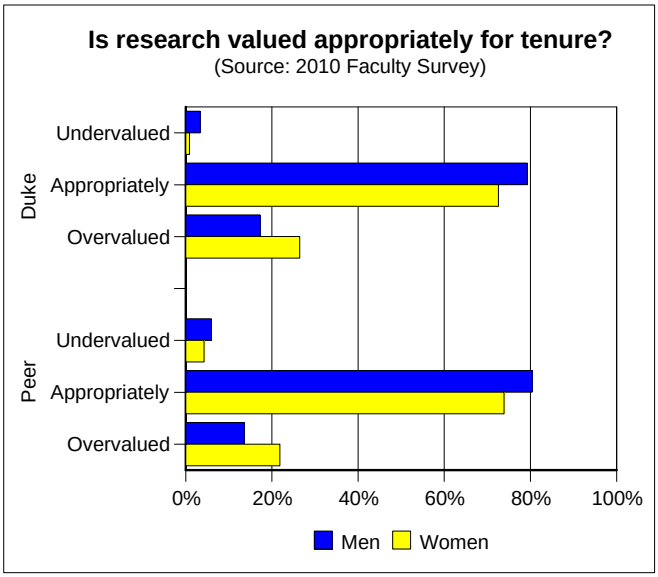


Figure 10

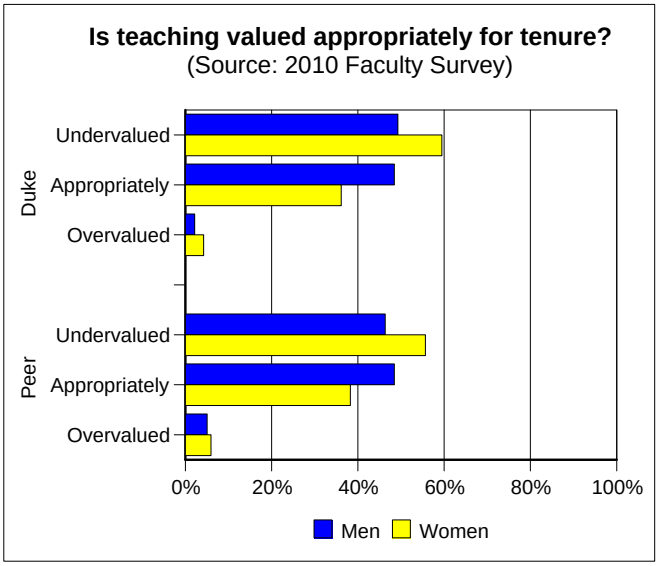


Figure 11

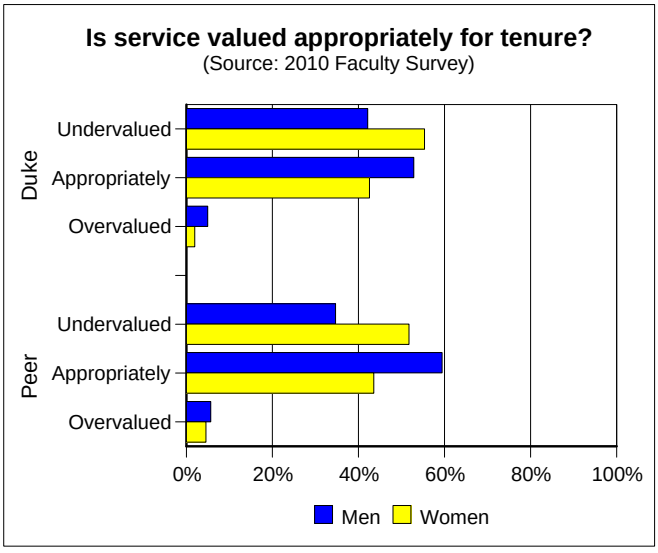


Figure 12

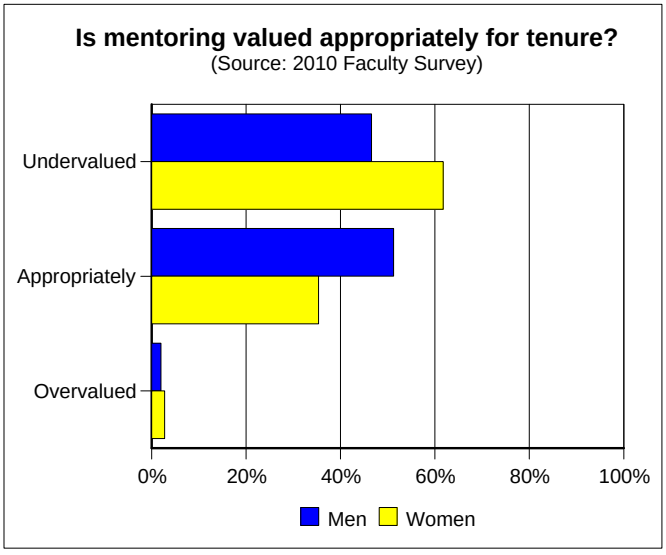


Figure 13

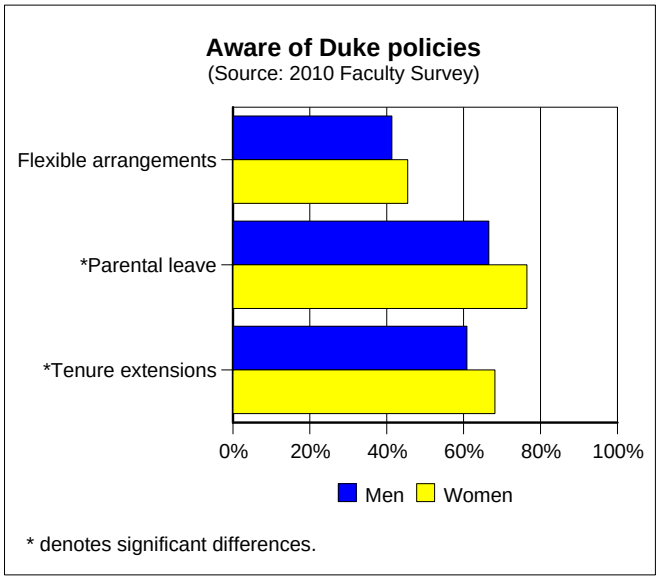


Figure 14

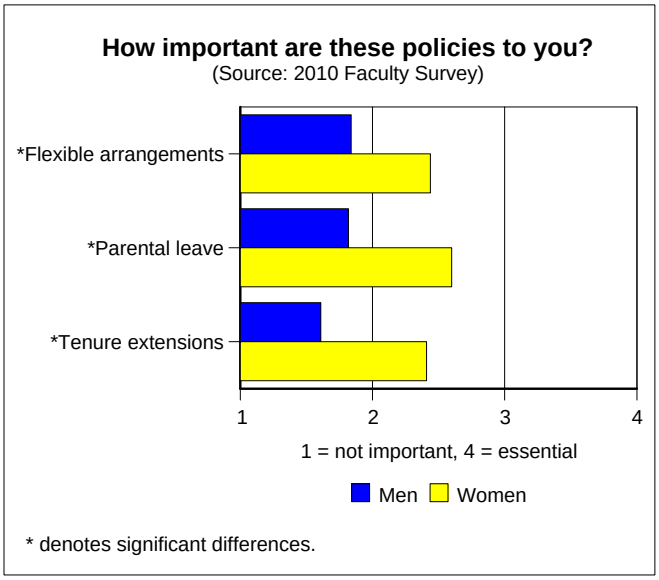


Figure 15

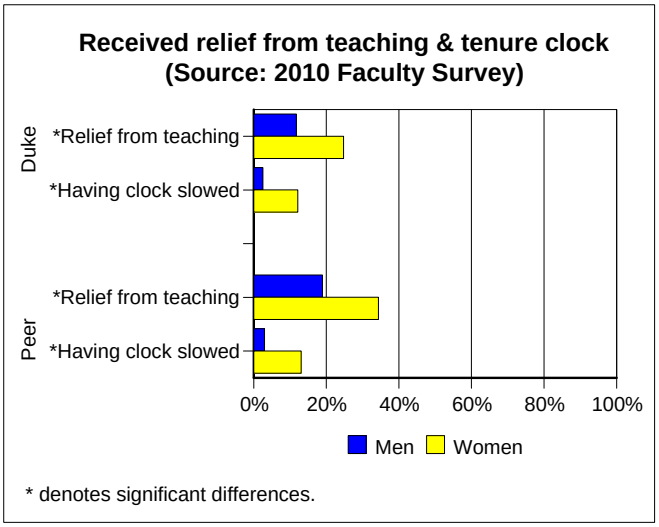
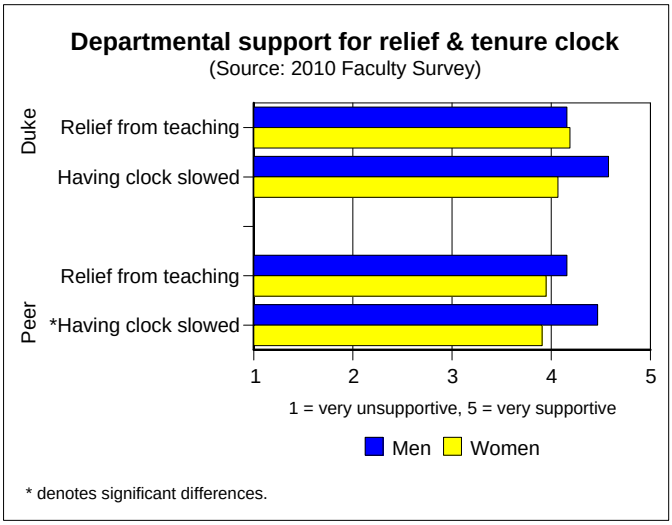


Figure 16



VI. Hiring/Retention (Nonclinical)

Figure 1

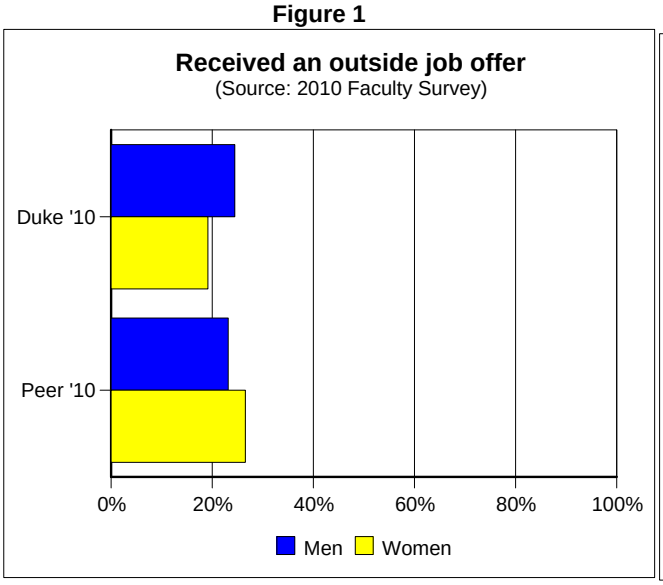


Figure 2

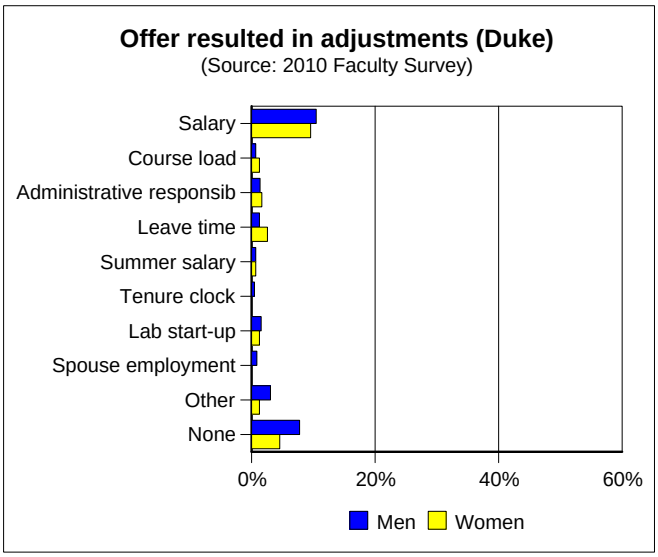


Figure 3

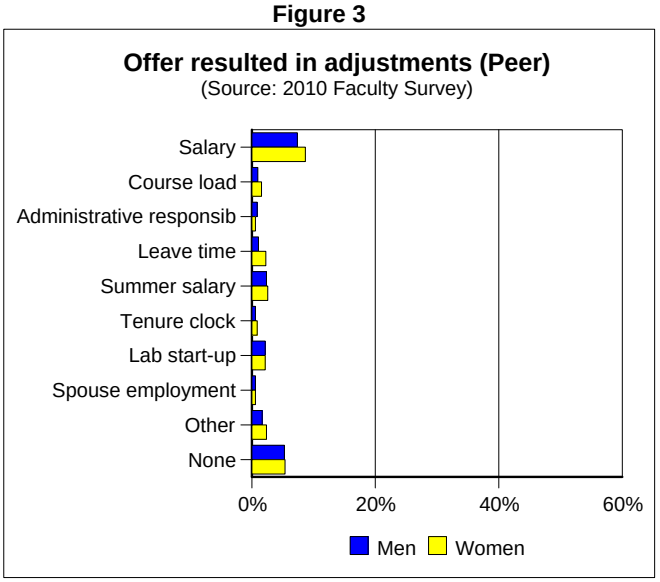


Figure 4

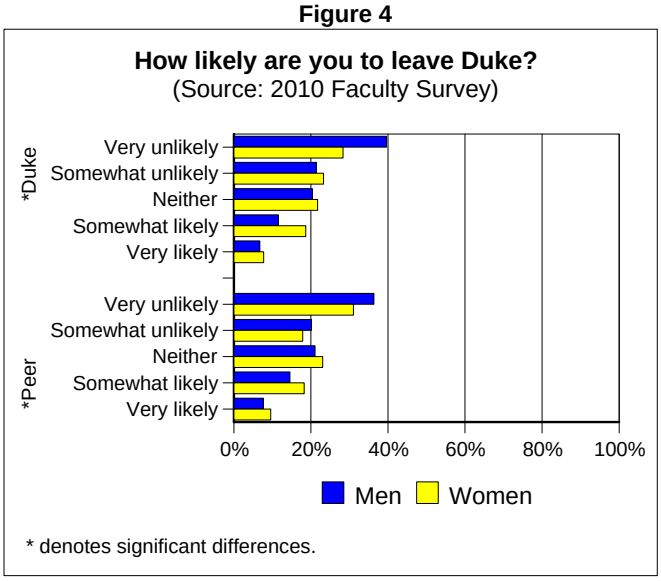


Figure 5

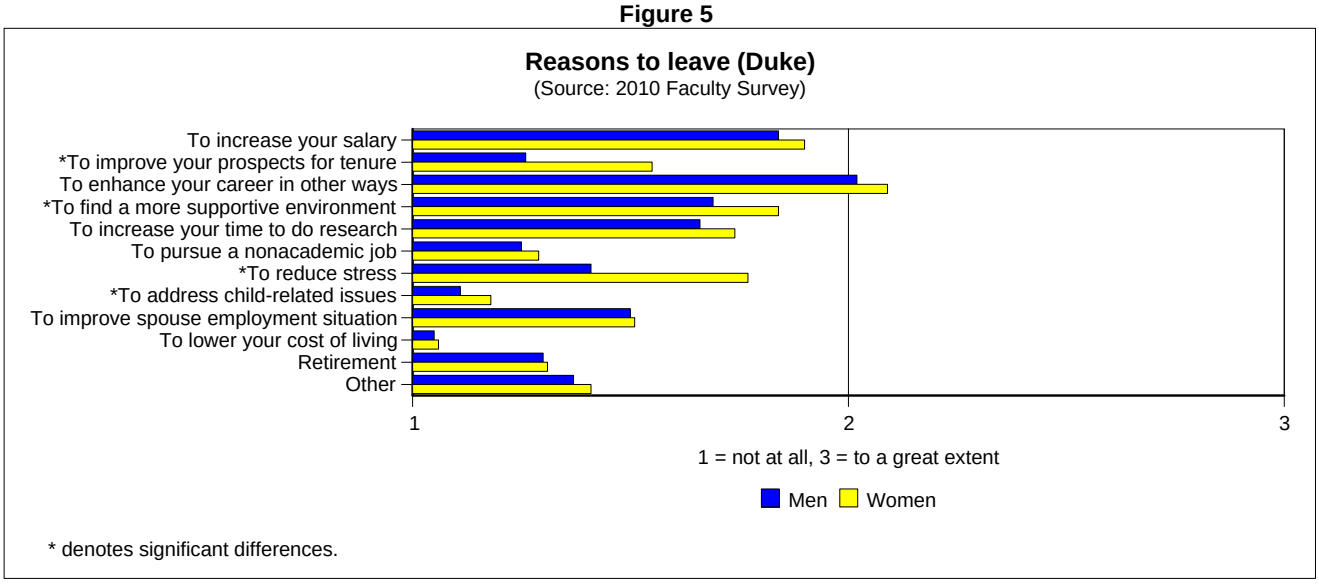
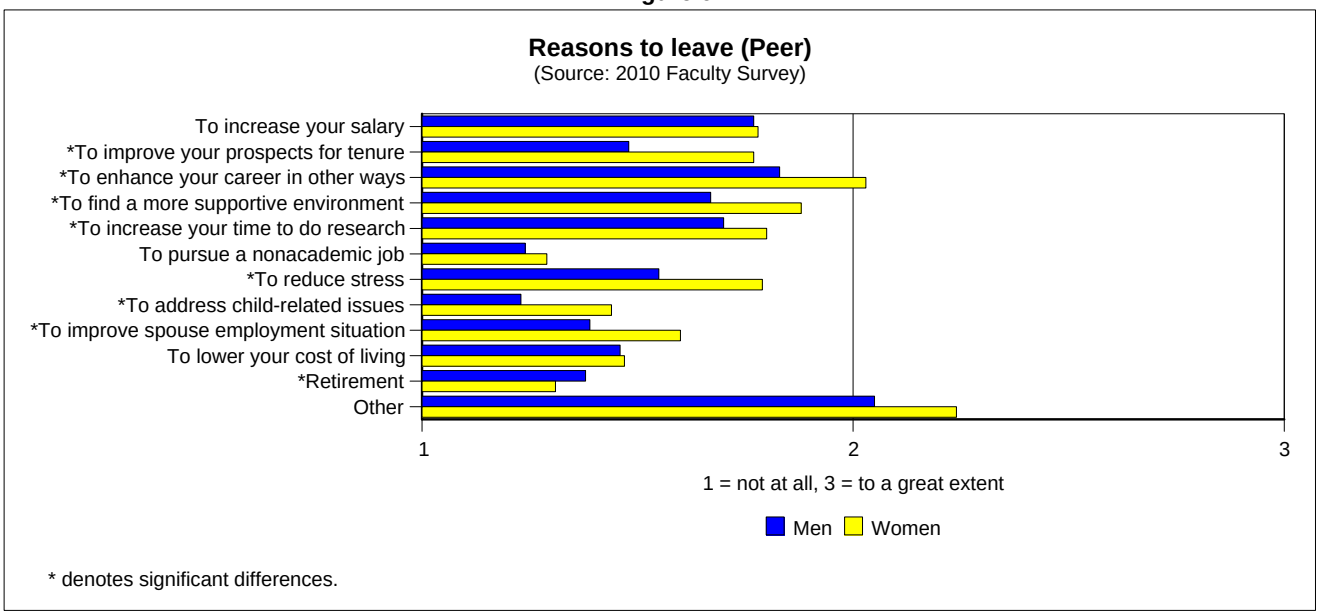


Figure 6



* denotes significant differences.

VII. Life outside the Institution (Nonclinical)

Figure 1

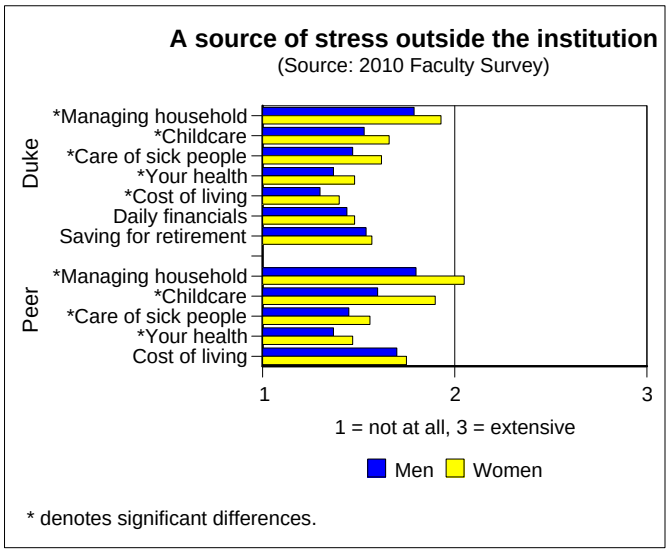


Figure 2

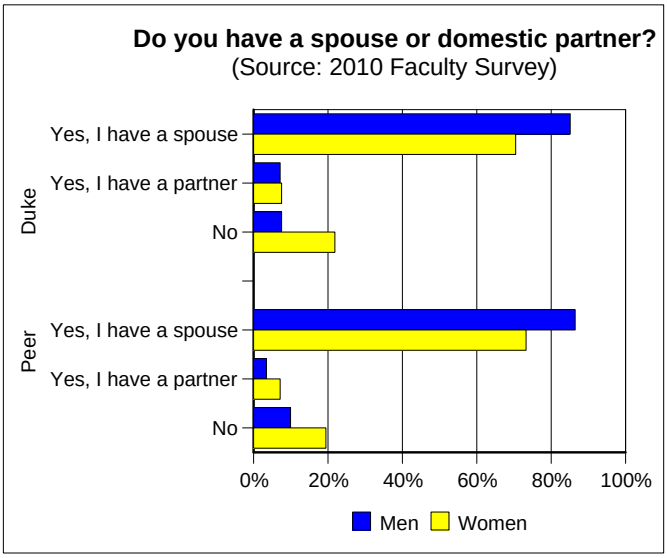


Figure 3

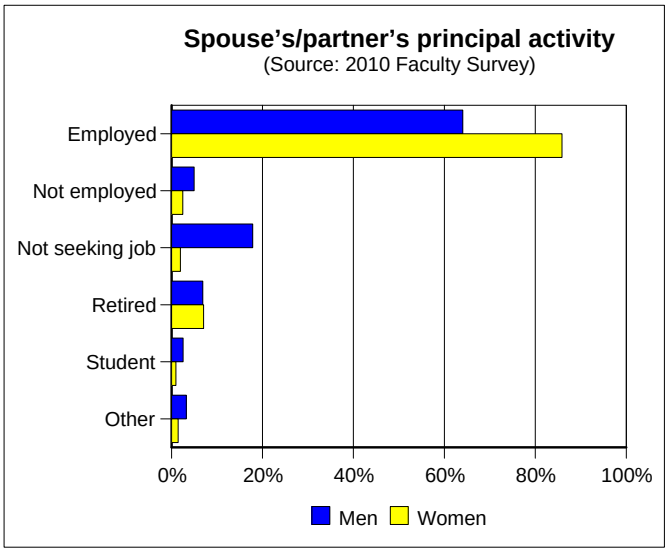


Figure 4

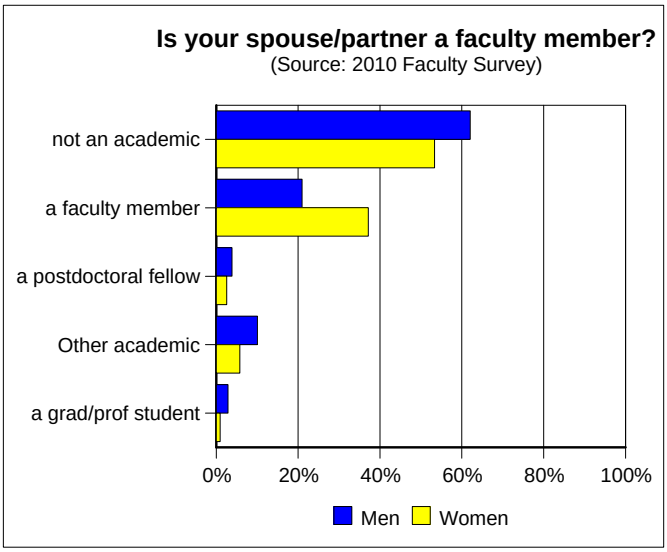


Figure 5

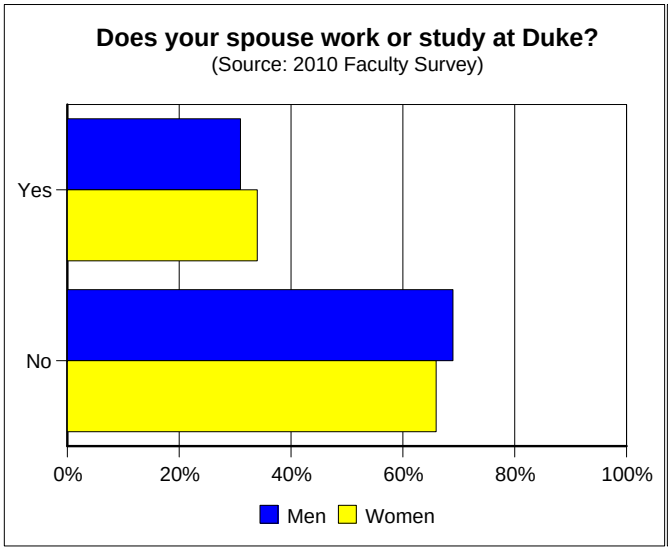
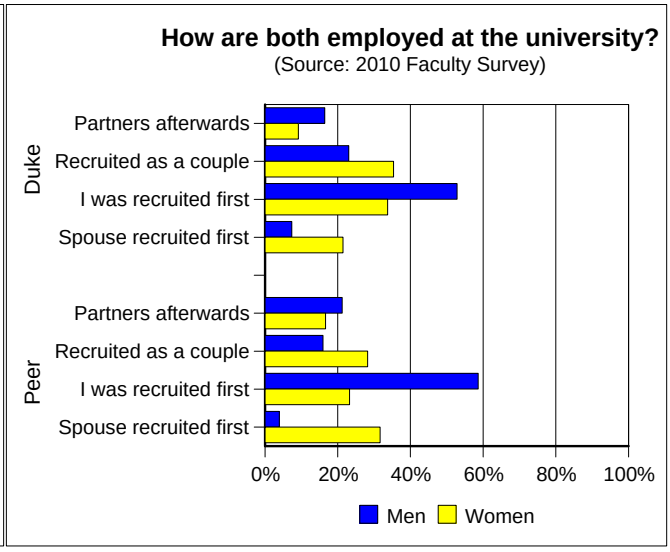


Figure 6



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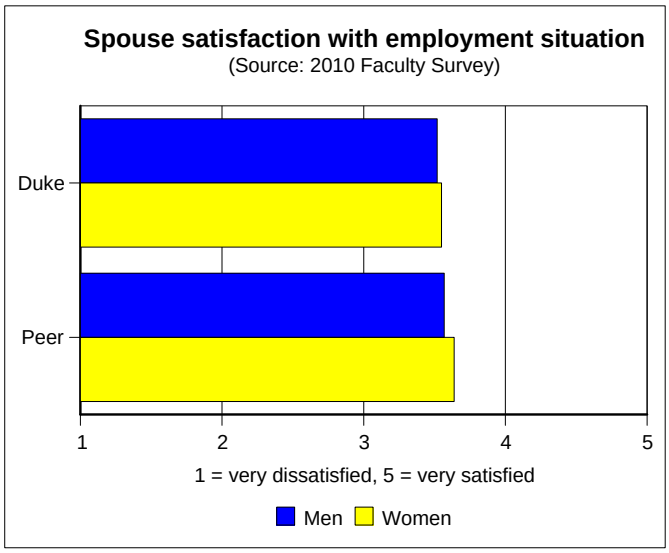


Figure 8

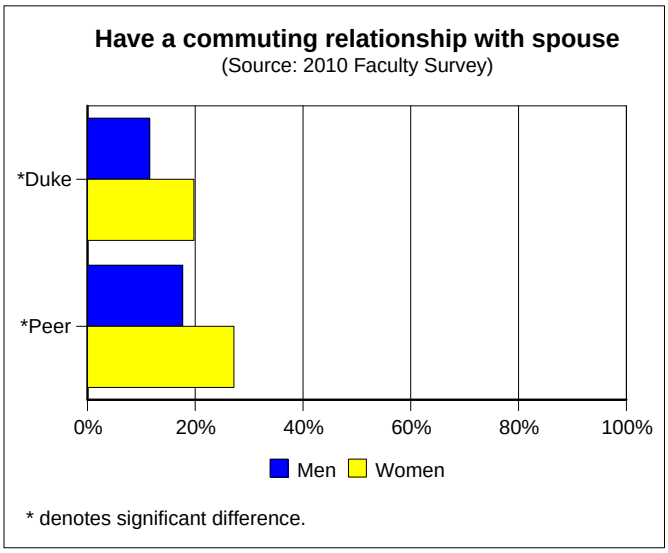


Figure 9

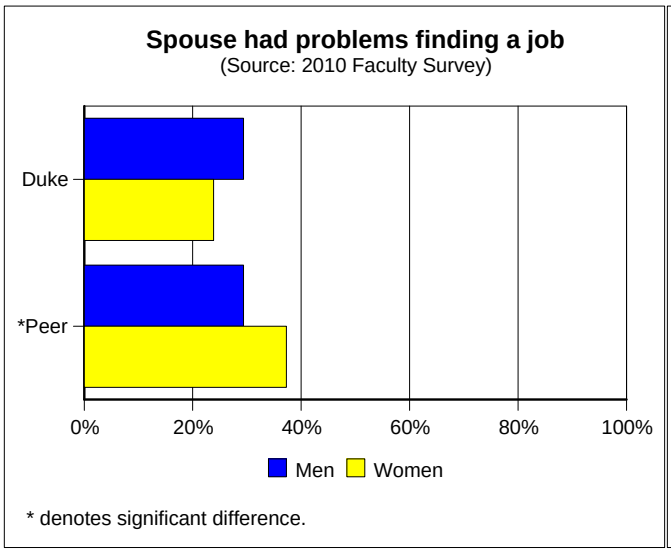


Figure 10

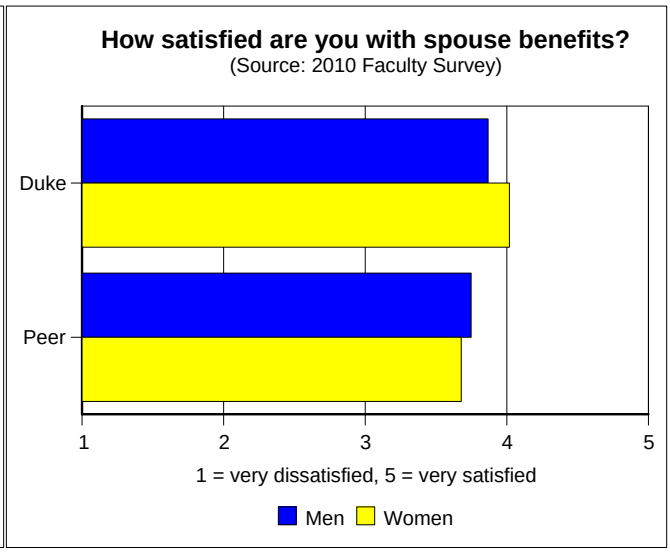


Figure 11

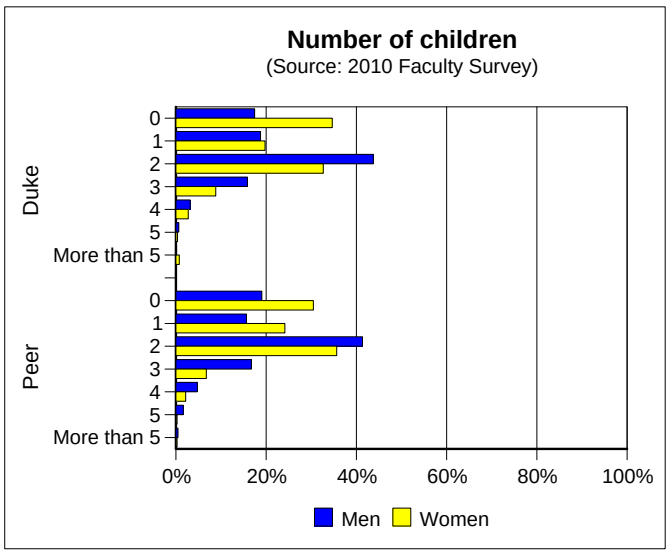


Figure 12

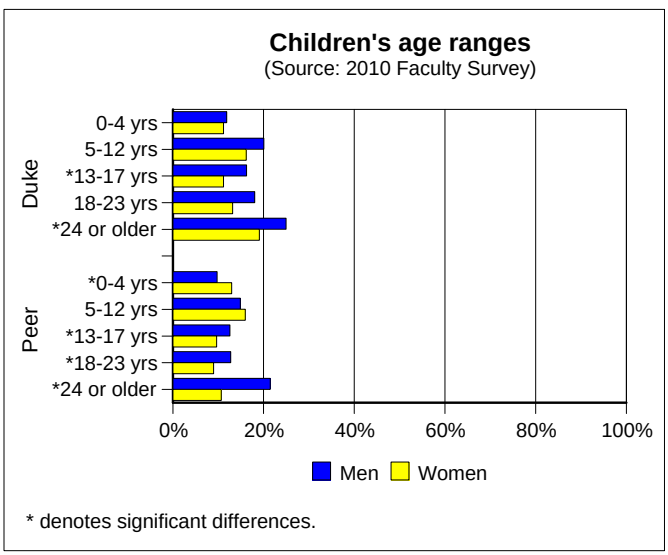


Figure 13

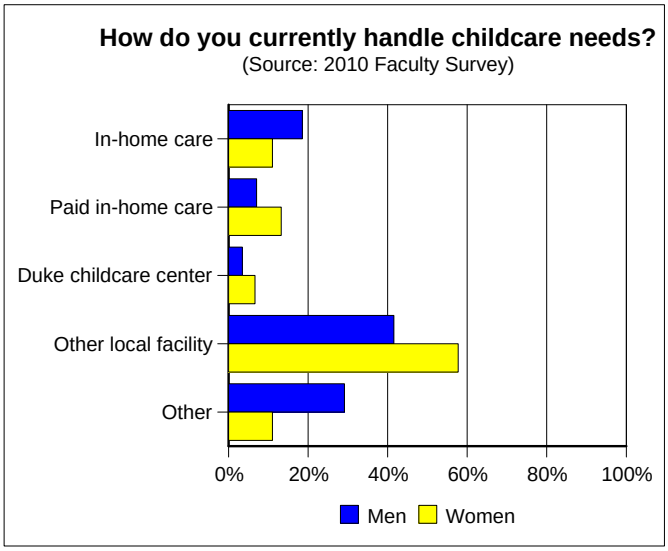


Figure 14

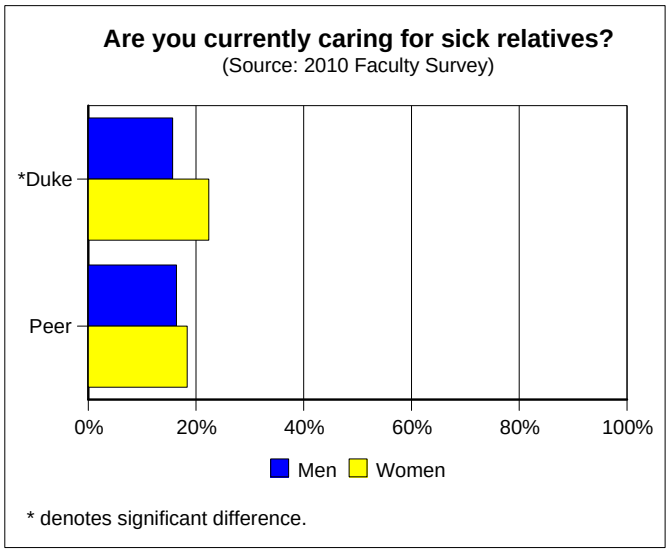


Figure 15

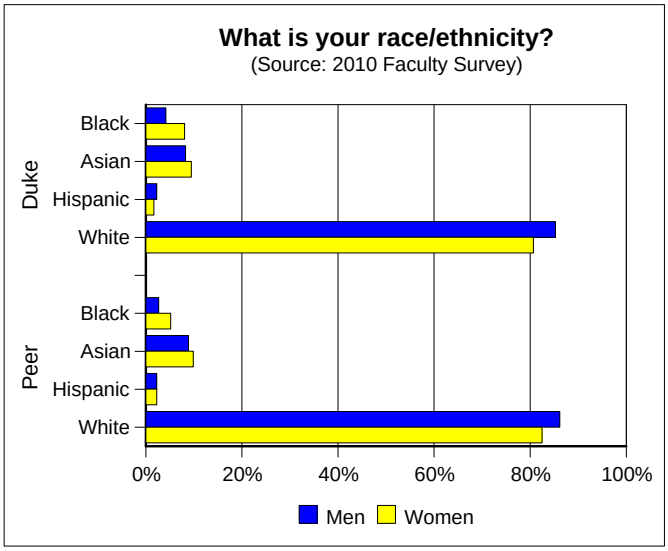


Figure 16

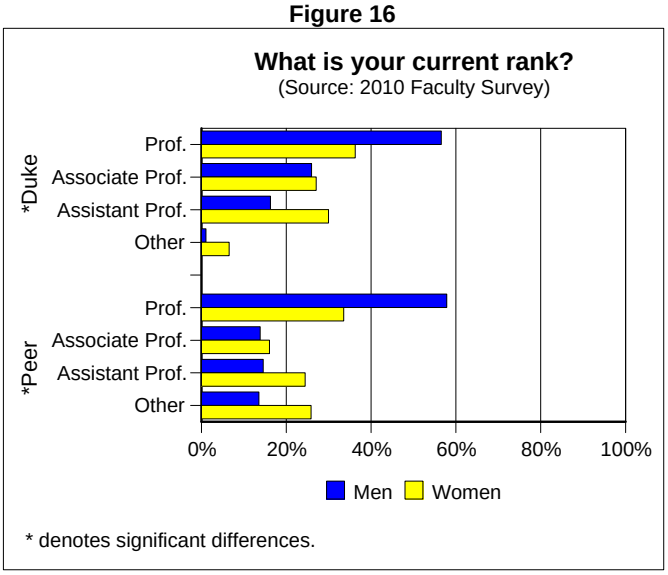
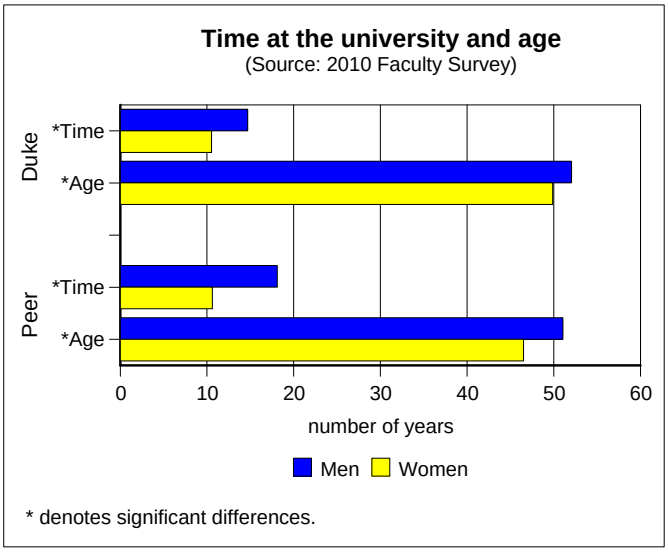


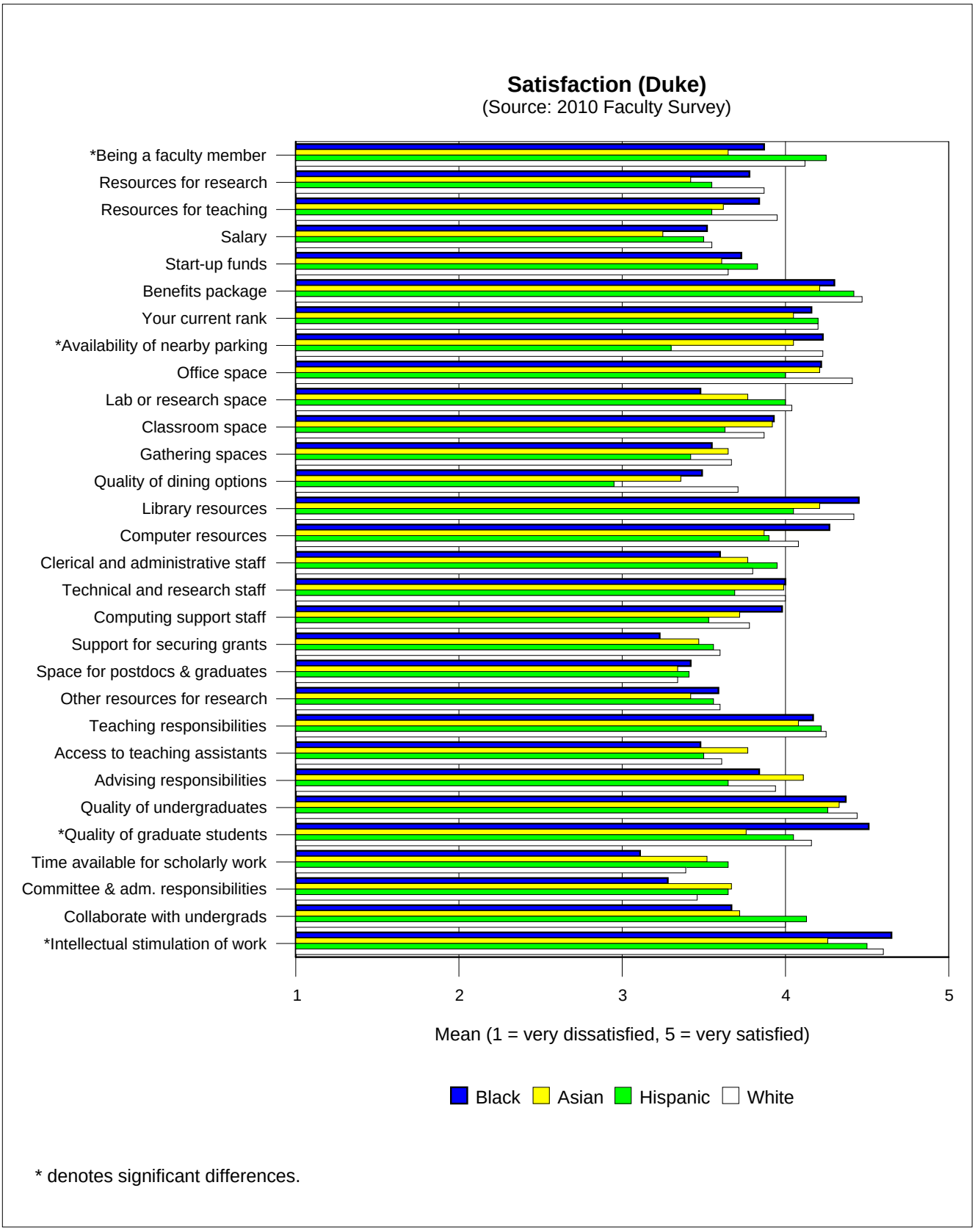
Figure 17



2010 Faculty Survey Results by Race/Ethnicity--Nonclinical

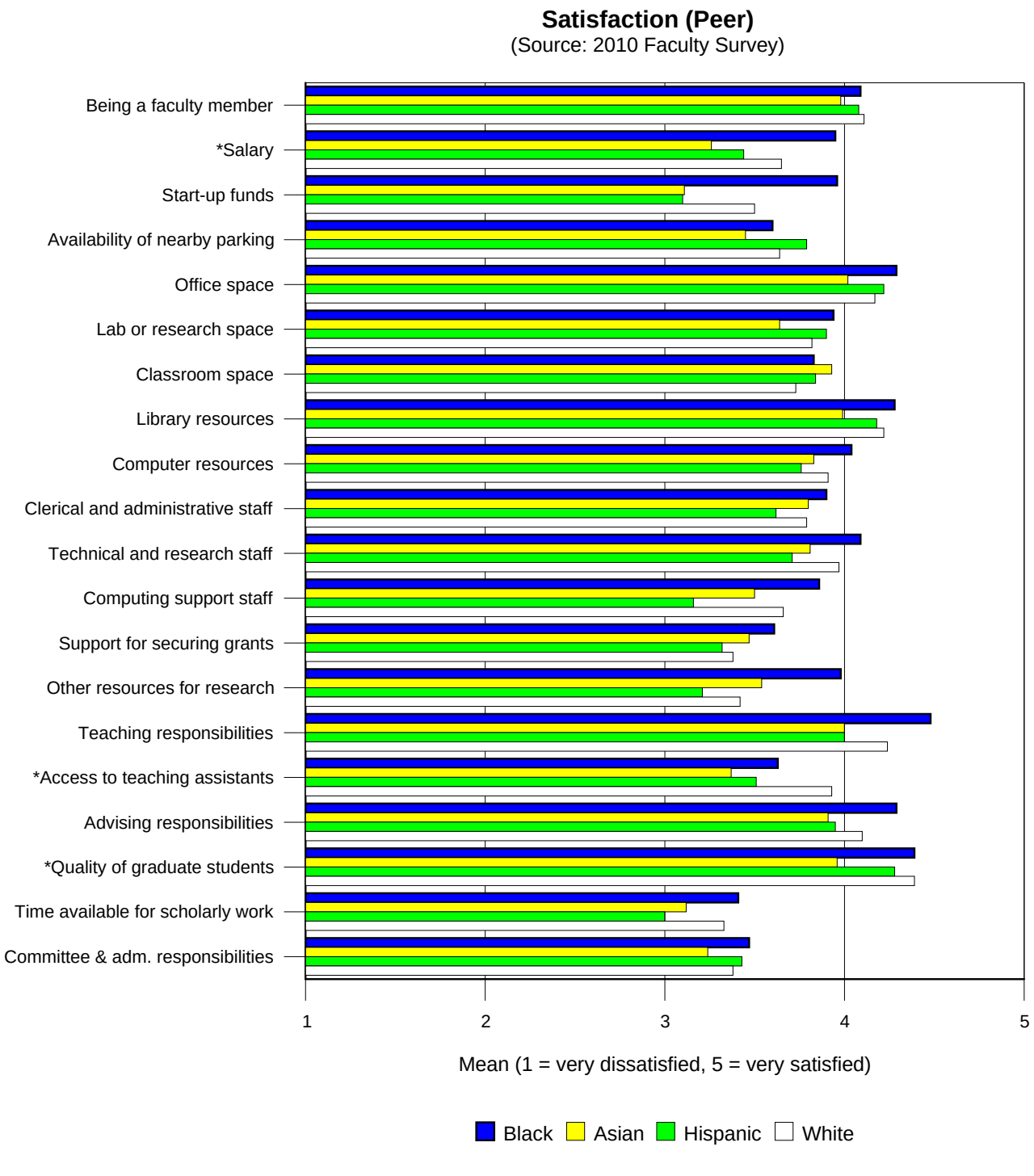
I. Satisfaction (Nonclinical)

Figure 1



* denotes significant differences.

Figure 2



* denotes significant differences.

2010 Faculty Survey Results by Race/Ethnicity: Nonclinical

I. Satisfaction (Nonclinical)

Figure 1

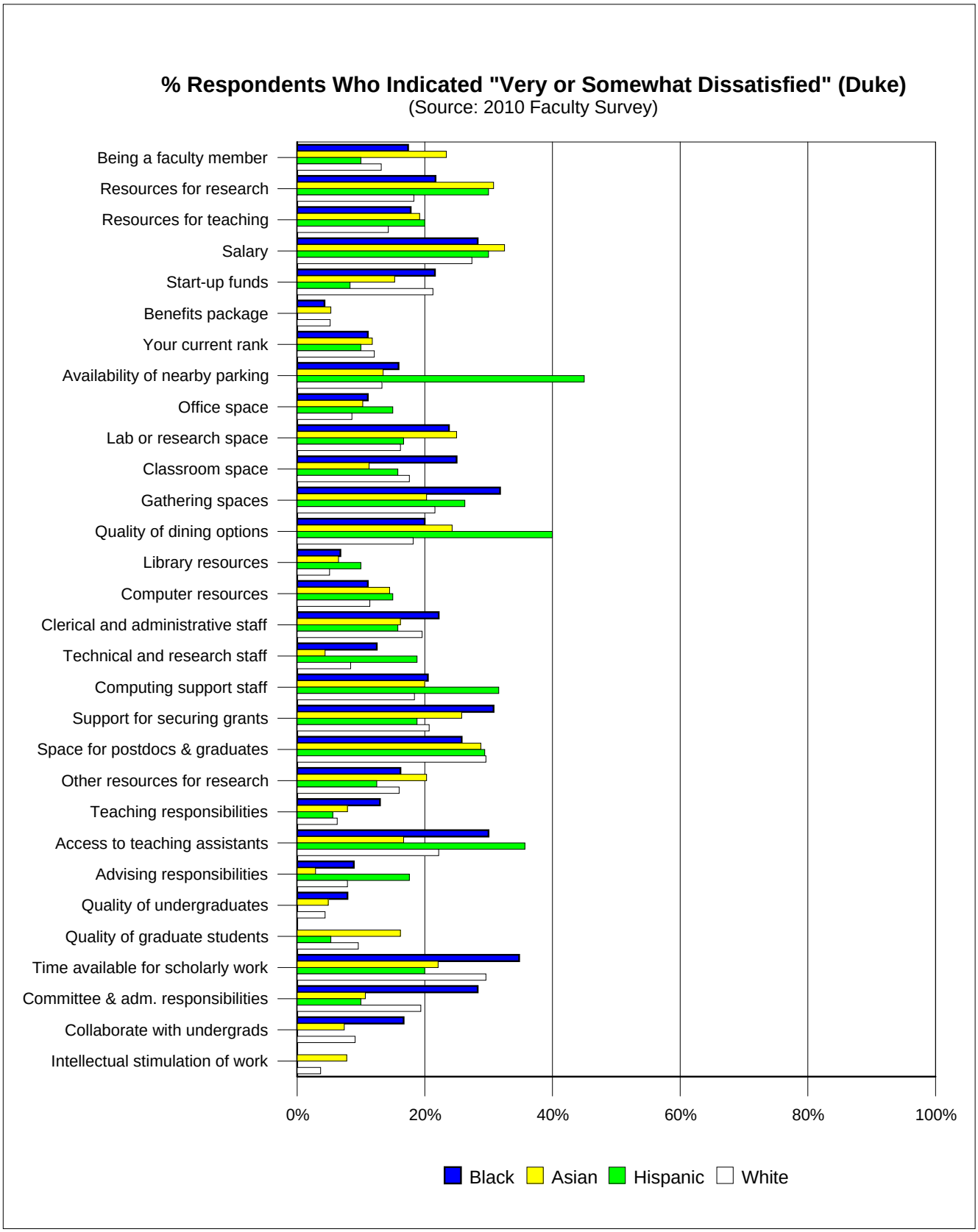
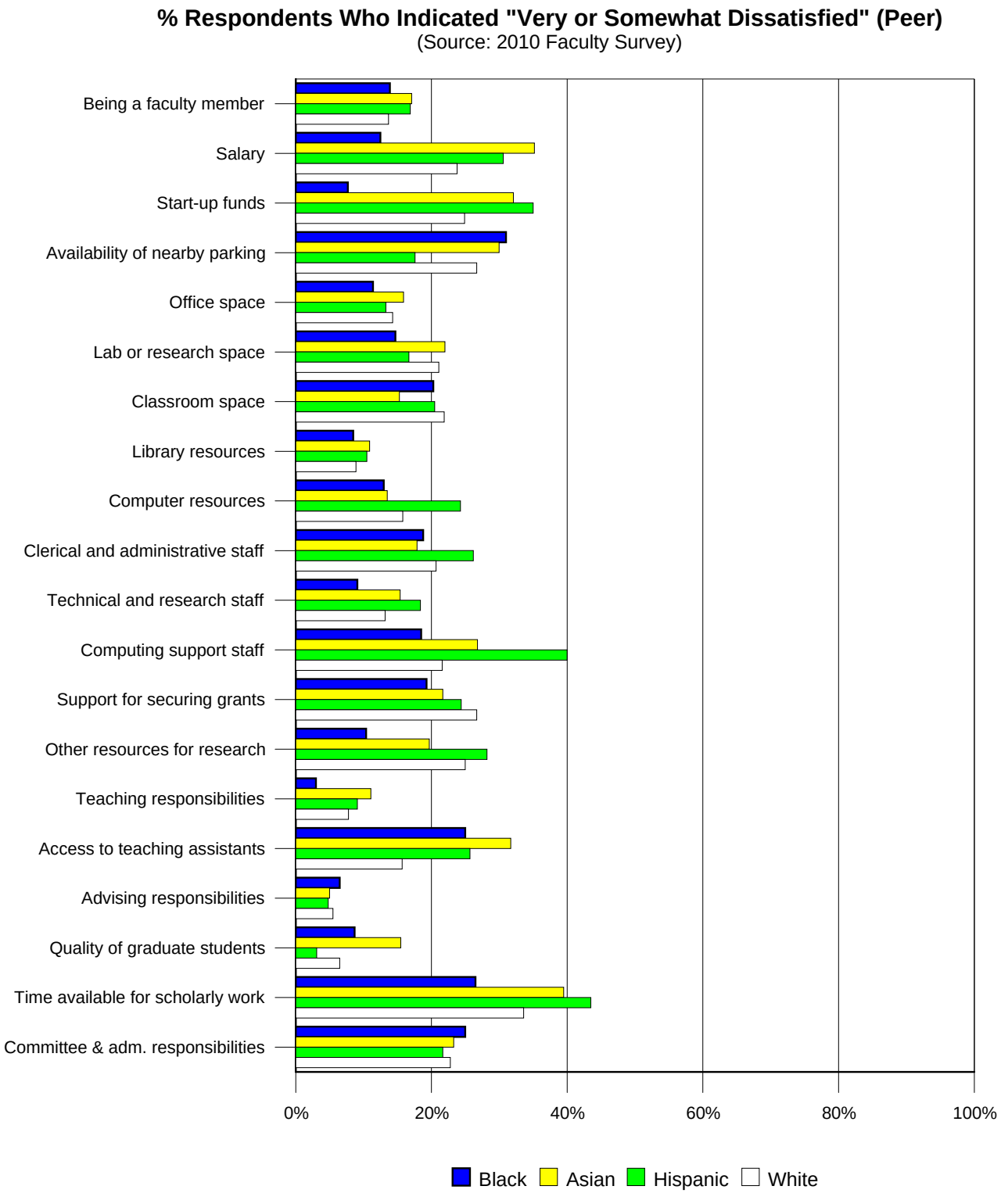


Figure 2


% Respondents Who Indicated "Very or Somewhat Dissatisfied" (Peer)
(Source: 2010 Faculty Survey)
Being a faculty member
Salary
Start-up funds
Availability of nearby parking
Office space
Lab or research space
Classroom space
Library resources
Computer resources
Clerical and administrative staff
Technical and research staff
Computing support staff
Support for securing grants
Other resources for research
Teaching responsibilities
Access to teaching assistants
Advising responsibilities
Quality of graduate students
Time available for scholarly work
Committee & adm. responsibilities
0%
20%
40%
60%
80%
100%
Black
Asian
Hispanic
White

II. Workload (Nonclinical)

Figure 1

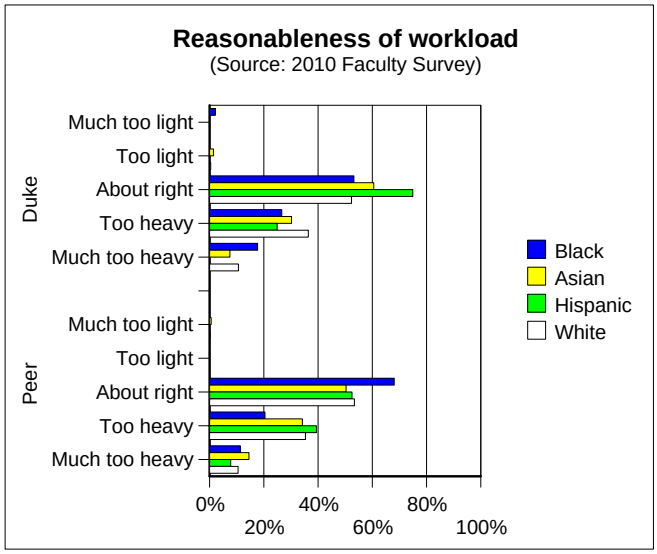


Figure 2

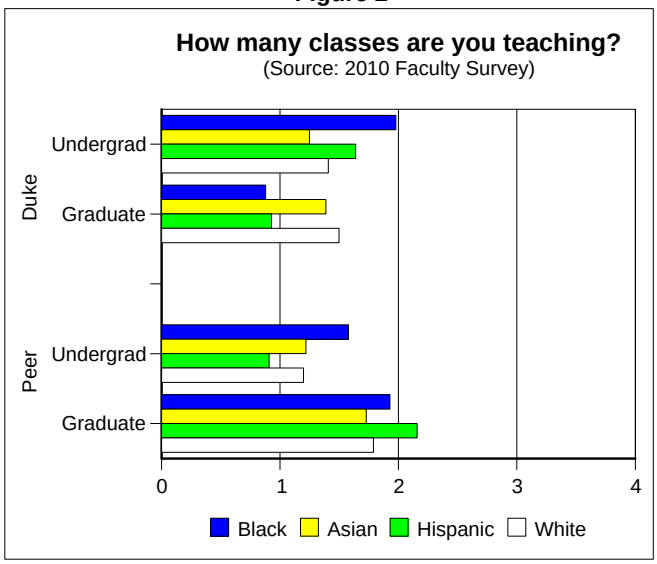


Figure 3

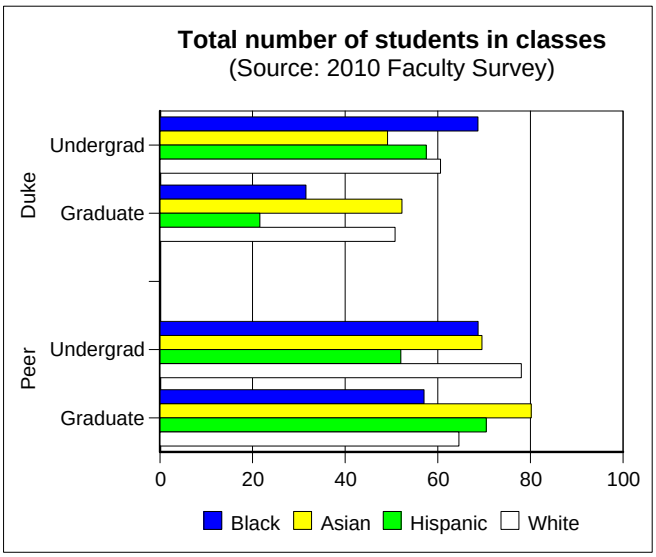


Figure 4

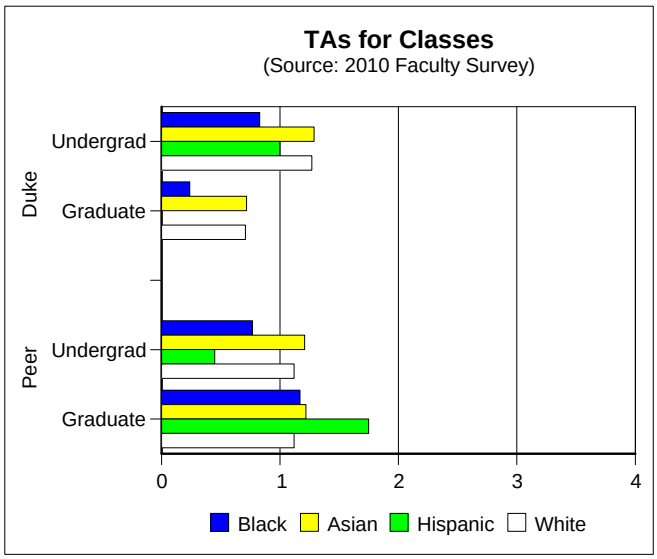


Figure 5

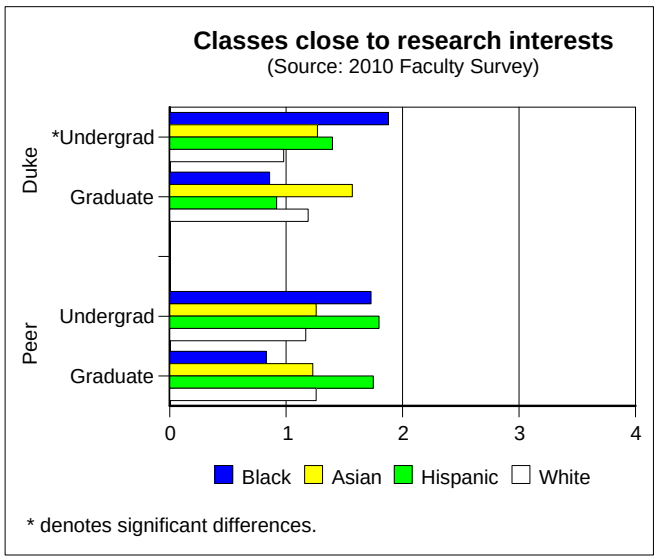


Figure 6

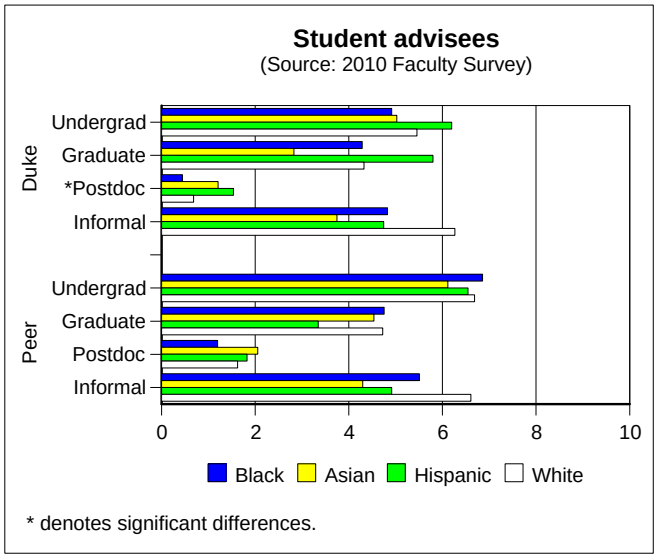


Figure 7

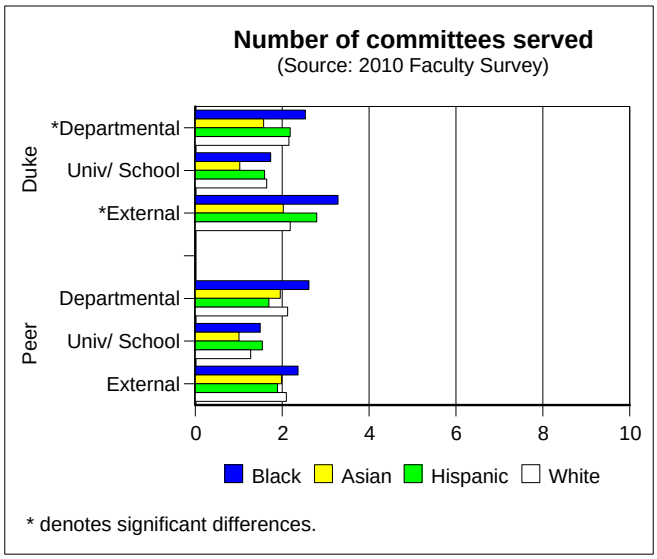


Figure 8

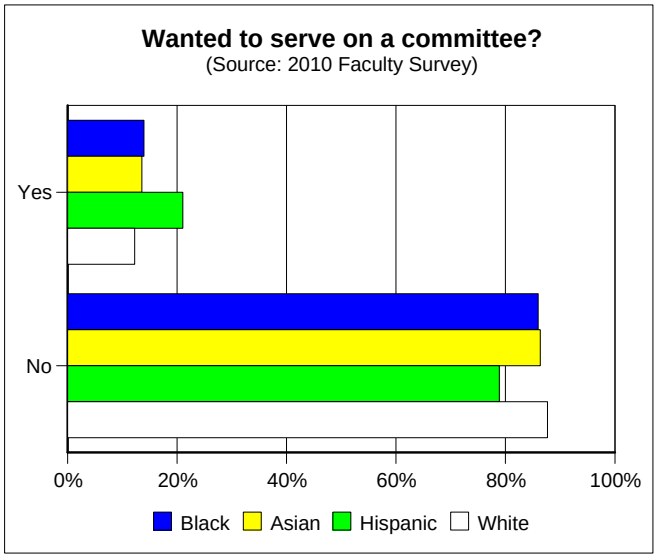


Figure 9

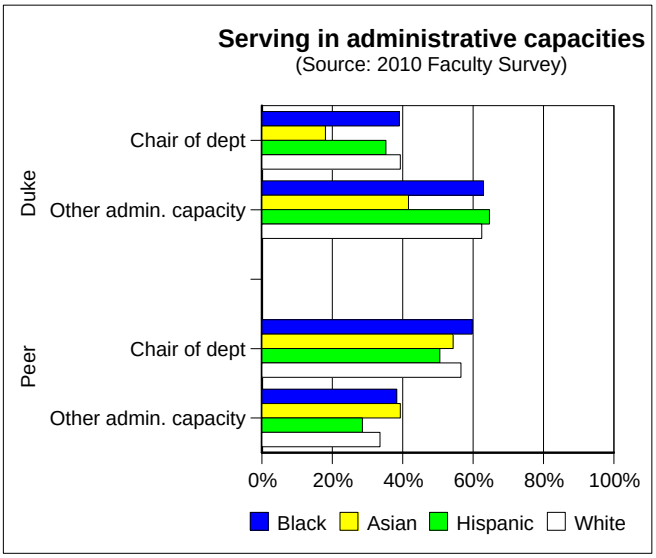


Figure 10

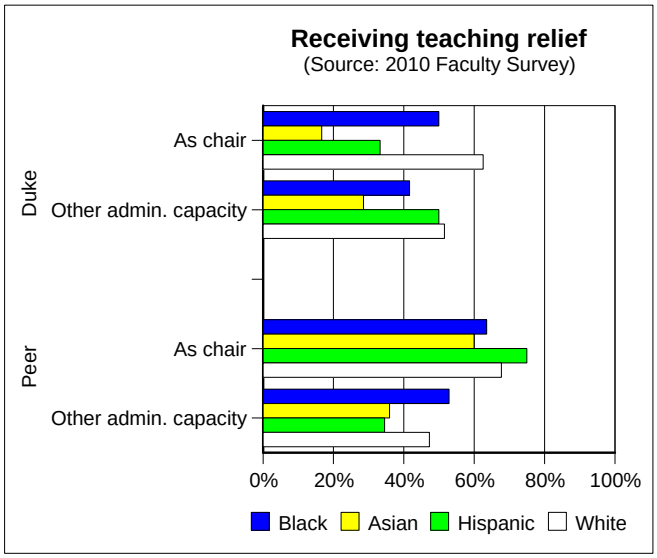


Figure 11

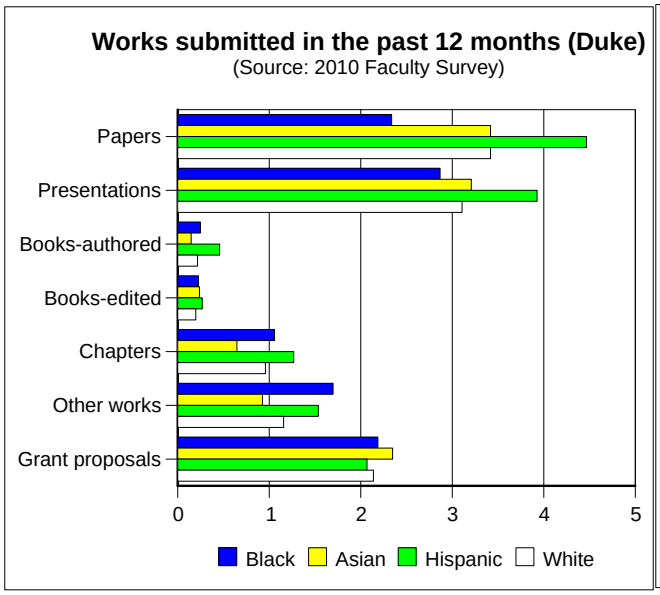


Figure 12

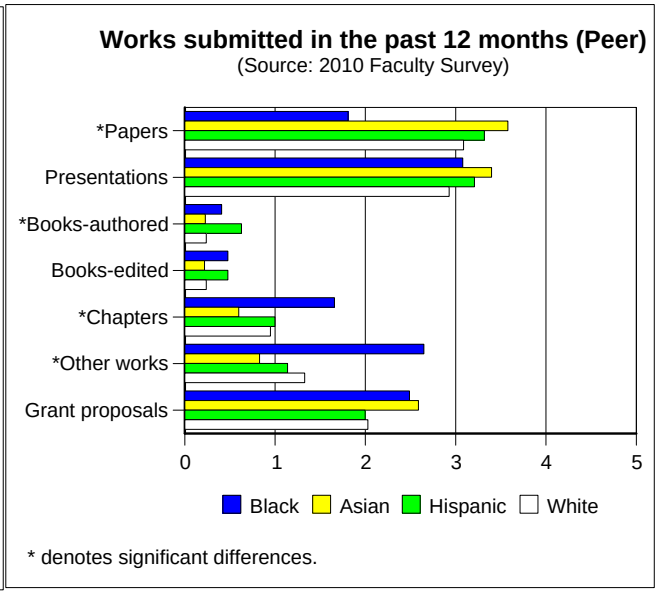


Figure 13

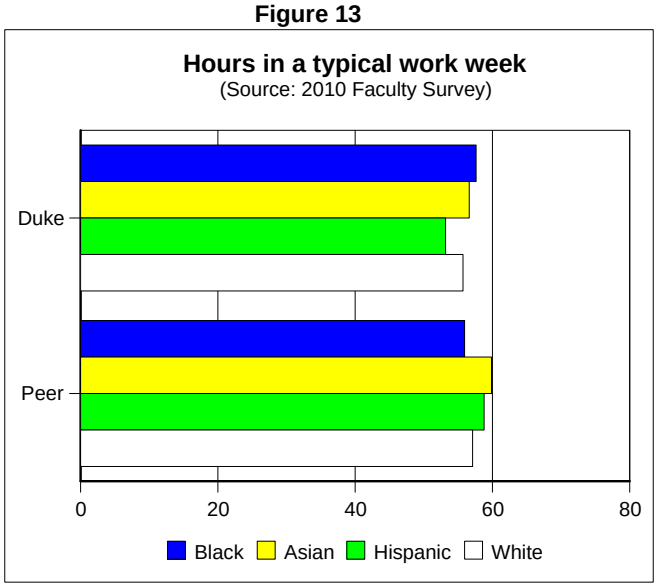


Figure 14

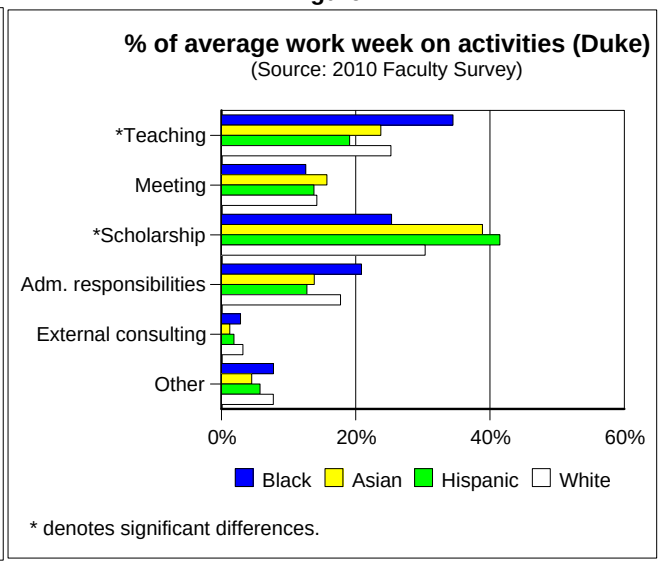


Figure 15

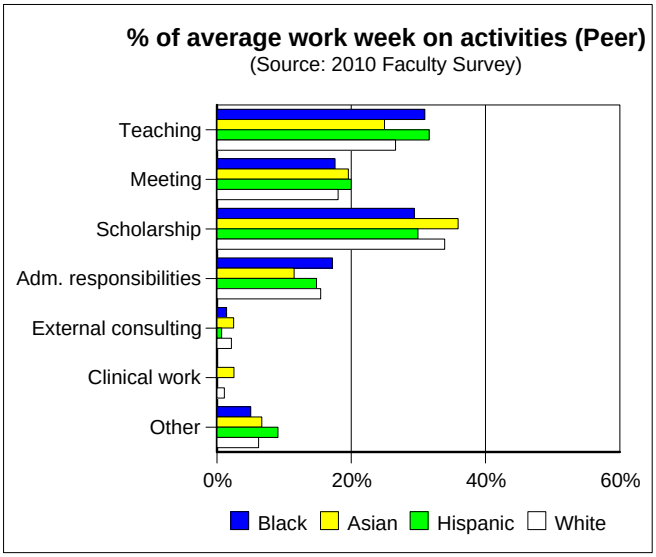


Figure 16

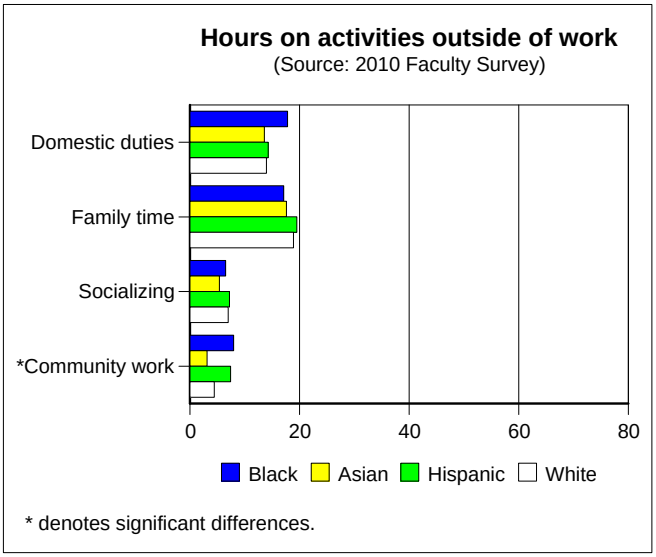


Figure 17

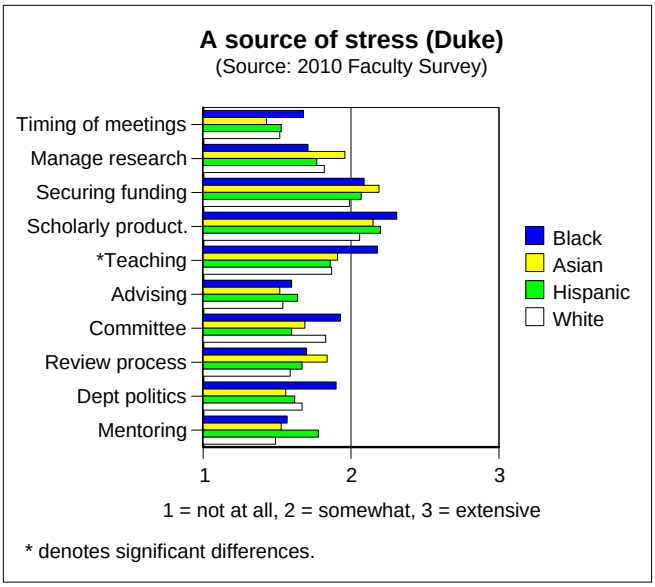


Figure 18

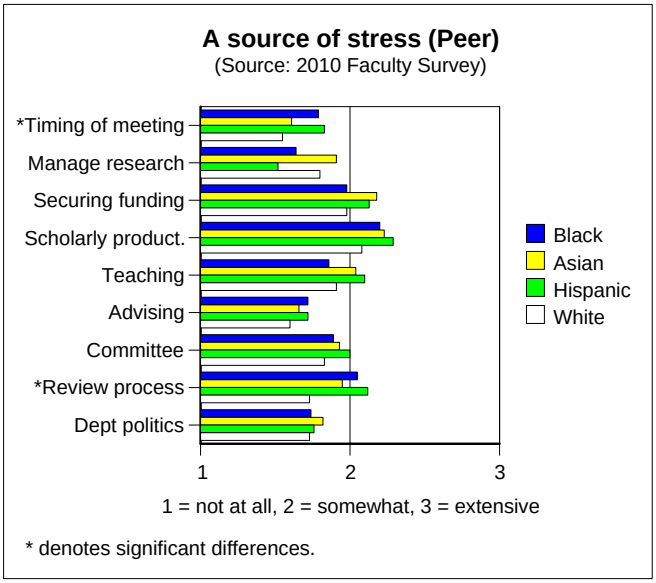


Figure 19

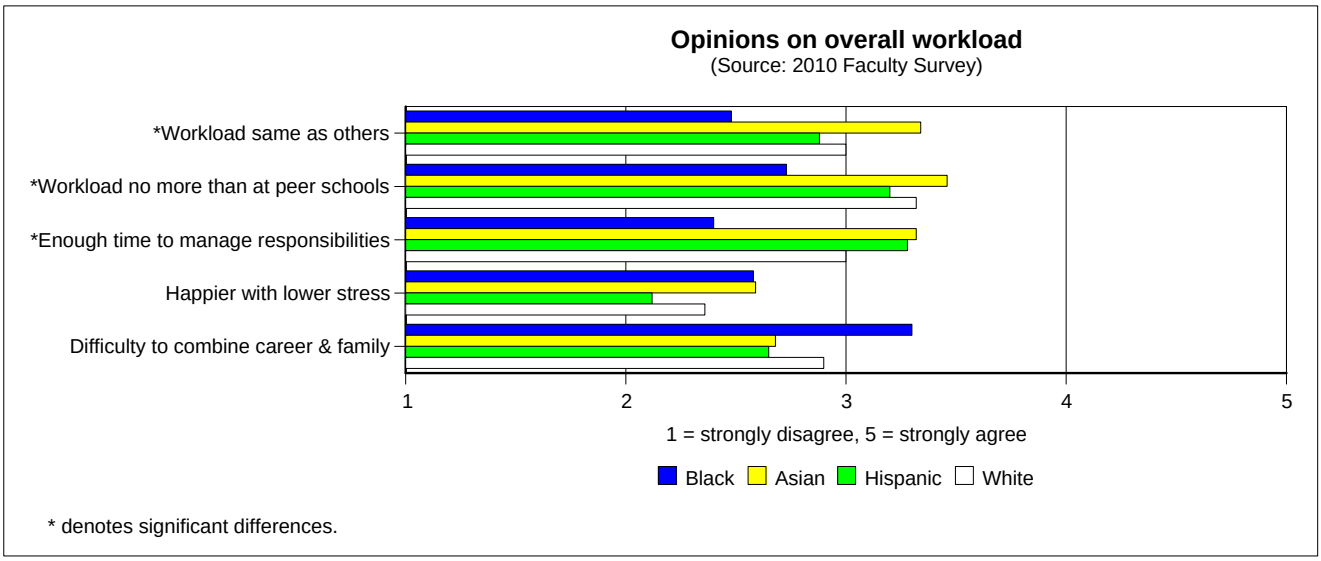
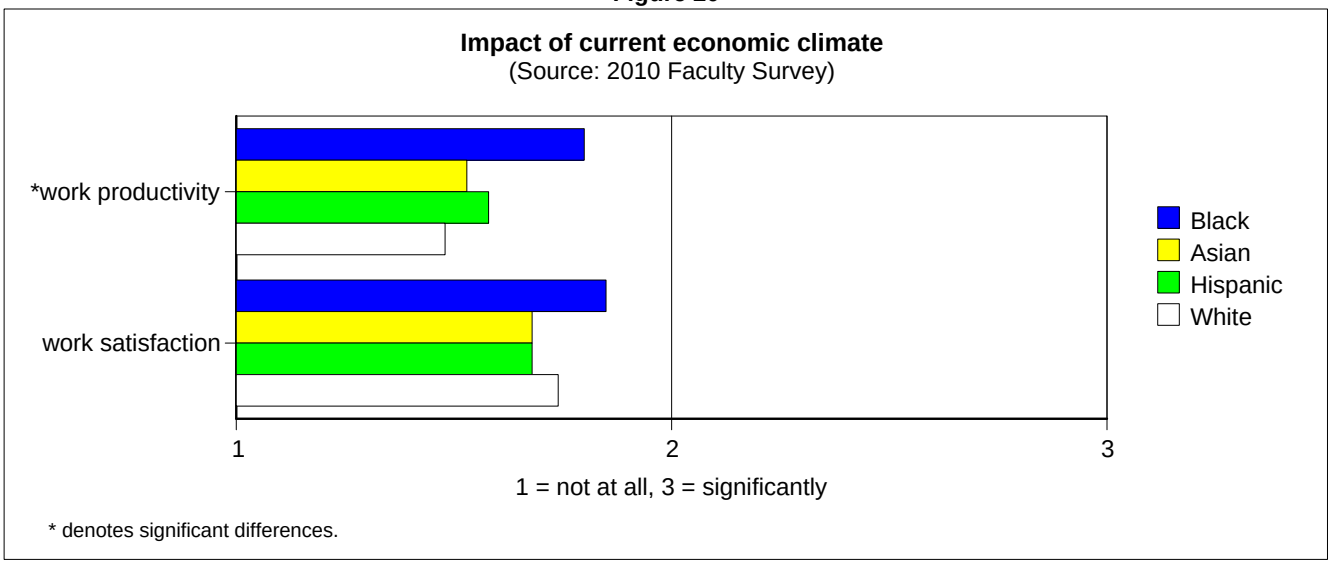
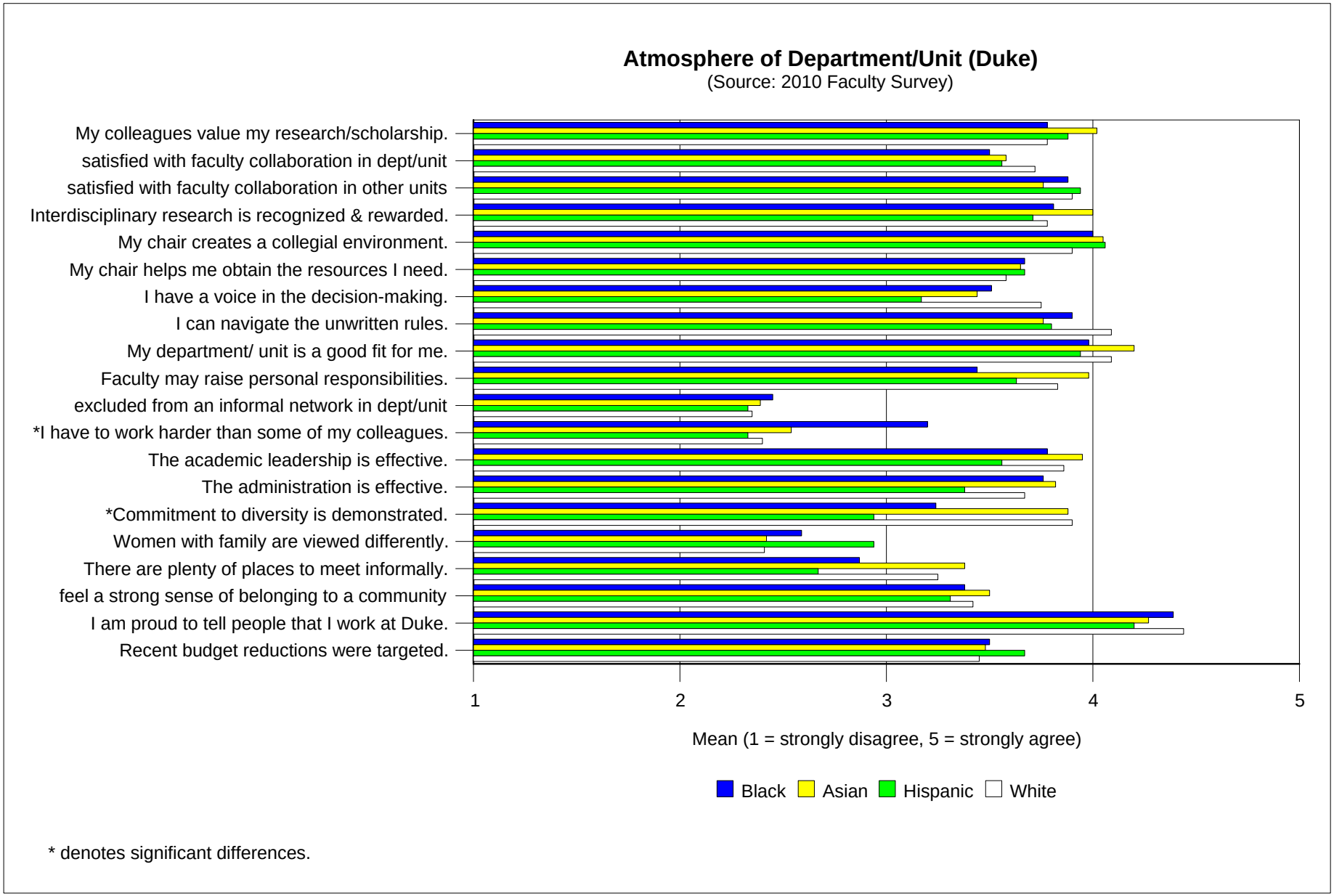


Figure 20



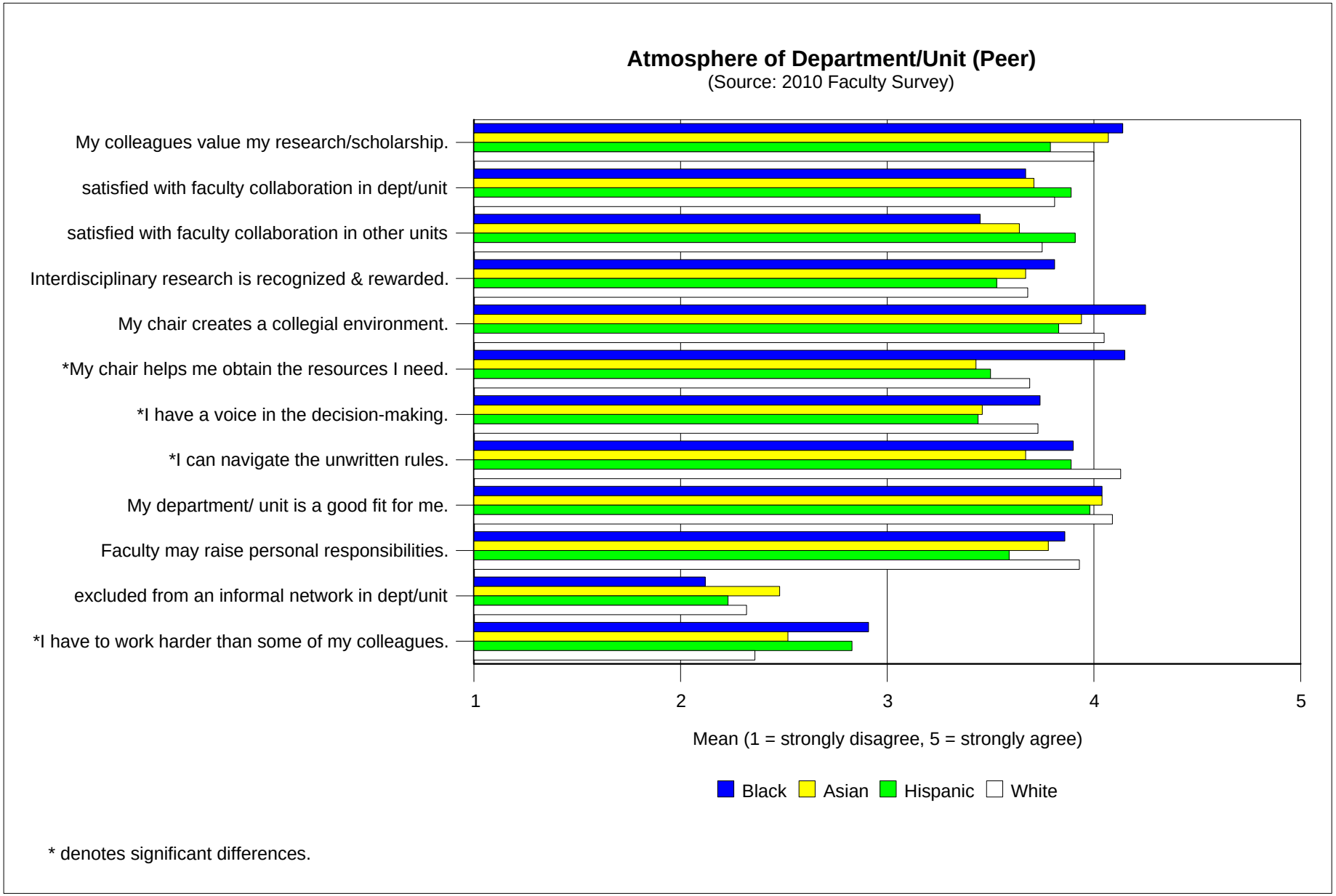
III. Atmosphere of Department/Unit (Nonclinical)

Figure 1



* denotes significant differences.

Figure 2



* denotes significant differences.

III. Atmosphere of Department/Unit by Race/Ethnicity (Nonclinical)

Figure 1

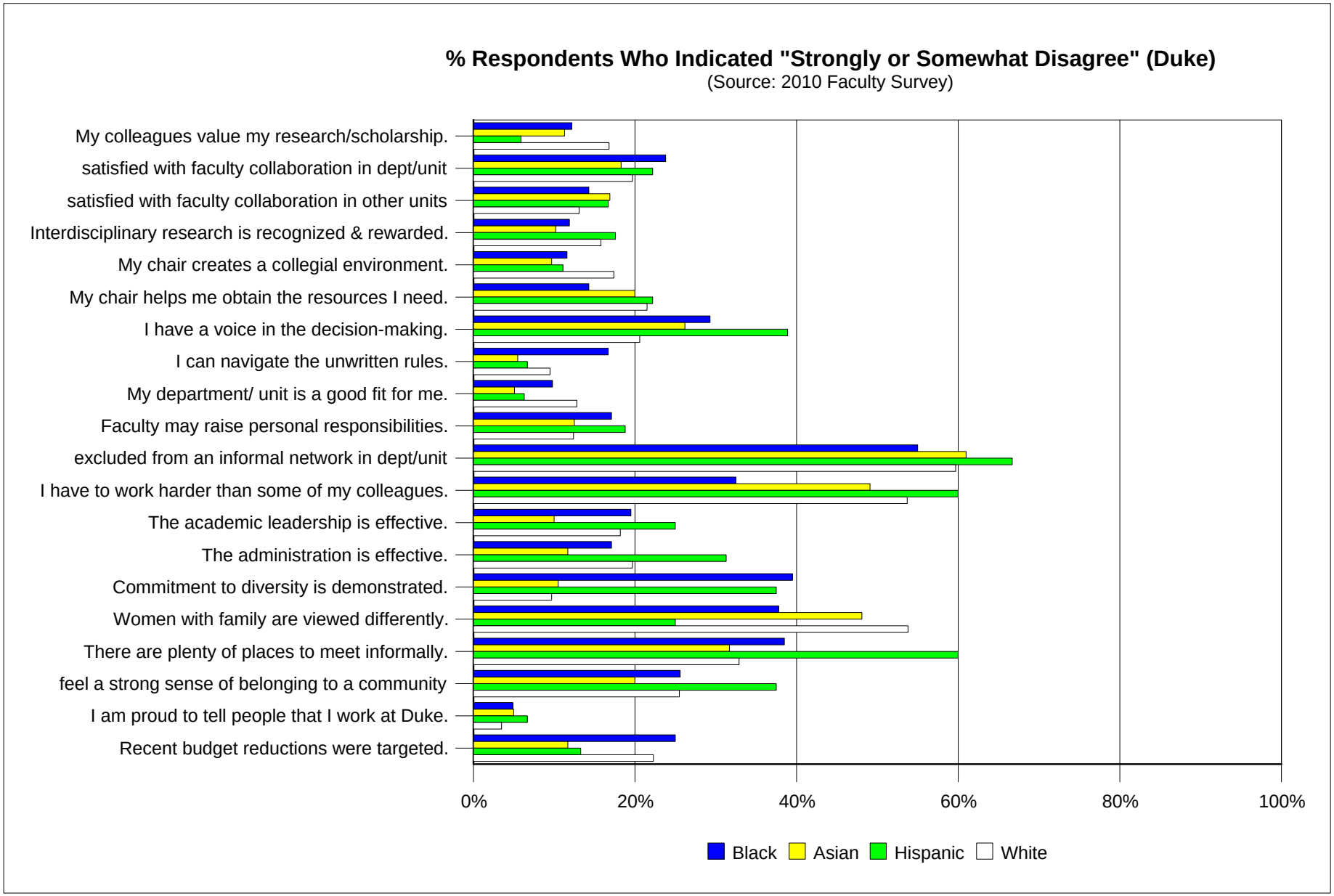
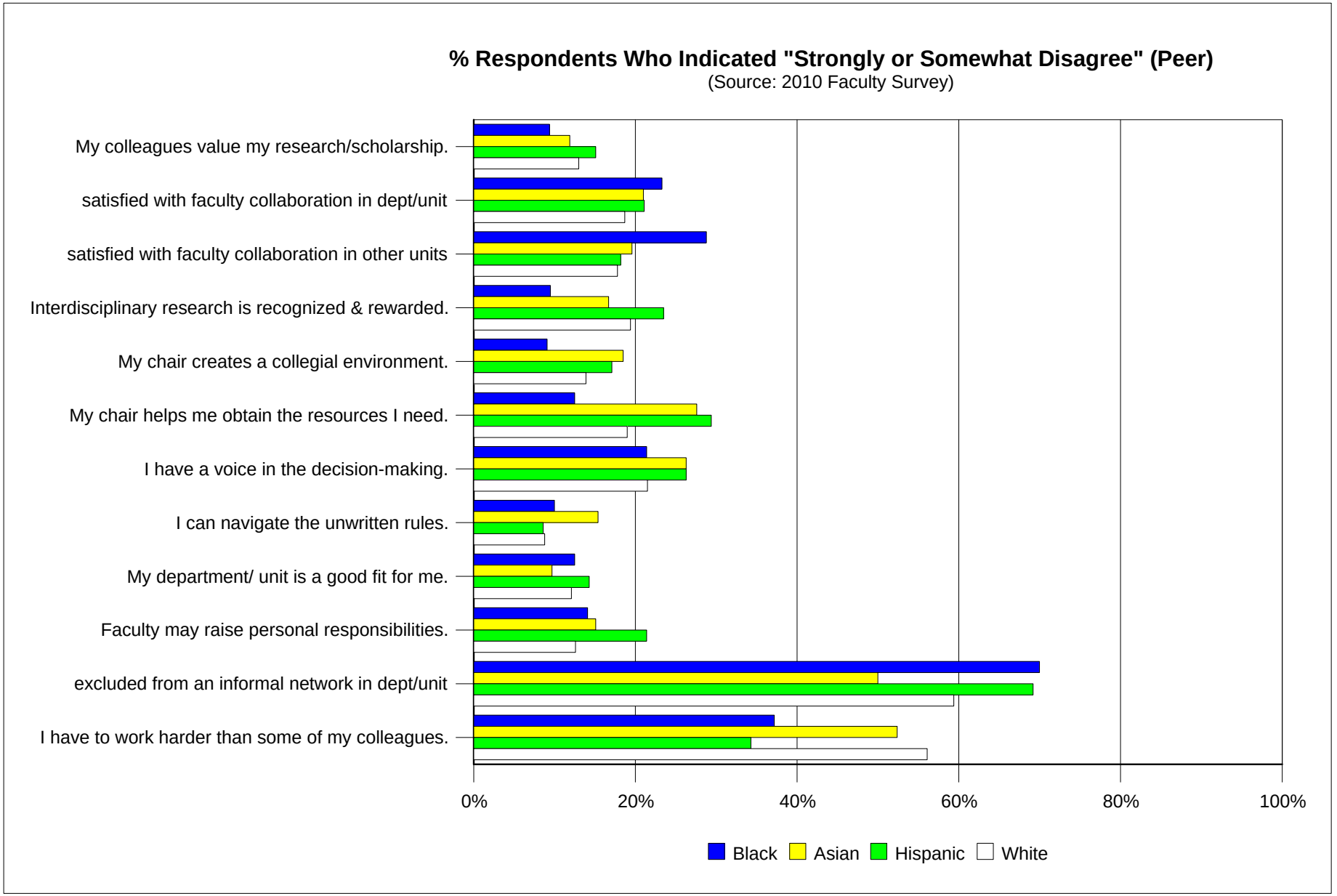


Figure 2


% Respondents Who Indicated "Strongly or Somewhat Disagree" (Peer)
(Source: 2010 Faculty Survey)
My colleagues value my research/scholarship.
satisfied with faculty collaboration in dept/unit
satisfied with faculty collaboration in other units
Interdisciplinary research is recognized & rewarded.
My chair creates a collegial environment.
My chair helps me obtain the resources I need.
I have a voice in the decision-making.
I can navigate the unwritten rules.
My department/ unit is a good fit for me.
Faculty may raise personal responsibilities.
excluded from an informal network in dept/unit
I have to work harder than some of my colleagues.
0%
20%
40%
60%
80%
100%
Black
Asian
Hispanic
White

IV. Mentoring (Nonclinical)

Figure 1

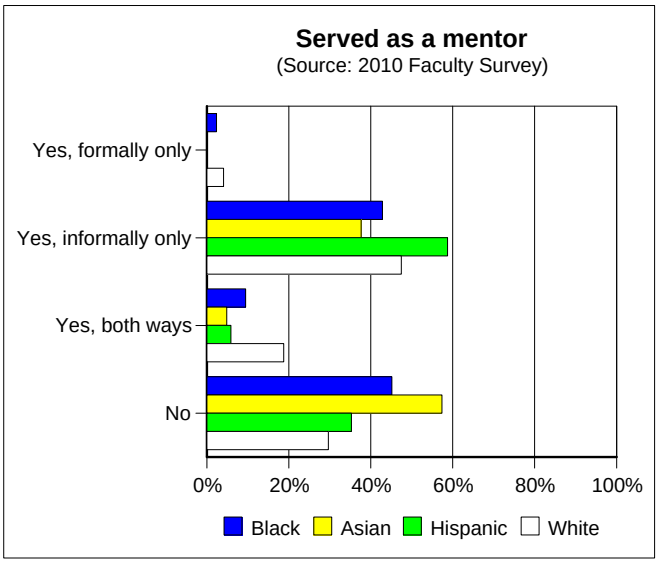


Figure 2

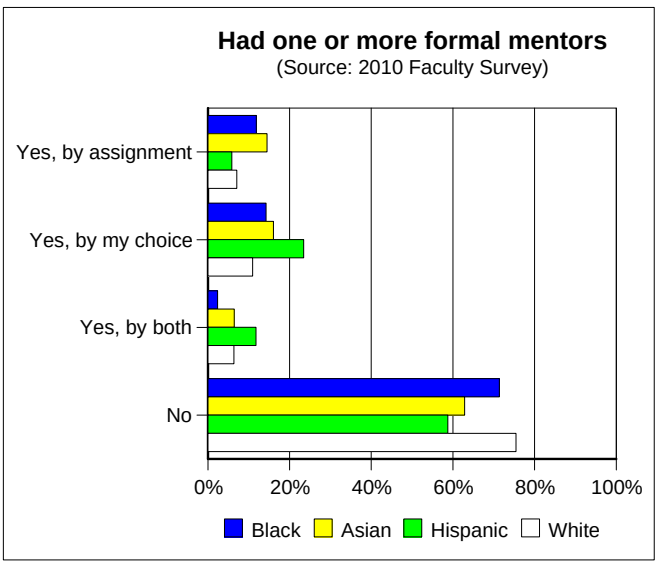


Figure 3

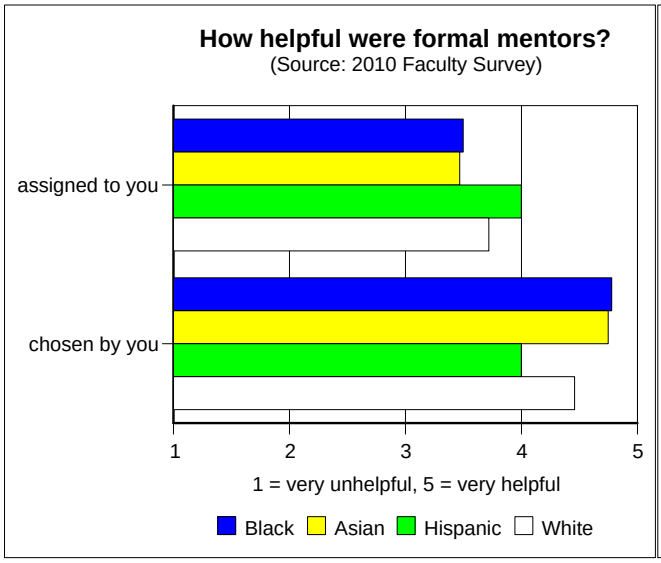


Figure 4

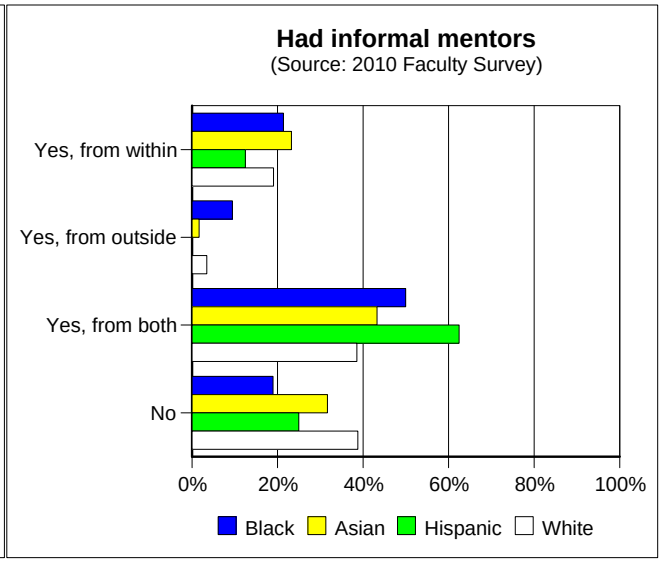


Figure 5

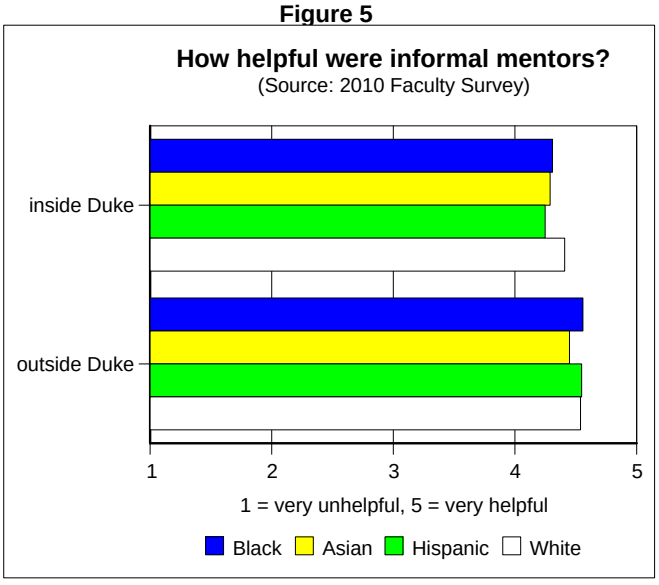


Figure 6

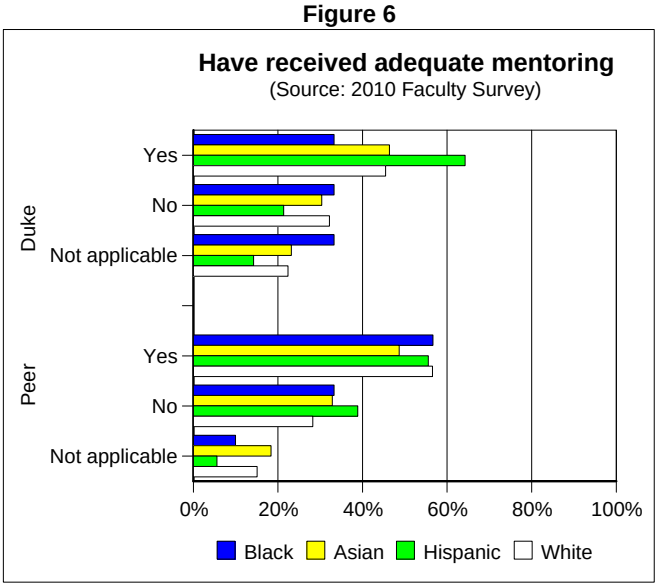
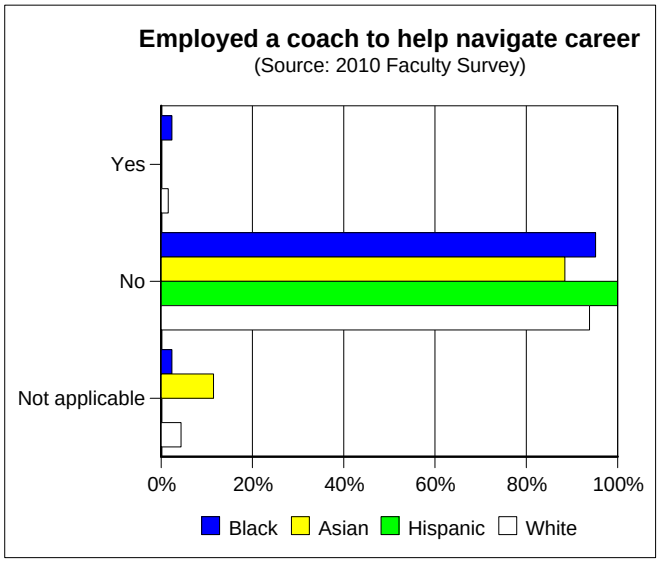


Figure 7


Employed a coach to help navigate career
(Source: 2010 Faculty Survey)
Yes
No
Not applicable
0%
20%
40%
60%
80%
100%
Black
Asian
Hispanic
White

V. Promotion/Tenure (Nonclinical)

Figure 1

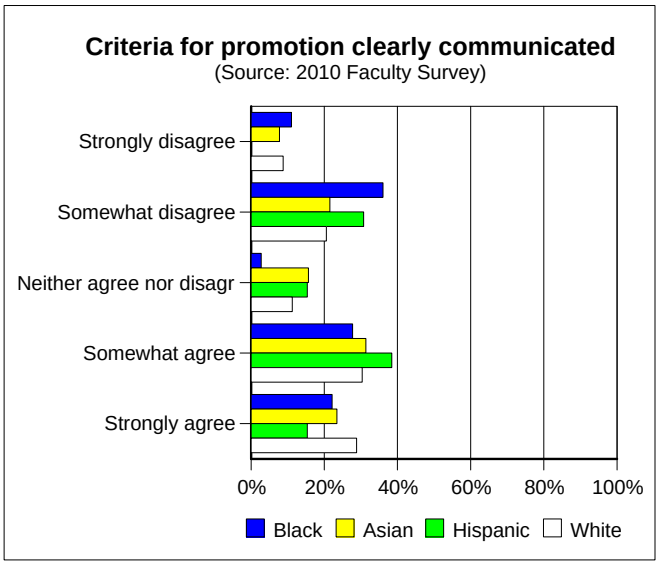


Figure 2

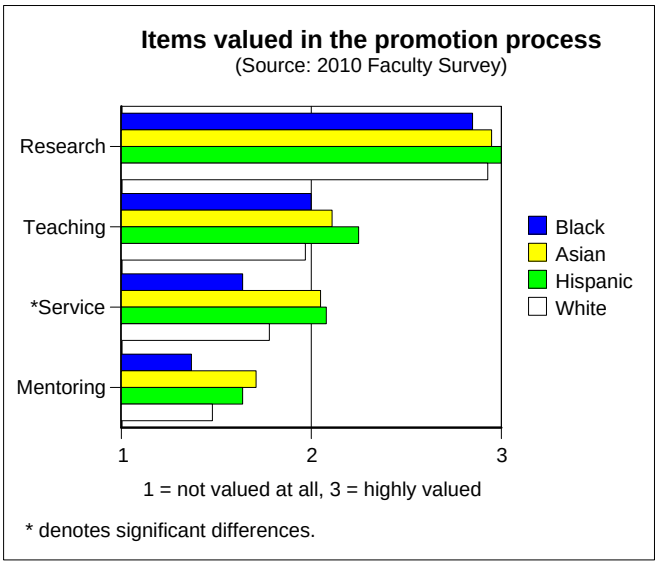


Figure 3

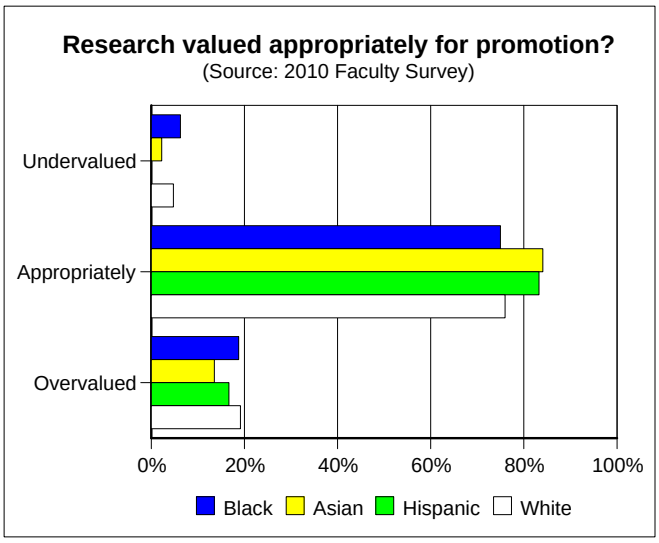


Figure 4

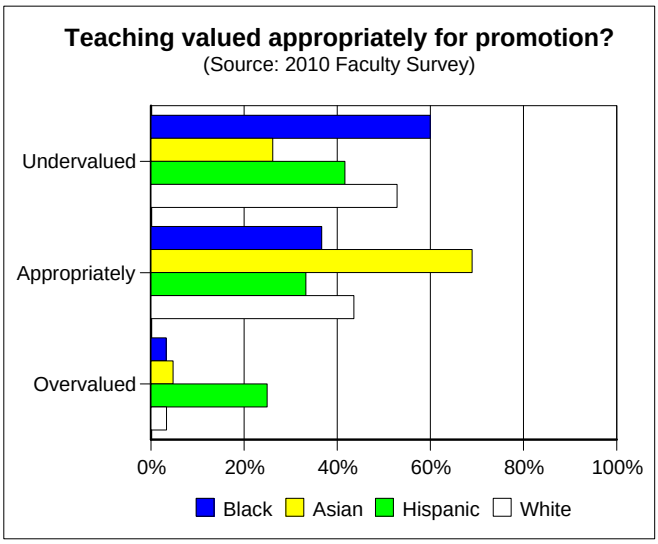


Figure 5

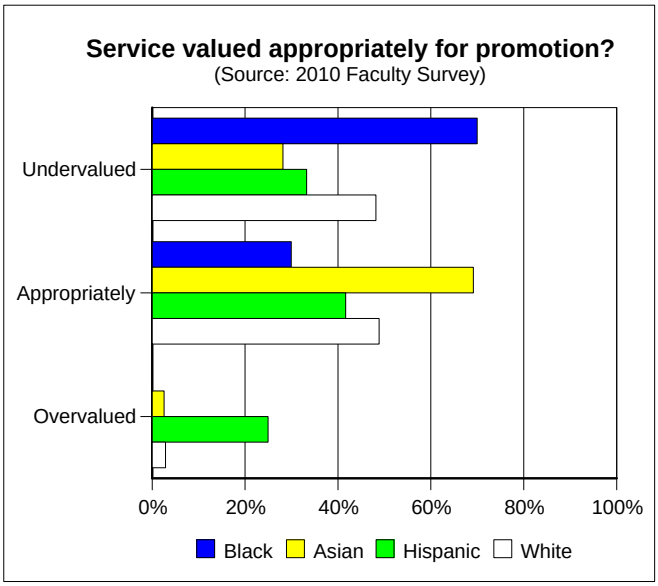


Figure 6

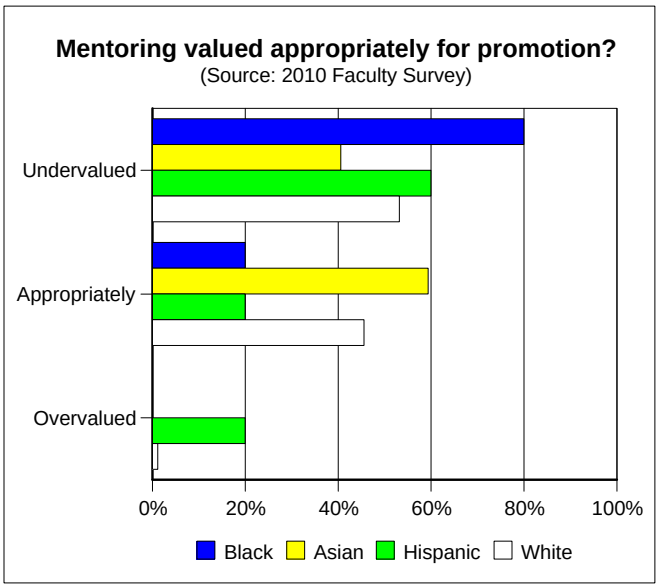


Figure 7

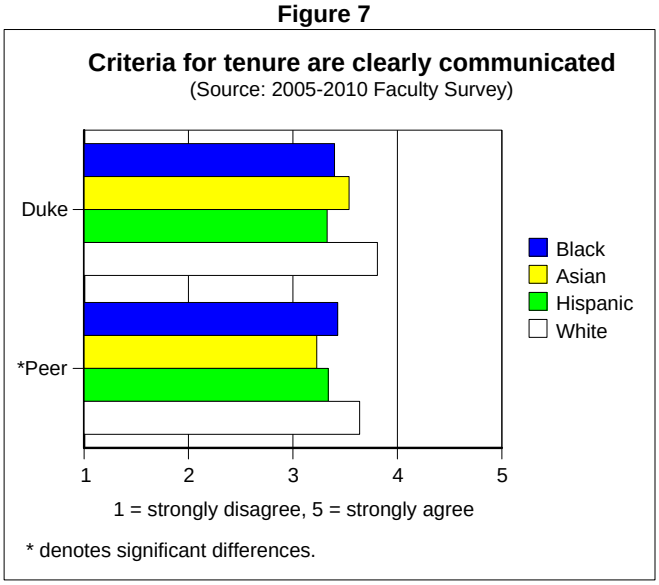


Figure 8

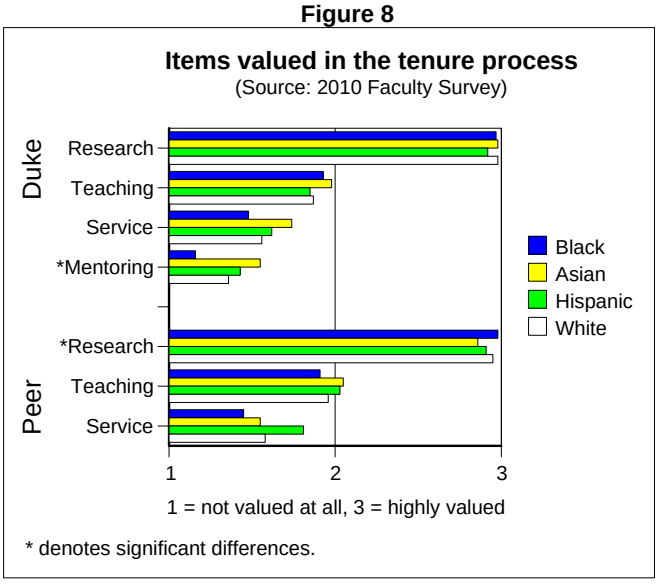


Figure 9

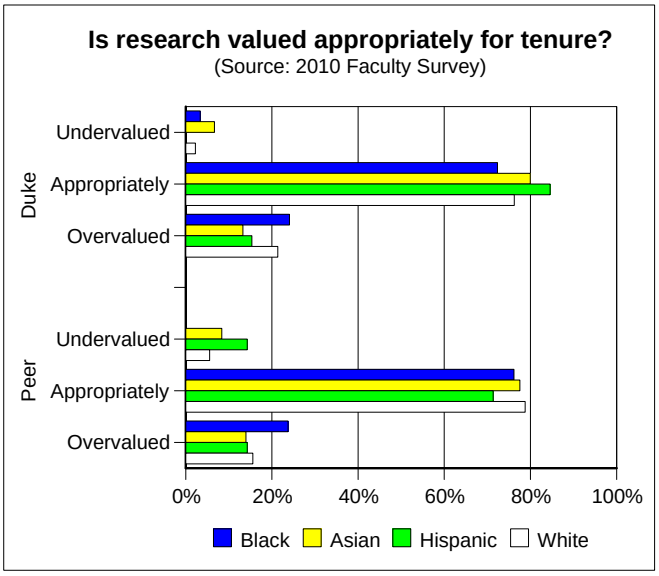


Figure 10

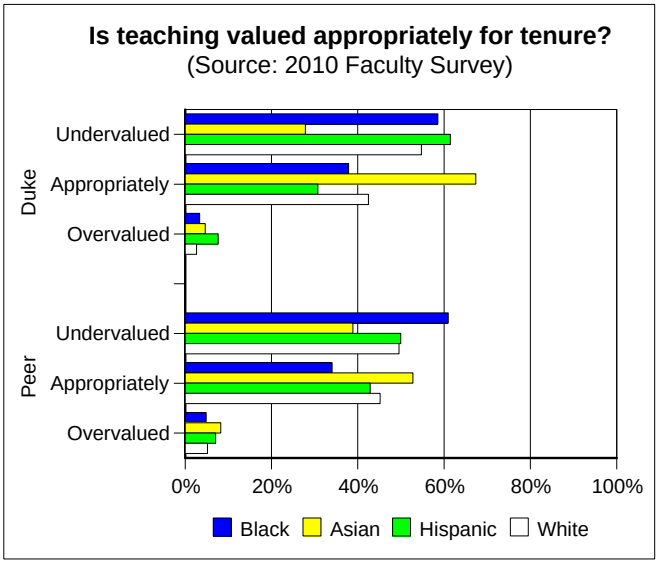


Figure 11

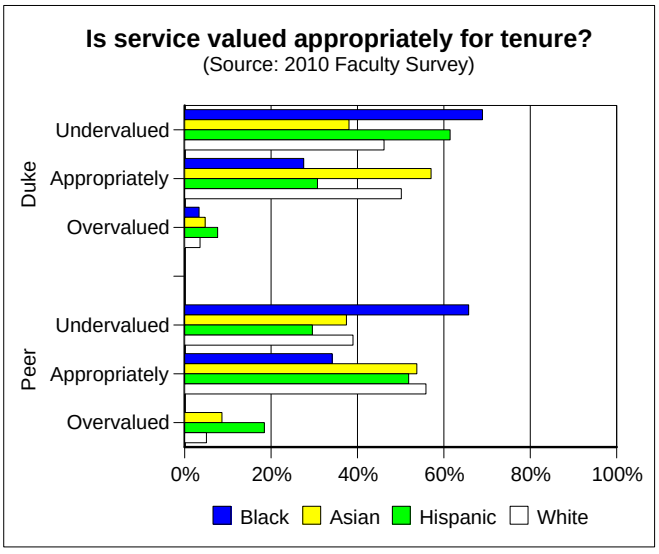


Figure 12

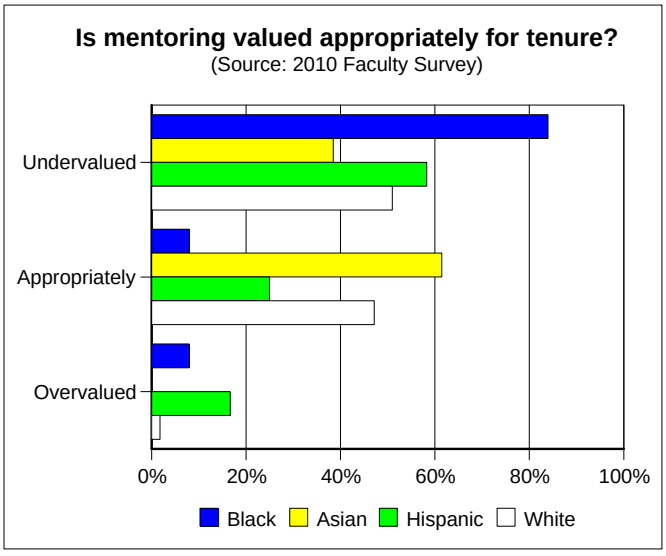


Figure 13

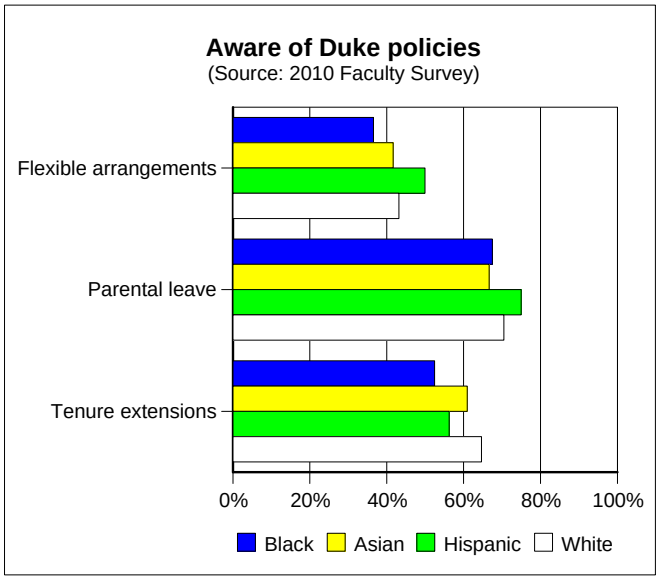


Figure 14

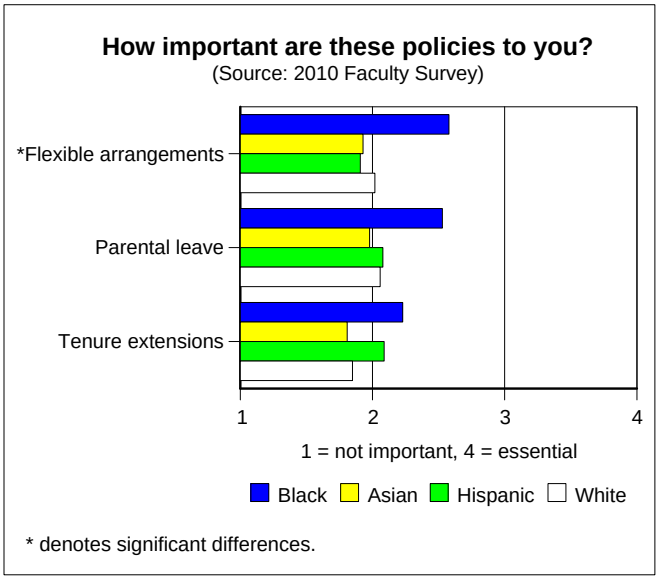


Figure 15

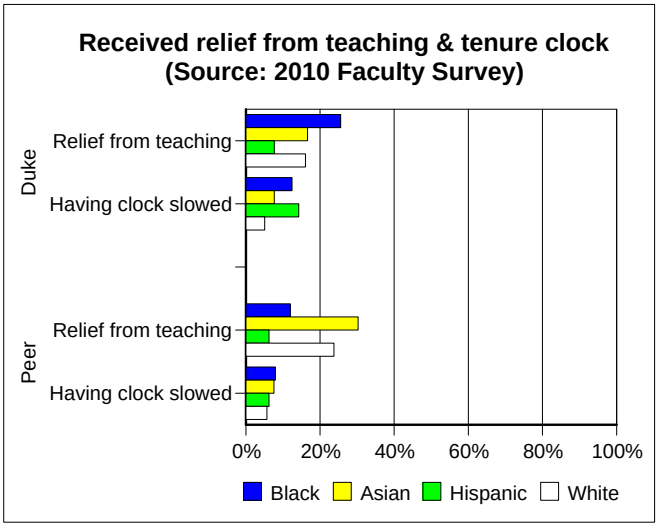
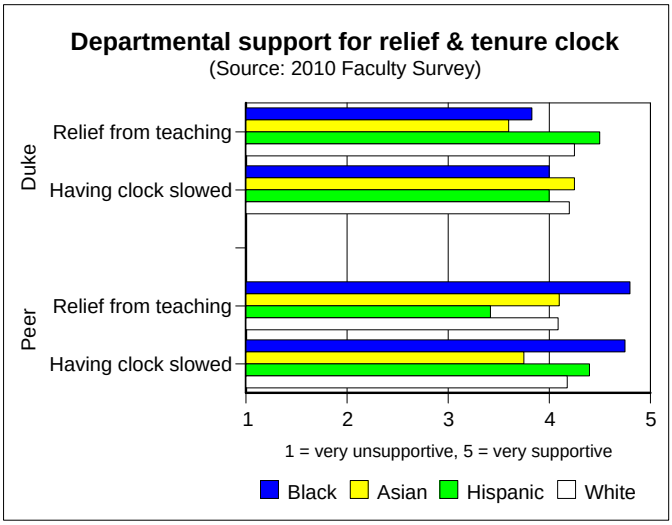


Figure 16



VI. Hiring/Retention (Nonclinical)

Figure 1

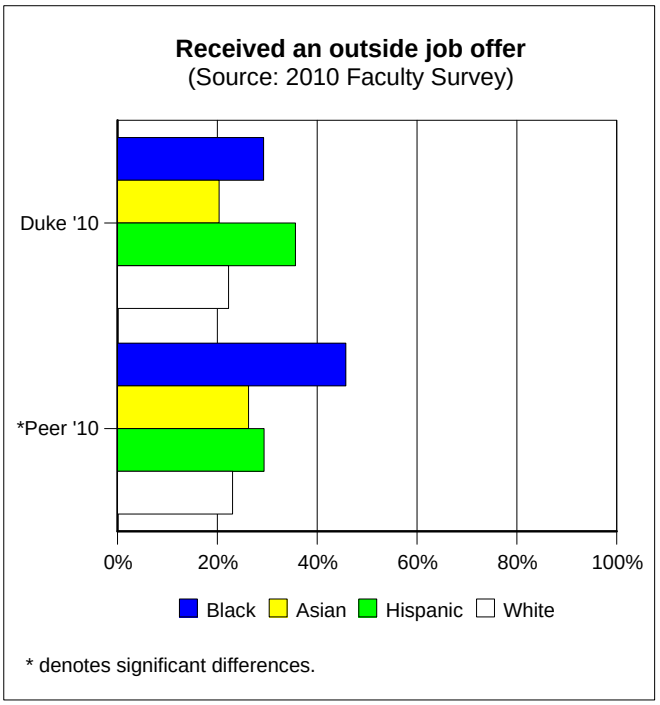


Figure 2

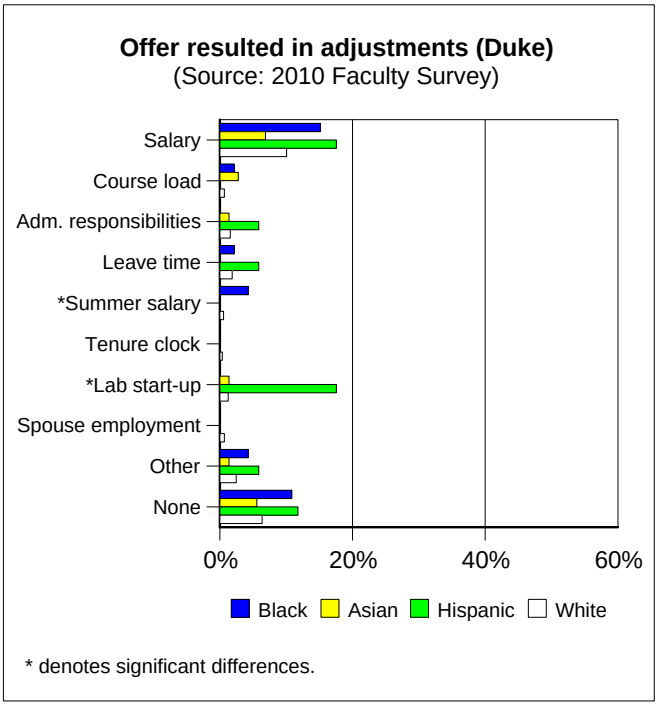


Figure 3

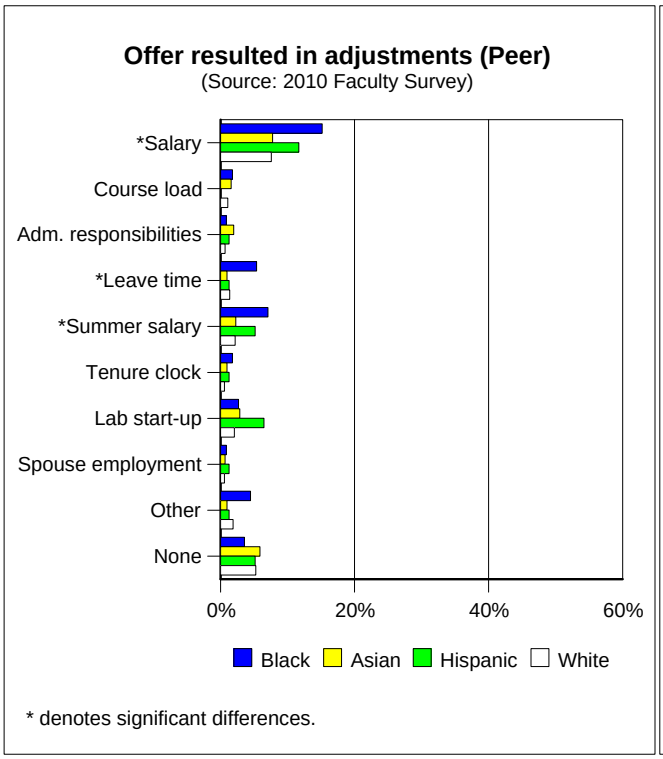


Figure 4

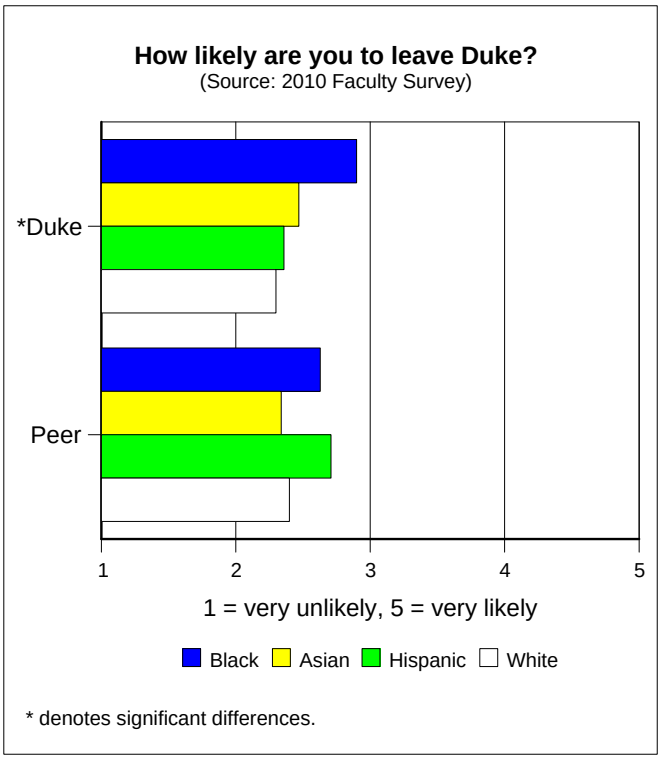
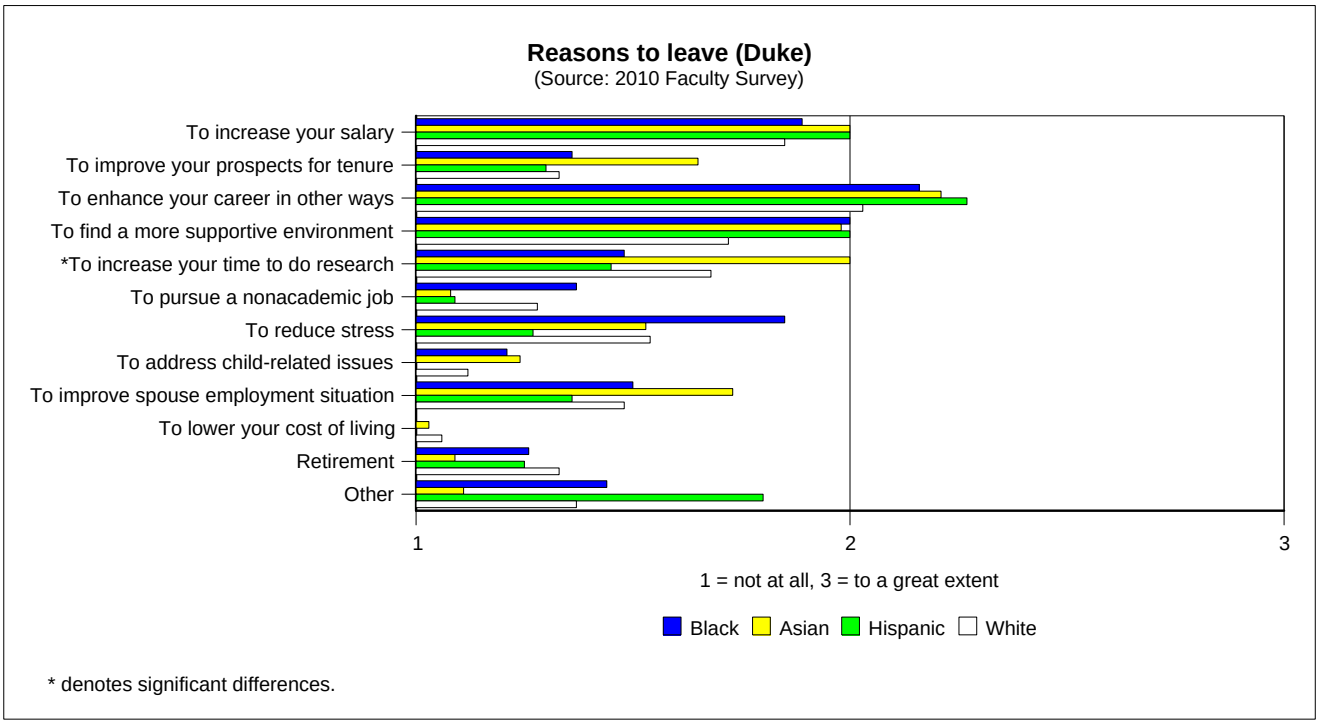


Figure 5



* denotes significant differences.

Figure 6

* denotes significant differences.

VII. Life outside the Institution (Nonclinical)

Figure 1

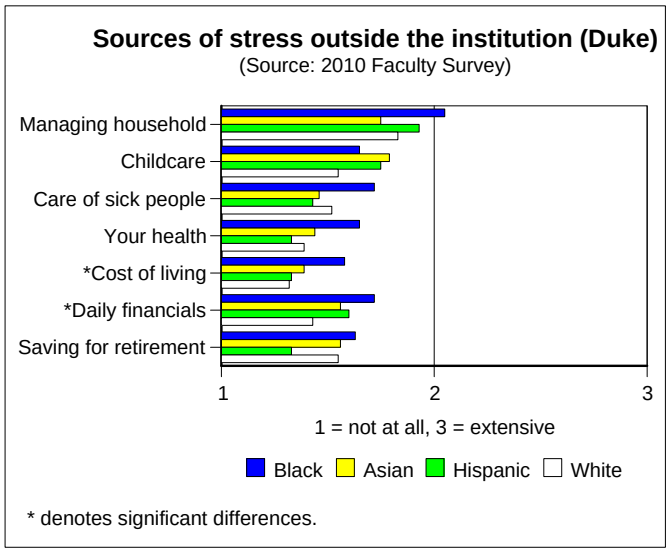


Figure 2

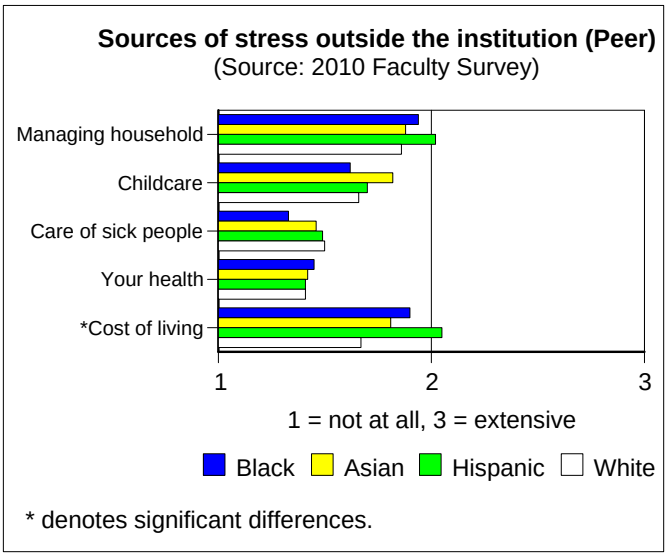


Figure 3

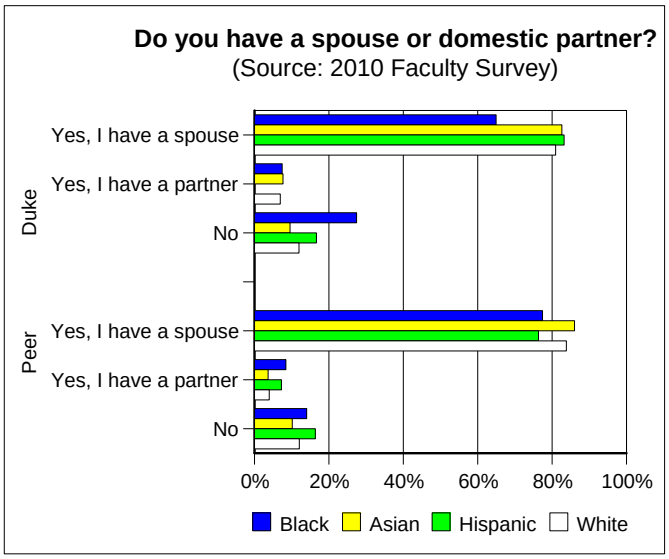


Figure 4

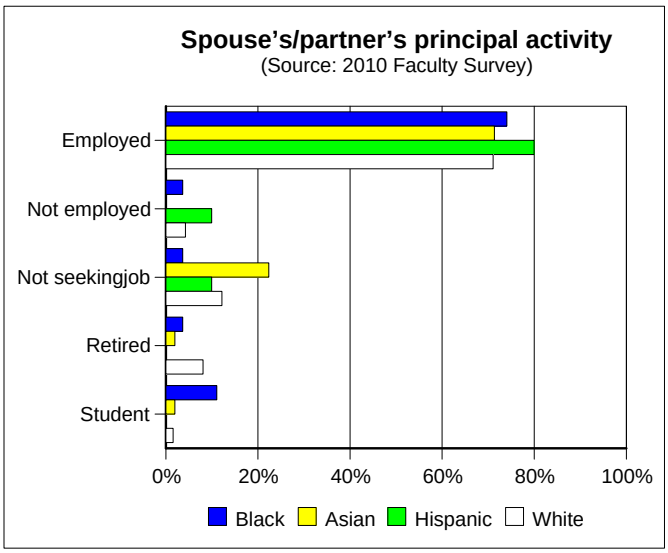


Figure 5

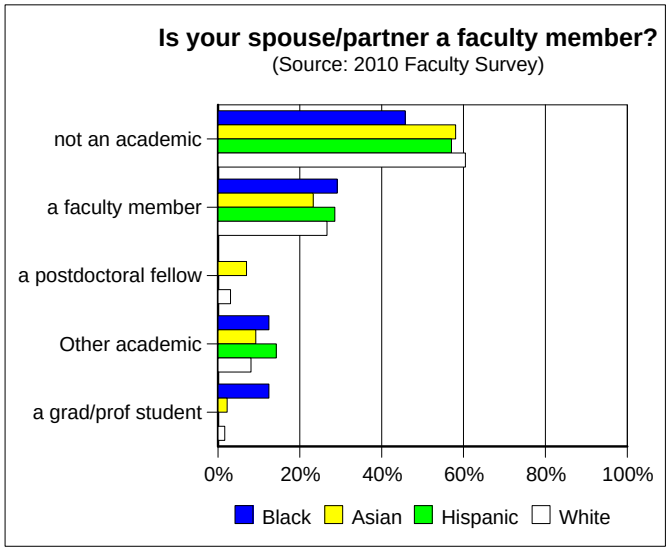


Figure 6

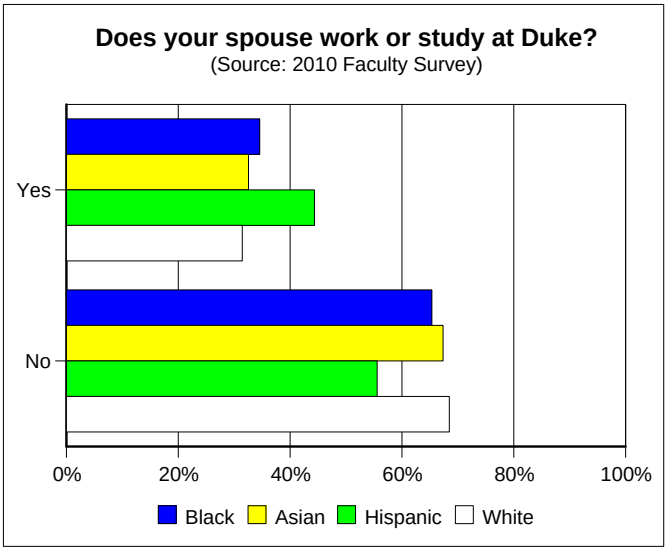


Figure 7

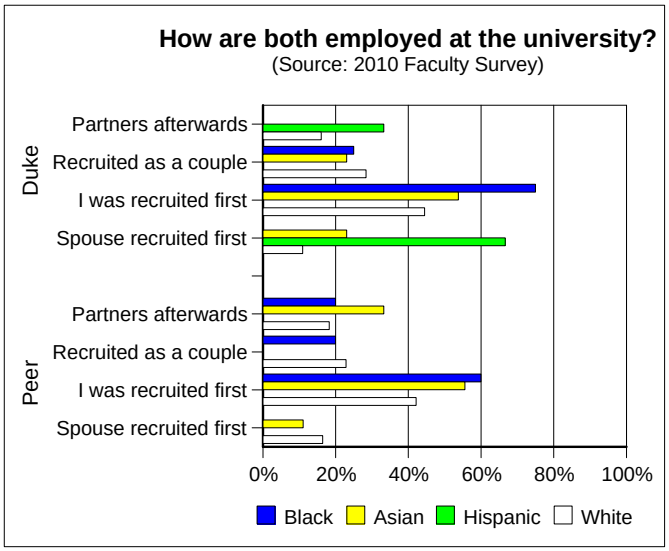


Figure 8

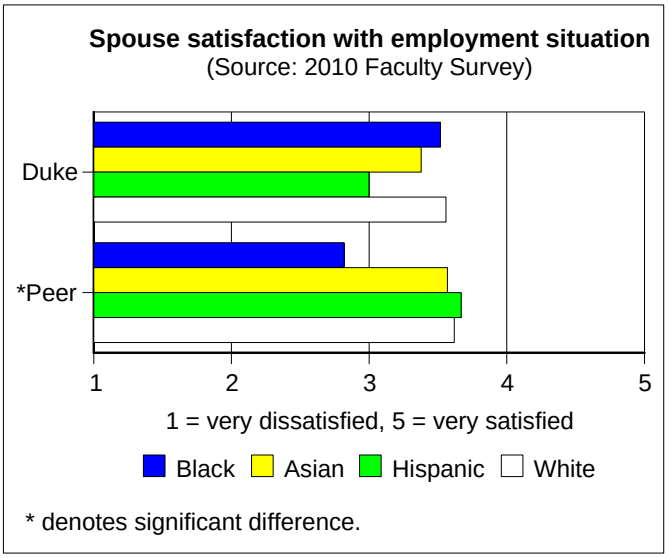


Figure 9

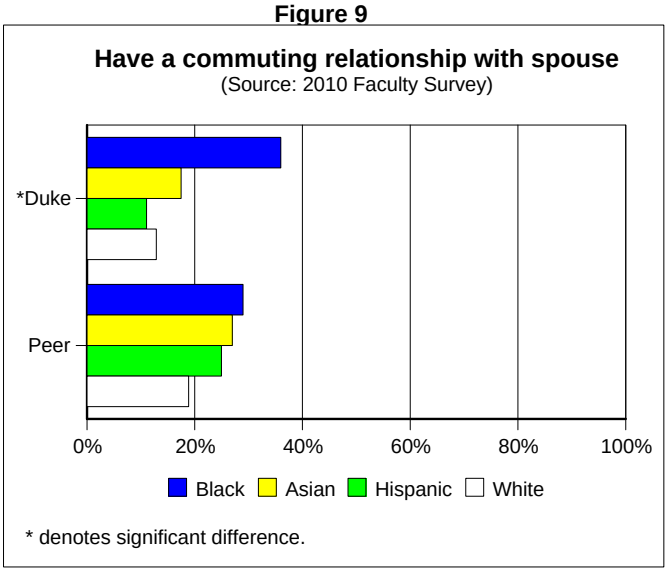


Figure 10

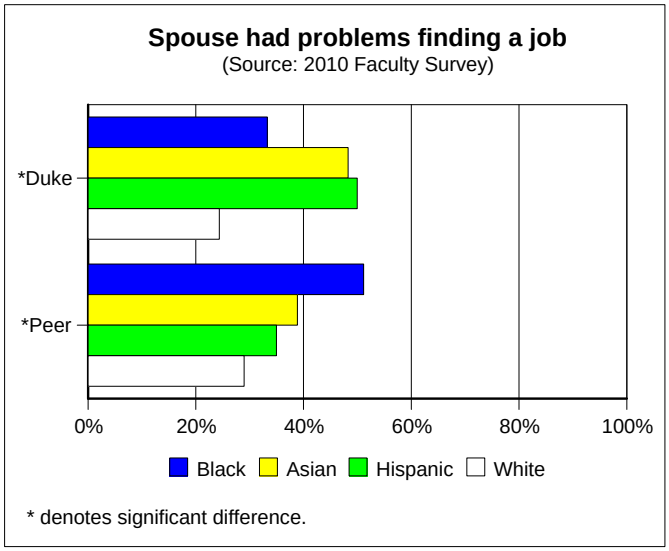


Figure 11

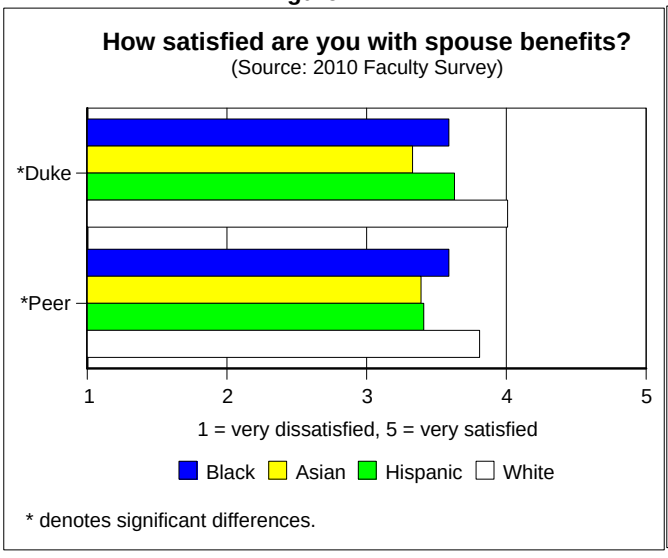


Figure 12

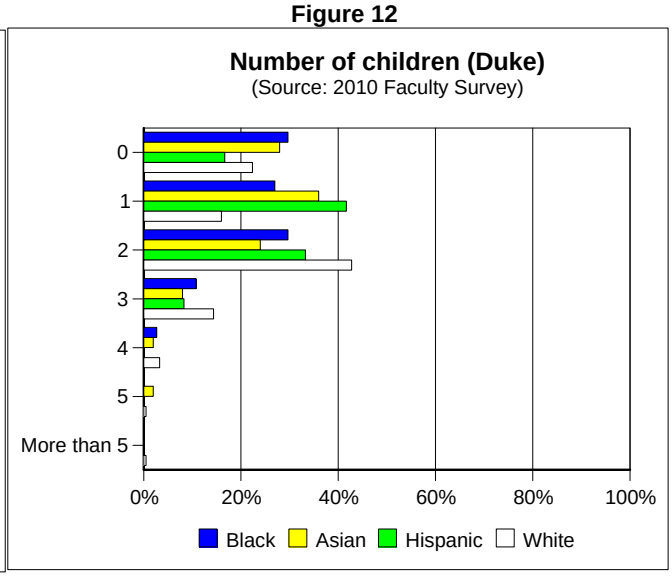


Figure 13

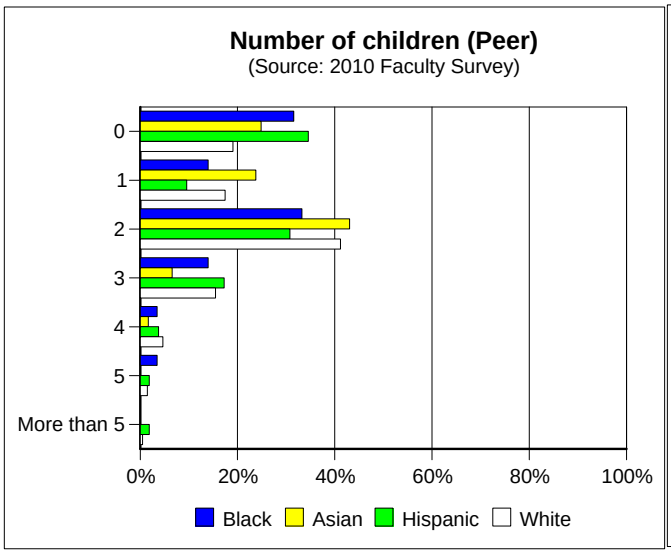


Figure 14

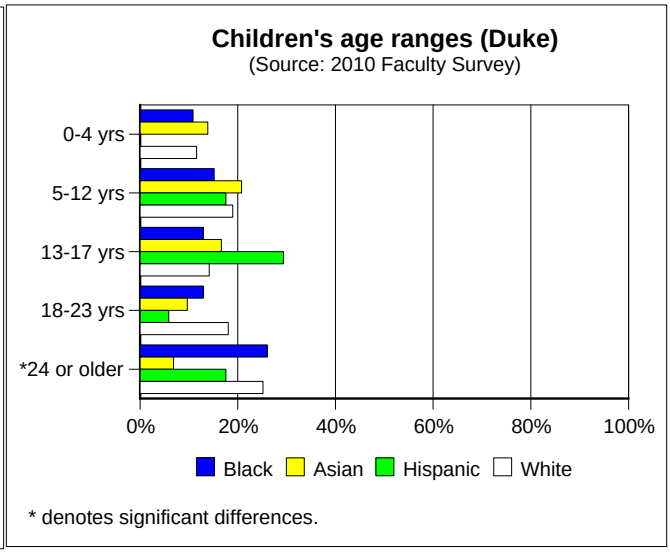


Figure 15

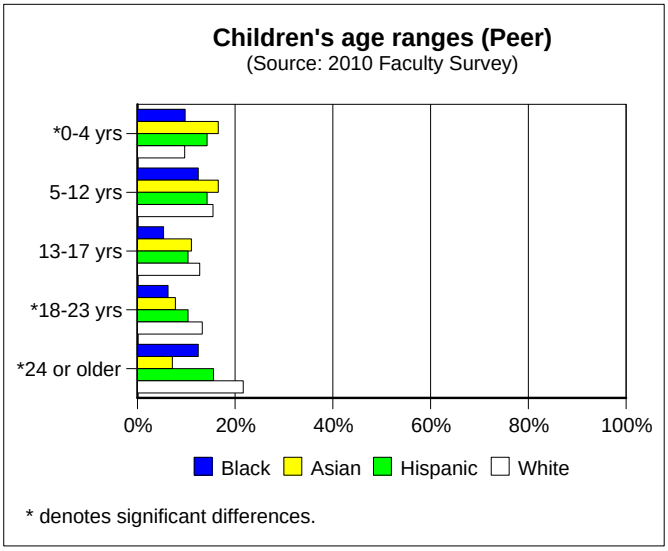


Figure 16

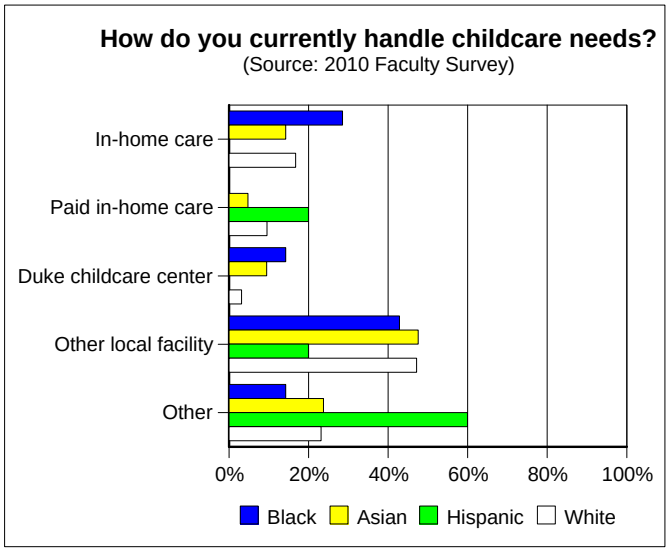


Figure 17

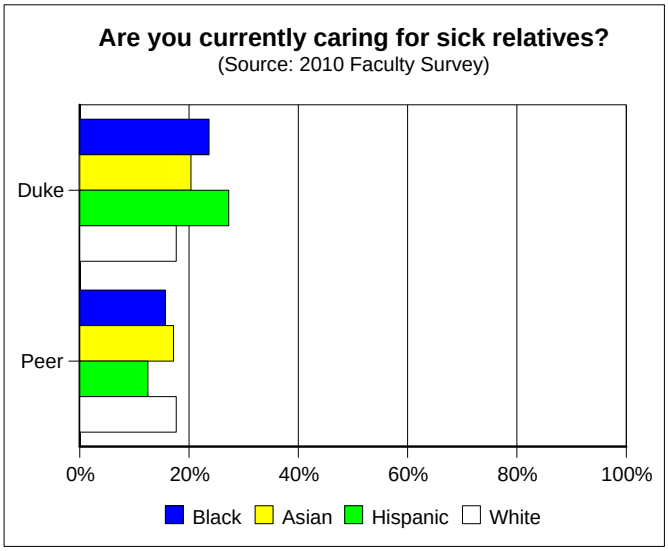


Figure 18

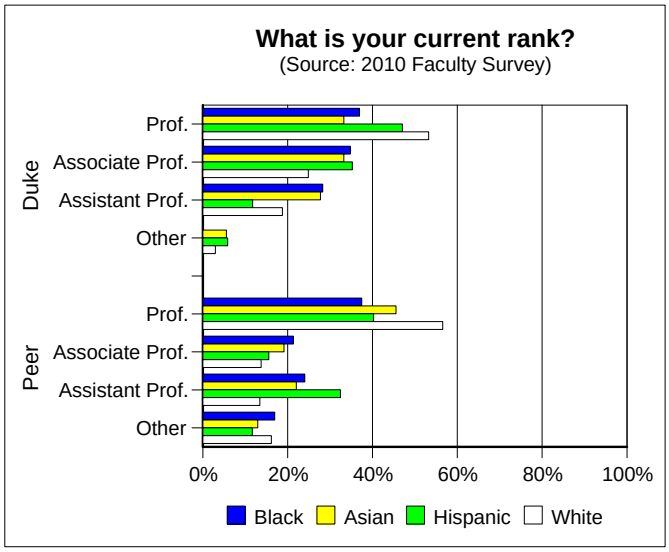
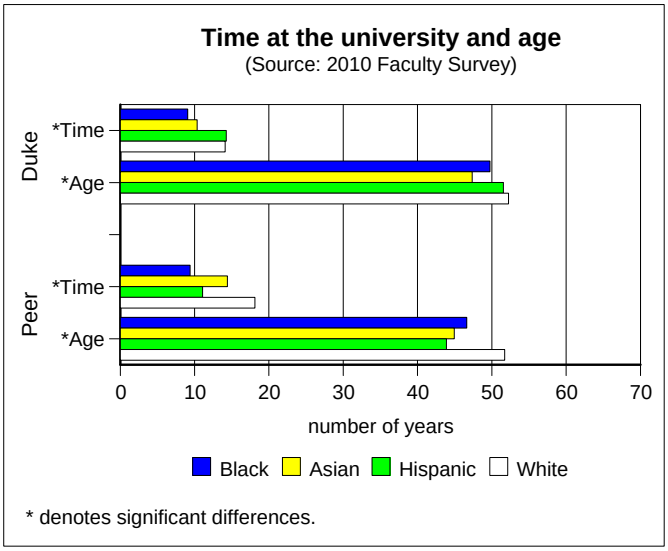


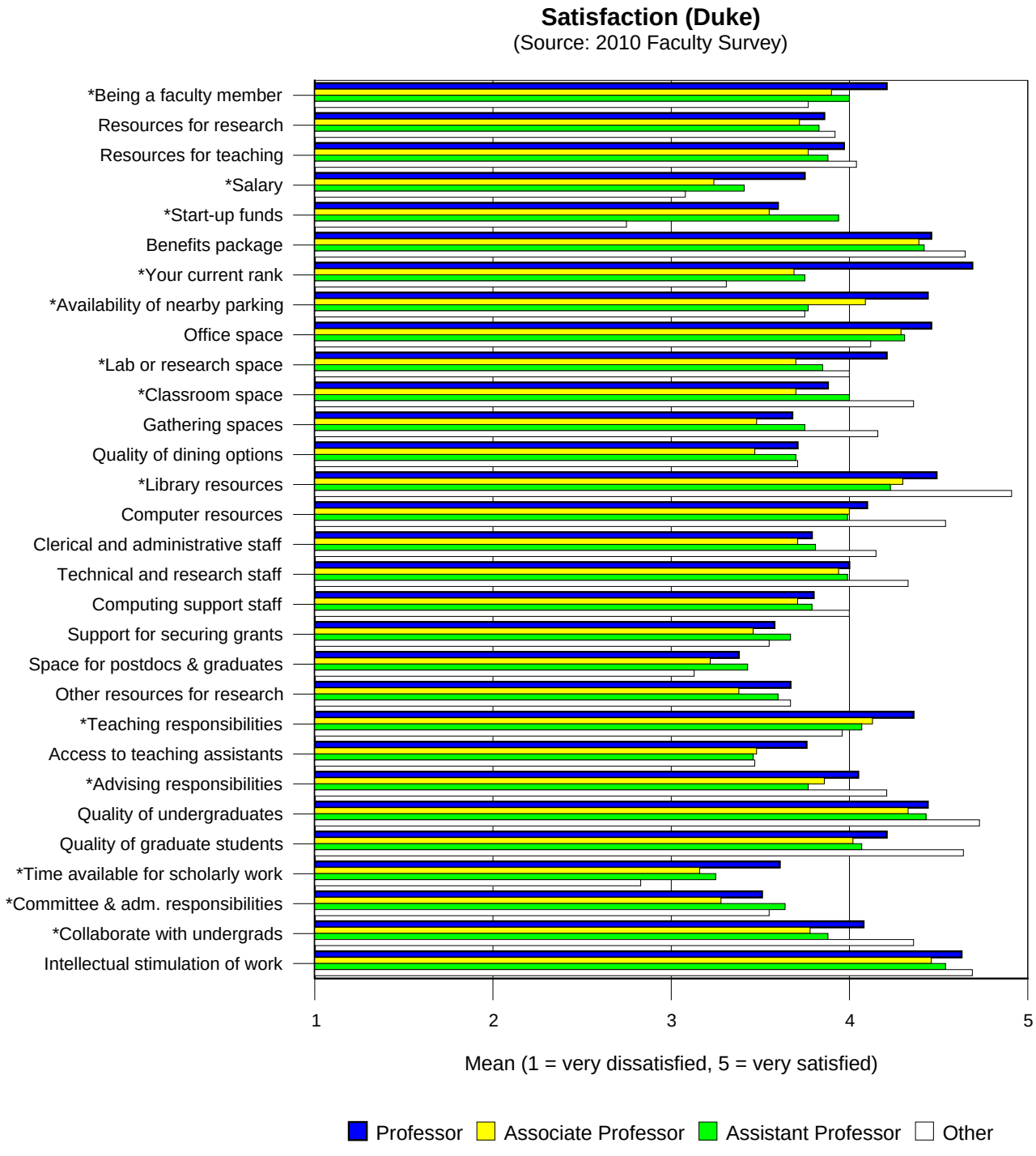
Figure 19


Time at the university and age
(Source: 2010 Faculty Survey)
Duke
*Time
*Age
Peer
*Time
*Age
0
10
20
30
40
50
60
70
number of years
Black
Asian
Hispanic
White
* denotes significant differences.

2010 Faculty Survey Results by Rank

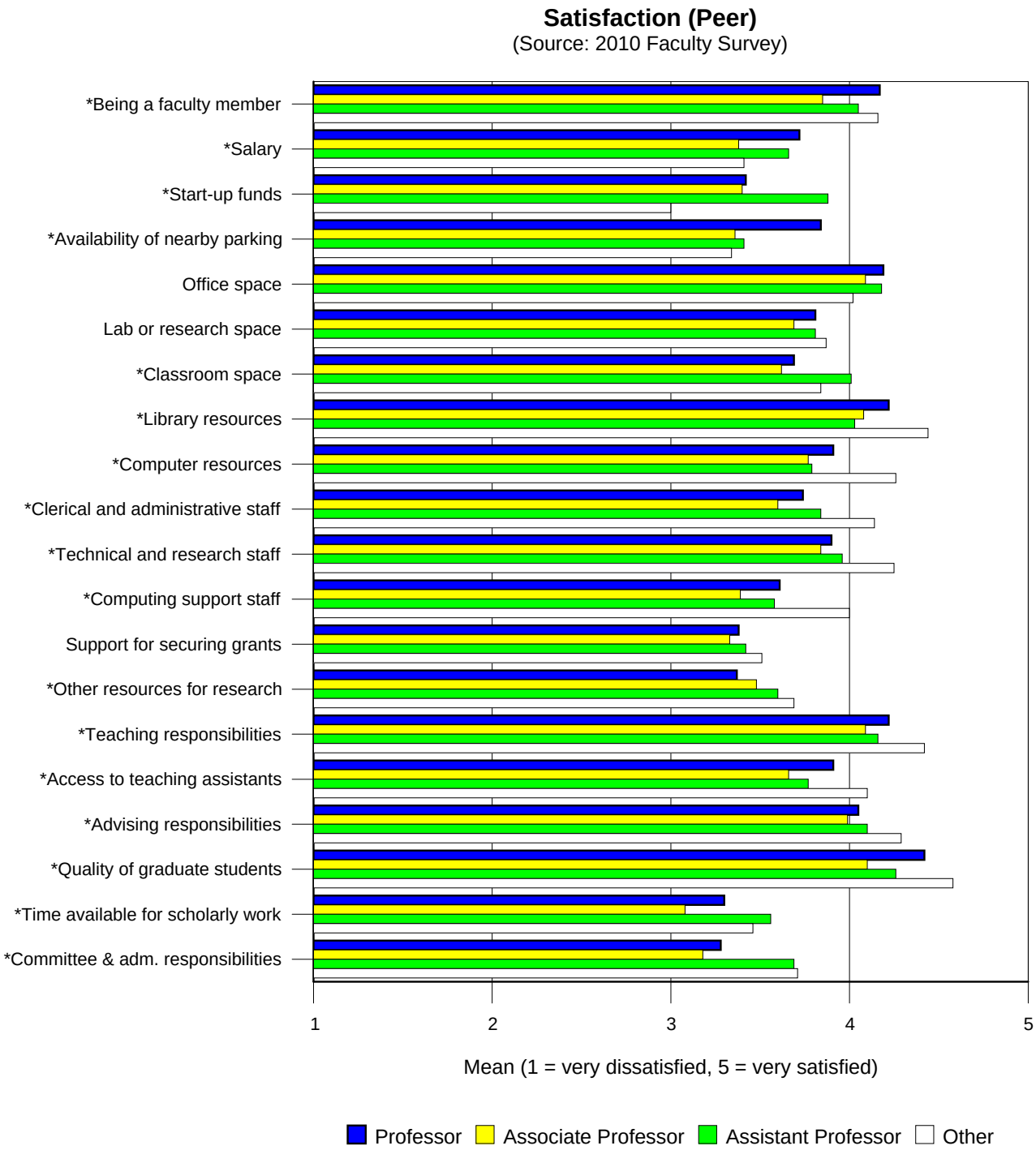
I. Satisfaction (Nonclinical)

Figure 1



* denotes significant differences.

Figure 2



* denotes significant differences.

2010 Faculty Survey Results by Rank: Nonclincal

I. Satisfaction (Nonclinical)

Figure 1

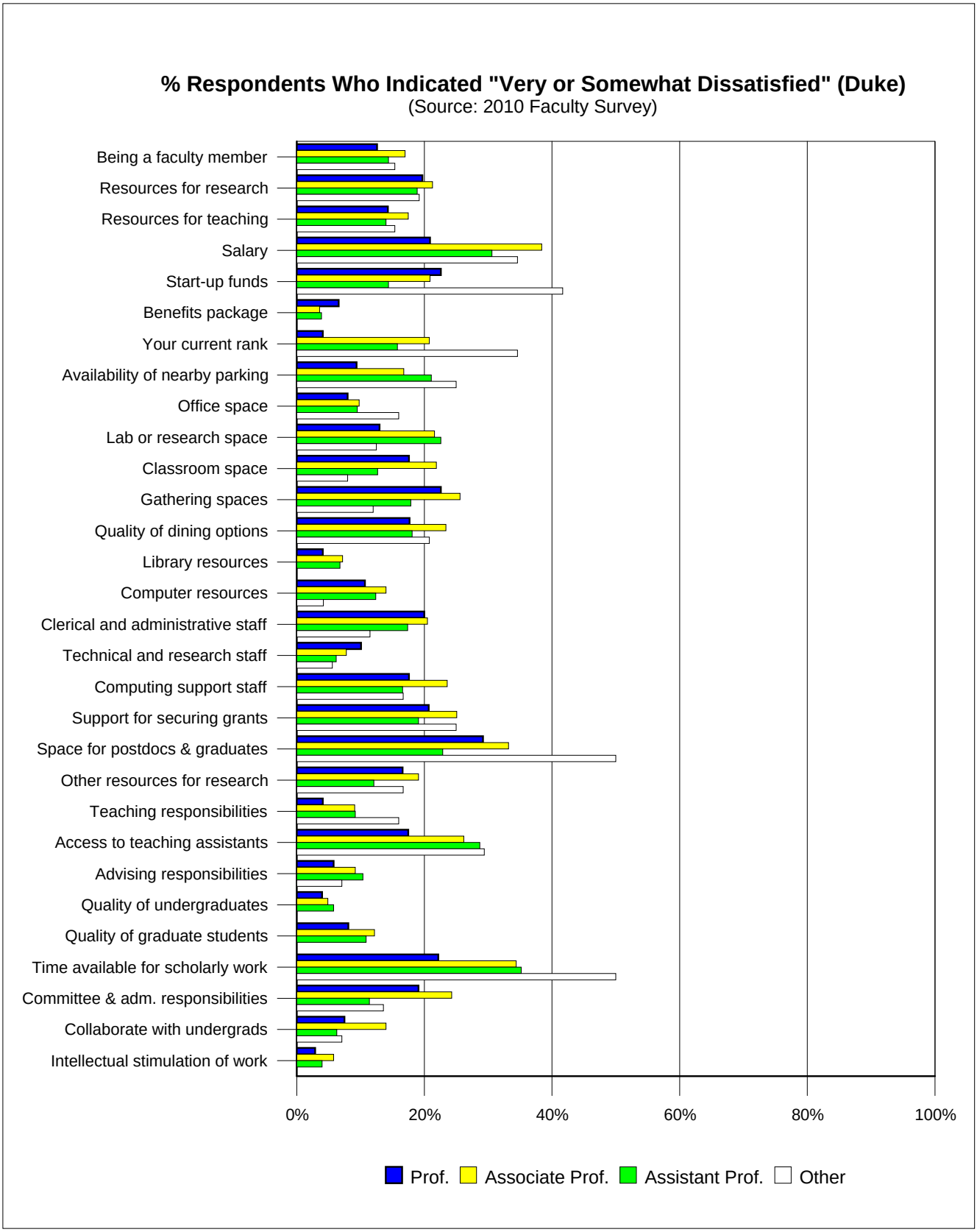
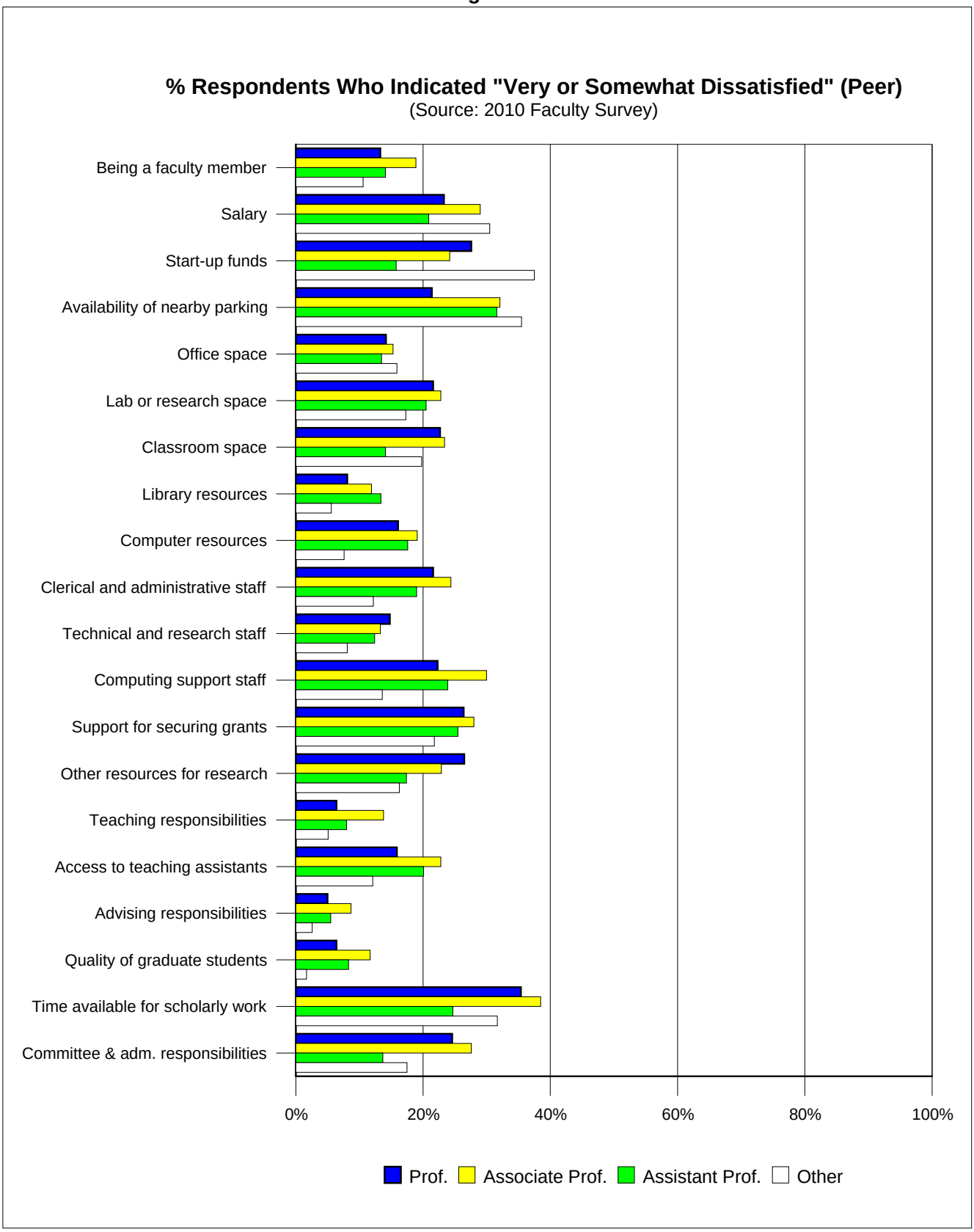


Figure 2


% Respondents Who Indicated "Very or Somewhat Dissatisfied" (Peer)
(Source: 2010 Faculty Survey)
Being a faculty member
Salary
Start-up funds
Availability of nearby parking
Office space
Lab or research space
Classroom space
Library resources
Computer resources
Clerical and administrative staff
Technical and research staff
Computing support staff
Support for securing grants
Other resources for research
Teaching responsibilities
Access to teaching assistants
Advising responsibilities
Quality of graduate students
Time available for scholarly work
Committee & adm. responsibilities
0%
20%
40%
60%
80%
100%
Prof.
Associate Prof.
Assistant Prof.
Other

II. Workload (Nonclinical)

Figure 1

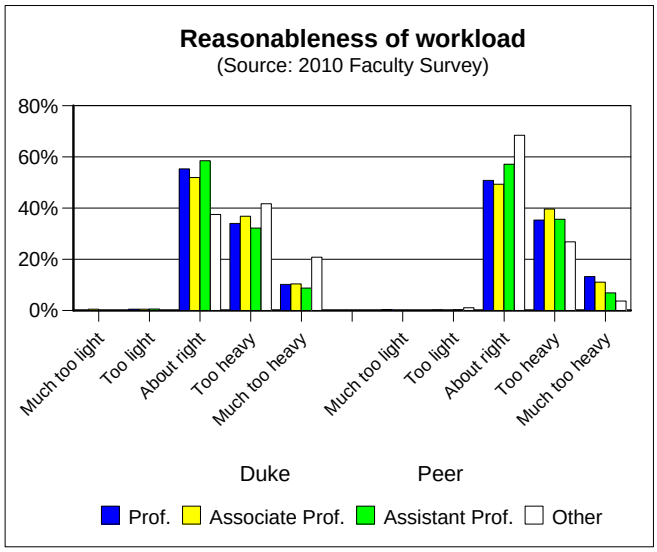


Figure 2

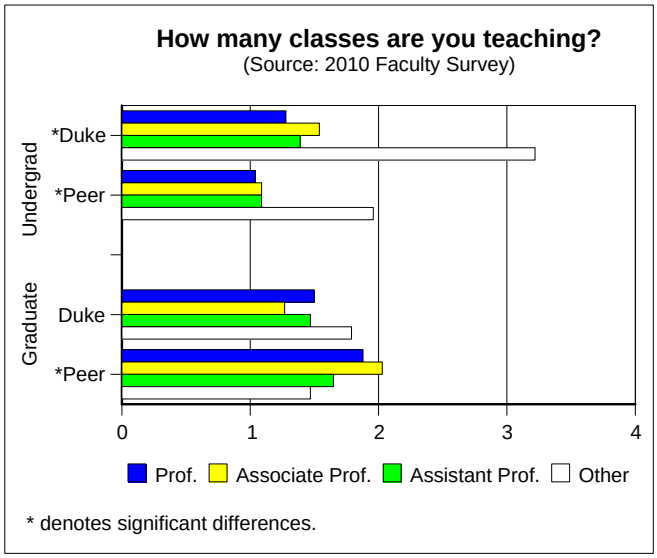


Figure 3

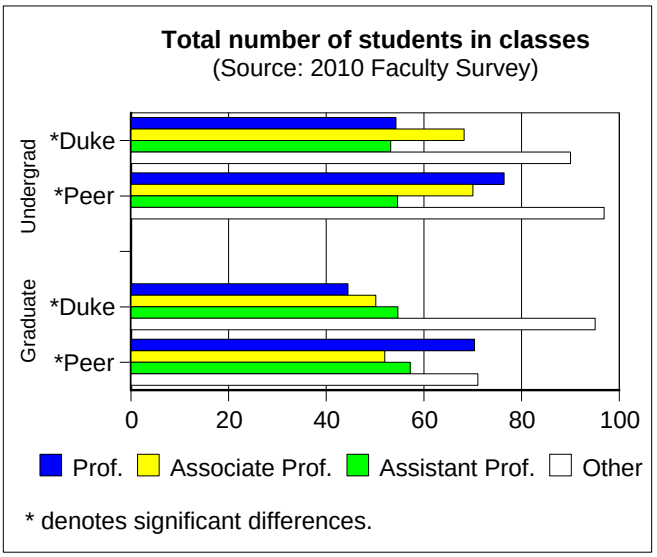


Figure 4

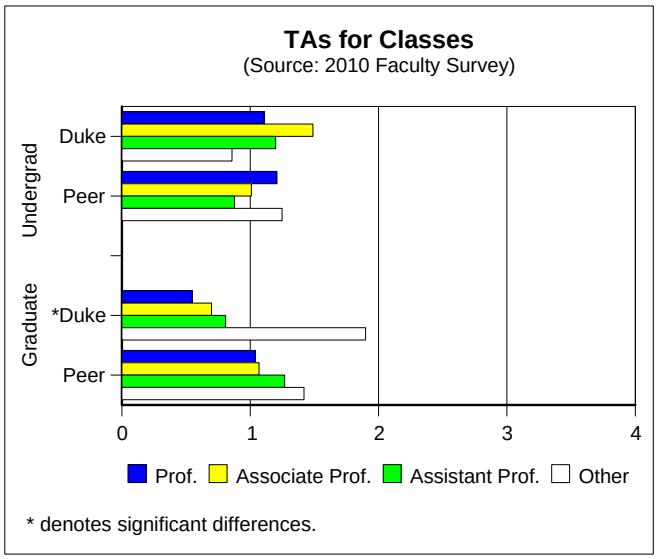


Figure 5

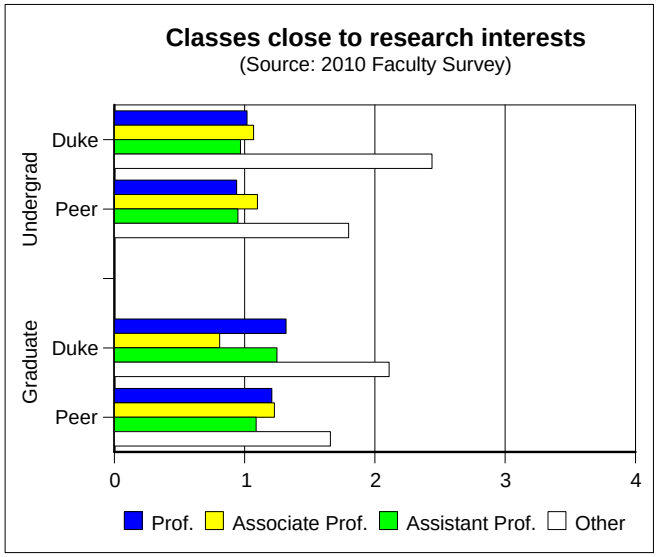


Figure 6

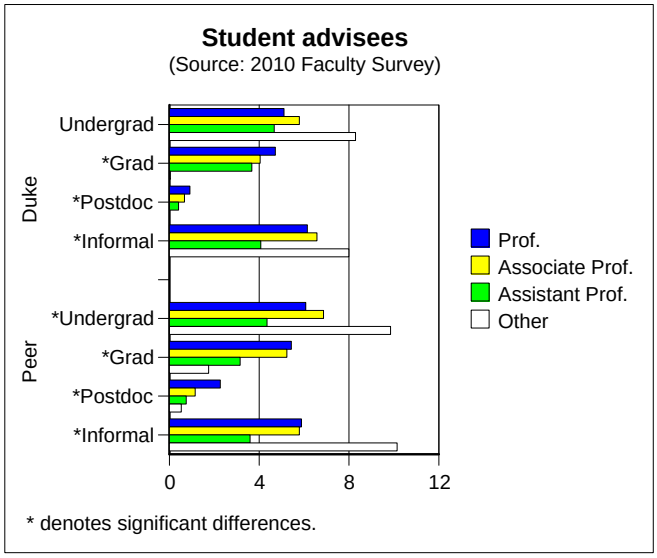


Figure 7

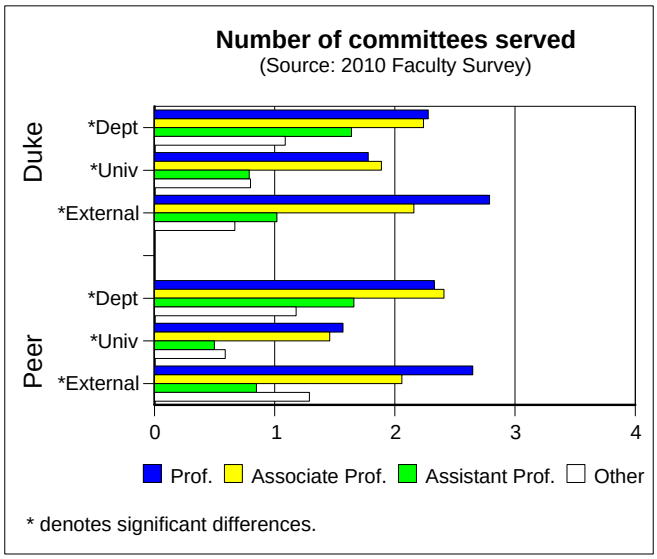


Figure 8

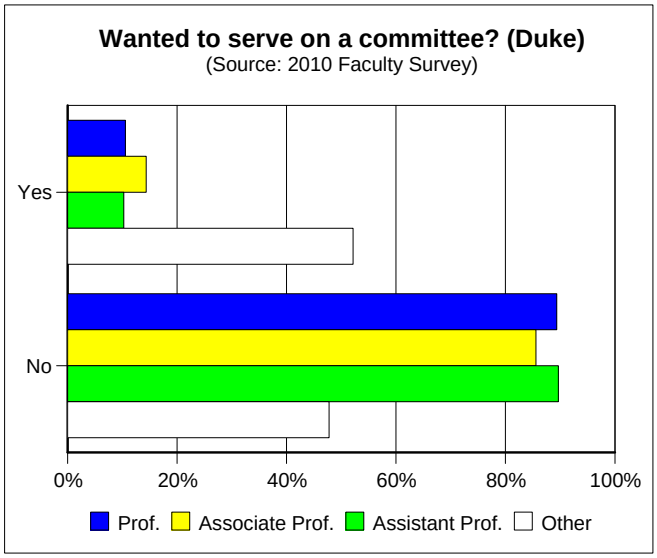


Figure 9

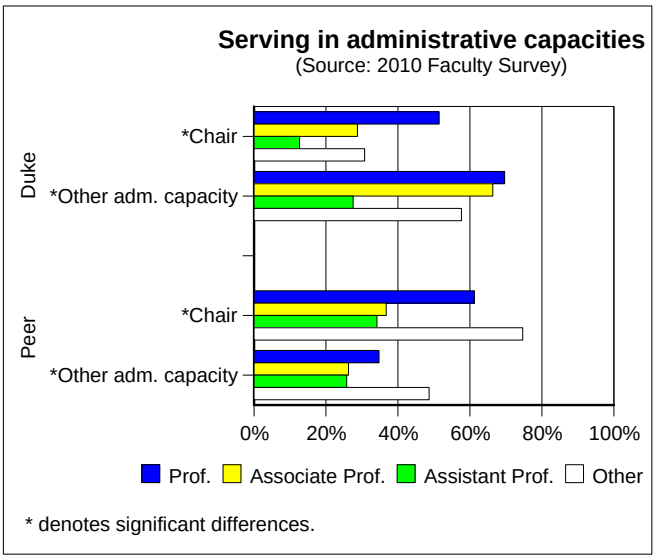


Figure 10

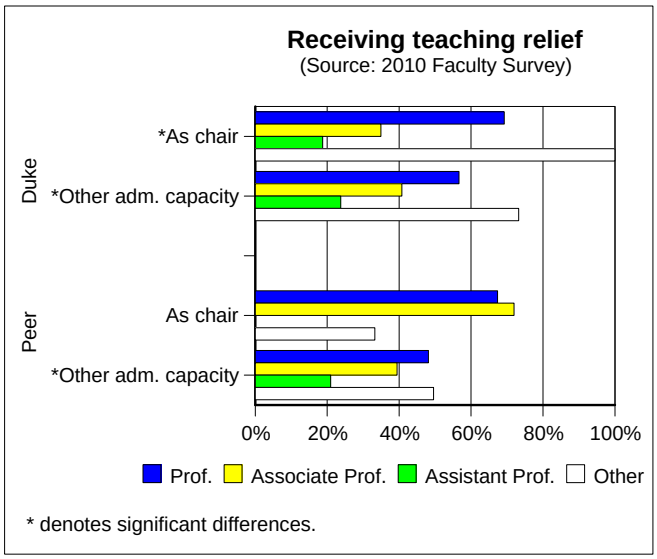


Figure 11

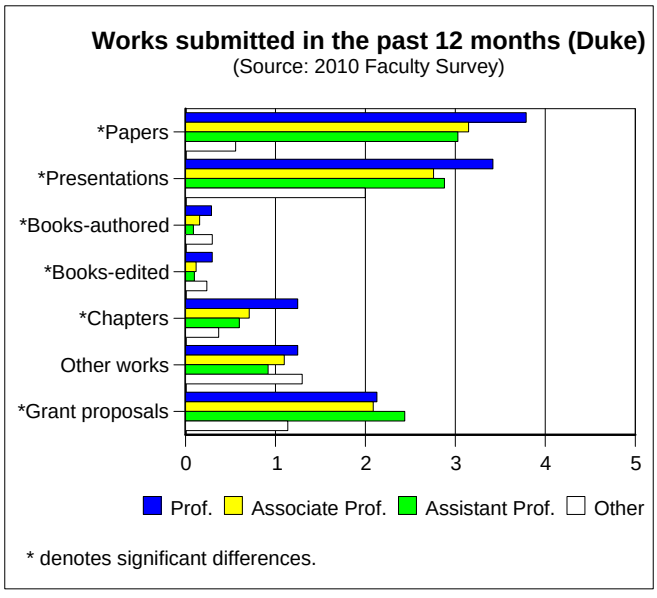


Figure 12

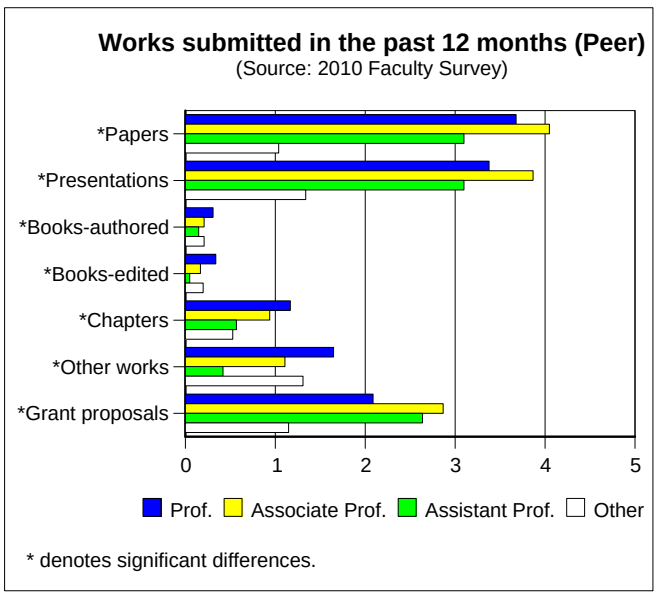


Figure 13

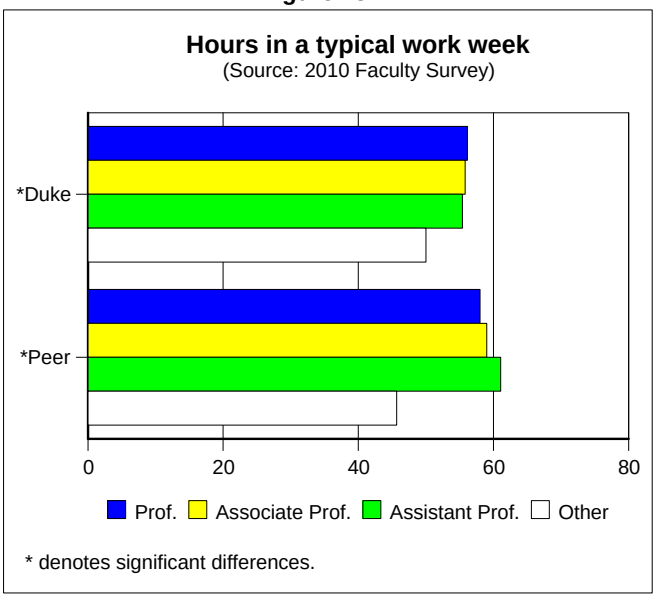


Figure 14

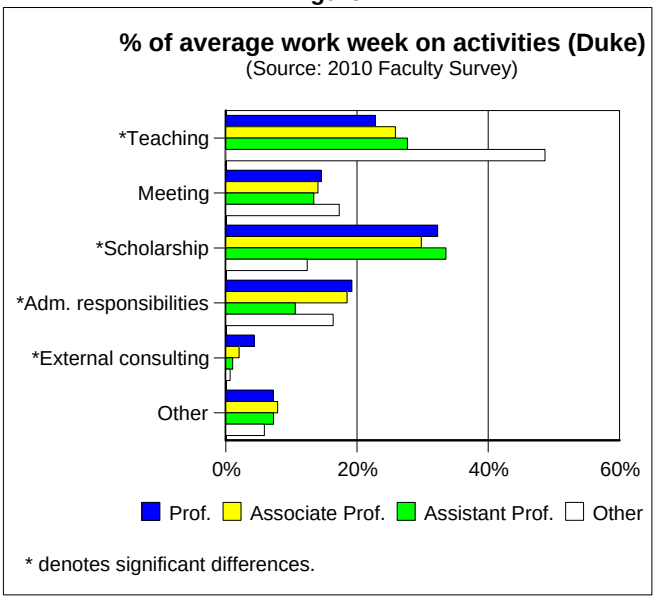


Figure 15

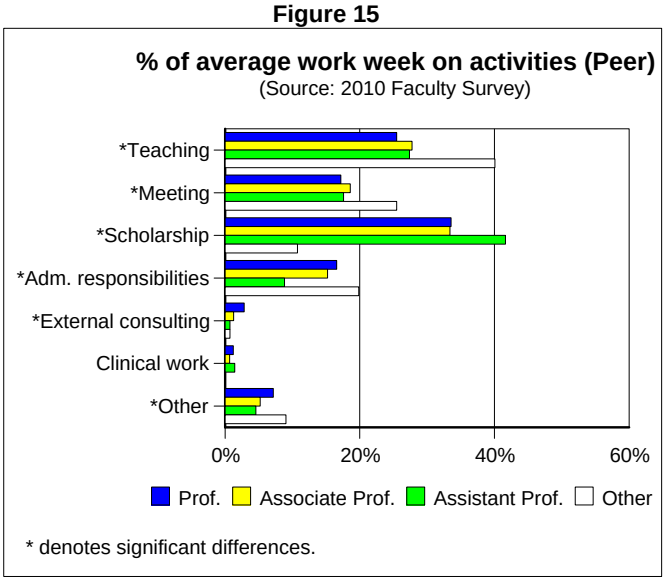


Figure 16

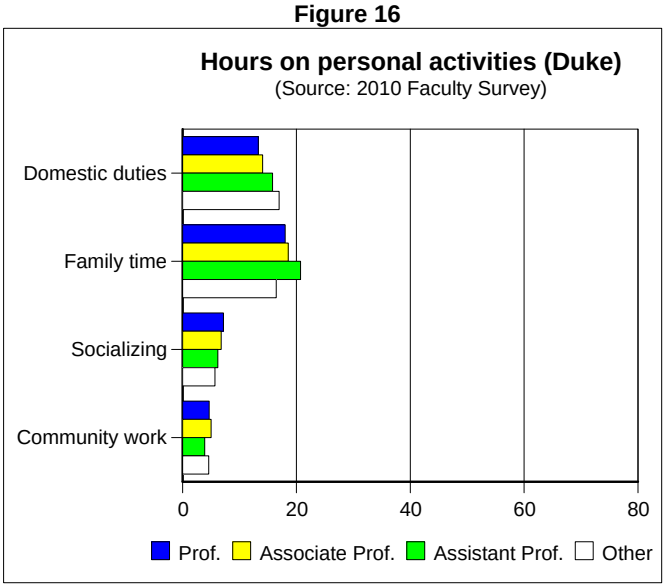


Figure 17

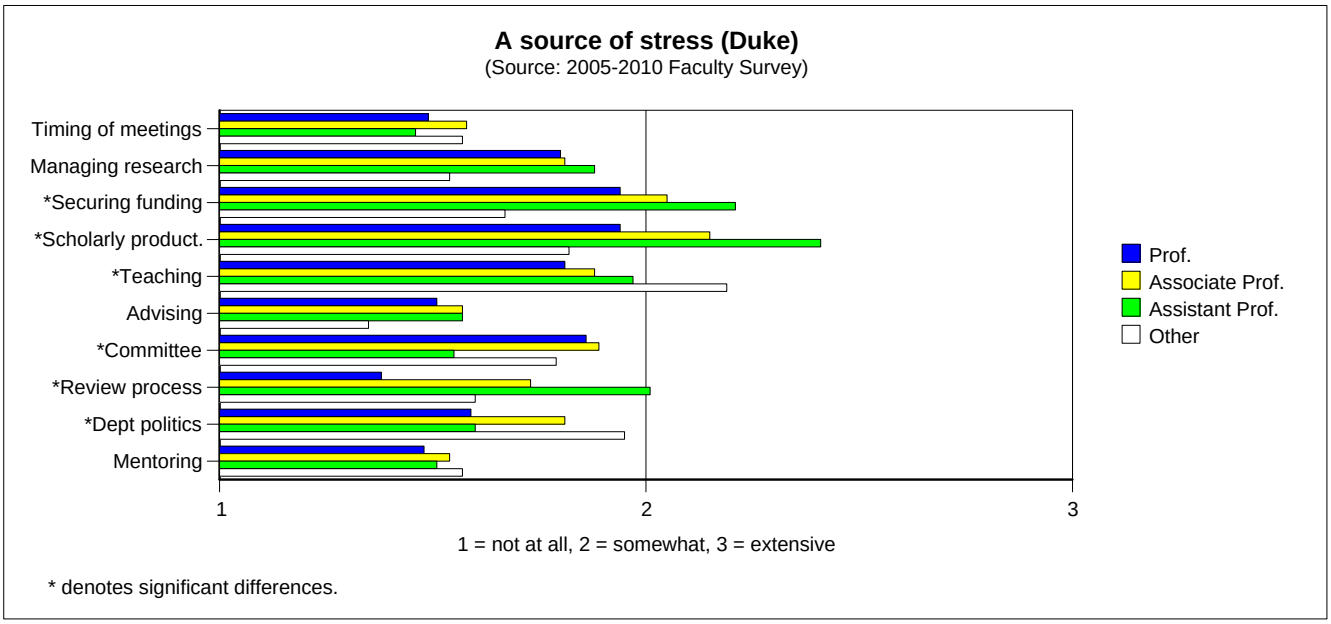


Figure 18

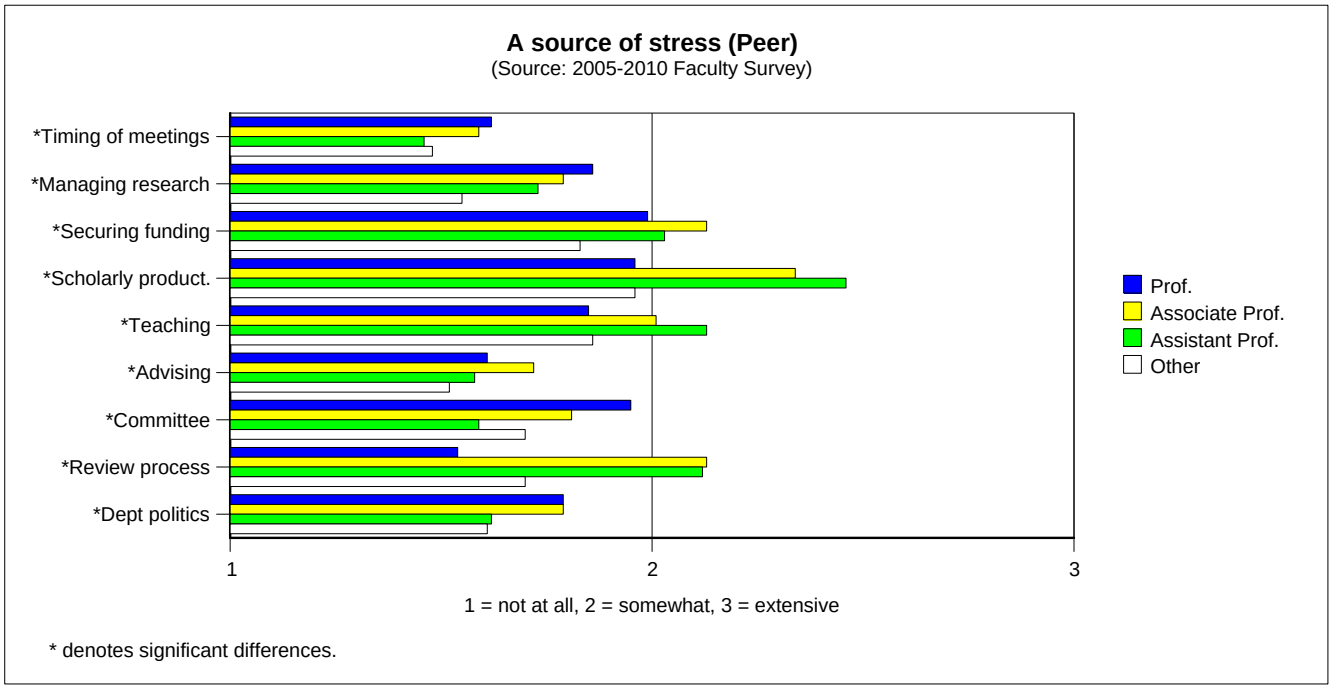


Figure 19

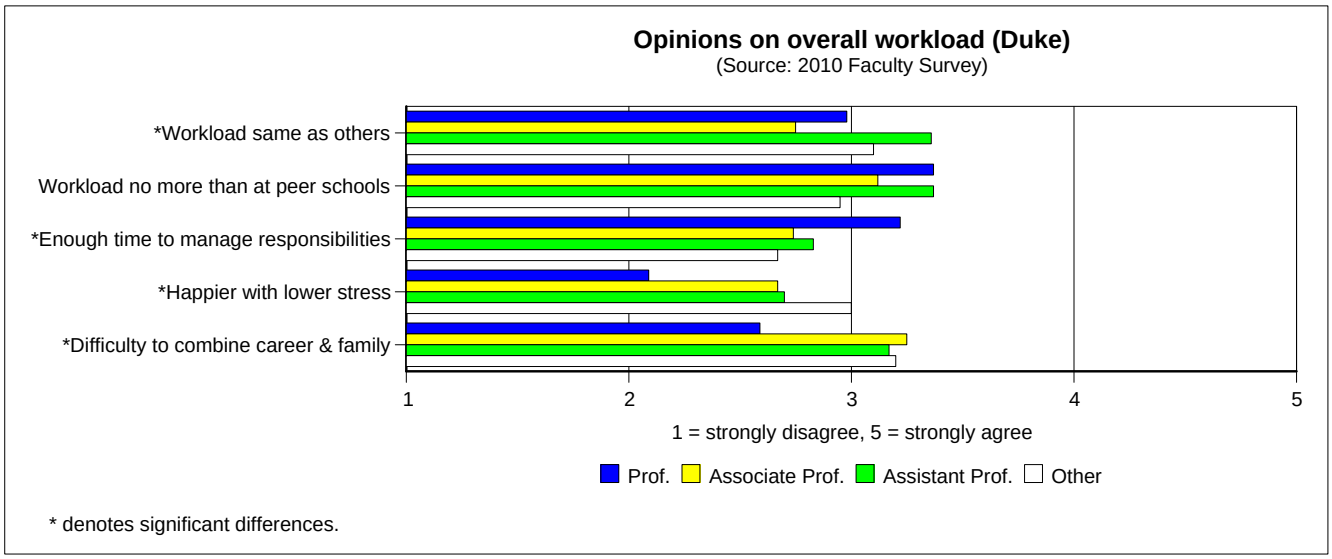
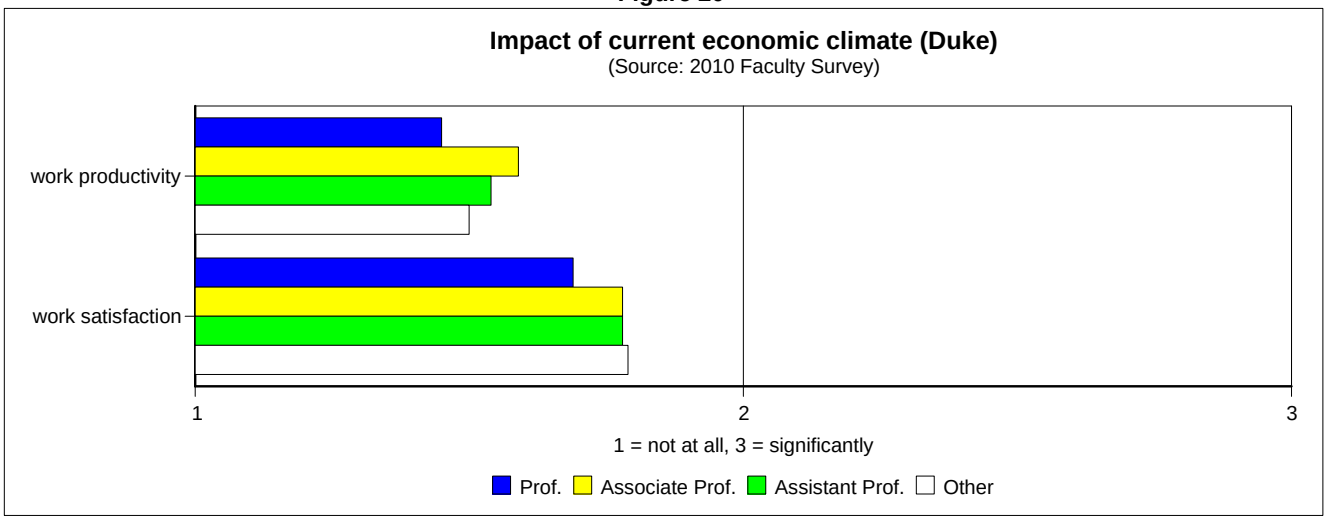
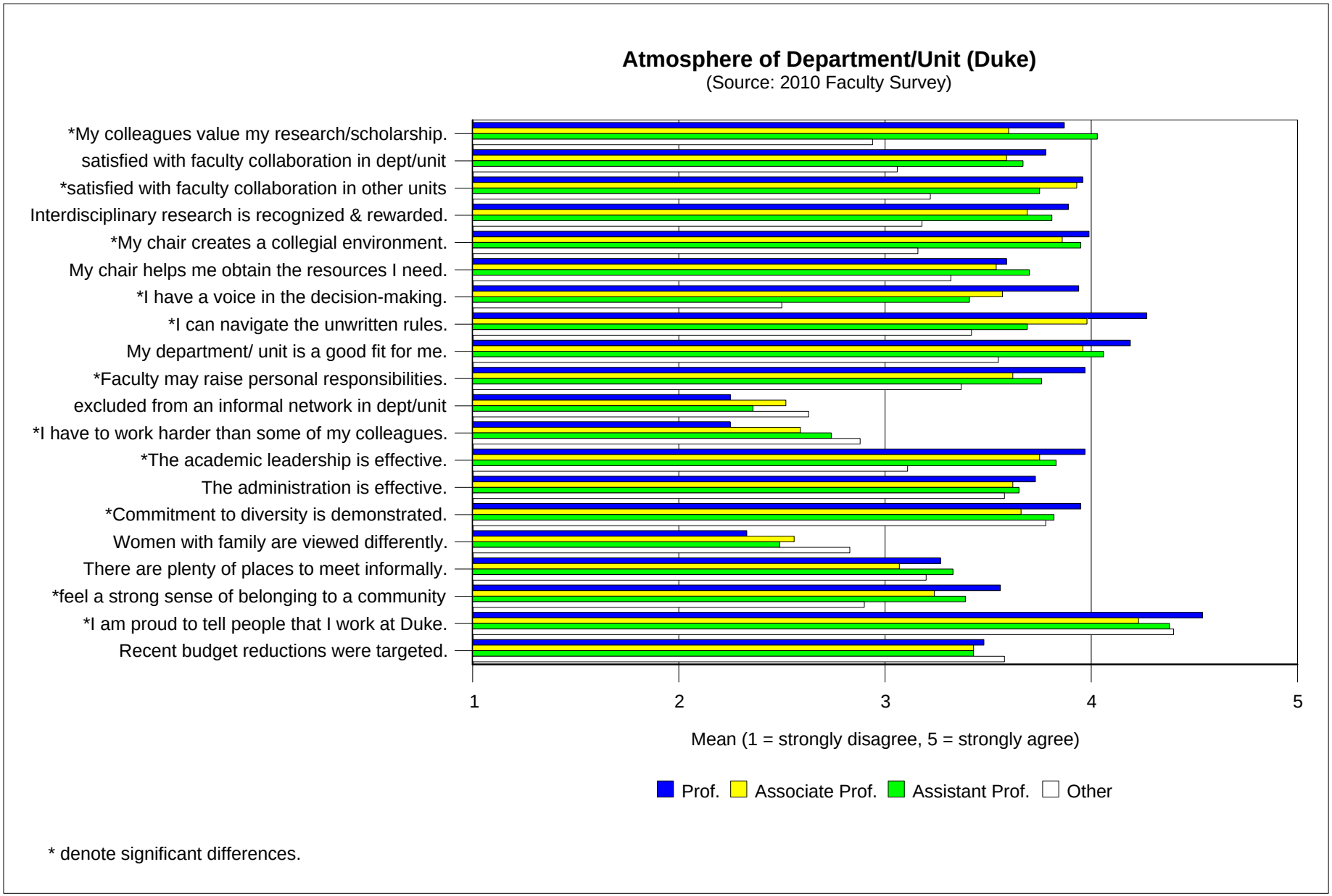


Figure 20



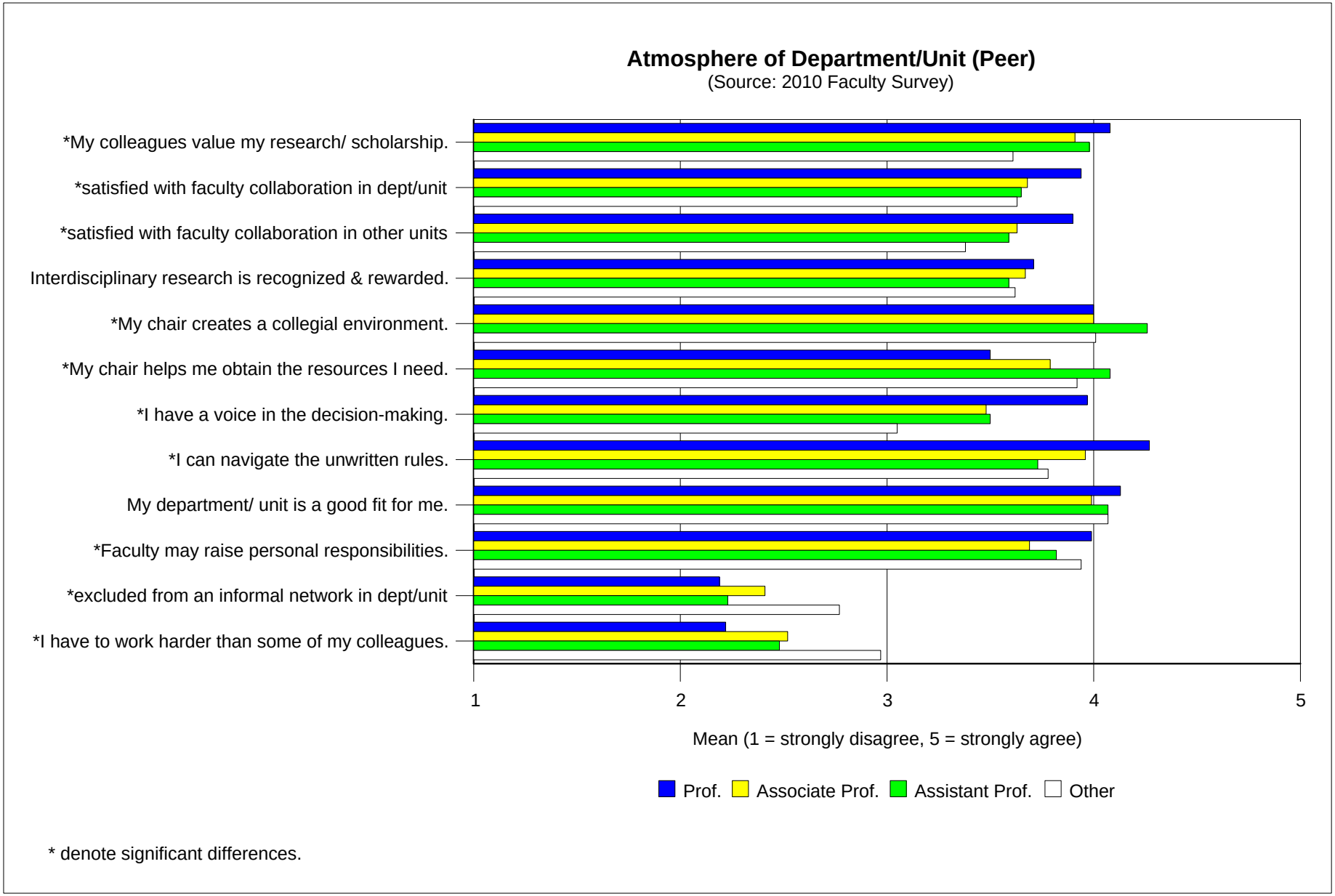
Part III: Atmosphere of Department/Unit (Nonclinical)

Figure 1



* denote significant differences.

Figure 2



* denote significant differences.

III. Atmosphere of Department/Unit by Rank (Nonclinical)

Figure 1

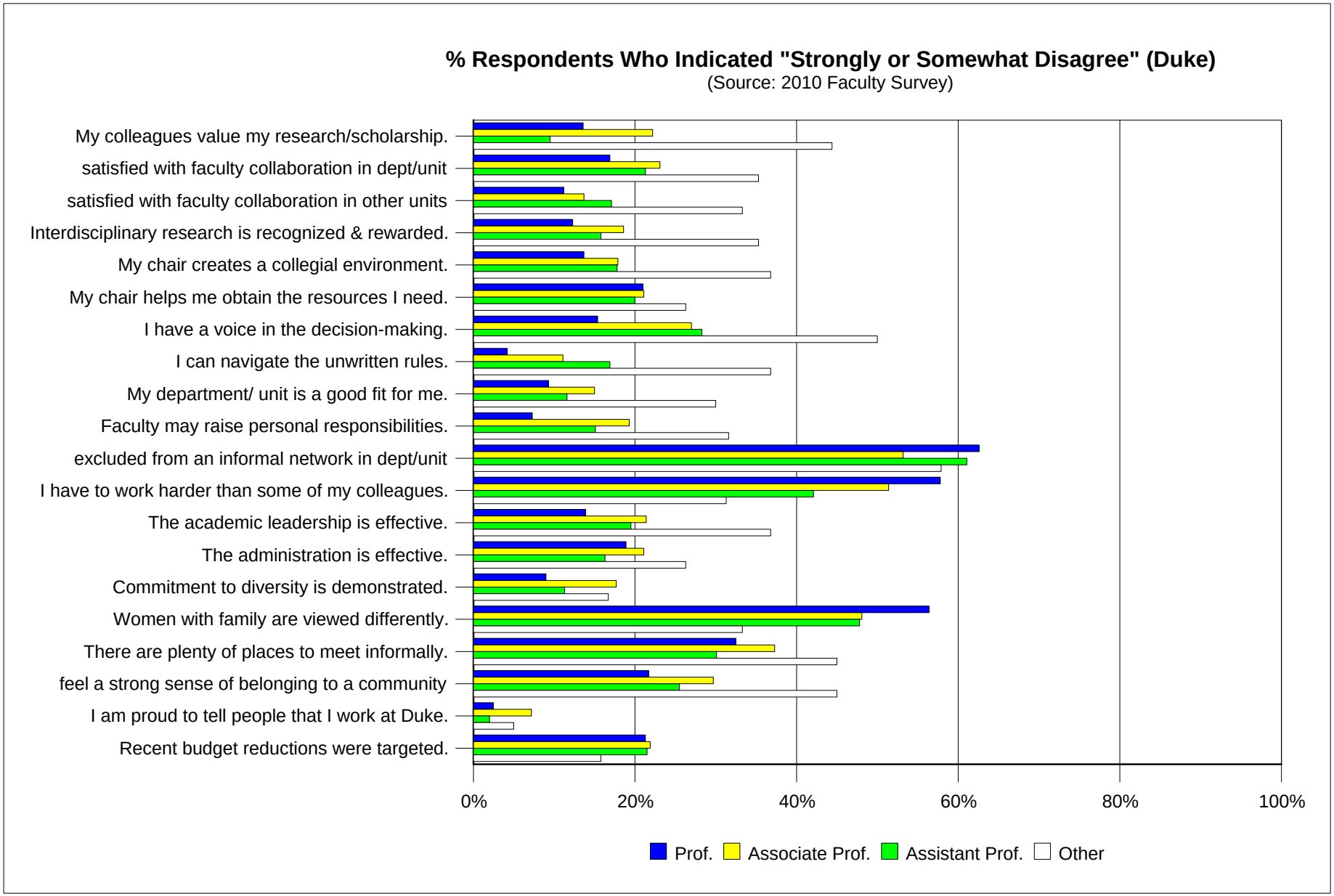
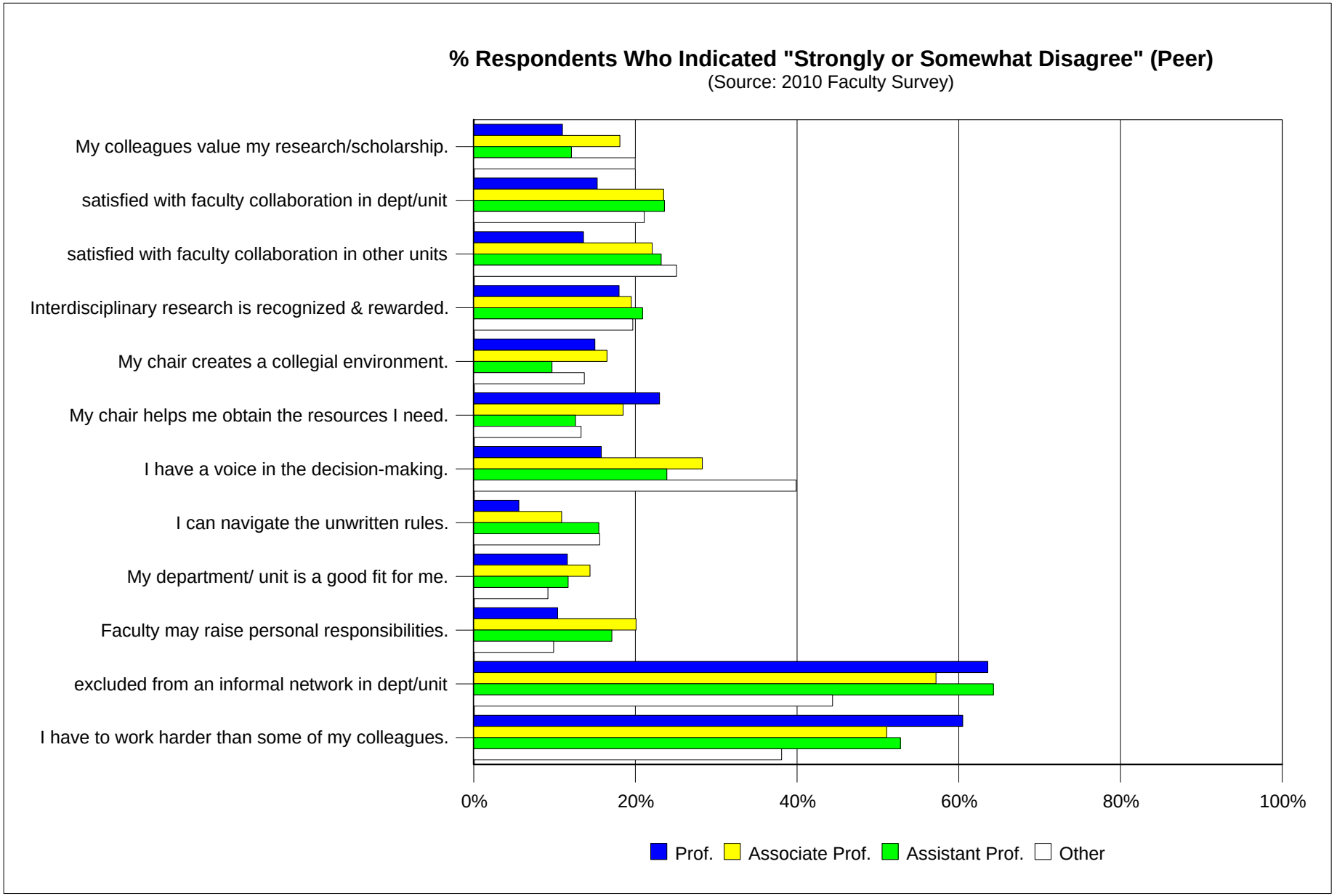


Figure 2


% Respondents Who Indicated "Strongly or Somewhat Disagree" (Peer)
(Source: 2010 Faculty Survey)
My colleagues value my research/scholarship.
satisfied with faculty collaboration in dept/unit
satisfied with faculty collaboration in other units
Interdisciplinary research is recognized & rewarded.
My chair creates a collegial environment.
My chair helps me obtain the resources I need.
I have a voice in the decision-making.
I can navigate the unwritten rules.
My department/ unit is a good fit for me.
Faculty may raise personal responsibilities.
excluded from an informal network in dept/unit
I have to work harder than some of my colleagues.
0%
20%
40%
60%
80%
100%
Prof.
Associate Prof.
Assistant Prof.
Other

IV. Mentoring (Nonclinical)

Figure 1

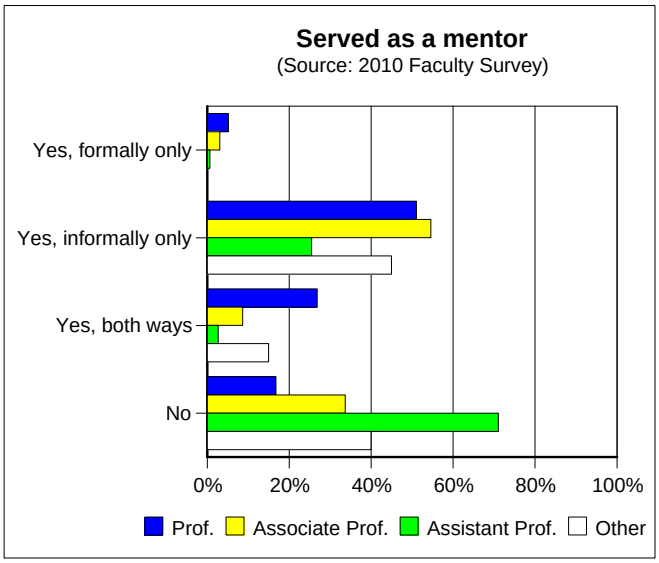


Figure 2

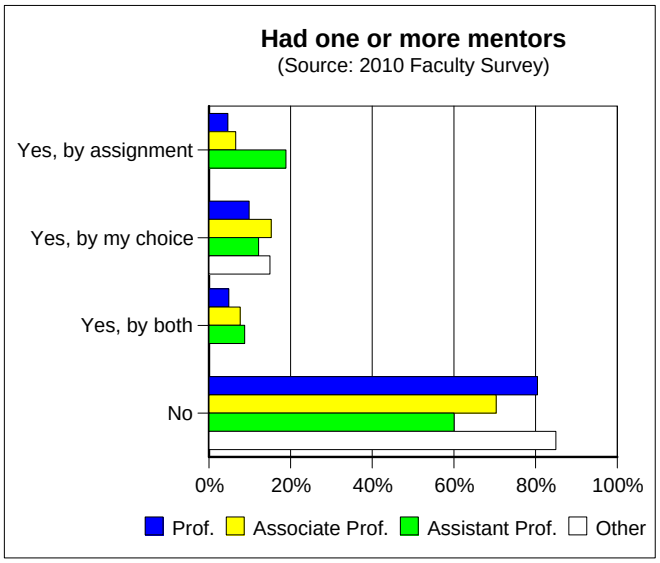


Figure 3

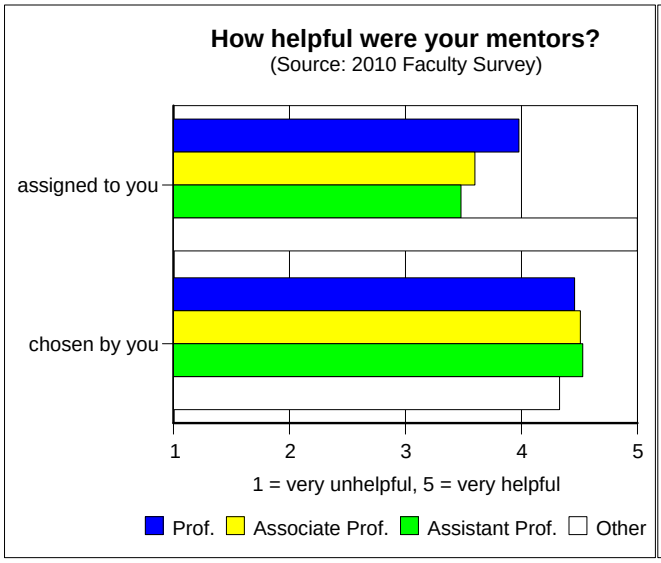


Figure 4

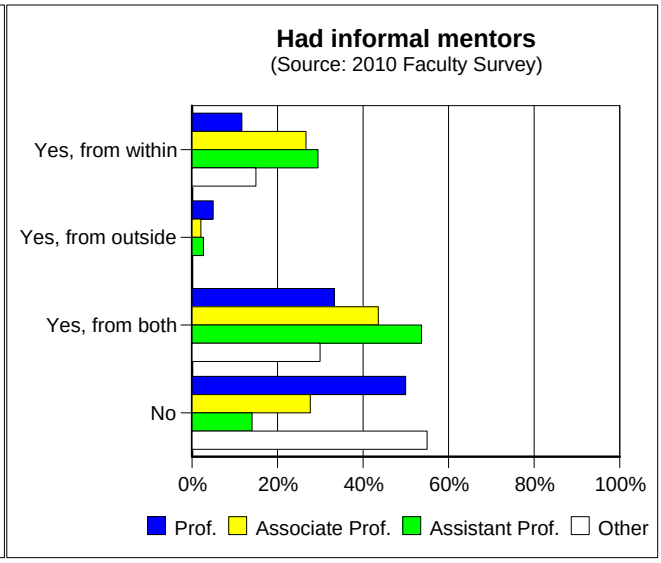


Figure 5

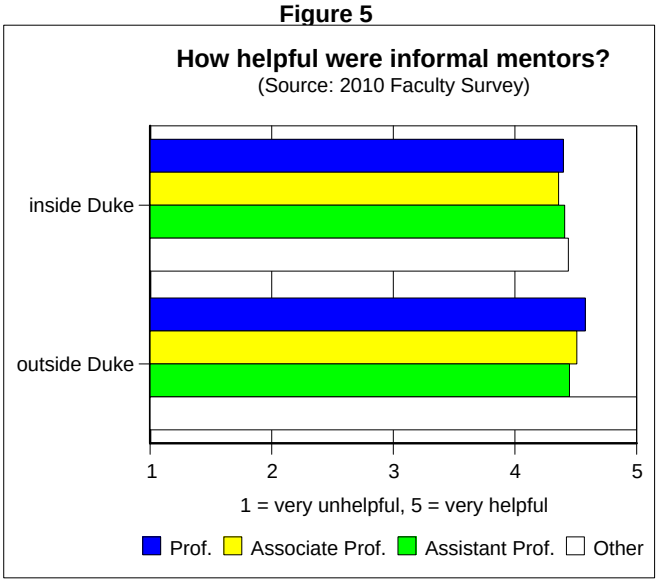


Figure 6

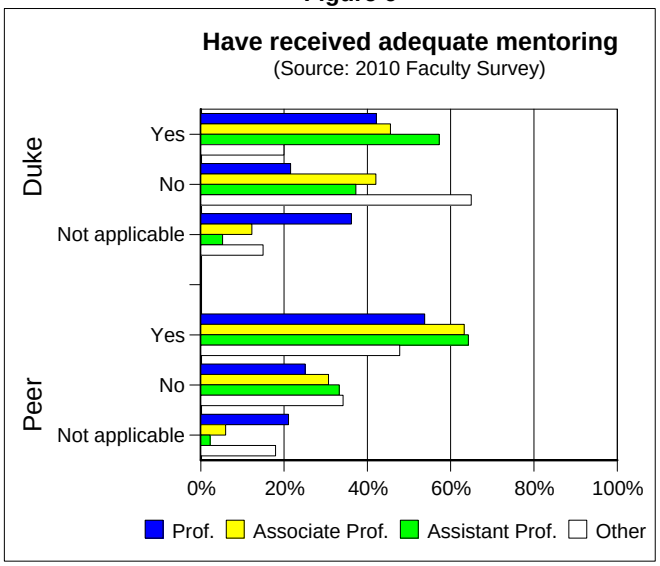
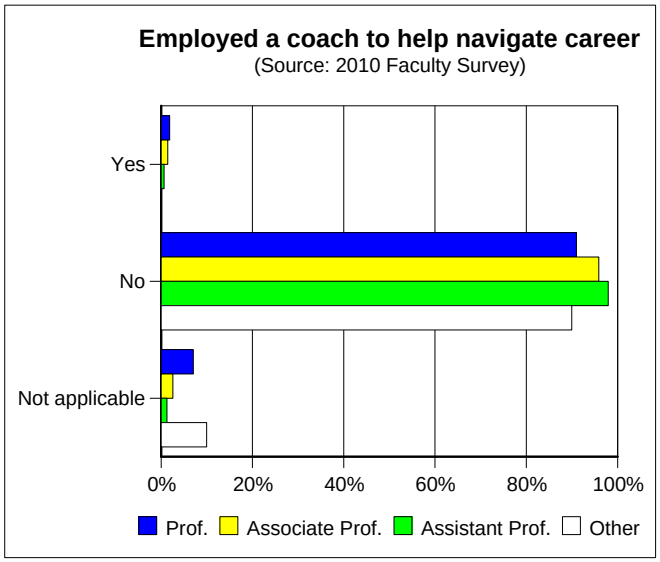


Figure 7


Employed a coach to help navigate career
(Source: 2010 Faculty Survey)
Yes
No
Not applicable
0%
20%
40%
60%
80%
100%
Prof.
Associate Prof.
Assistant Prof.
Other

V. Promotion/Tenure (Nonclinical)

Figure 1

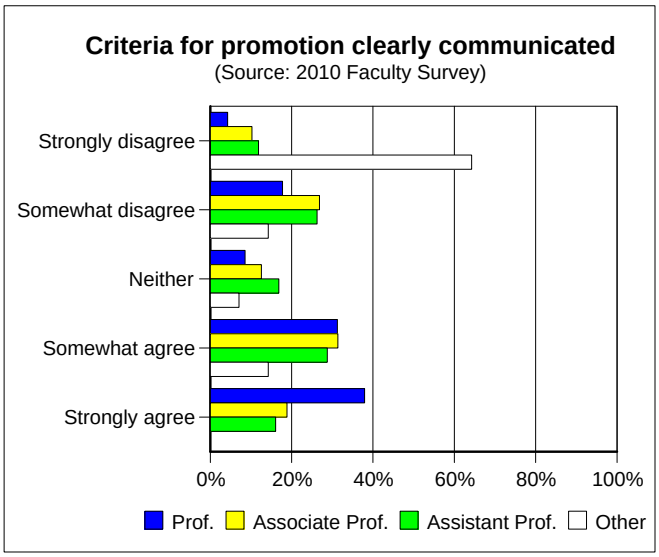


Figure 2

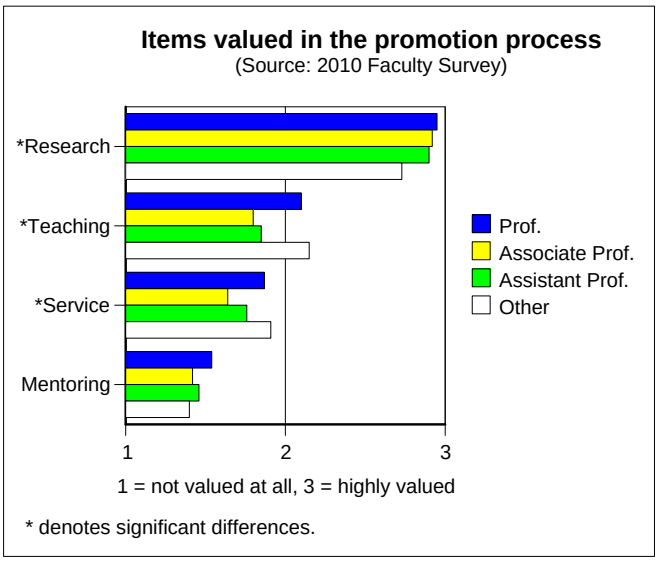


Figure 3

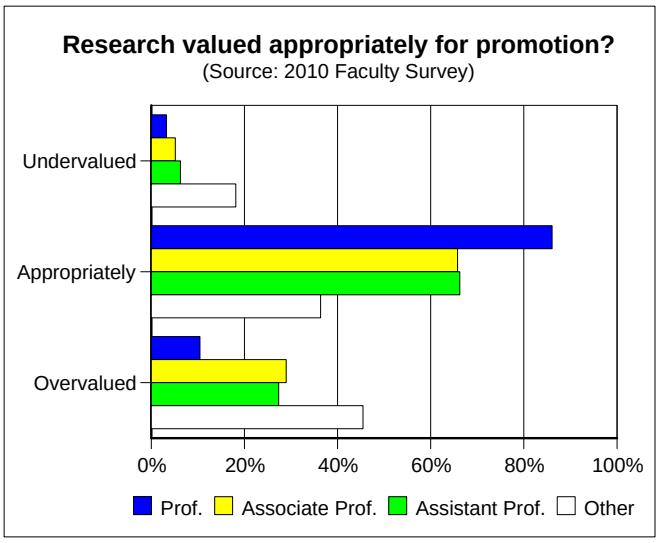


Figure 4

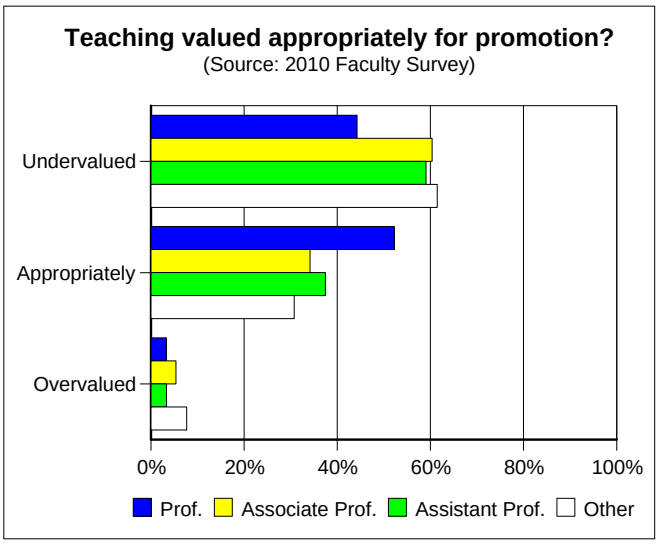


Figure 5

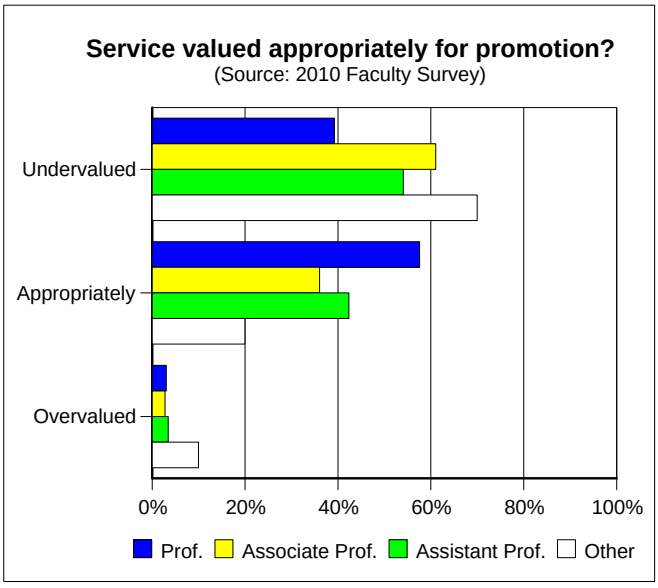


Figure 6

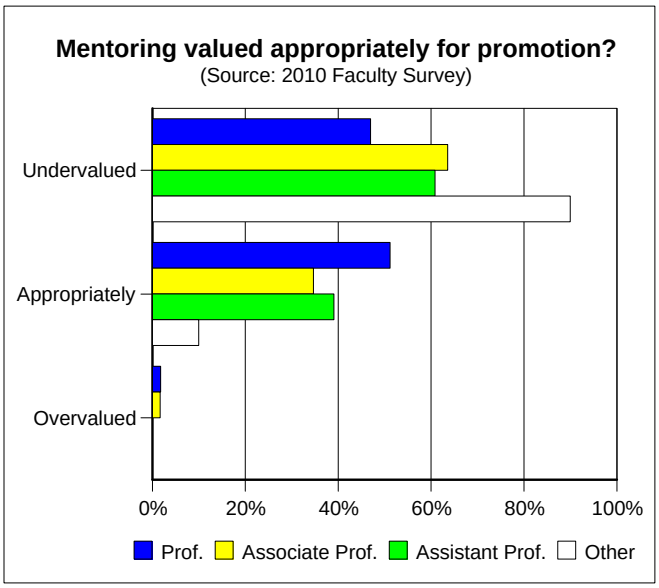


Figure 7

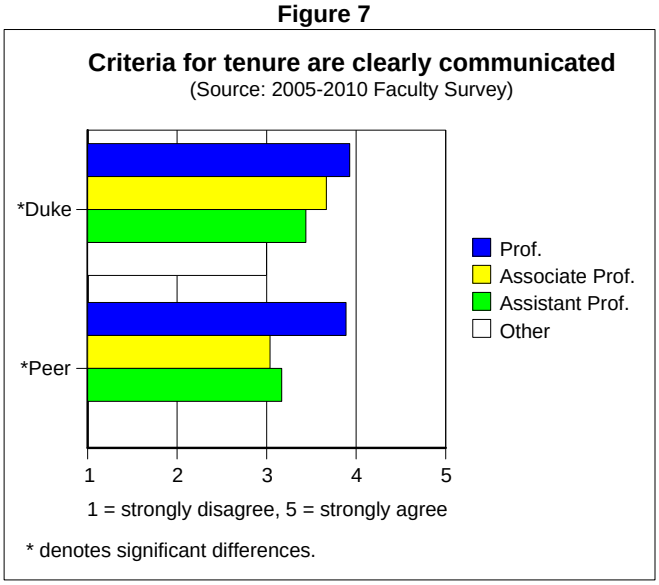


Figure 8

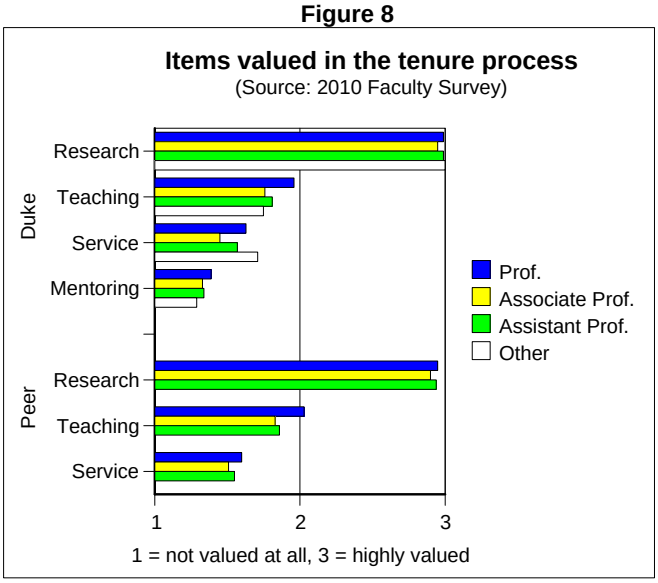


Figure 9

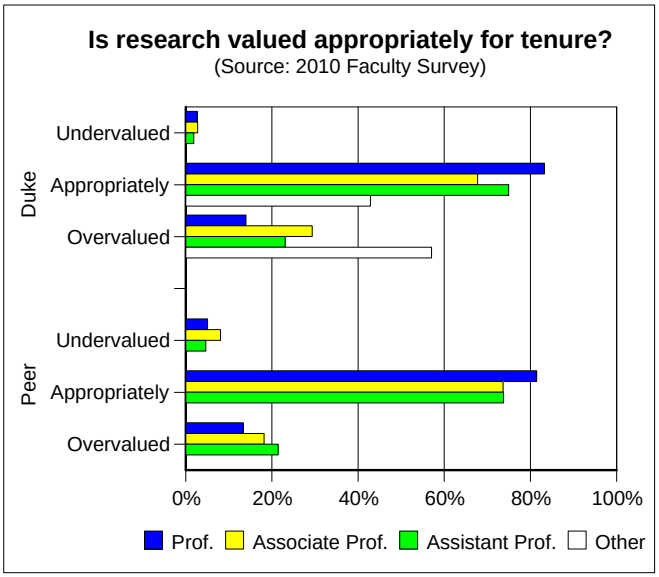


Figure 10

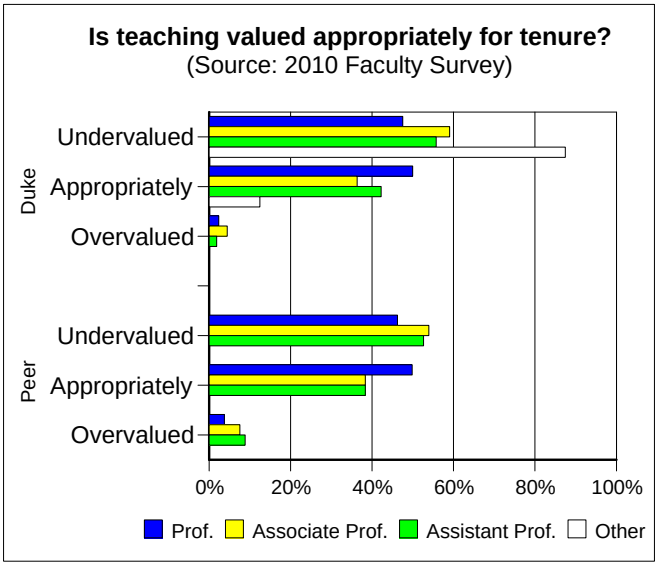


Figure 11

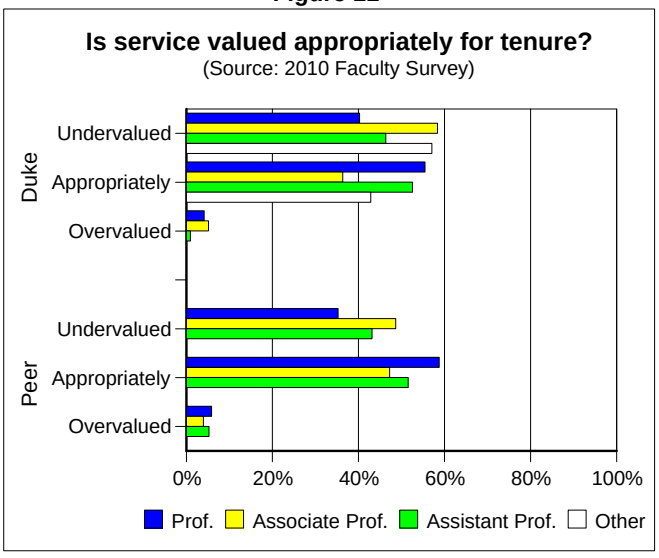


Figure 12

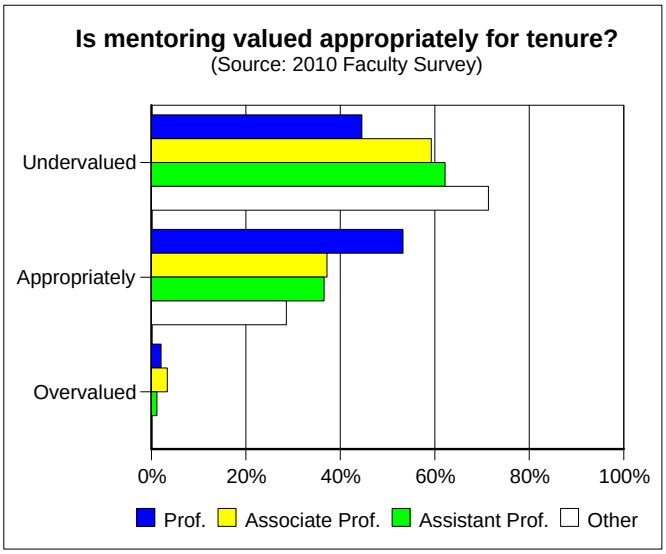


Figure 13

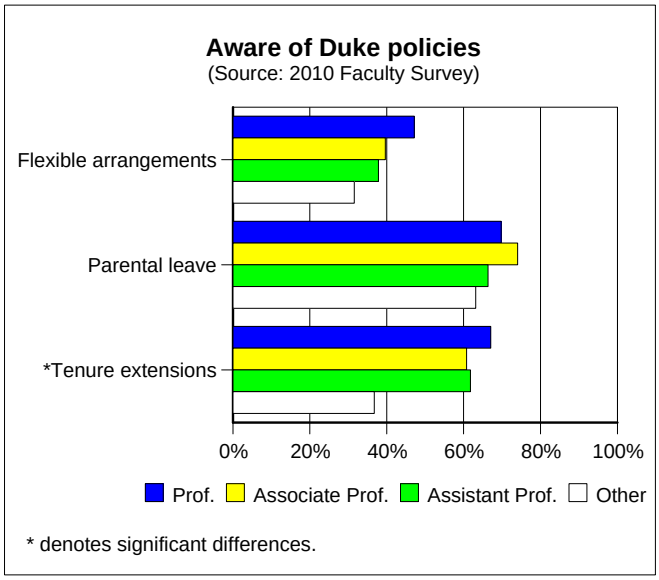


Figure 14

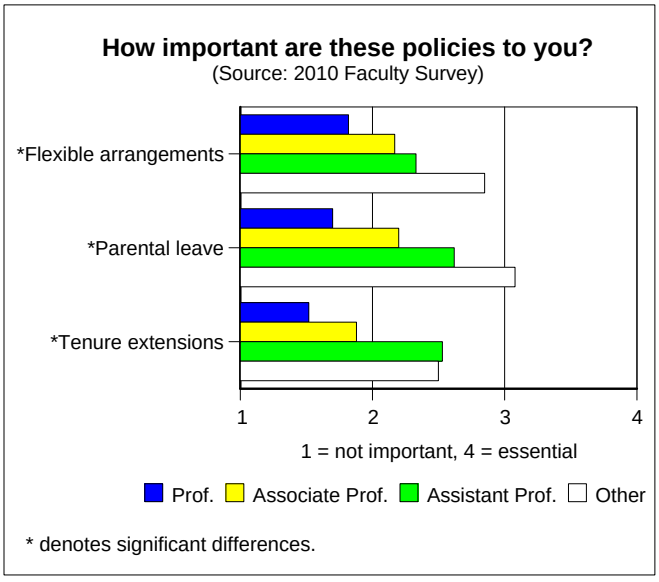


Figure 15

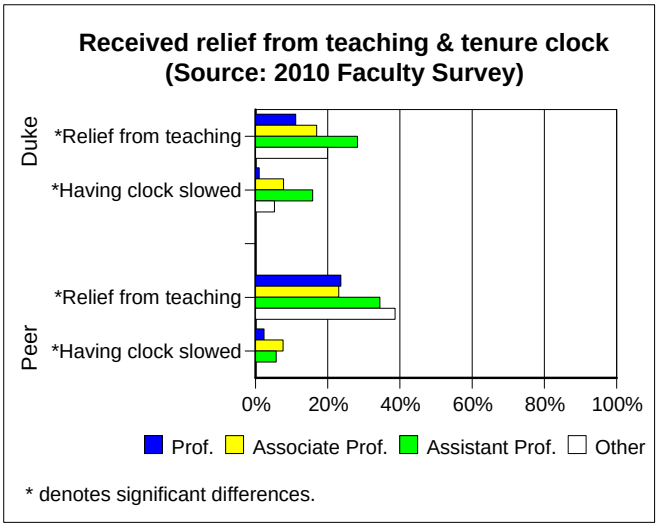
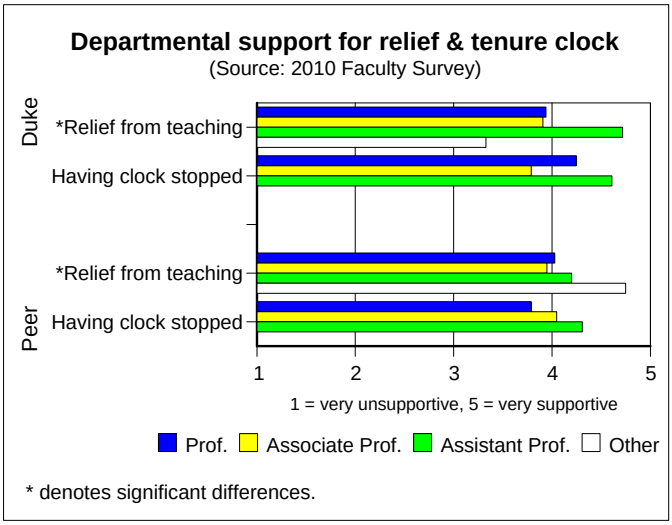


Figure 16



VI. Hiring/Retention (Nonclinical)

Figure 1

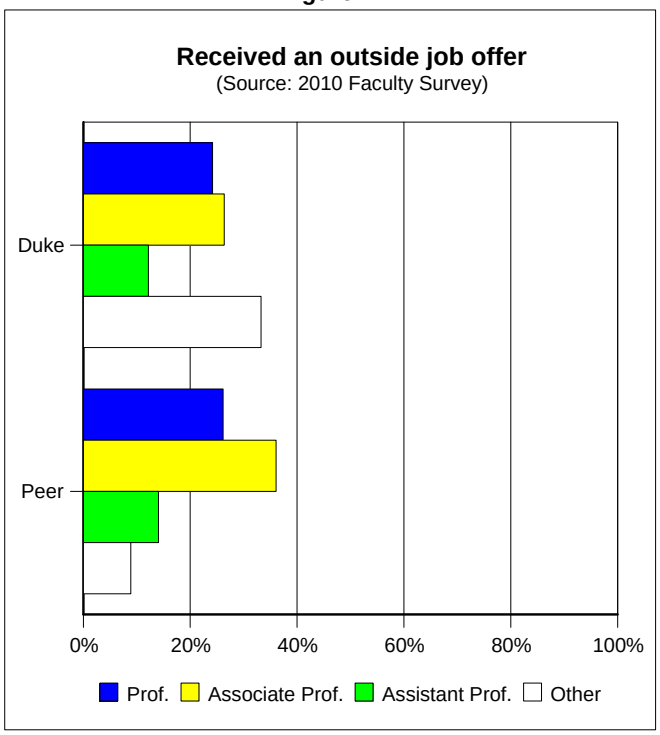


Figure 2

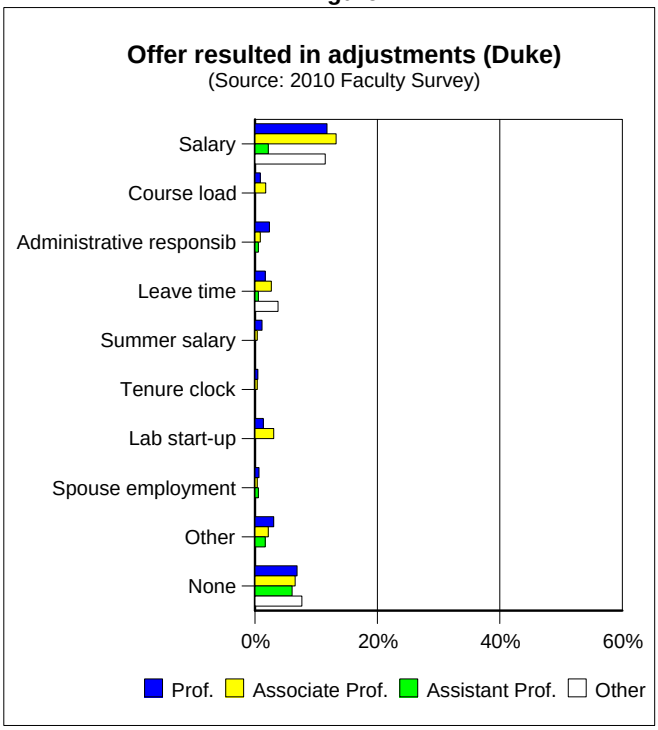


Figure 3

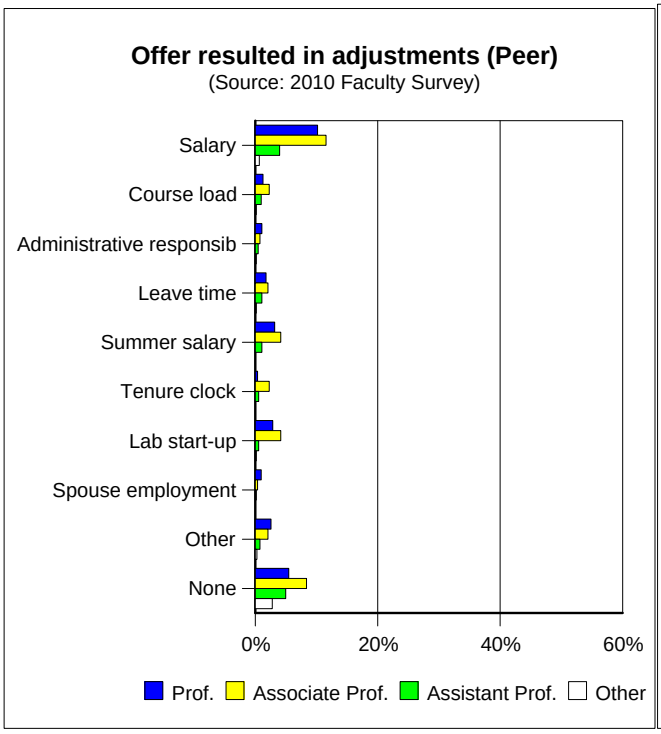
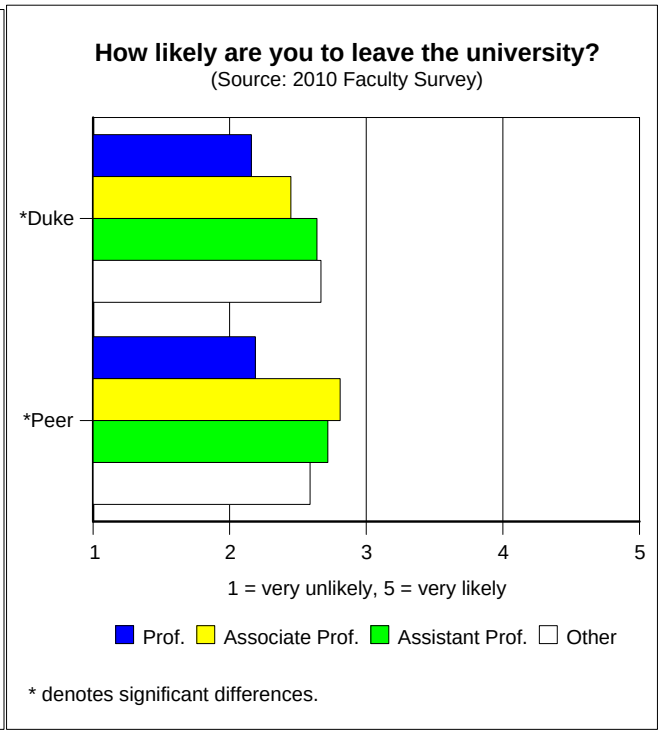
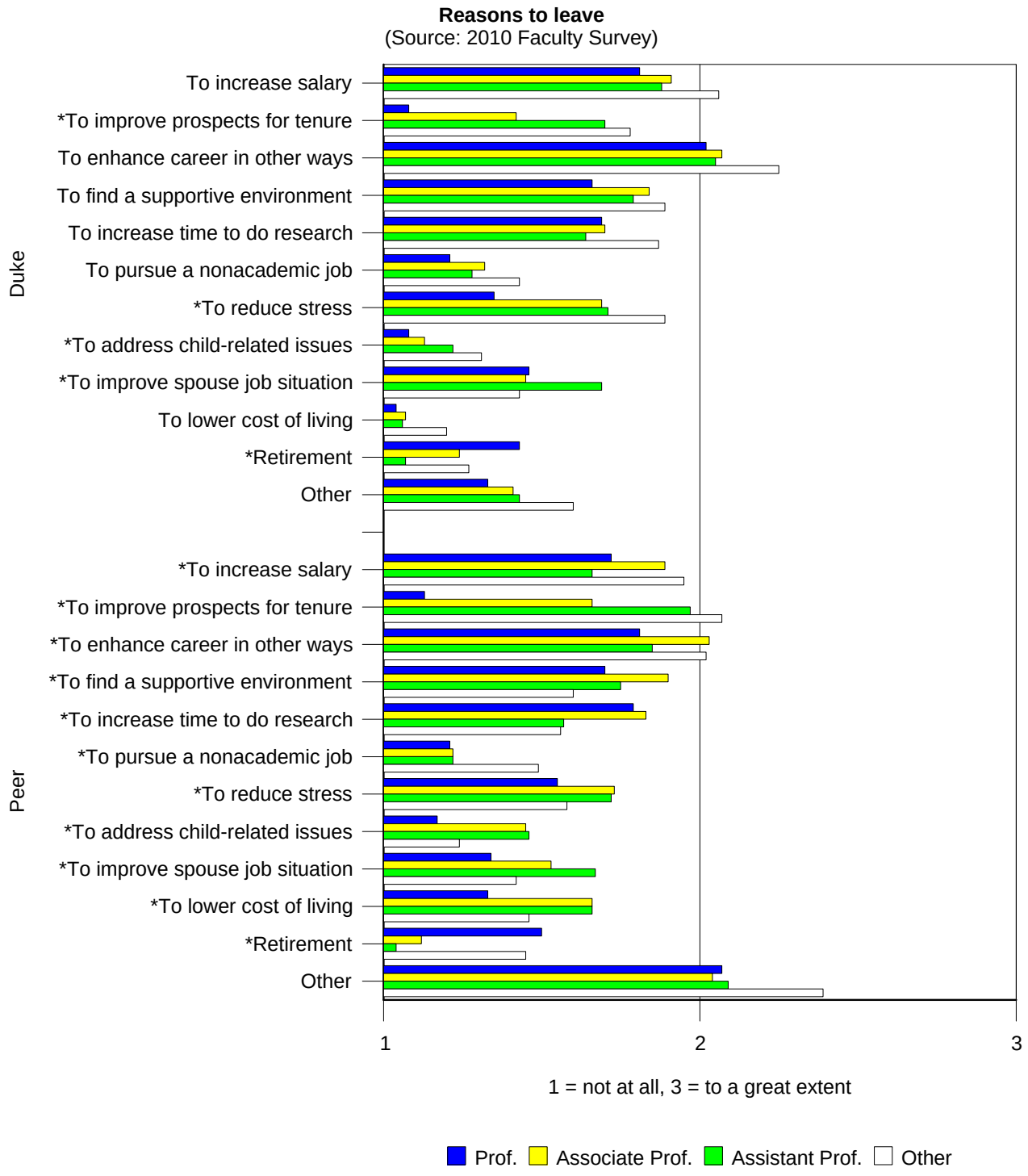


Figure 4



* denotes significant differences.

Figure 5



* denotes significant differences.

Part VII: Life outside the Institution (Nonclinical)

Figure 1

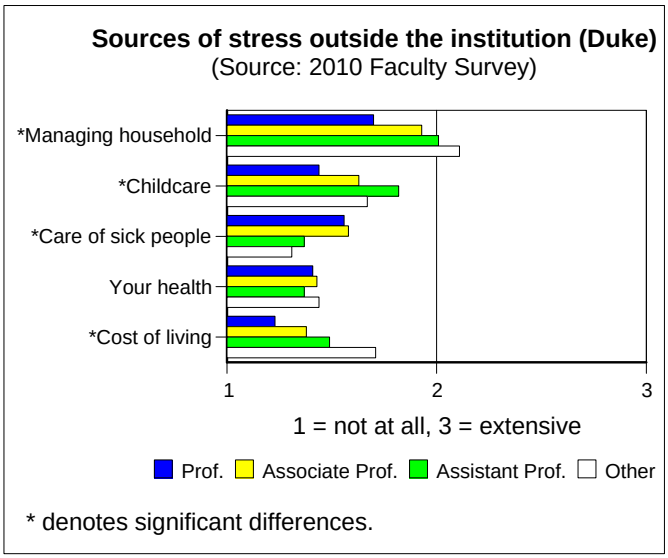


Figure 2

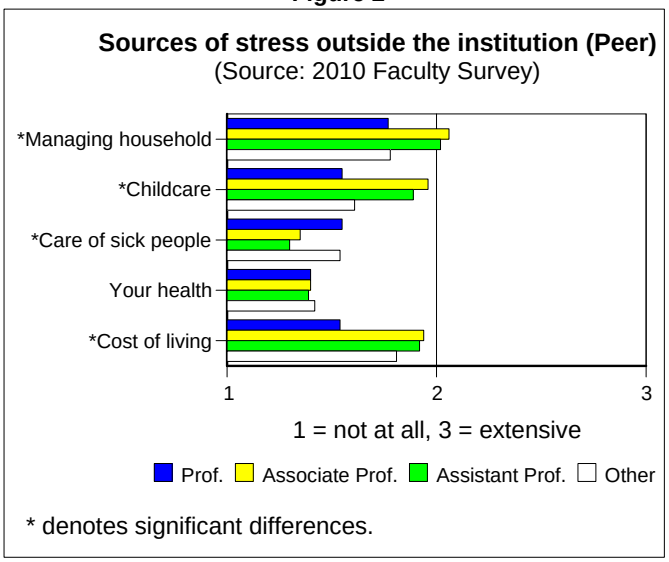


Figure 3

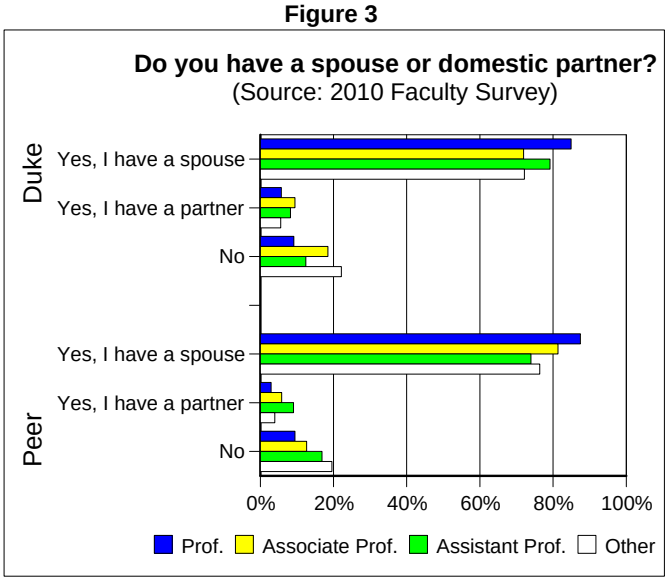


Figure 4

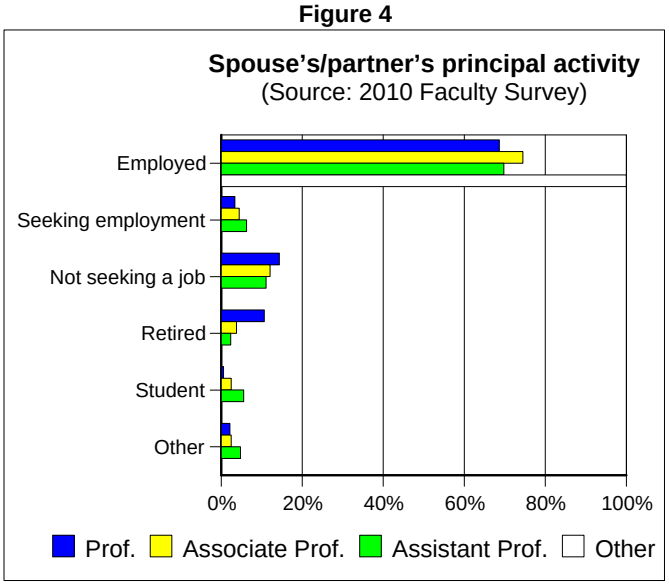


Figure 5

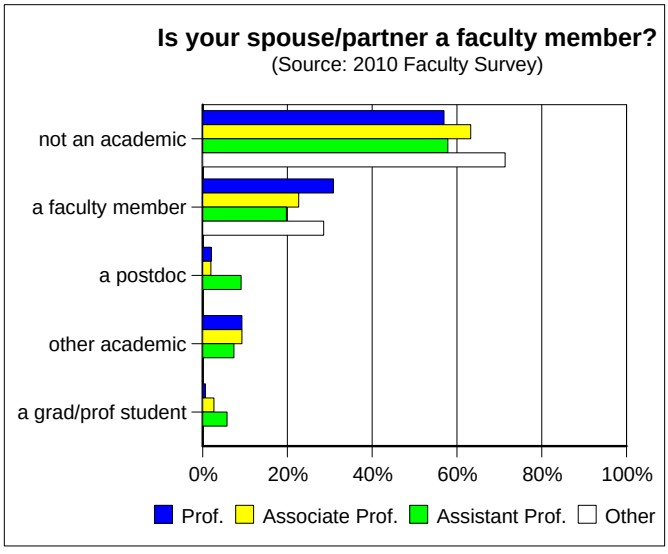


Figure 6

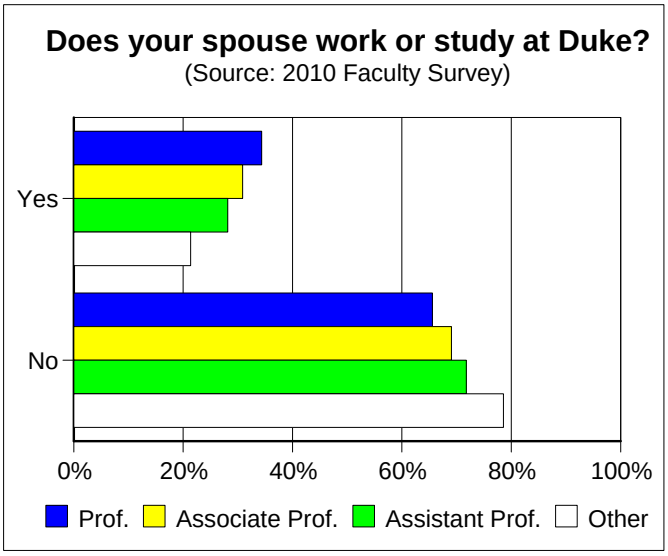


Figure 7

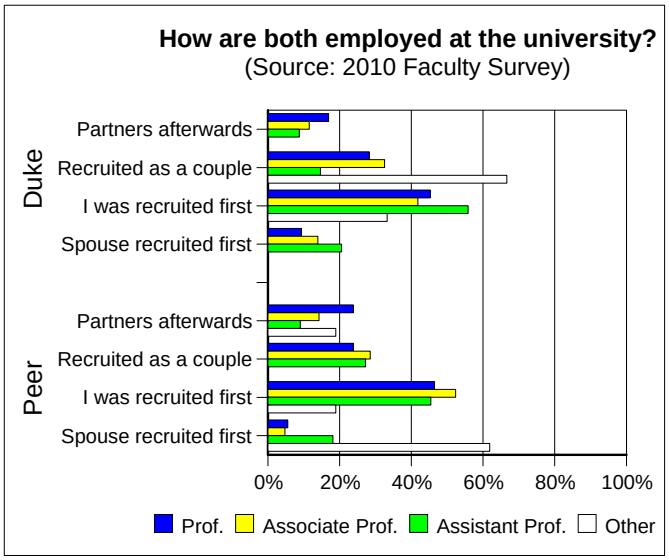


Figure 8

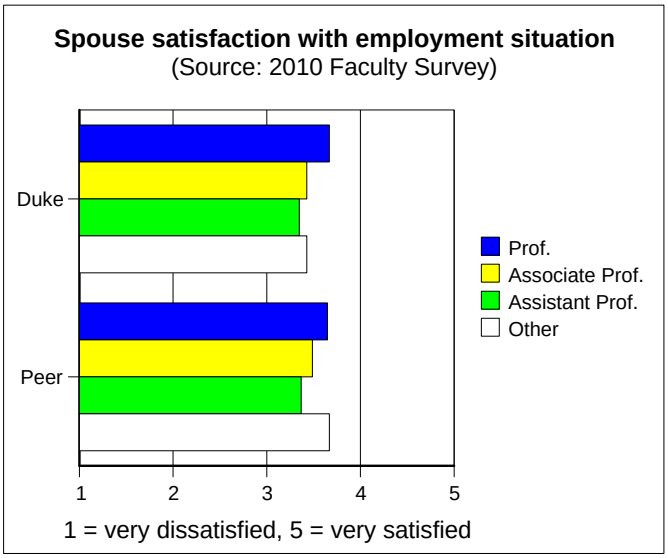


Figure 9

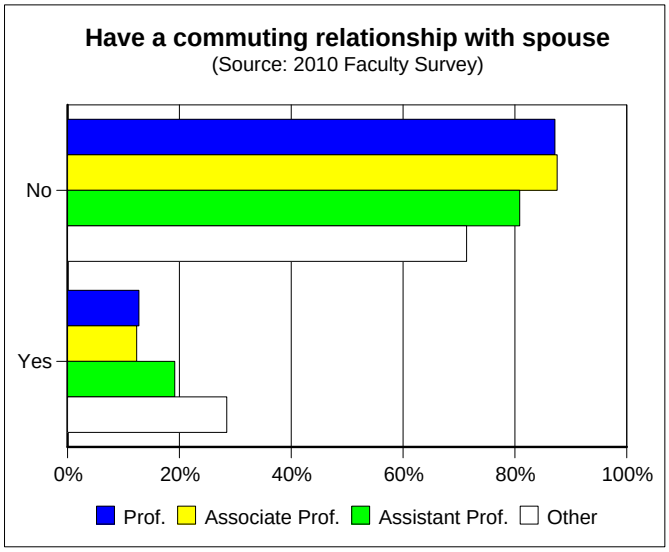


Figure 10

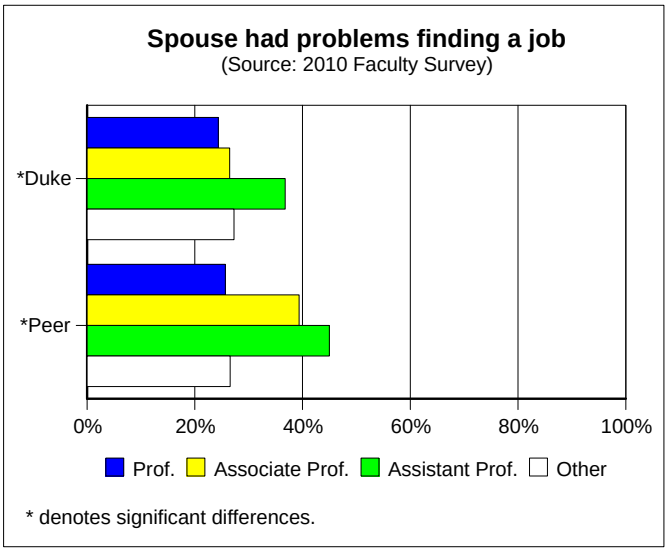


Figure 11

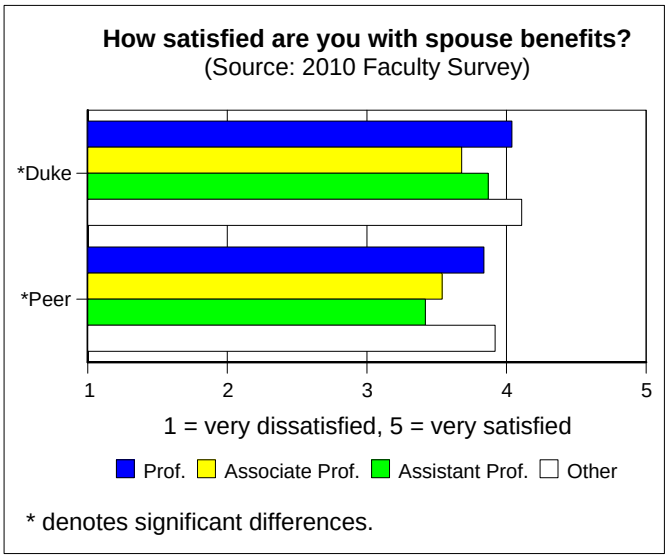


Figure 12

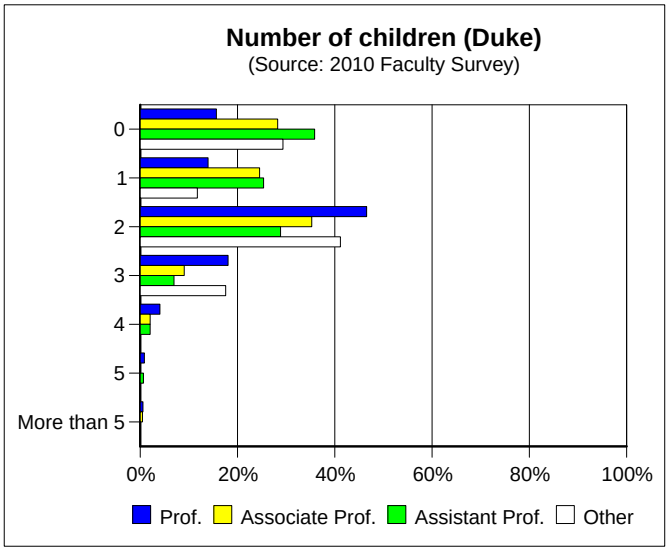


Figure 13

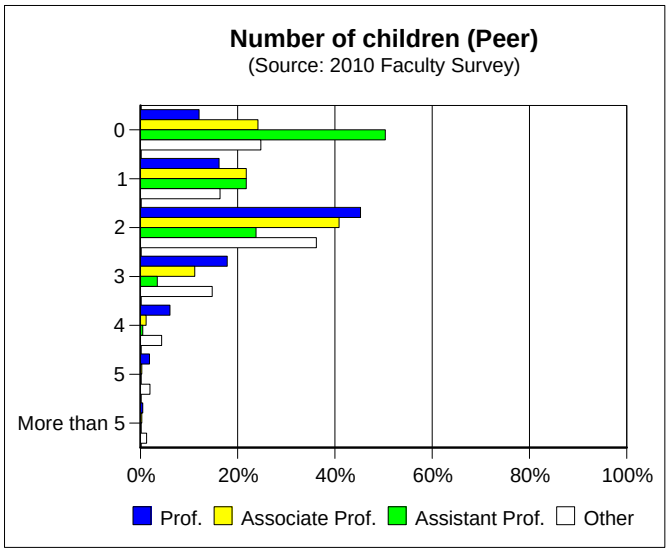


Figure 14

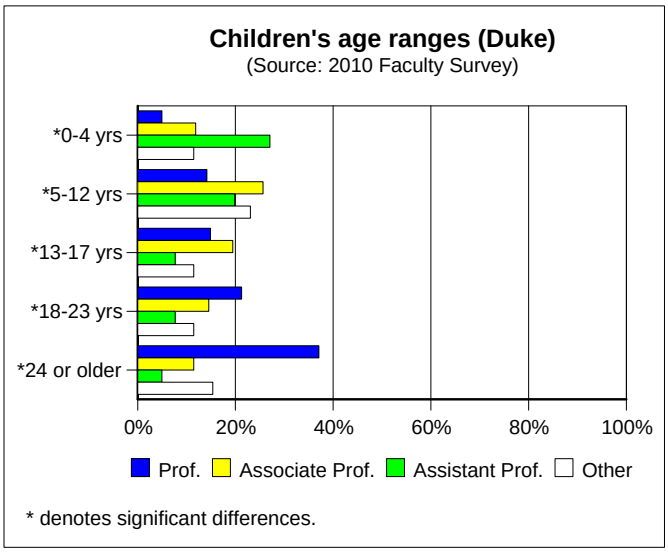
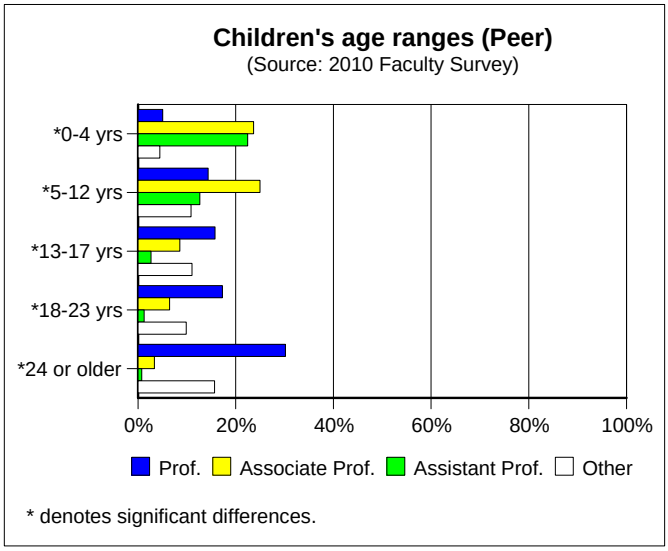


Figure 15



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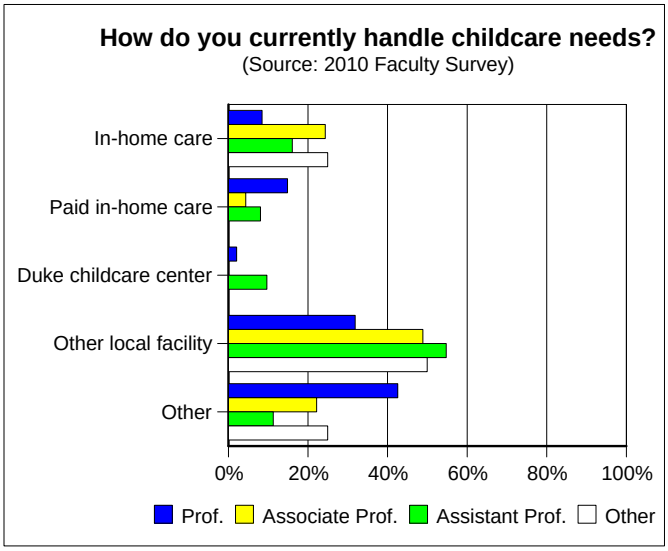

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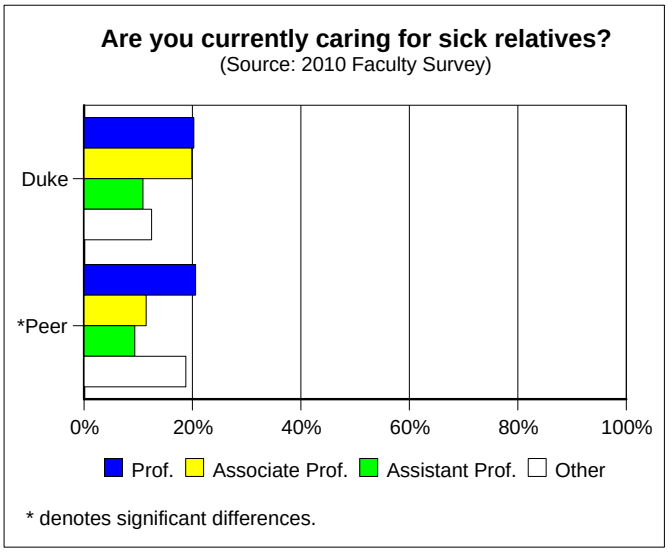


Figure 18

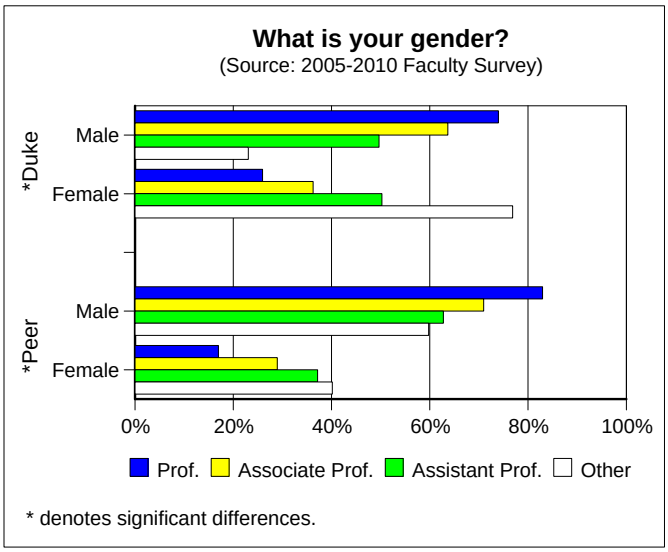


Figure 19

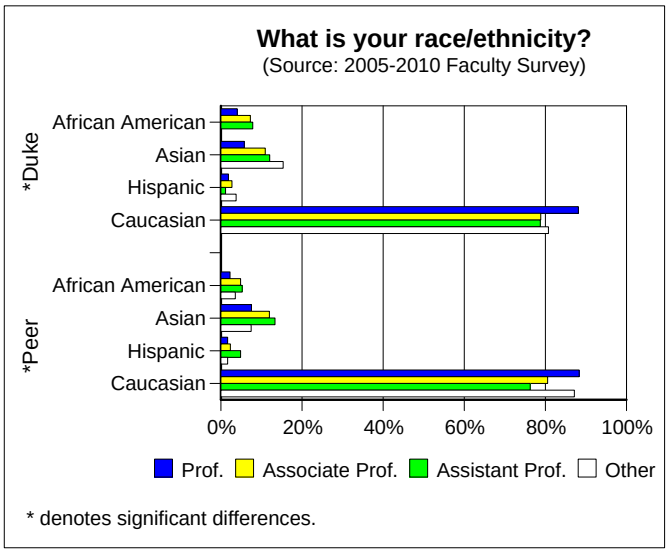
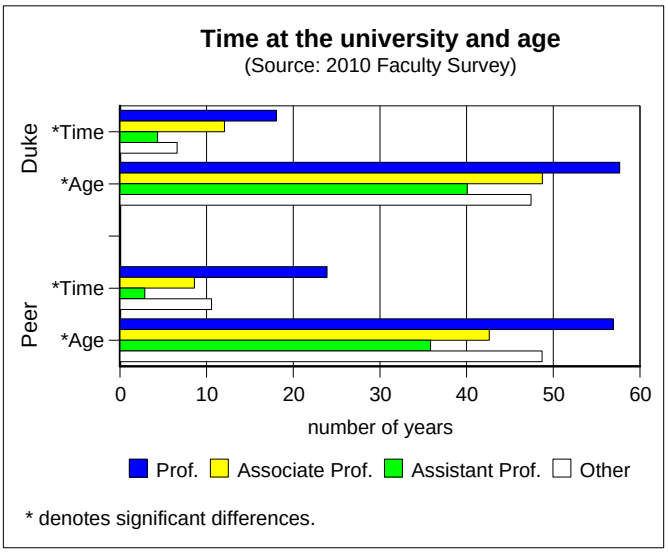


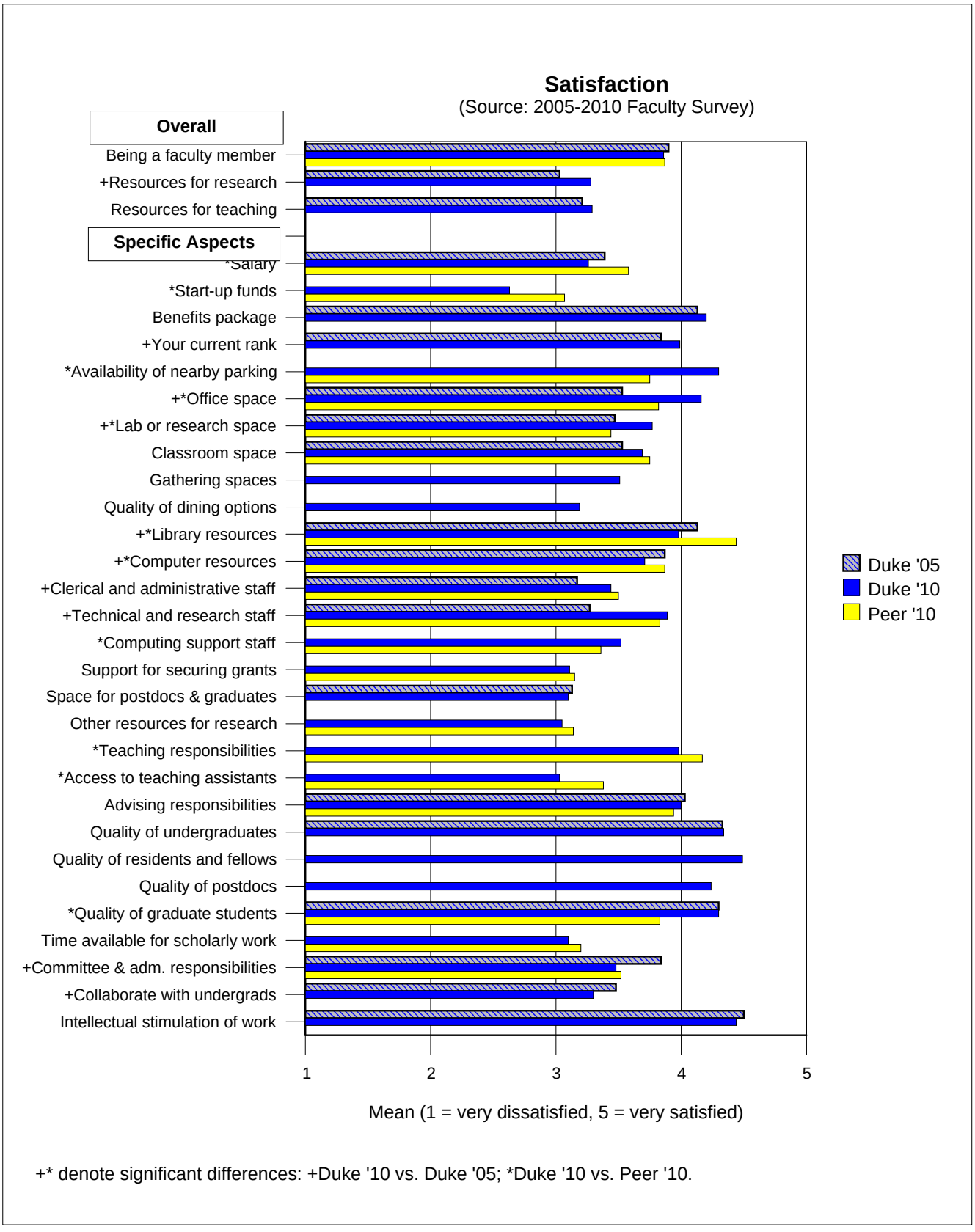
Figure 20



2010 Faculty Survey Results

I. Satisfaction (Clinical)

Figure 1

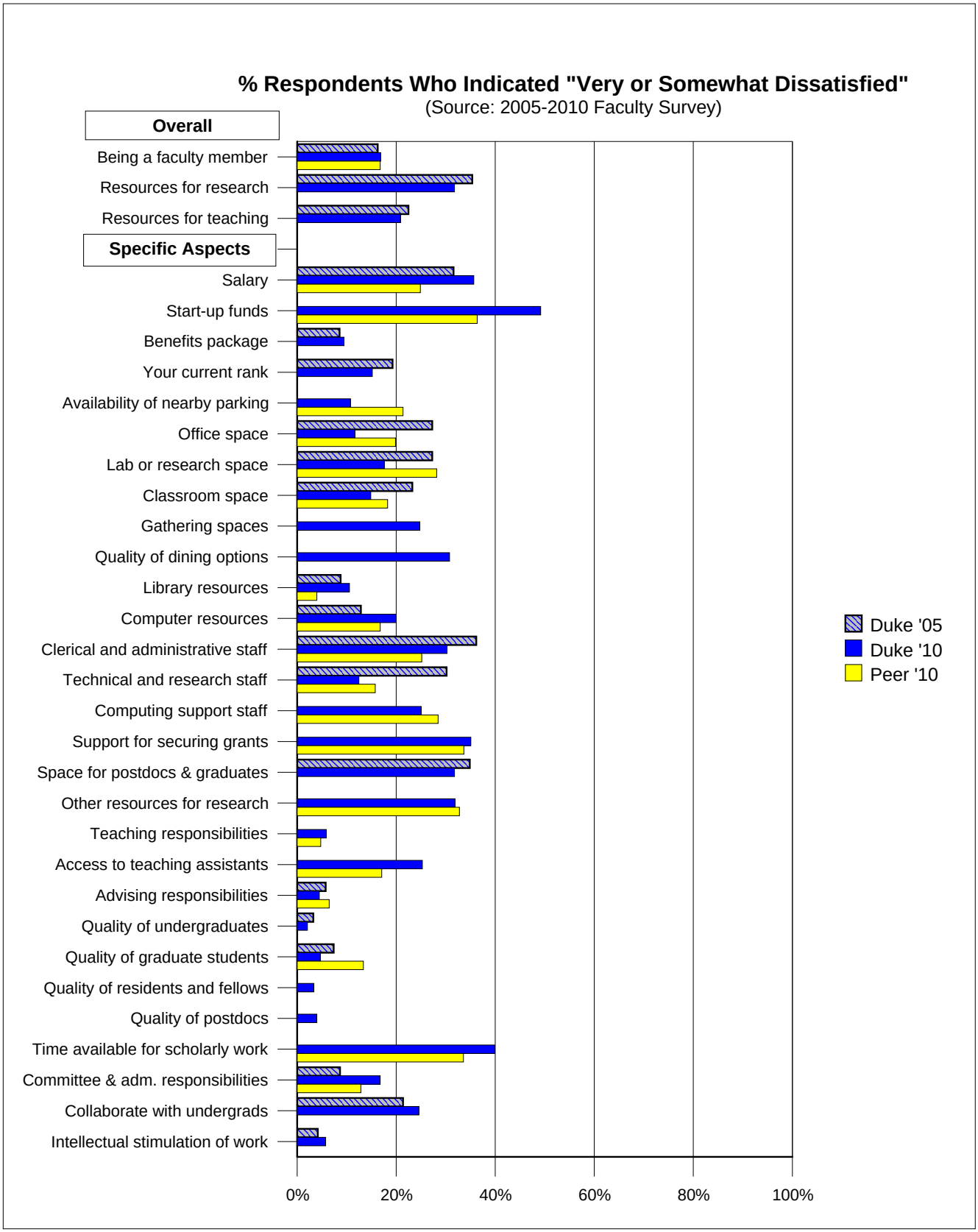


+* denote significant differences: +Duke '10 vs. Duke '05; *Duke '10 vs. Peer '10.

2010 Faculty Survey Results % Dissatisfied: Clinical

I. Satisfaction (Clinical)

Figure 1



II. Workload (Clinical)

Figure 1

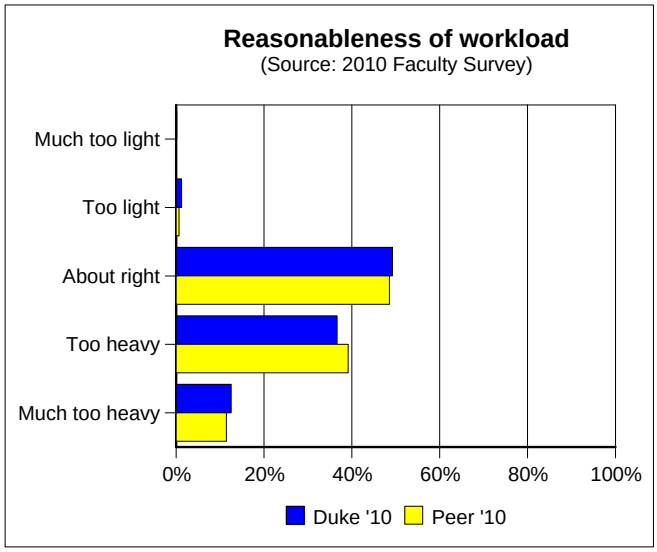


Figure 2

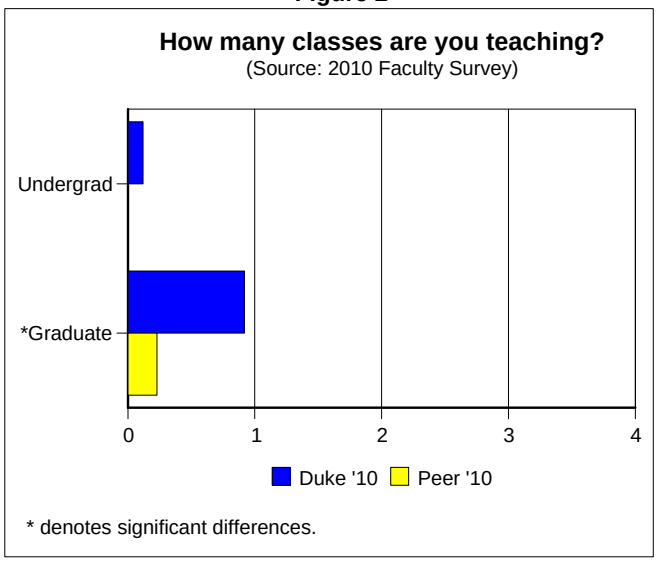


Figure 3

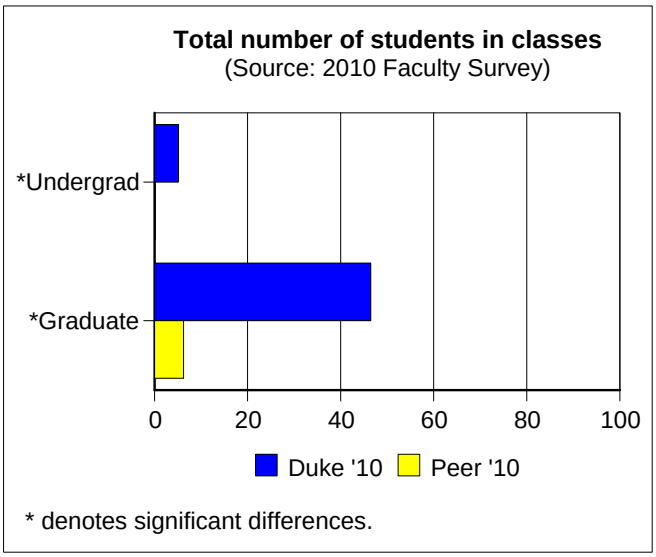
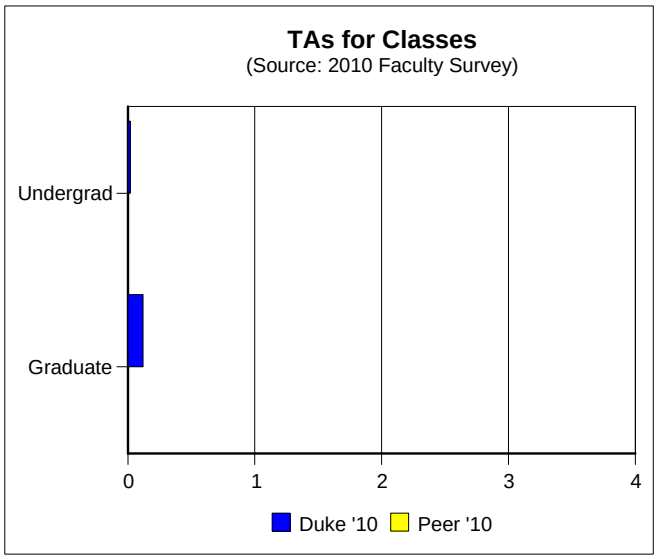


Figure 4



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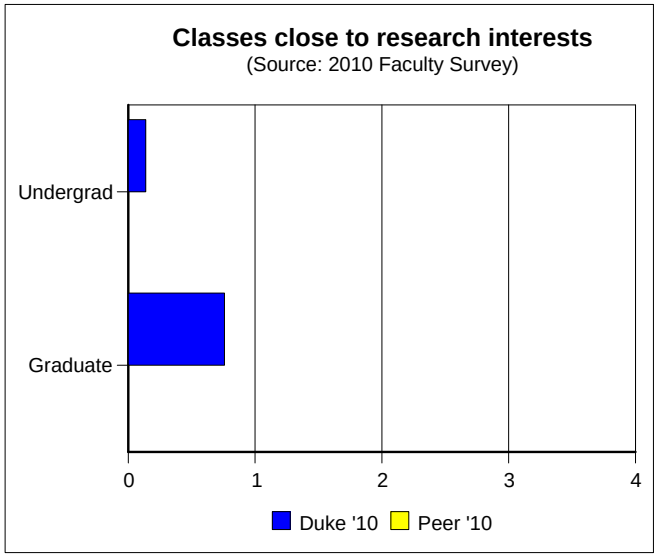

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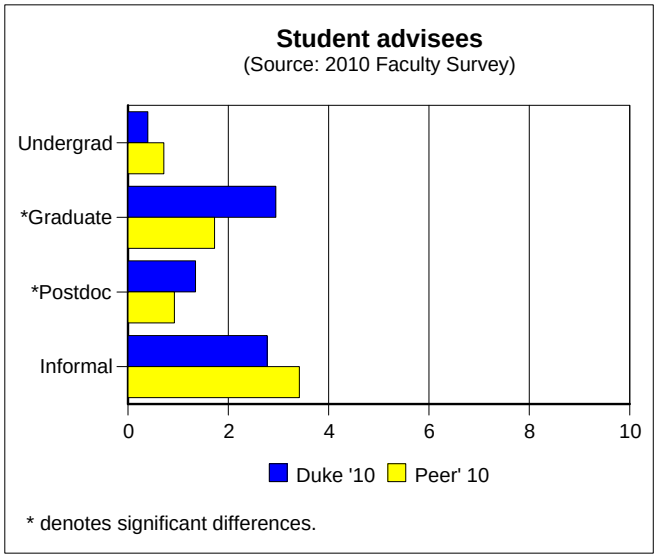


Figure 7

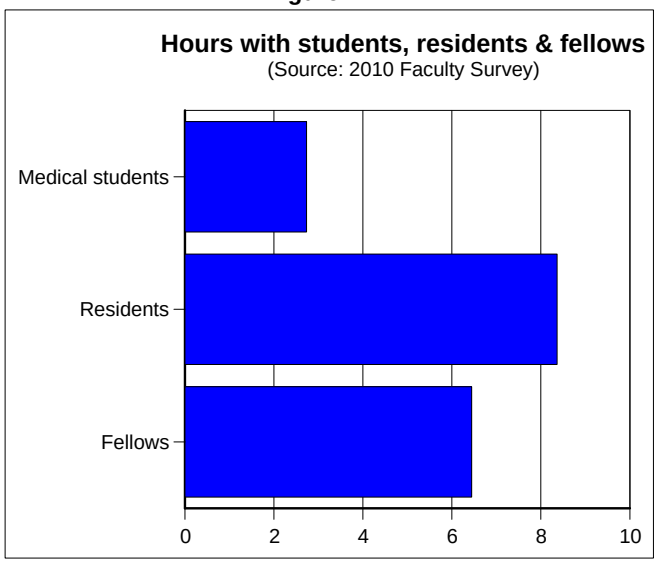


Figure 8

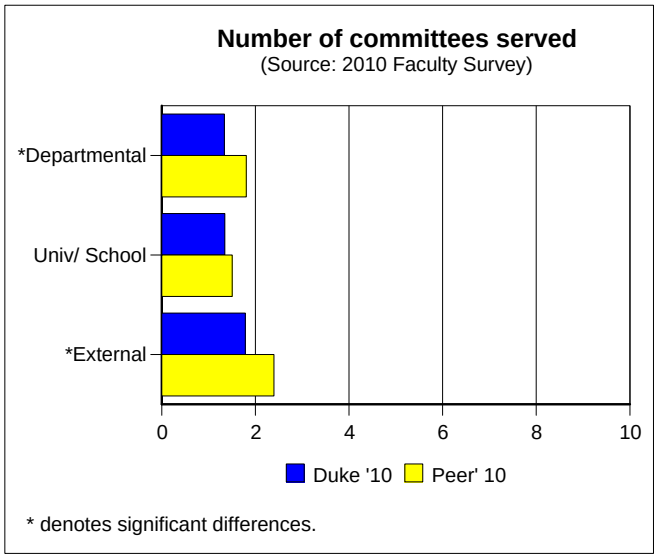


Figure 9

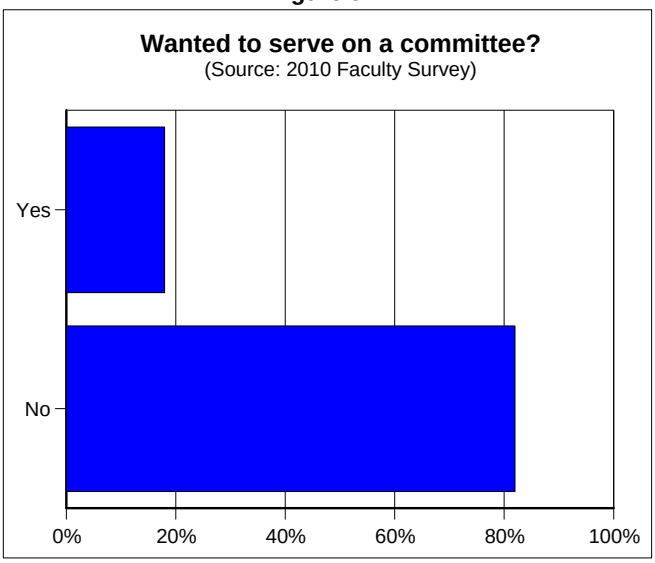


Figure 10

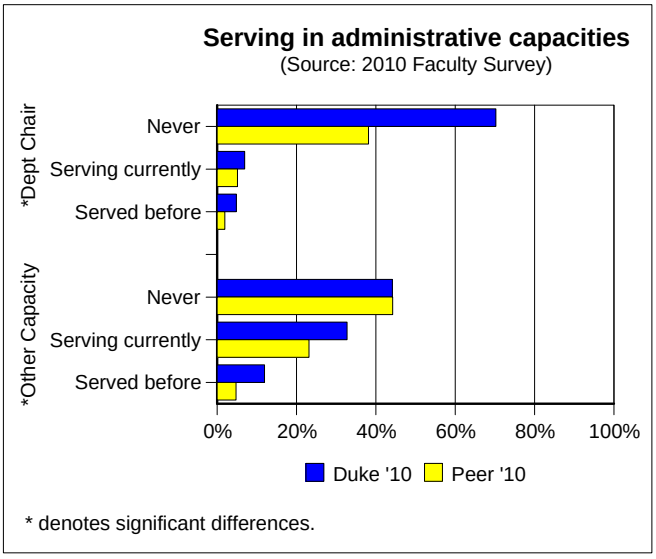


Figure 11

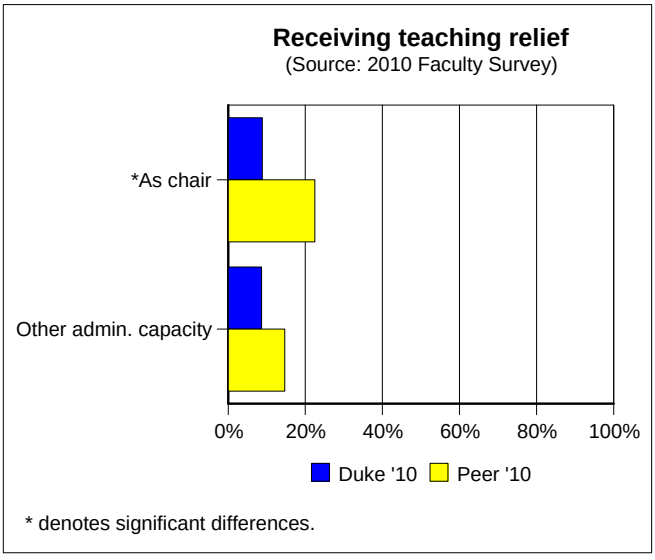


Figure 12

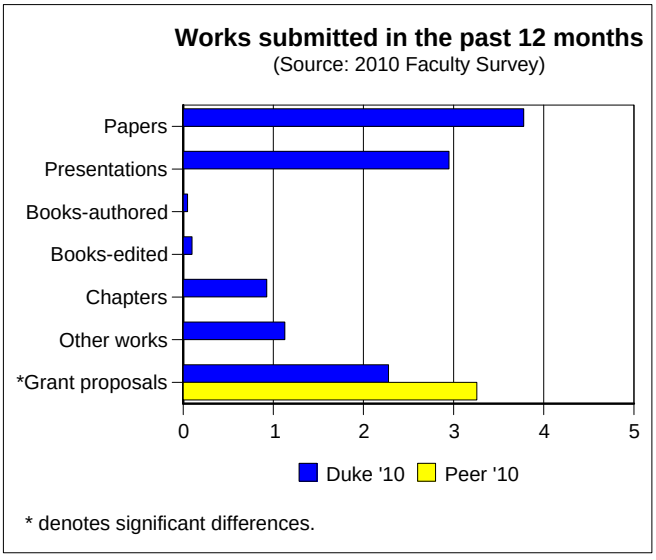


Figure 13

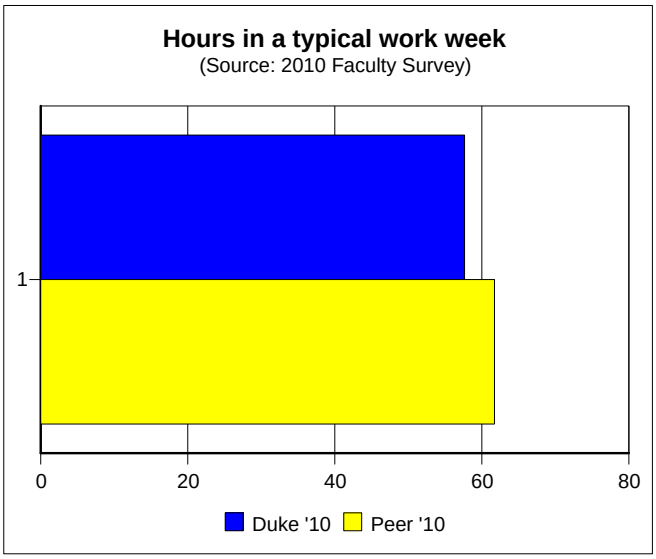


Figure 14

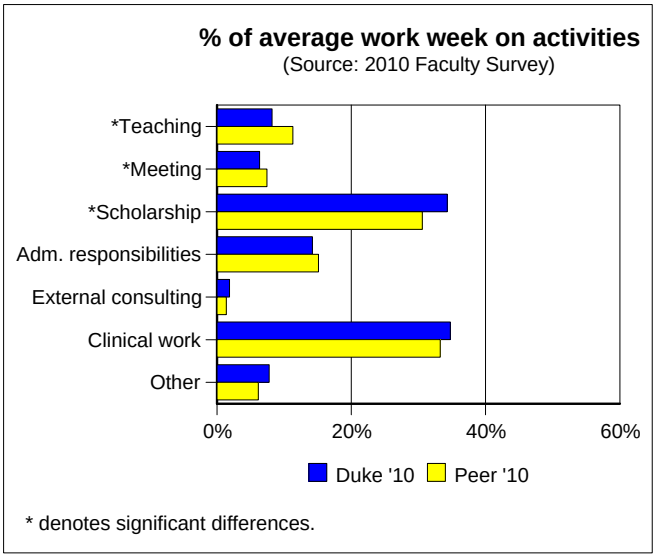


Figure 15

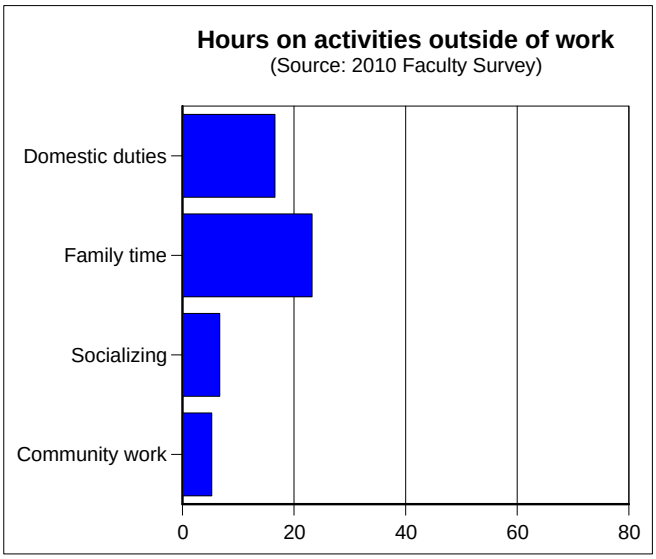


Figure 16

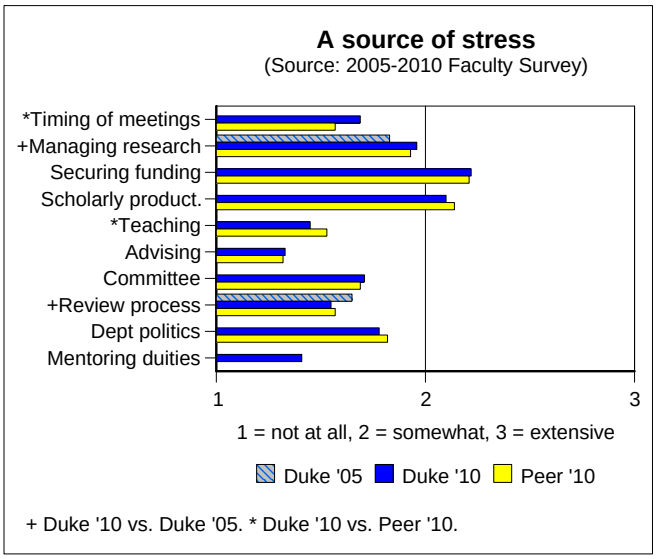


Figure 15

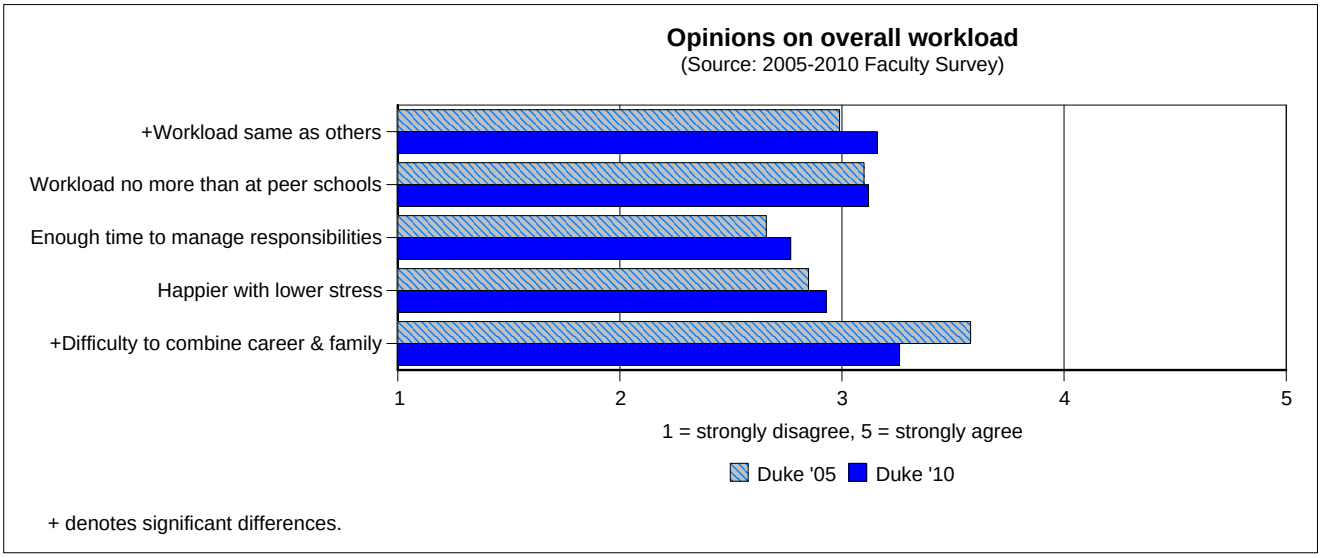
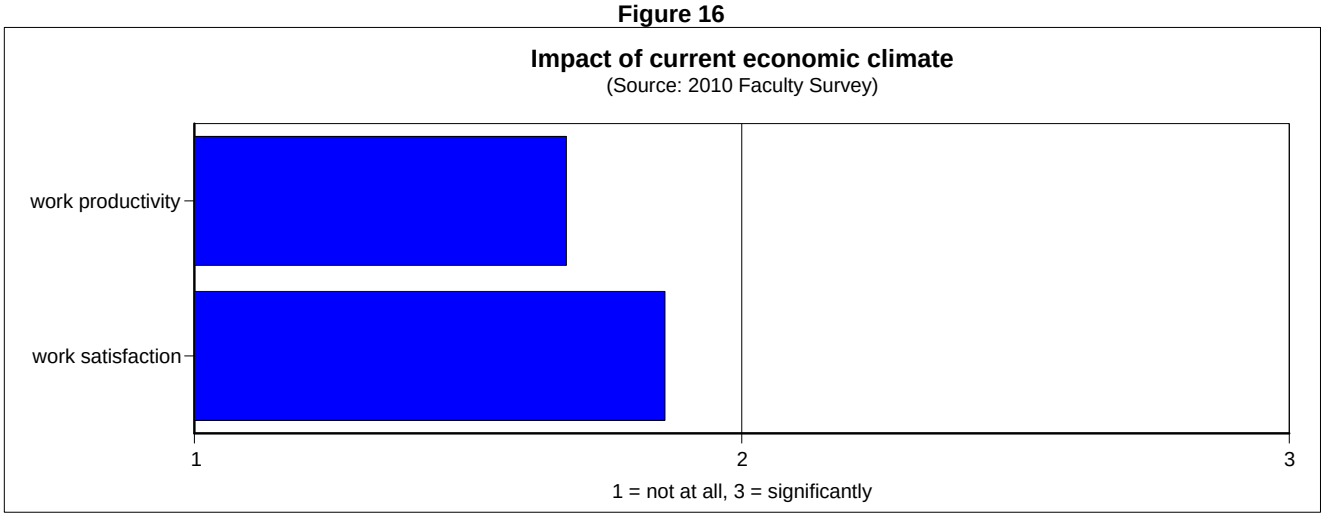
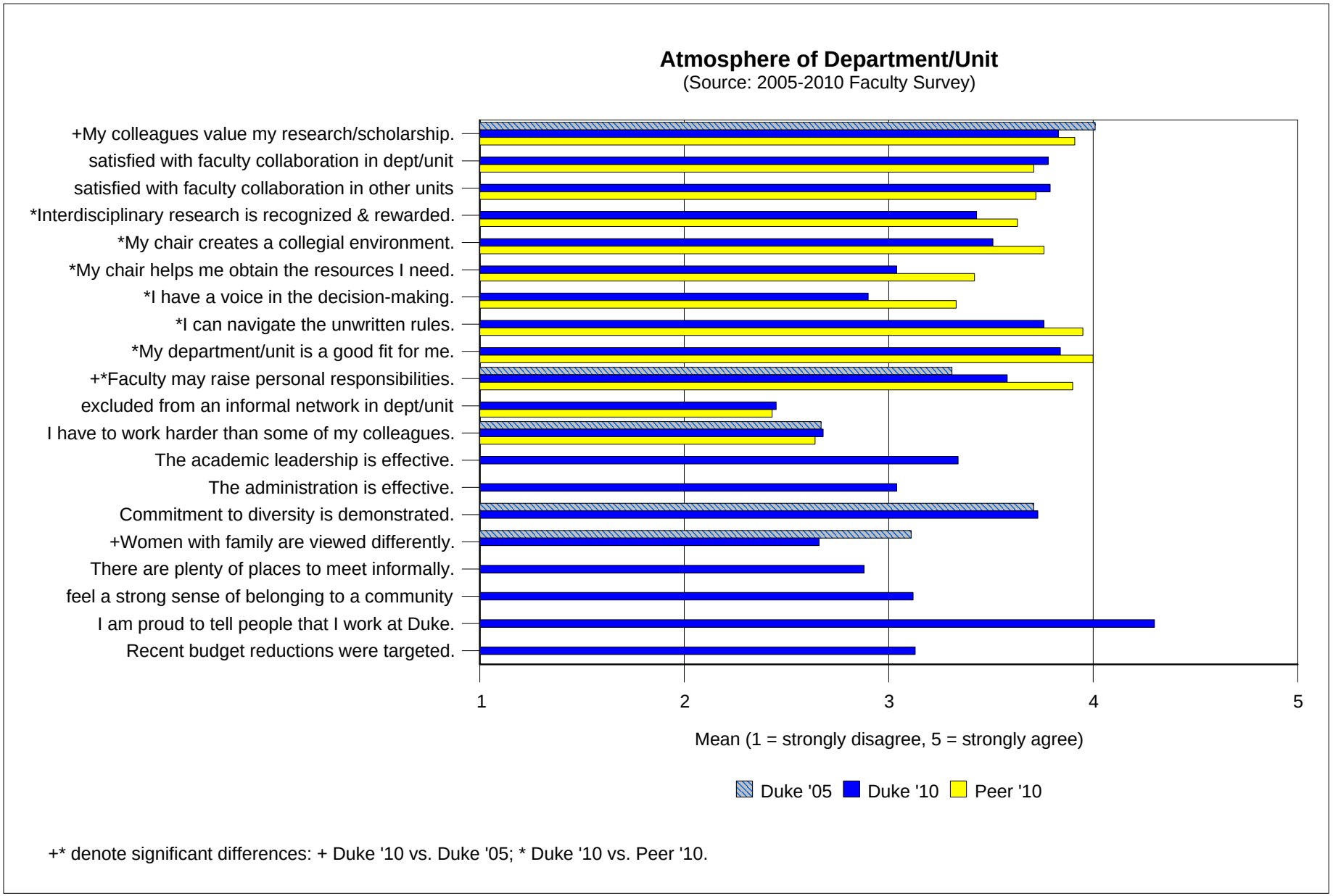


Figure 16


Impact of current economic climate
(Source: 2010 Faculty Survey)
work productivity
work satisfaction
1
2
3
1 = not at all, 3 = significantly

III. Atmosphere of Department/Unit (Clinical)

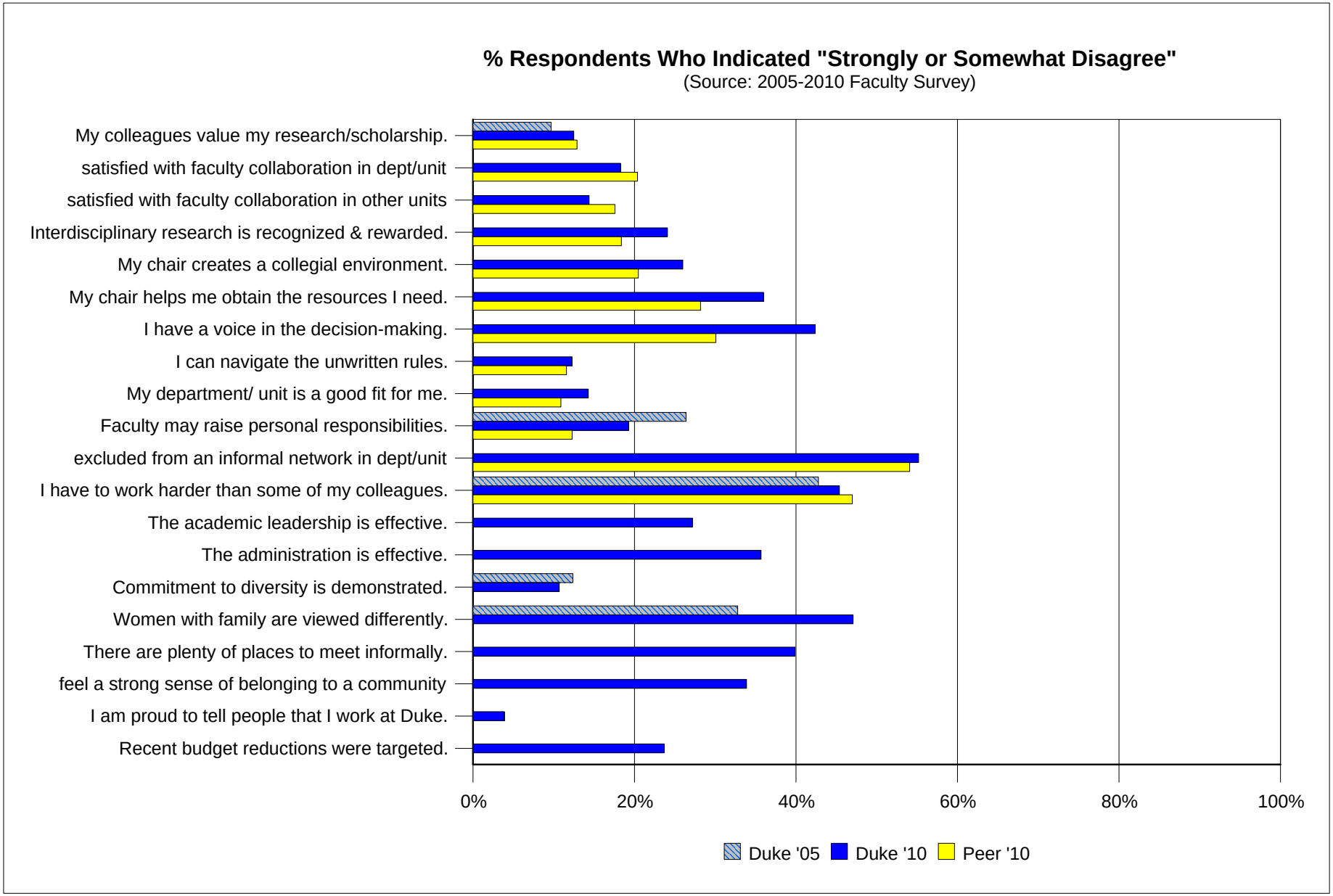
Figure 1



+* denote significant differences: + Duke '10 vs. Duke '05; * Duke '10 vs. Peer '10.

III. Atmosphere of Department/Unit (Clinical)

Figure 1



IV. Mentoring (Clinical)

Figure 1

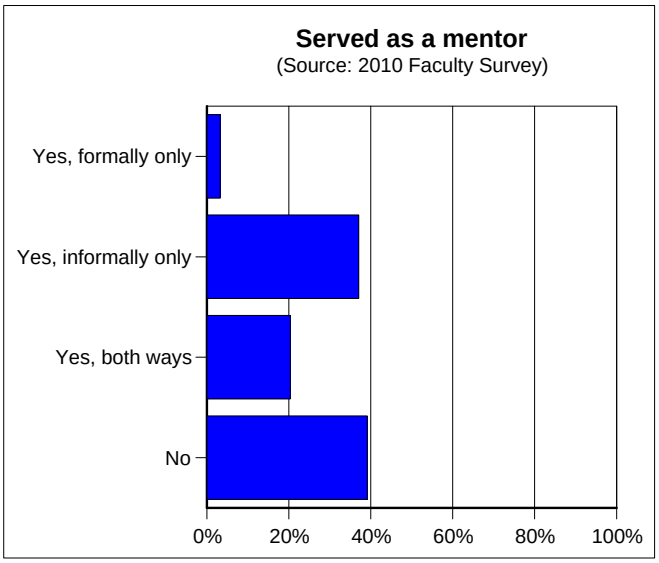


Figure 2

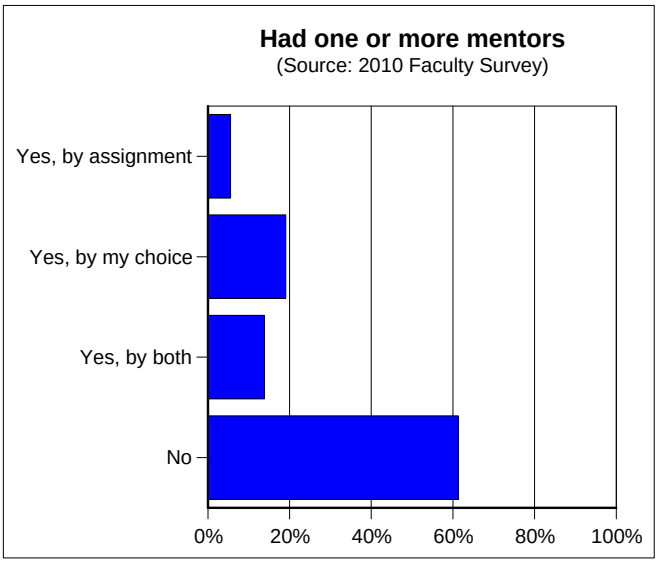


Figure 3

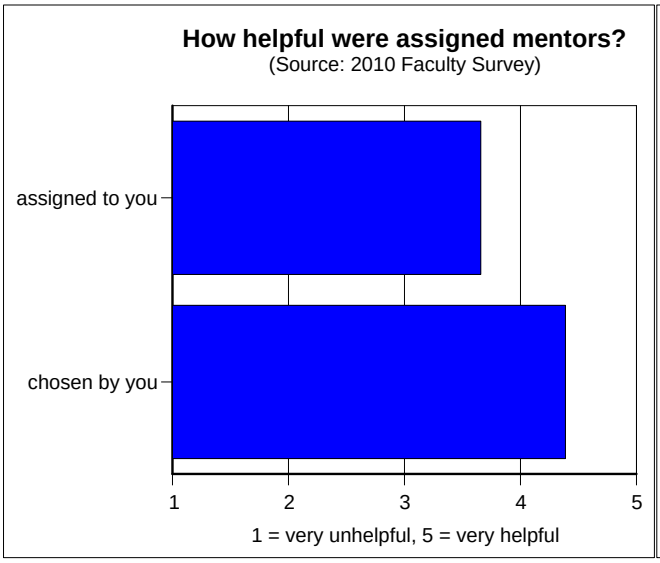


Figure 4

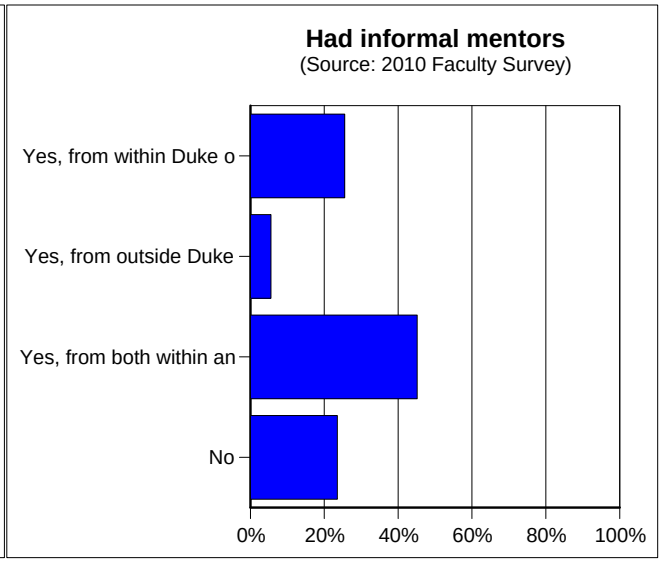


Figure 5

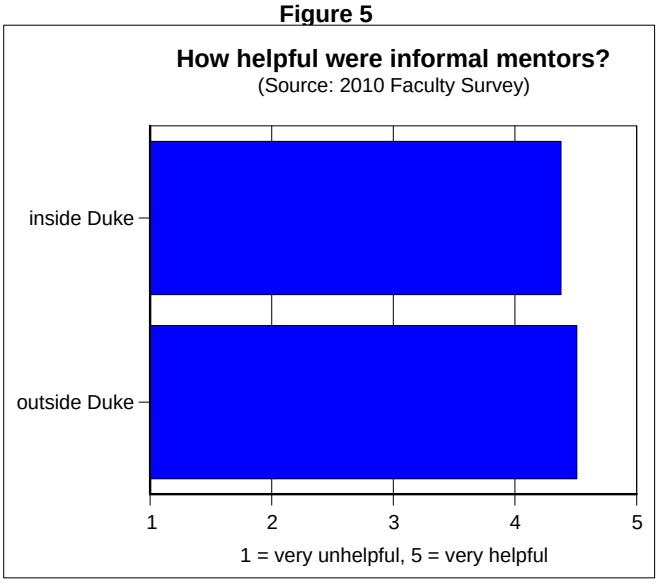


Figure 6

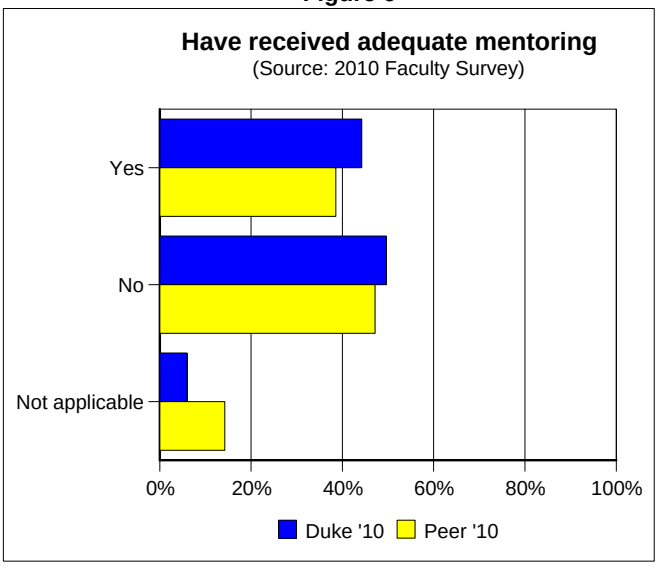
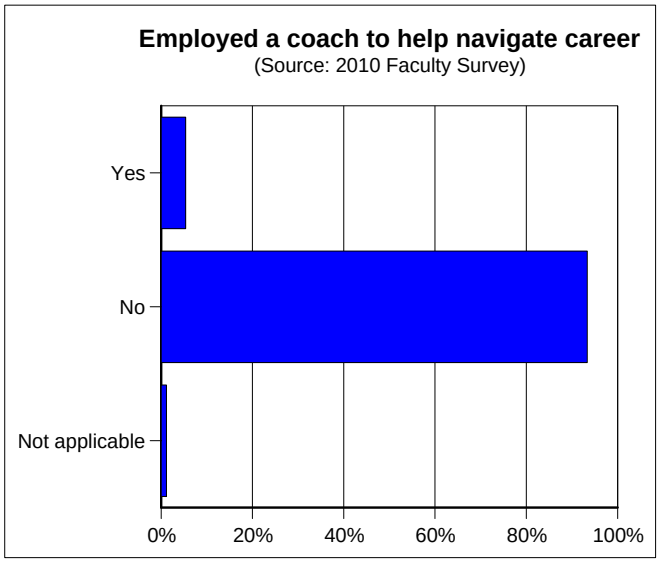


Figure 7


Employed a coach to help navigate career
(Source: 2010 Faculty Survey)
Yes
No
Not applicable
0%
20%
40%
60%
80%
100%

V. Promotion/Tenure (Clinical)

Figure 1

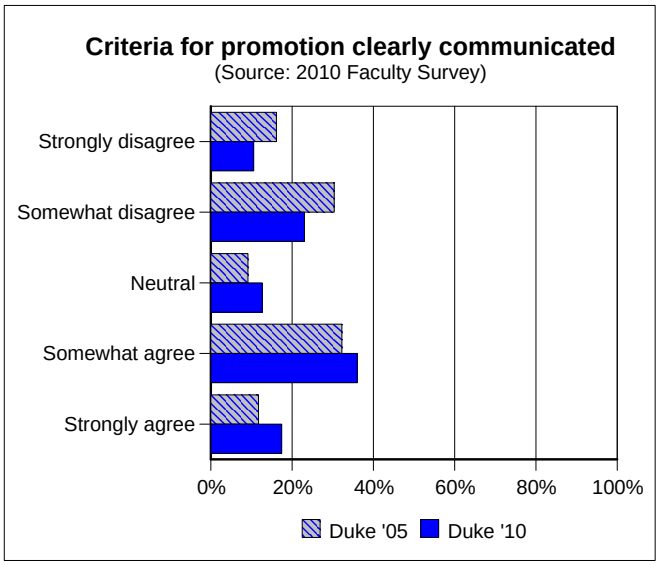


Figure 2

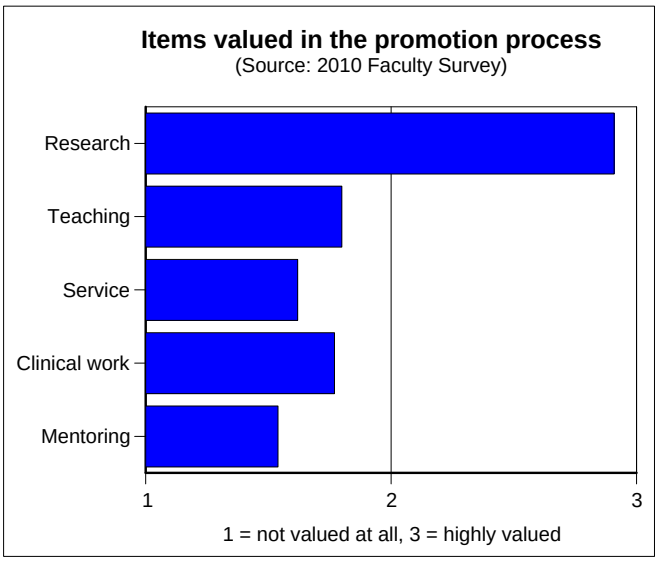


Figure 3

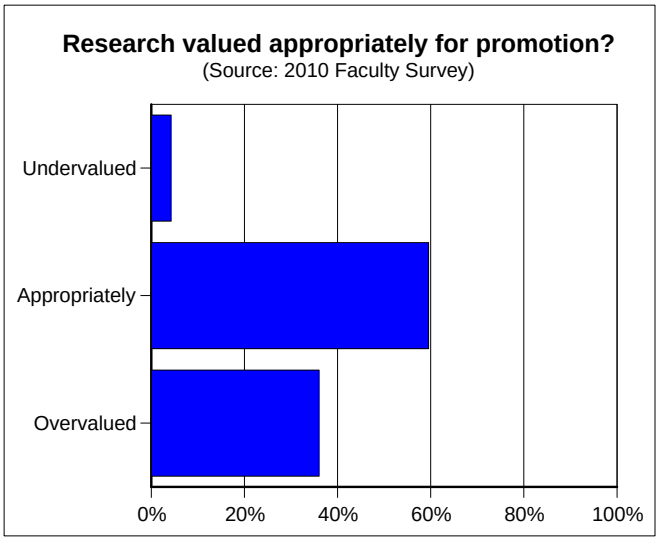


Figure 4

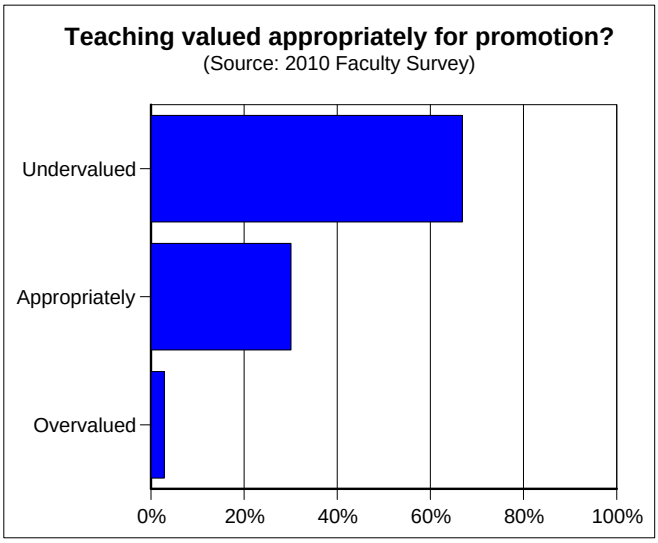


Figure 5

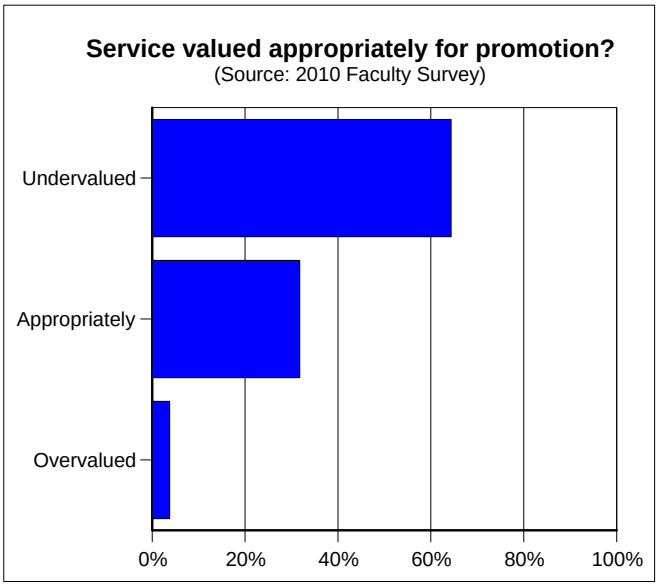


Figure 6

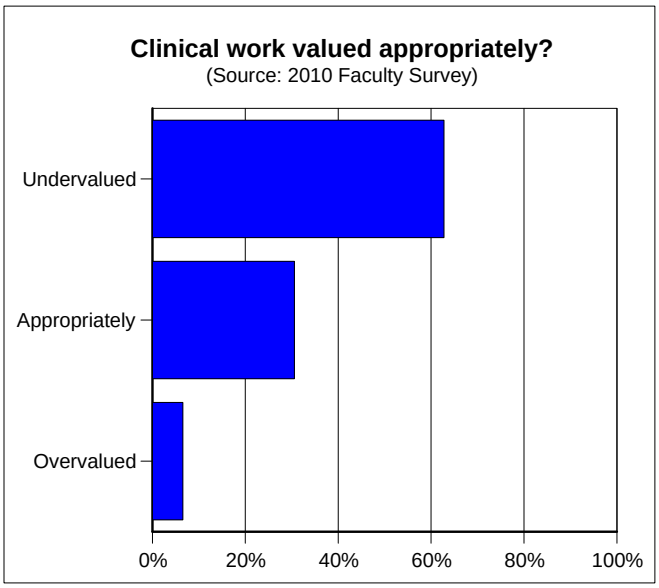


Figure 7

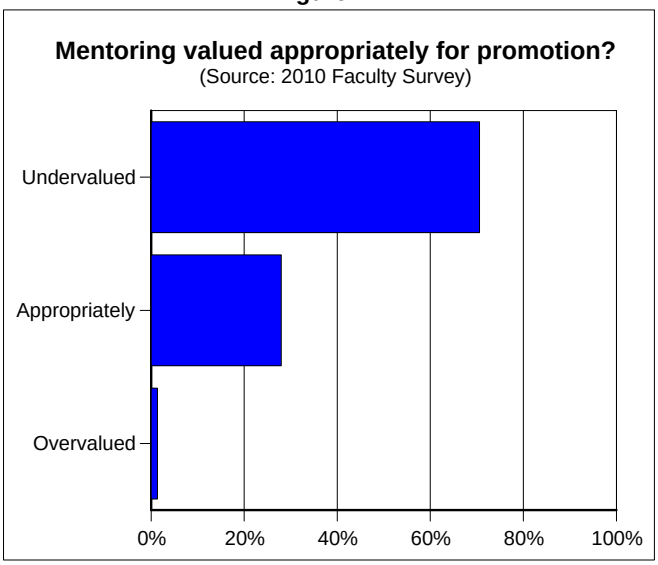


Figure 8

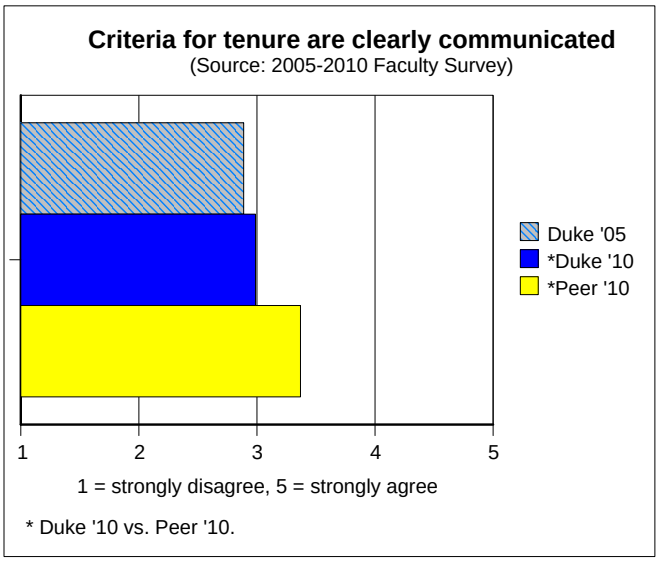


Figure 9

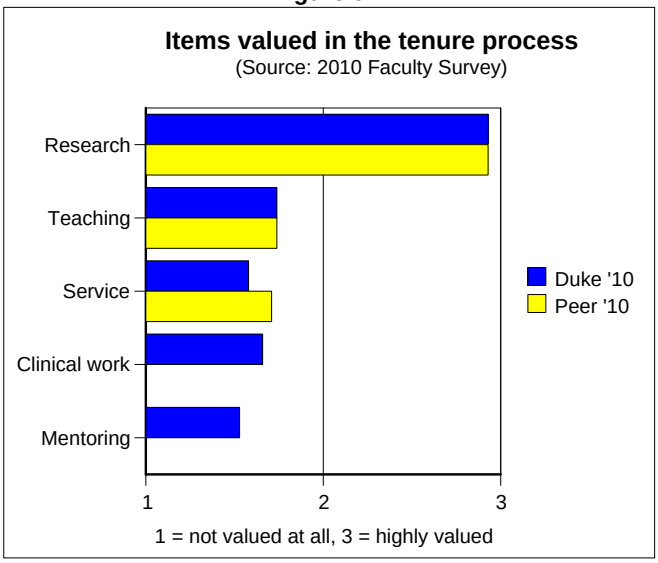


Figure 10

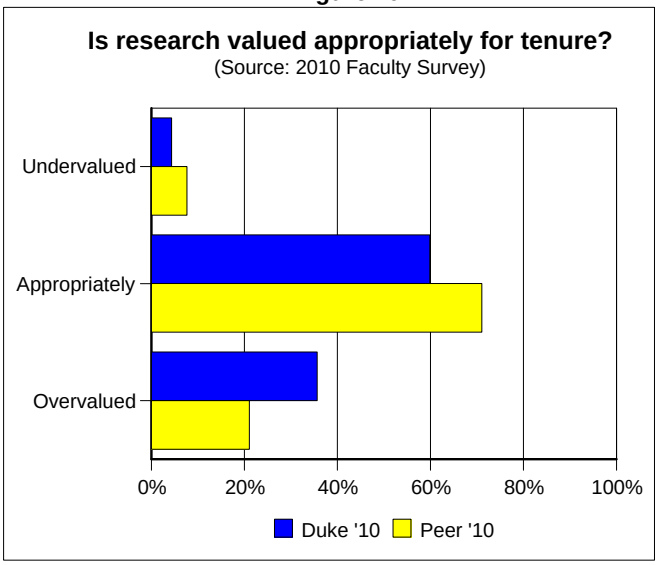


Figure 11

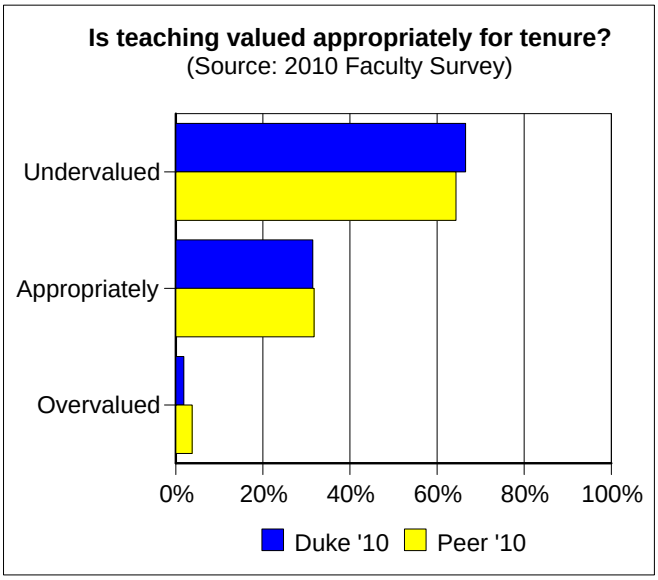


Figure 12

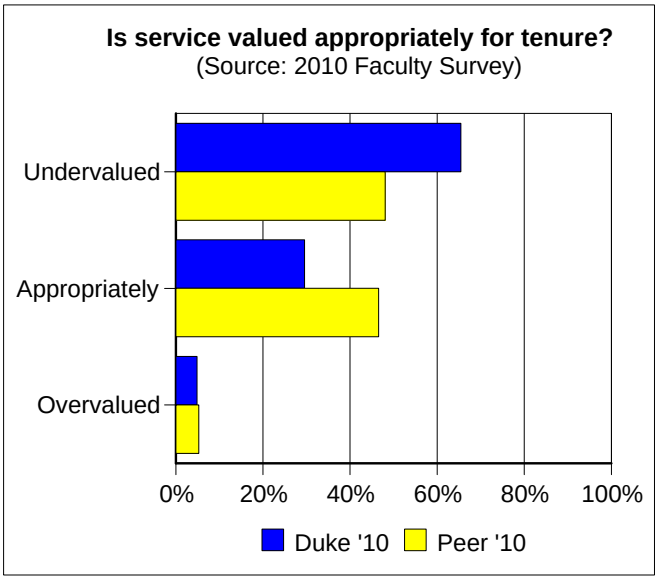


Figure 13

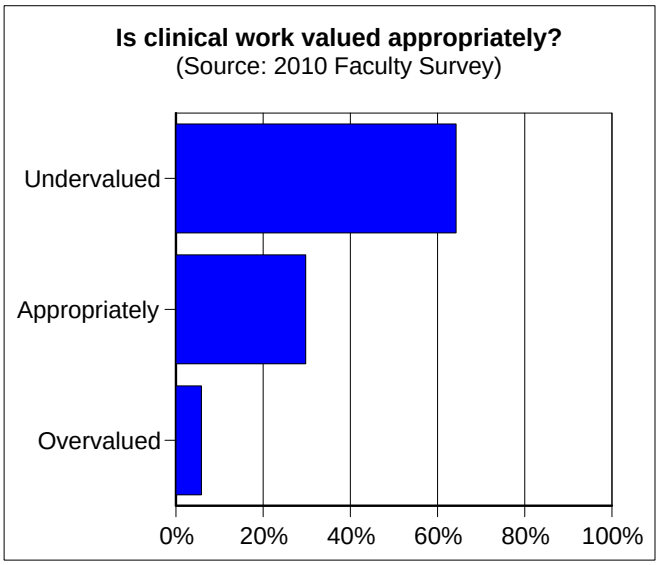


Figure 14

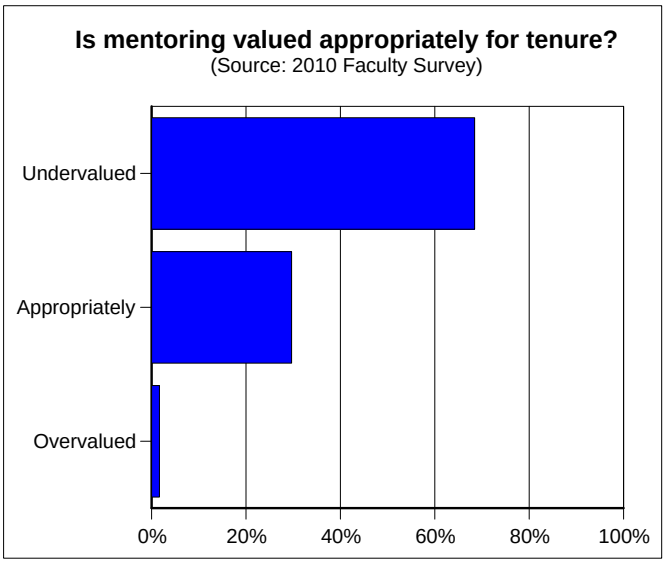


Figure 15

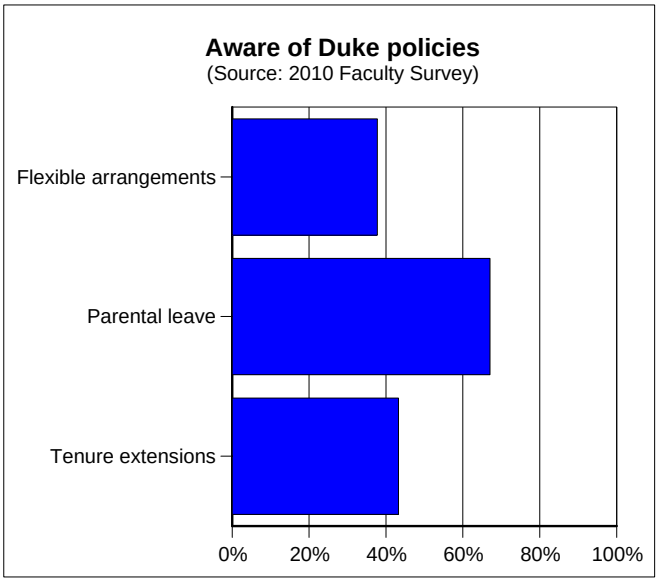


Figure 16

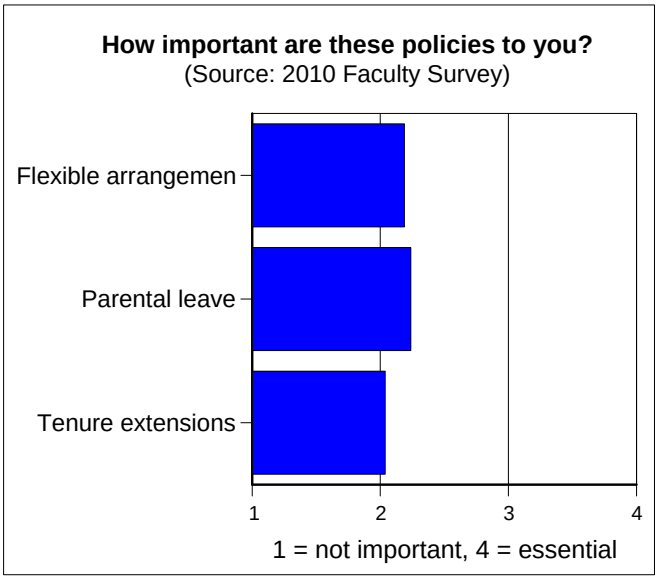


Figure 17

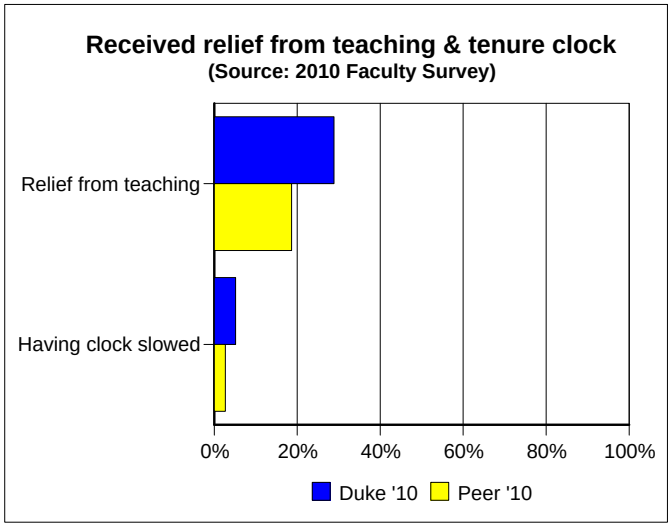
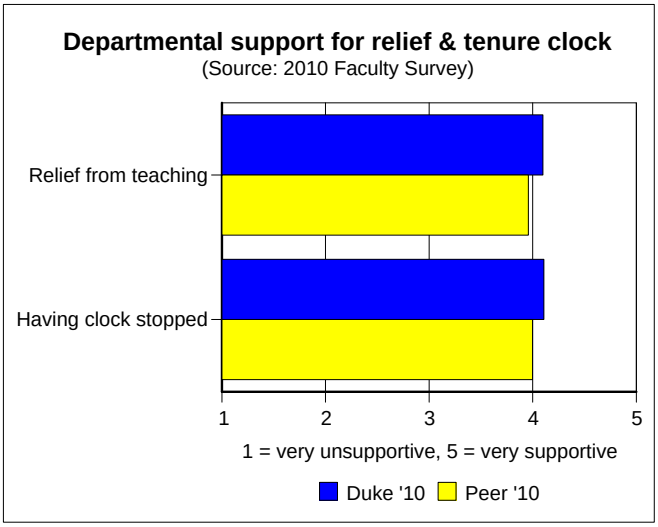


Figure 18



VI. Hiring/Retention (Clinical)

Figure 1

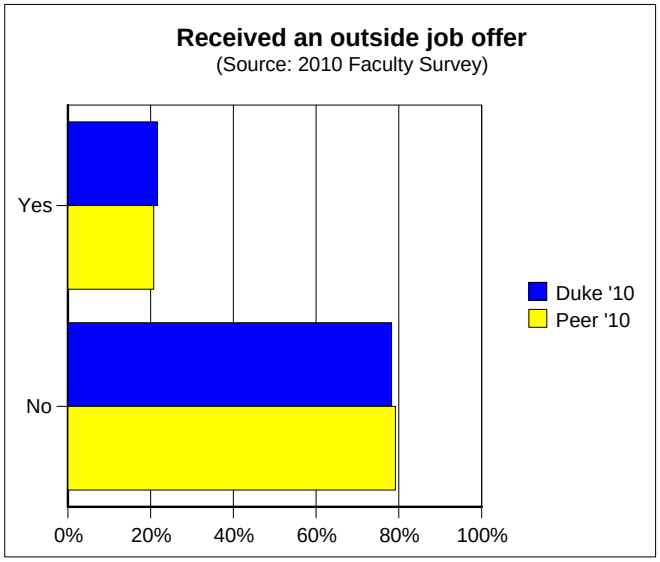


Figure 2

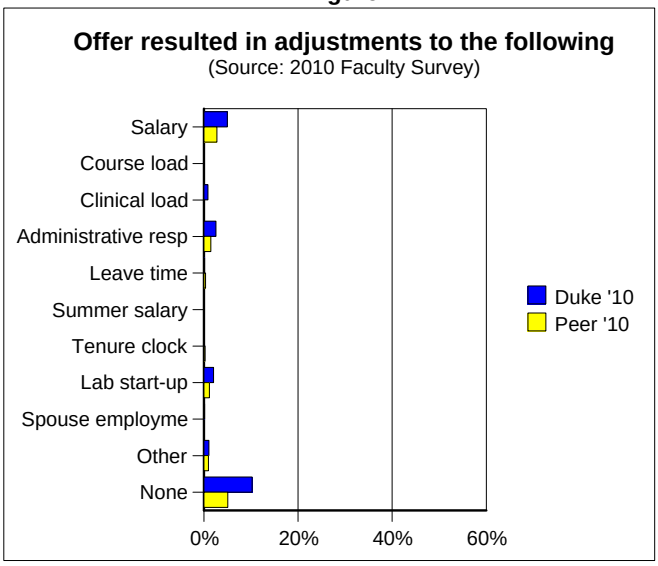


Figure 3

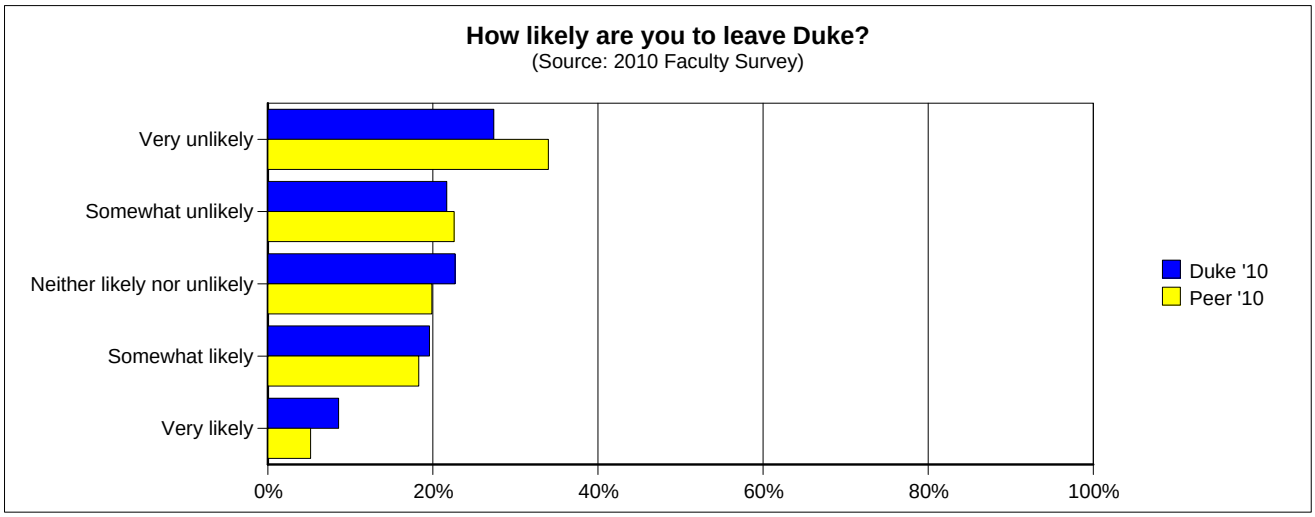
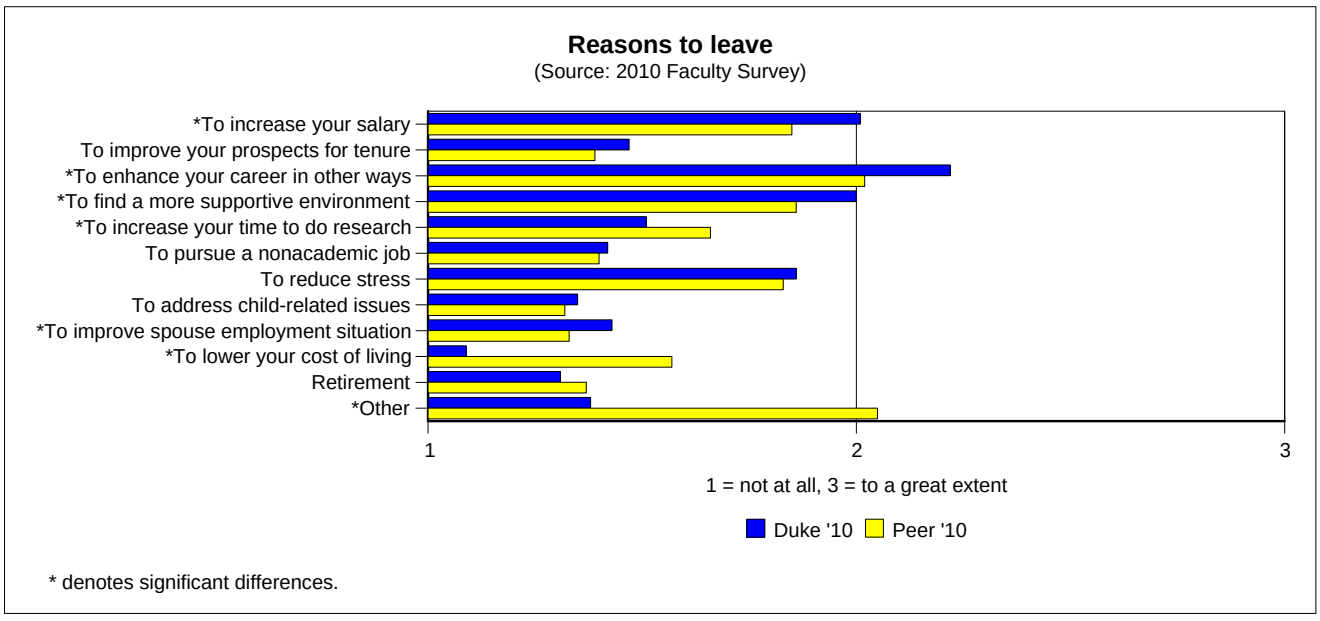


Figure 4



* denotes significant differences.

VII. Life outside the Institution (Clinical)

Figure 1

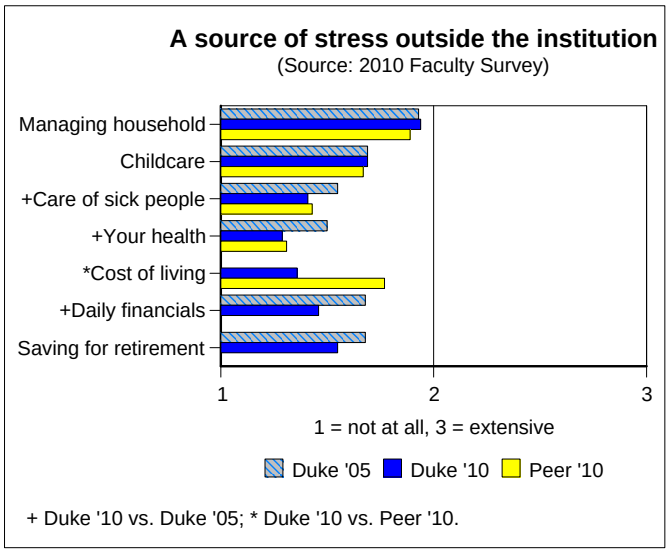


Figure 2

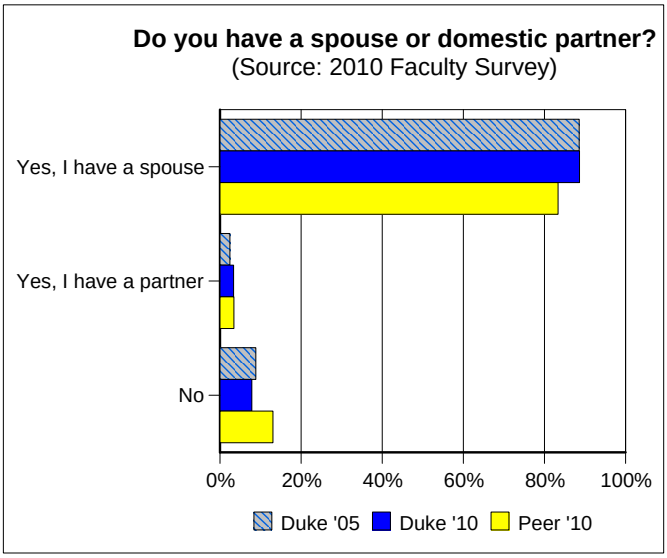


Figure 3

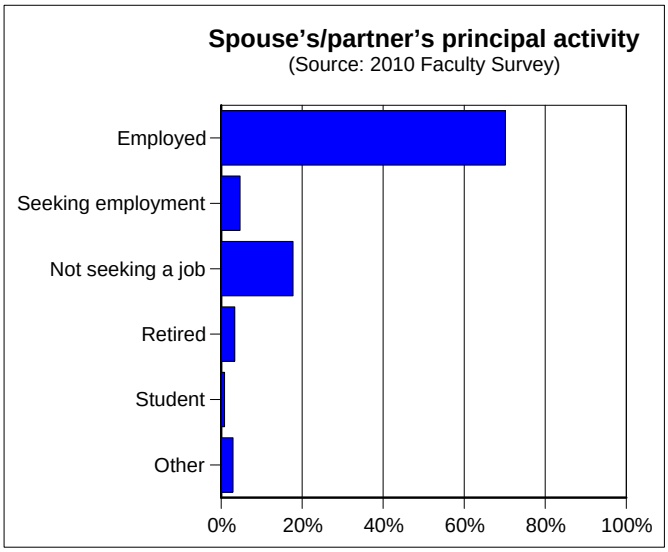


Figure 4

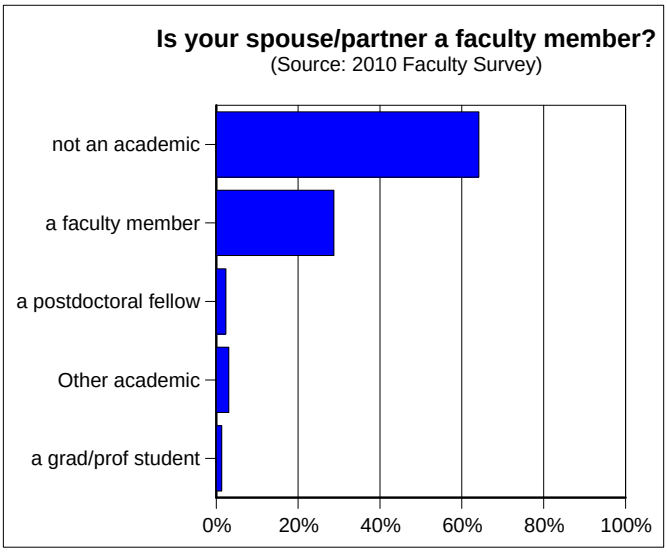
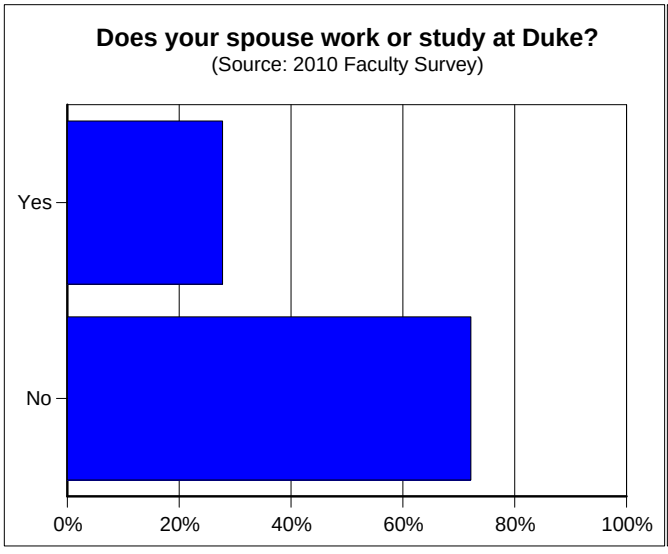


Figure 5



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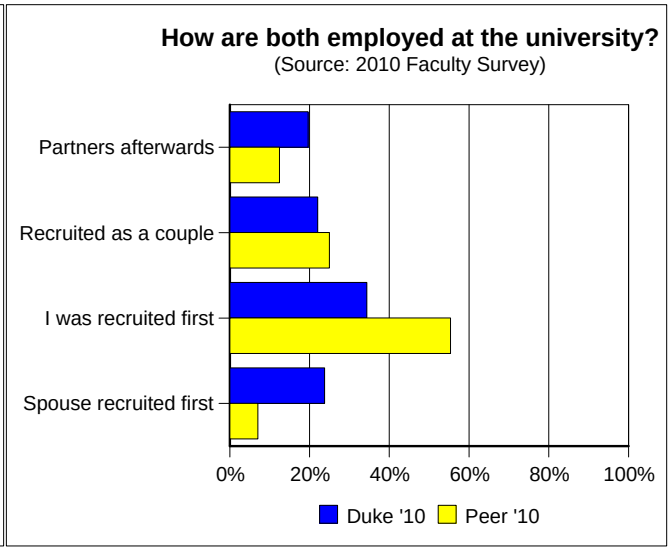

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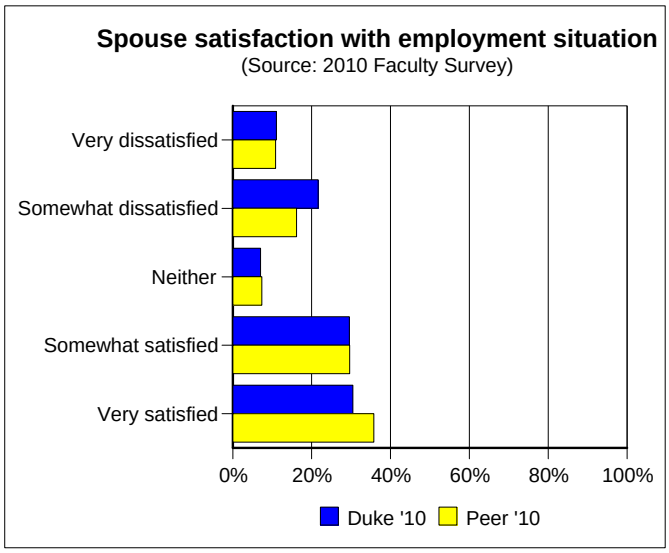

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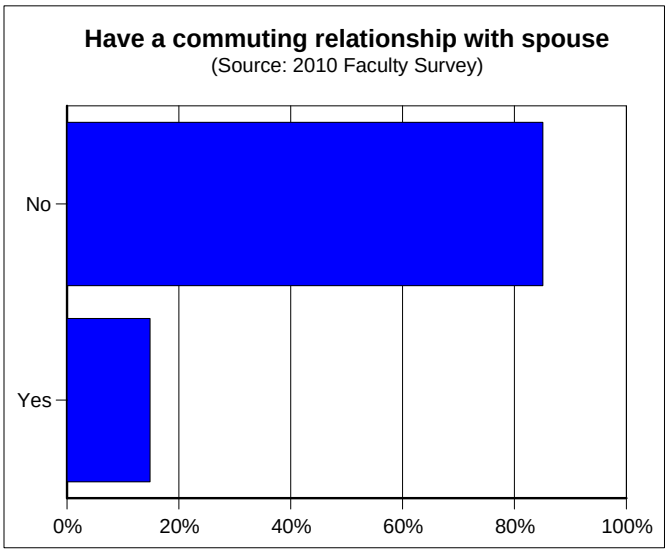

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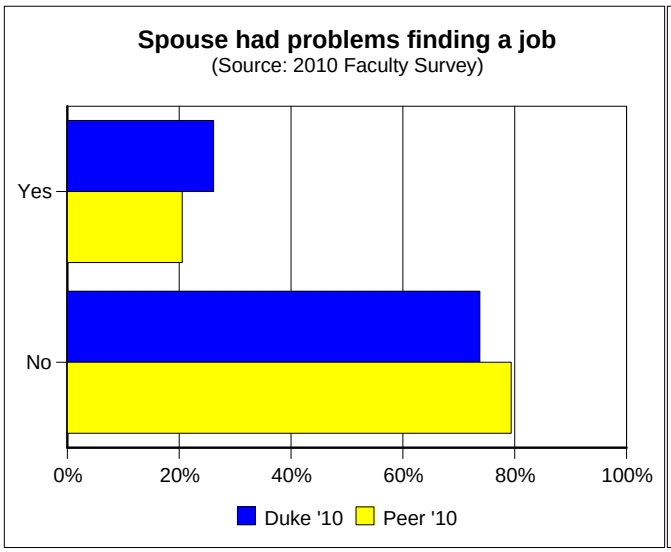


Figure 10

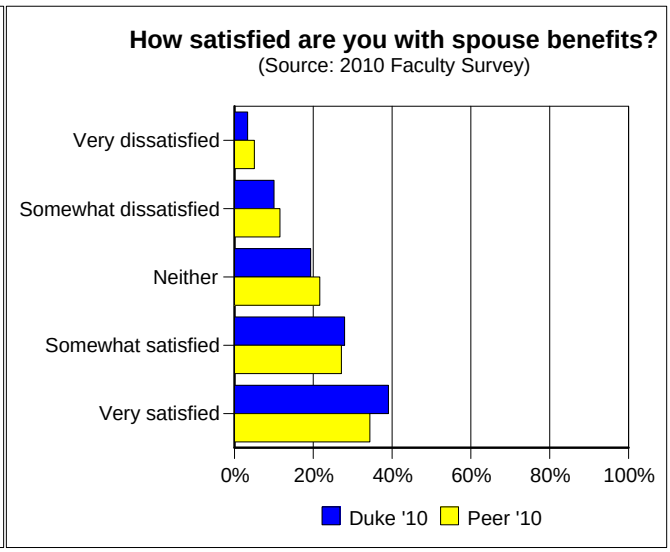


Figure 11

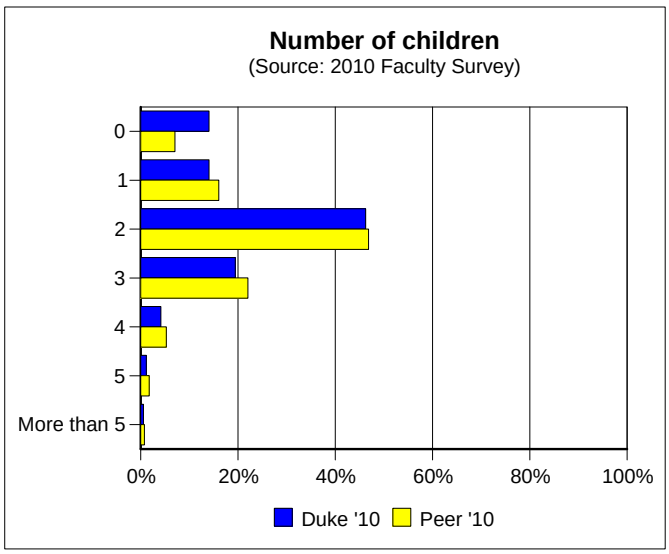
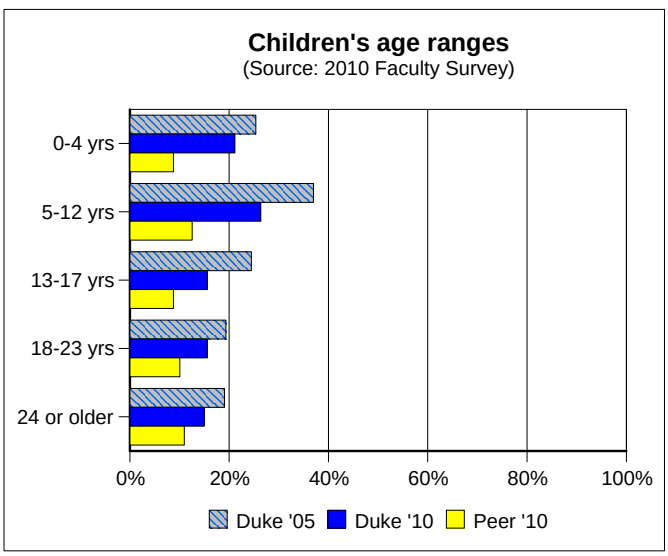


Figure 12



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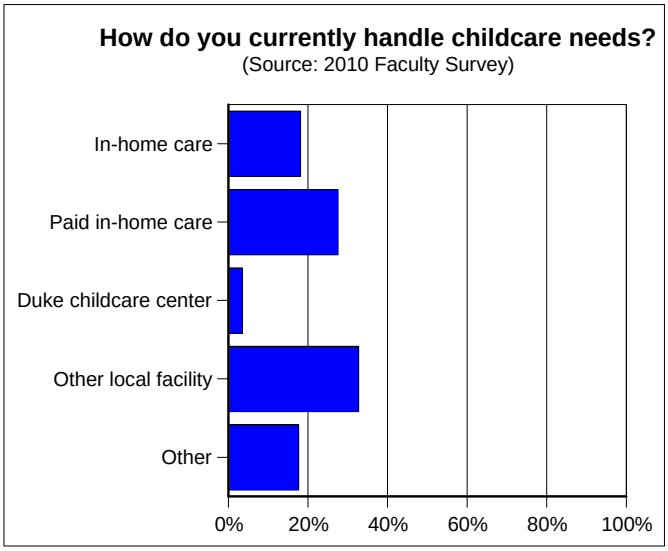

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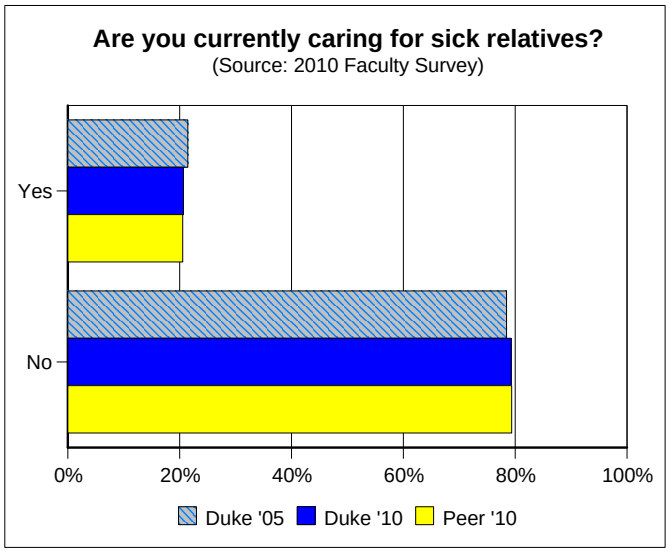


Figure 15

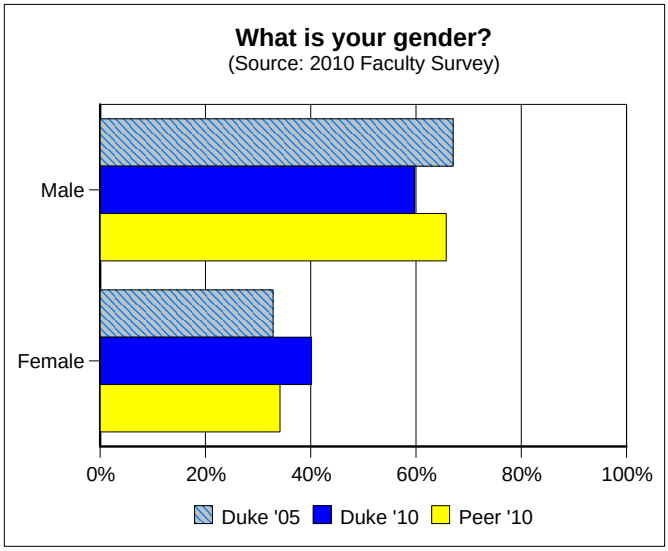


Figure 16

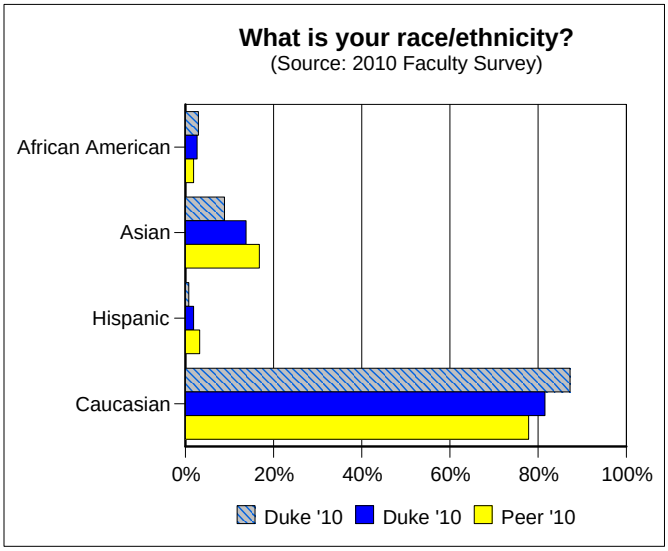


Figure 17

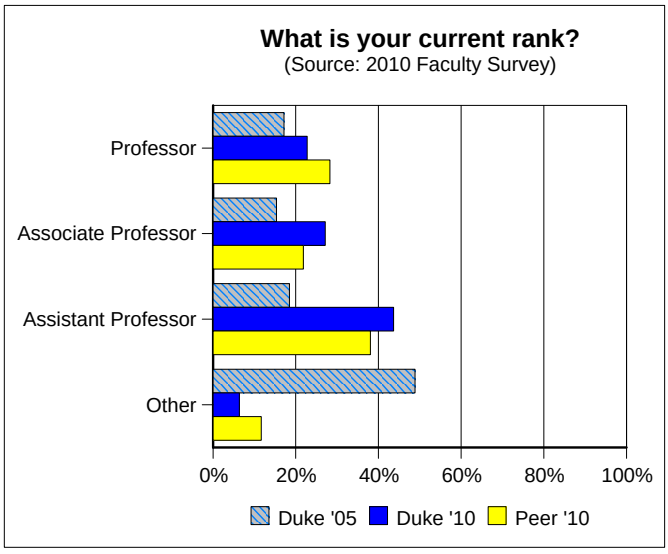
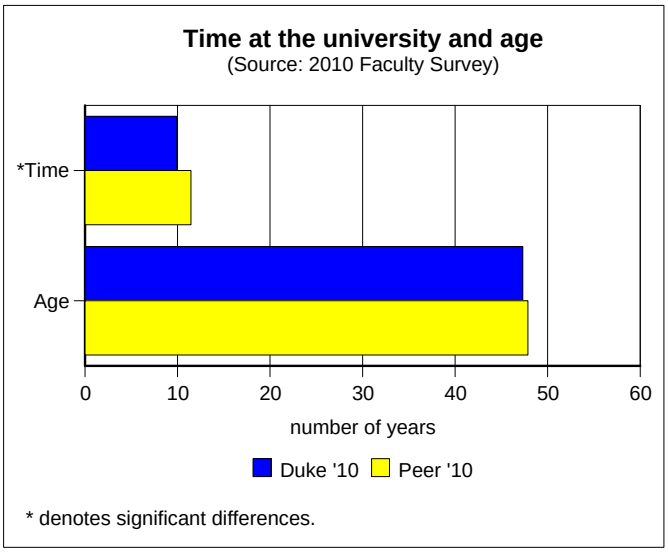


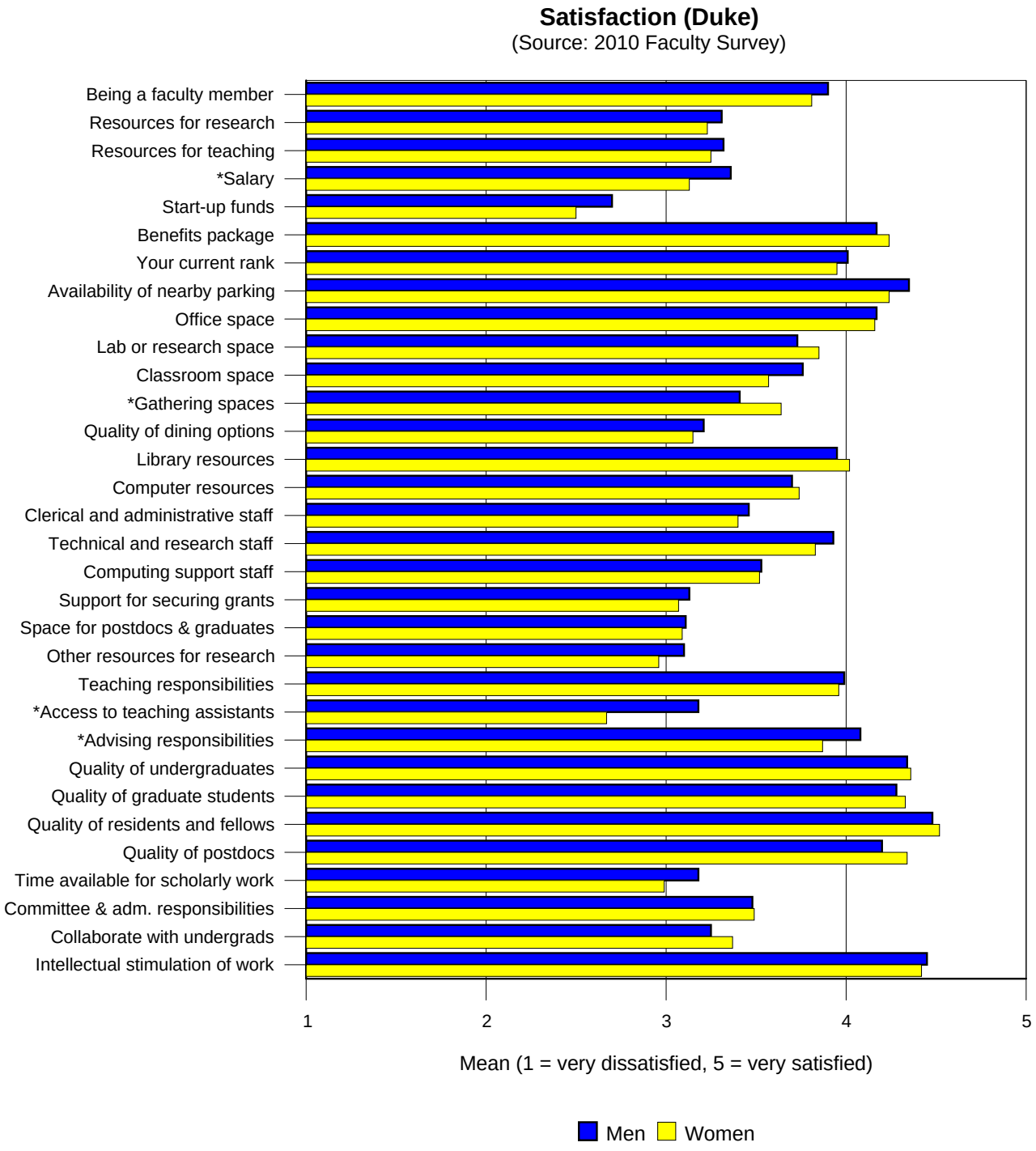
Figure 18



2010 Faculty Survey Results by Gender--Clinical

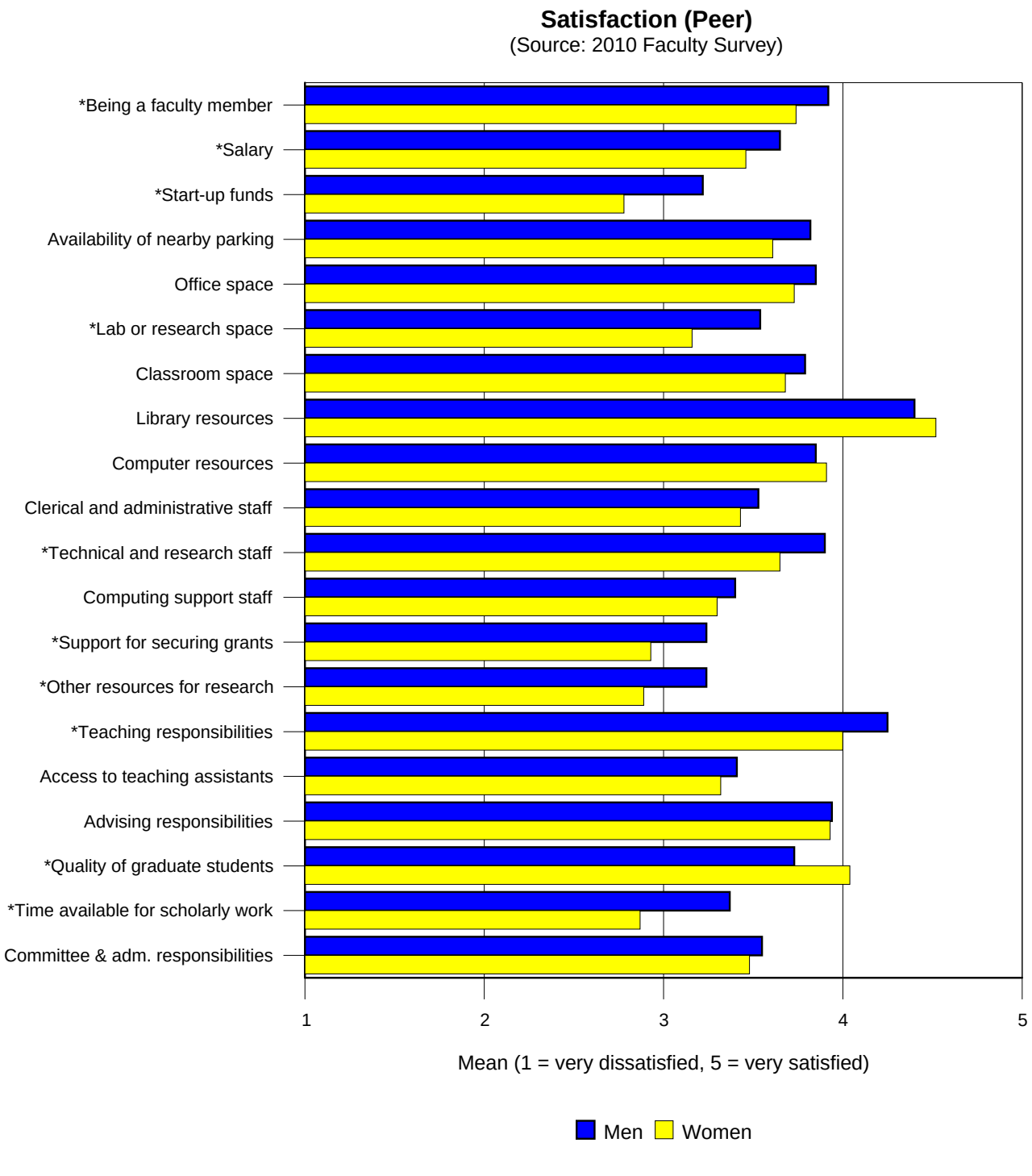
I. Satisfaction (Clinical)

Figure 1



* denotes significant differences.

Figure 2



* denotes significant differences.

2010 Faculty Survey Results by Gender: Clinical

I. Satisfaction (Clinical)

Figure 1

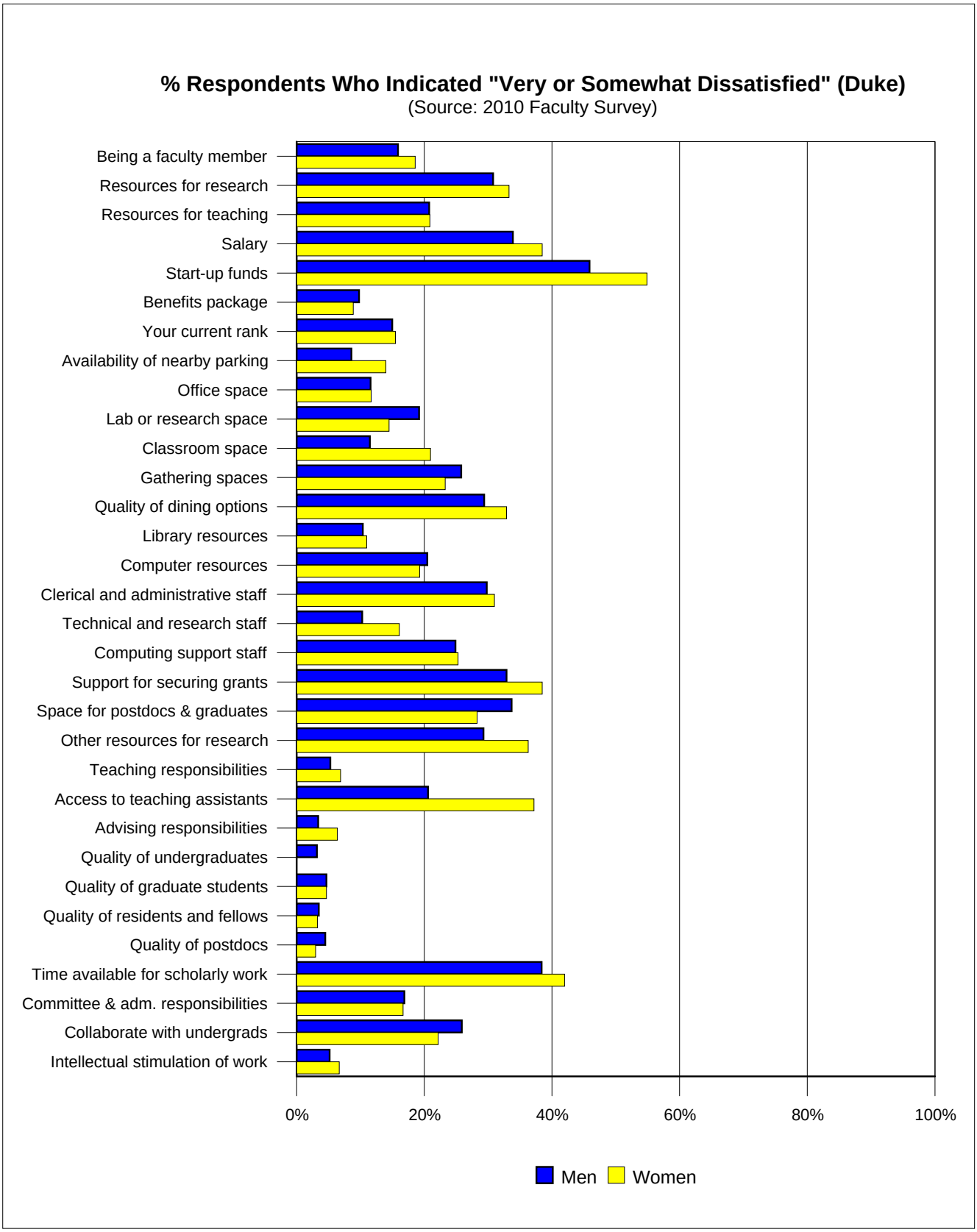
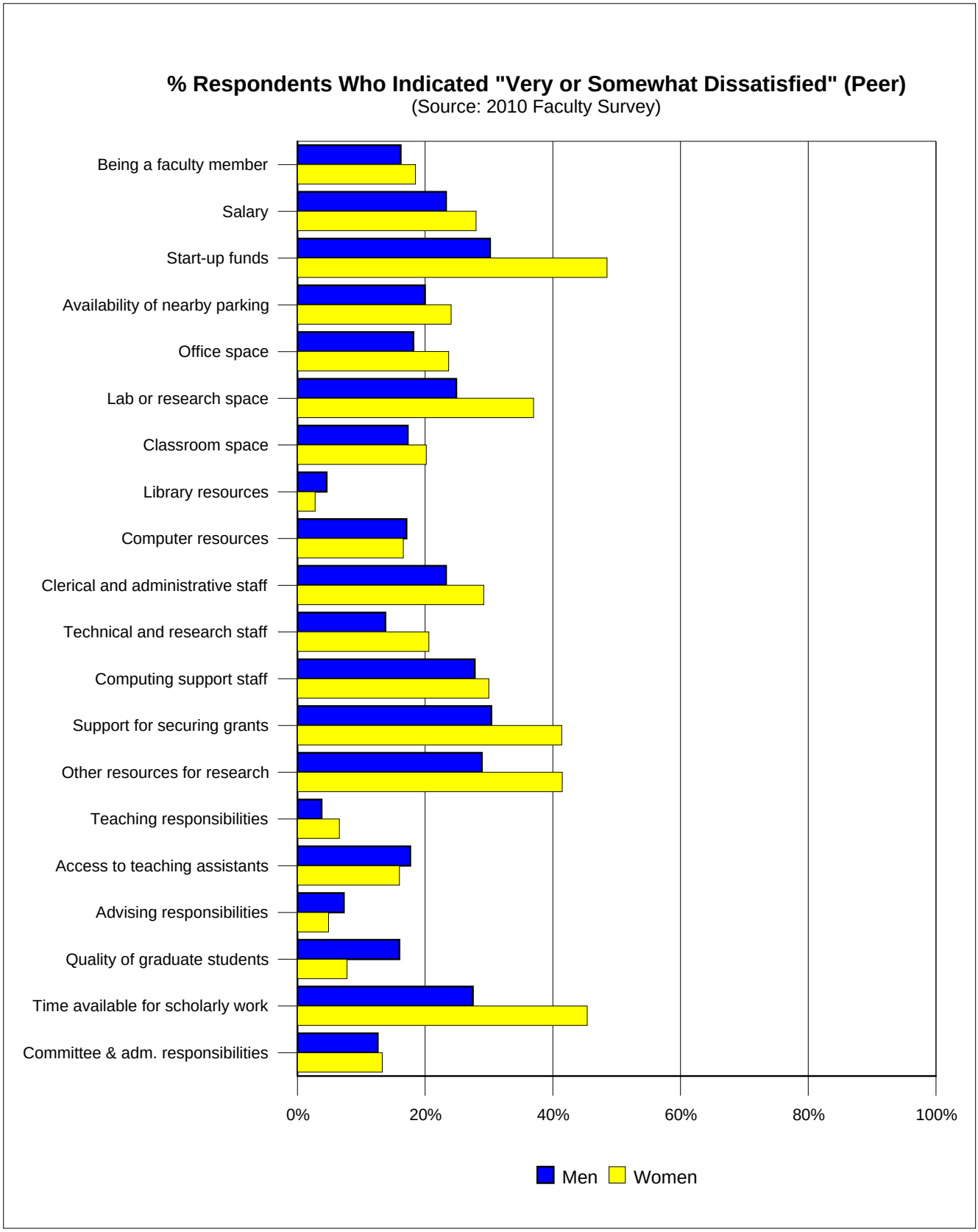


Figure 2


% Respondents Who Indicated "Very or Somewhat Dissatisfied" (Peer)
(Source: 2010 Faculty Survey)
Being a faculty member
Salary
Start-up funds
Availability of nearby parking
Office space
Lab or research space
Classroom space
Library resources
Computer resources
Clerical and administrative staff
Technical and research staff
Computing support staff
Support for securing grants
Other resources for research
Teaching responsibilities
Access to teaching assistants
Advising responsibilities
Quality of graduate students
Time available for scholarly work
Committee & adm. responsibilities
0%
20%
40%
60%
80%
100%
Men
Women

II. Workload (Clinical)

Figure 1

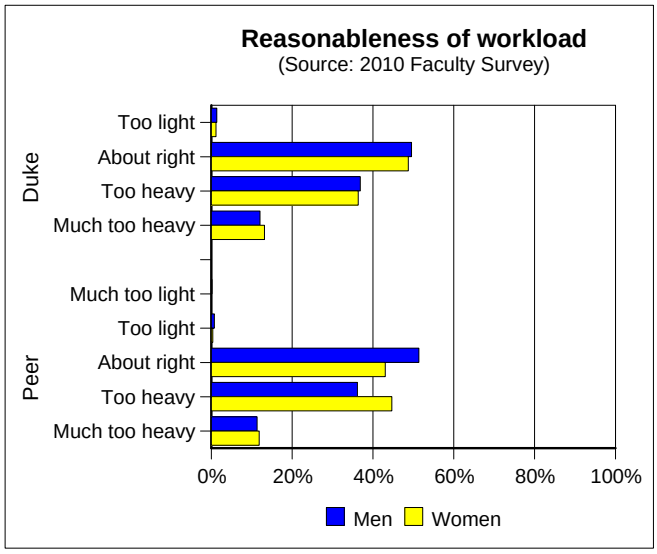


Figure 2

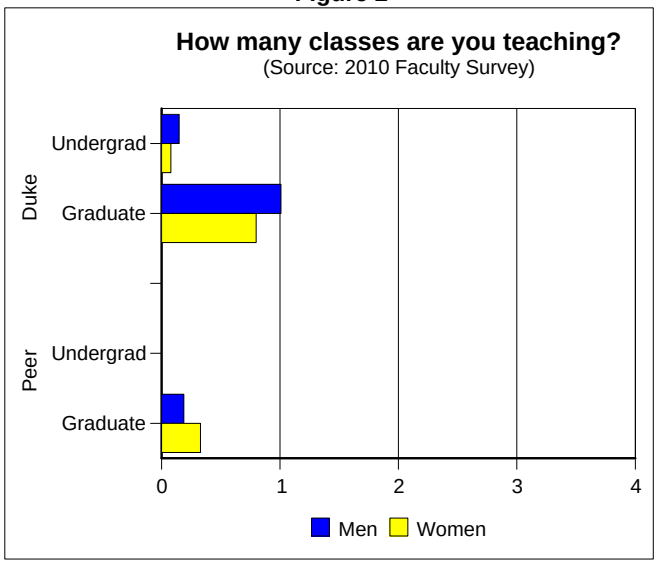


Figure 3

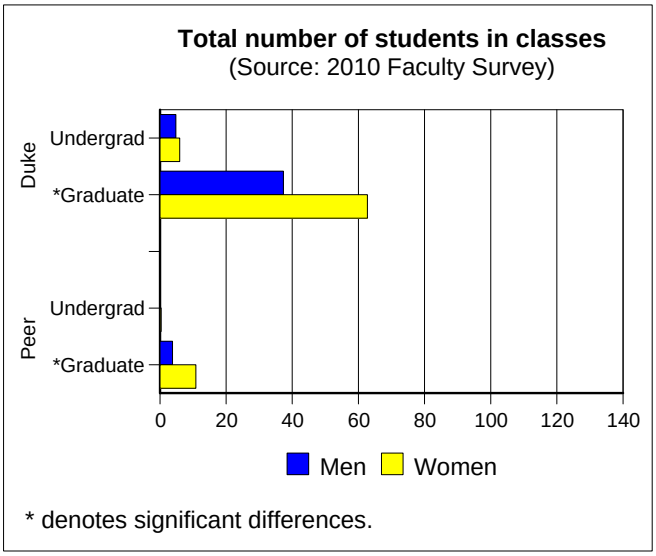


Figure 4

Figure 5

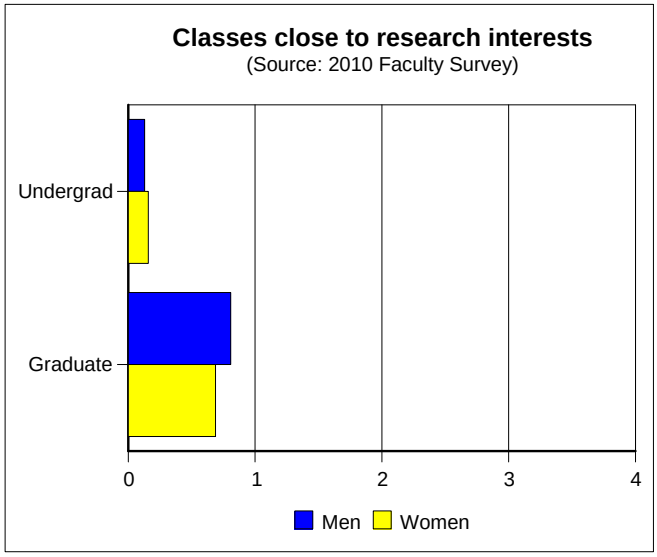


Figure 6

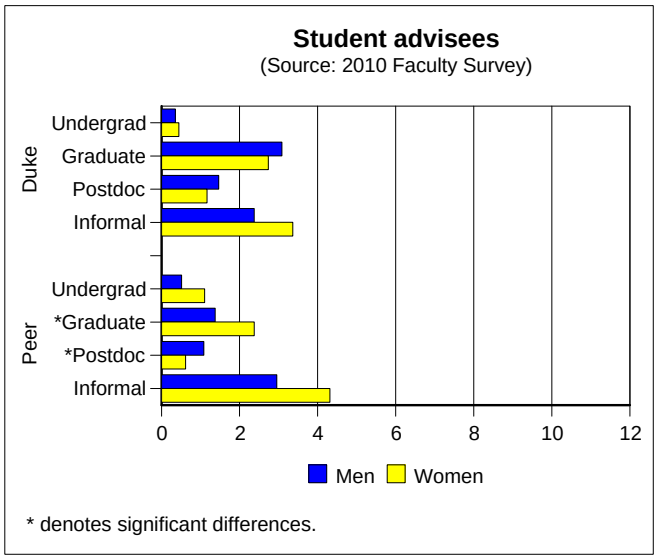


Figure 7

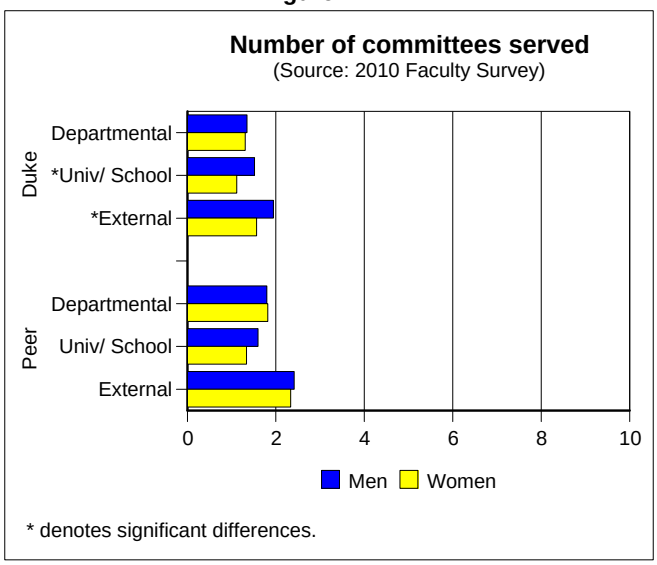


Figure 8

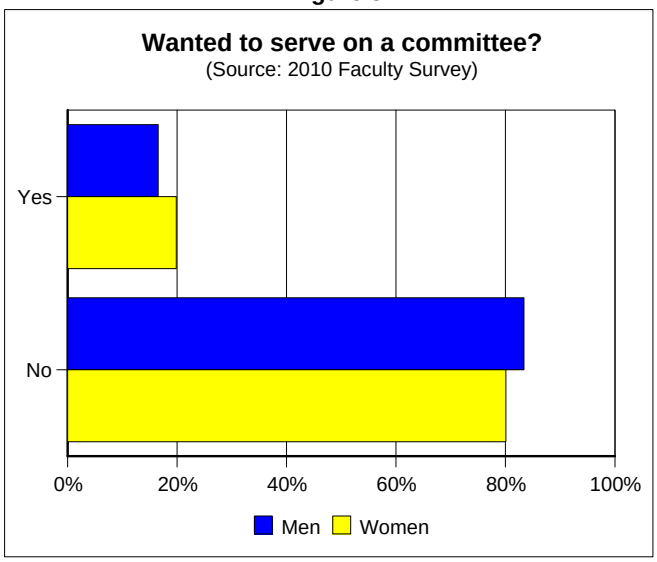


Figure 9

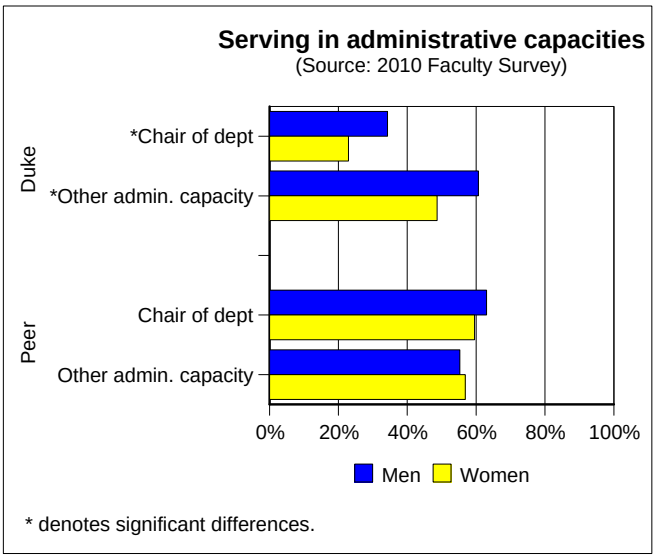


Figure 10

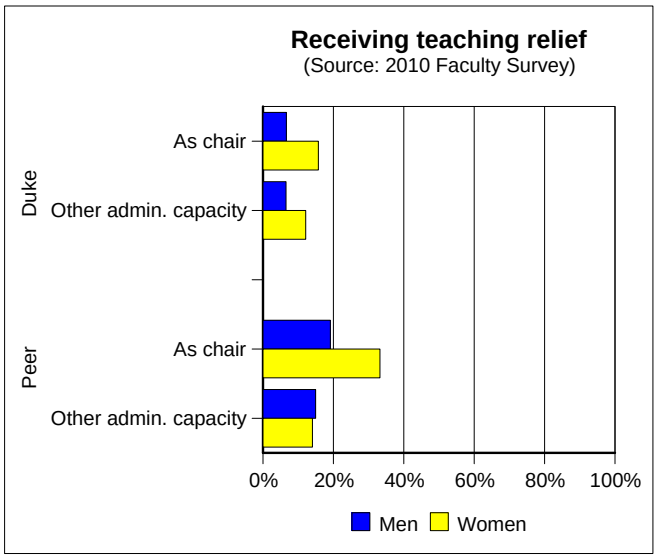


Figure 11

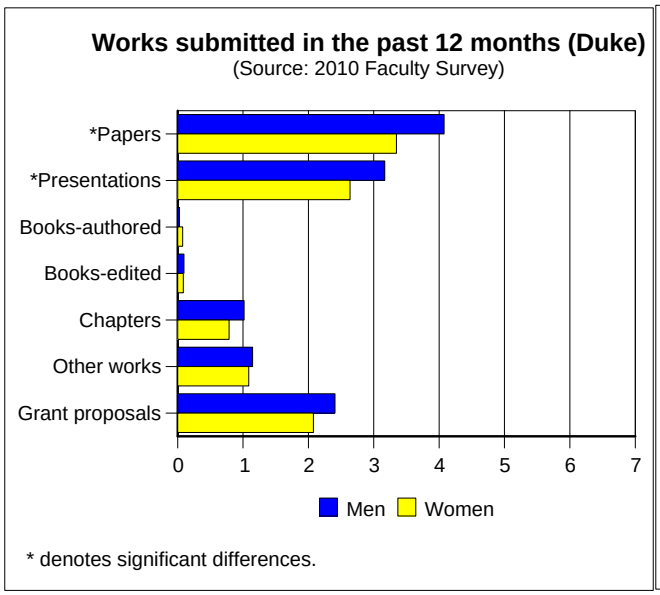


Figure 12

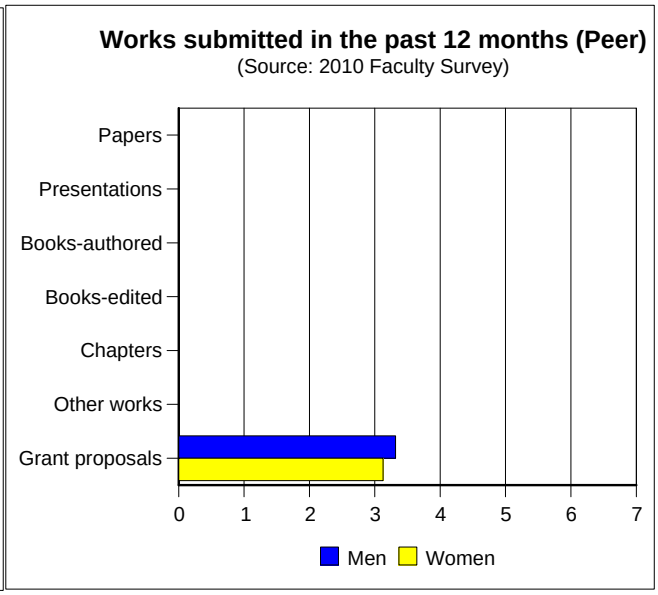


Figure 13

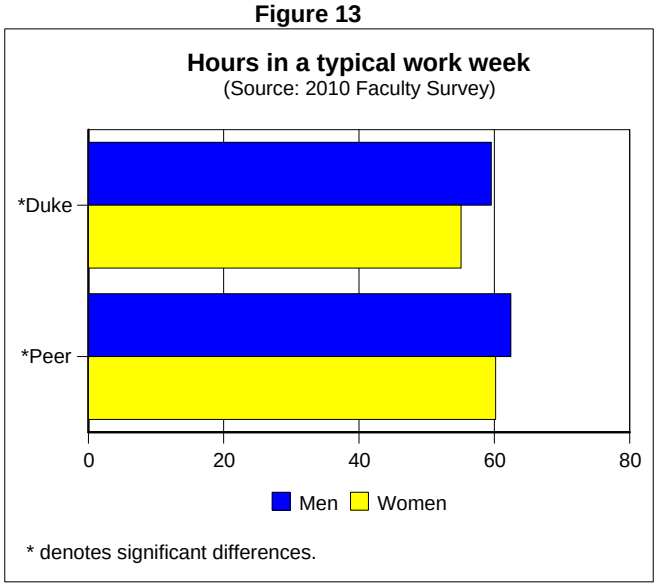


Figure 14

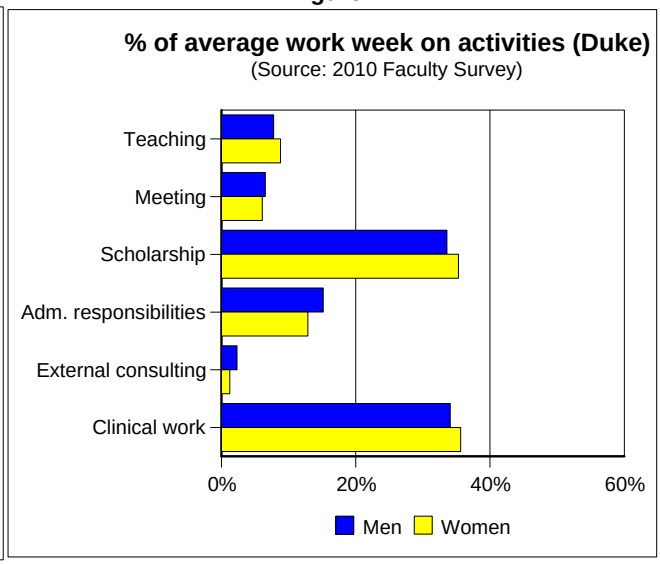


Figure 15

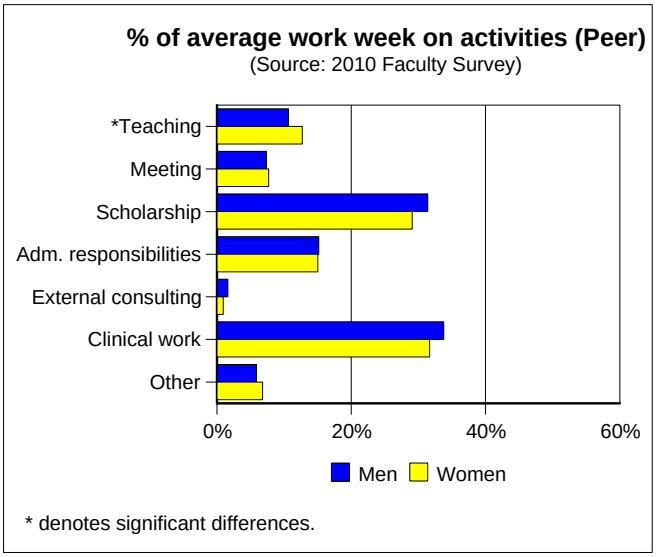


Figure 16

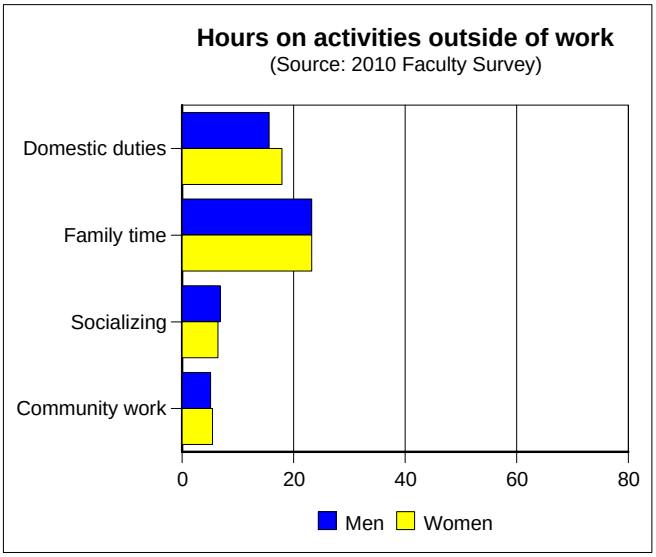


Figure 17

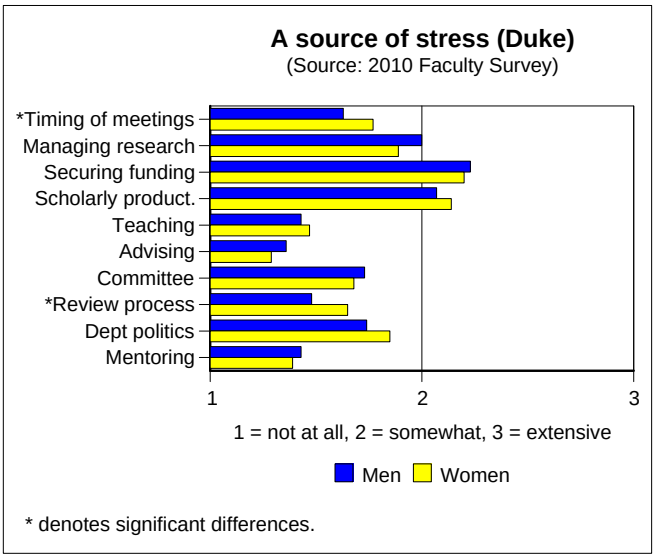


Figure 18

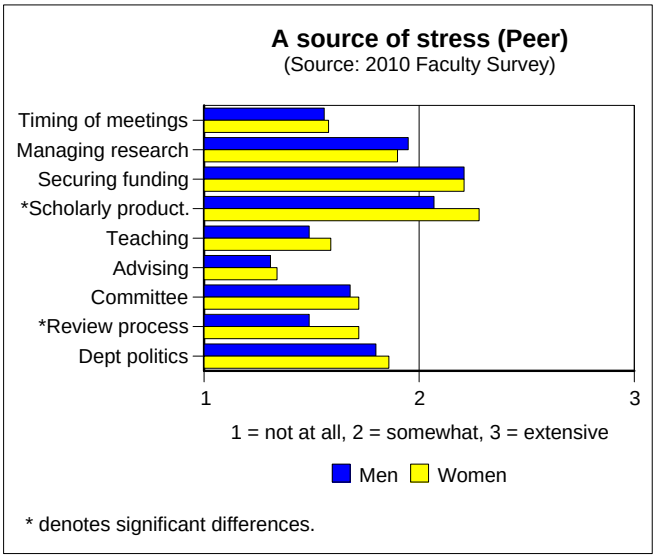


Figure 19

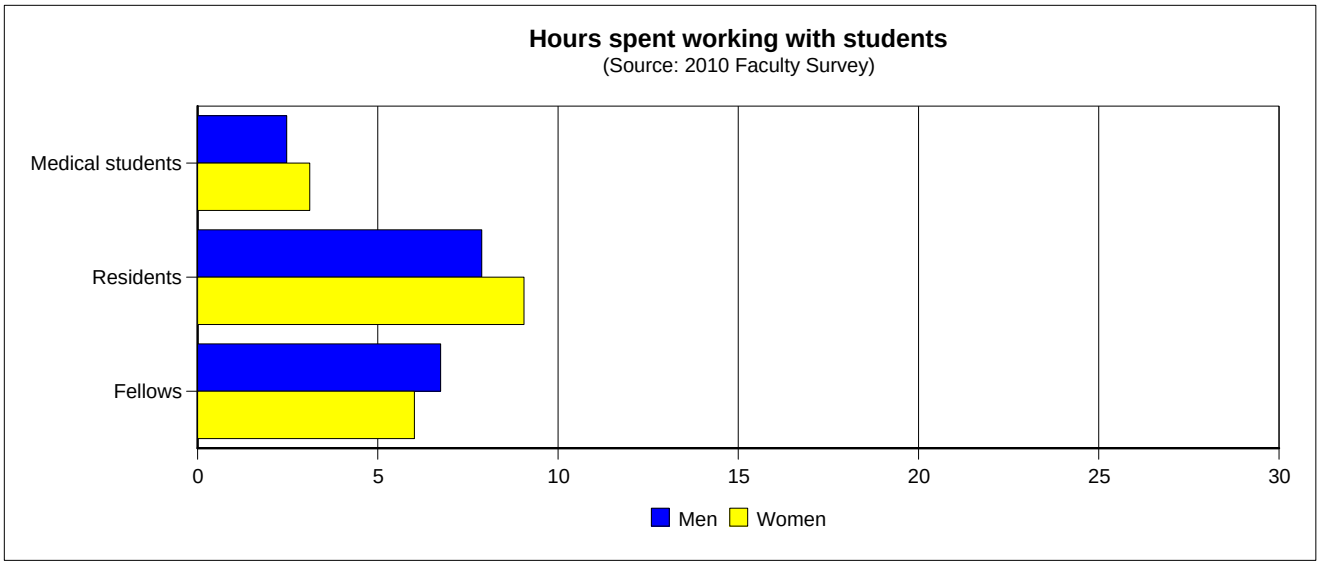


Figure 20

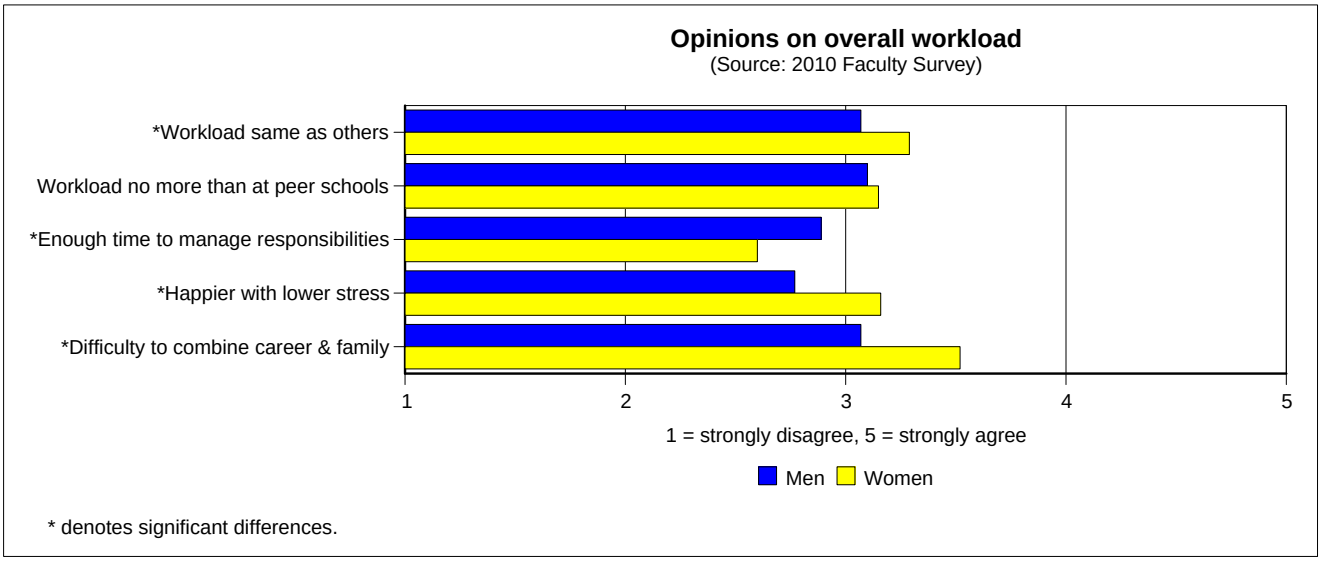
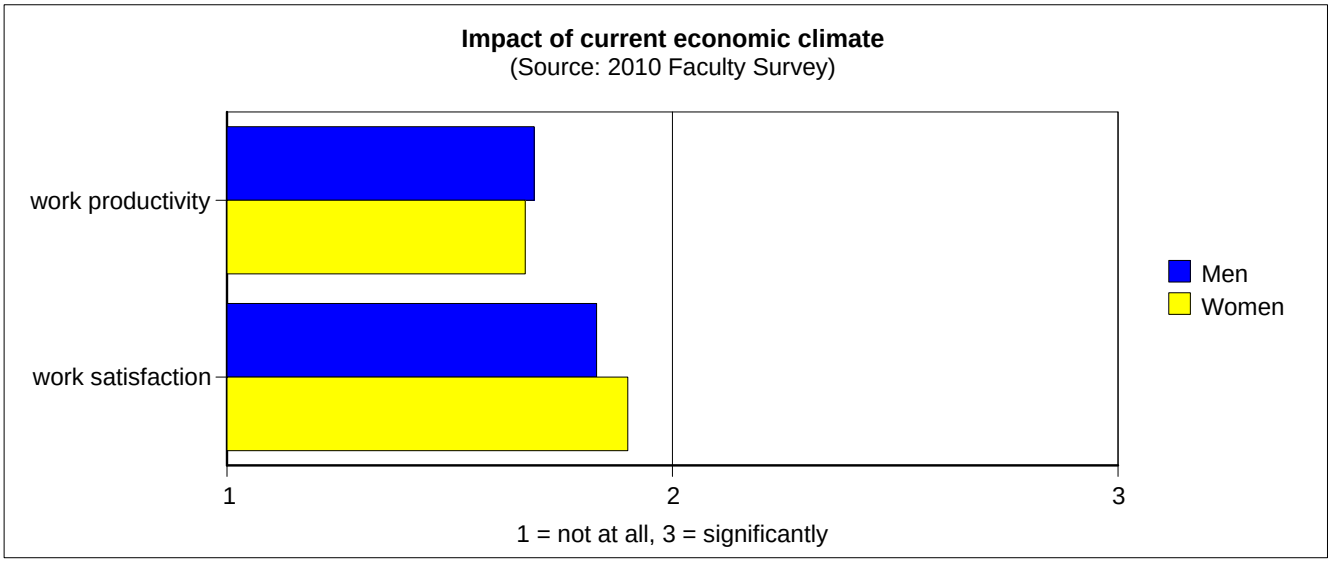
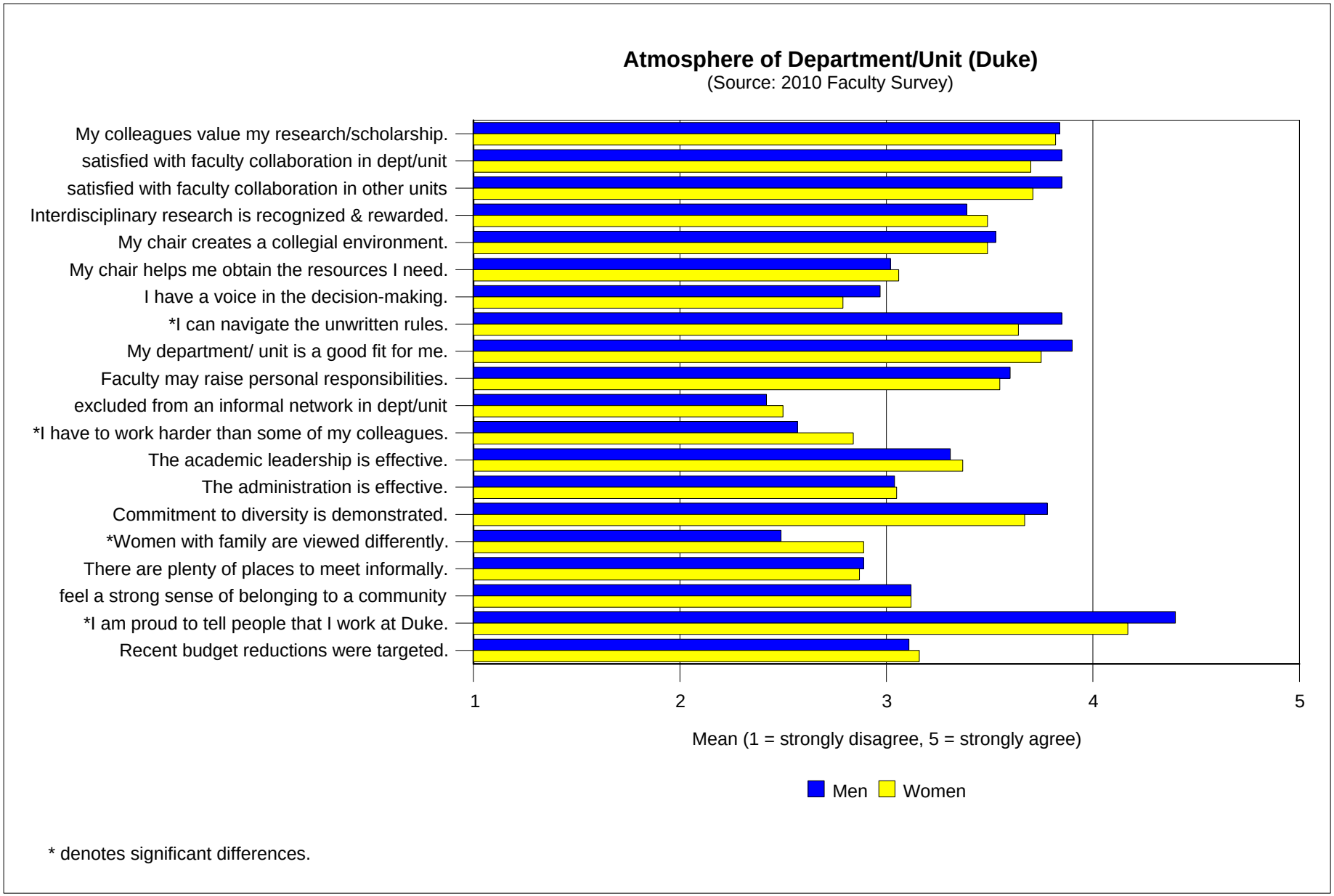


Figure 21



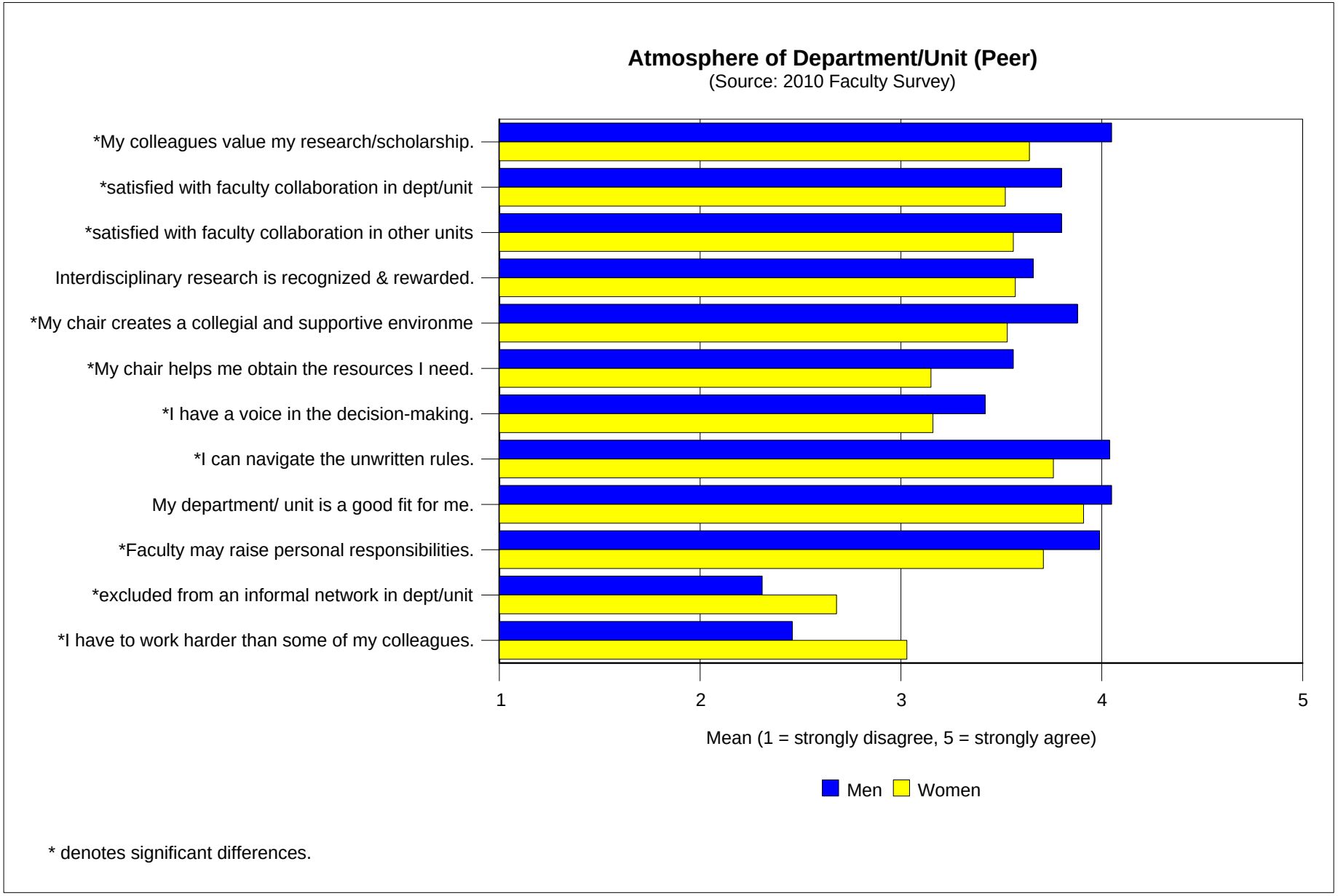
III. Atmosphere of Department/Unit (Clinical)

Figure 1



* denotes significant differences.

Figure 2



* denotes significant differences.

III. Atmosphere of Department/Unit by Gender (Clinical)

Figure 1

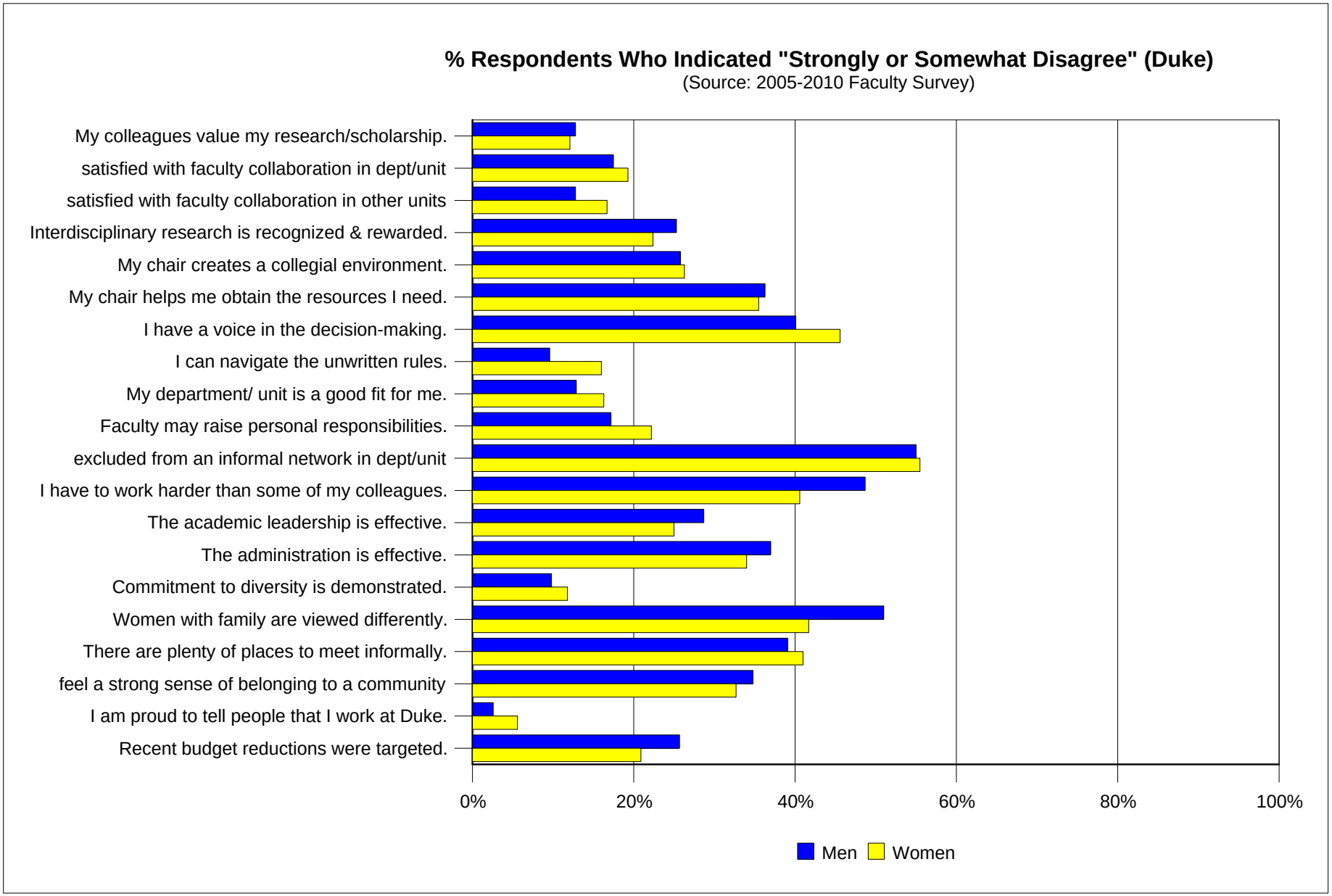
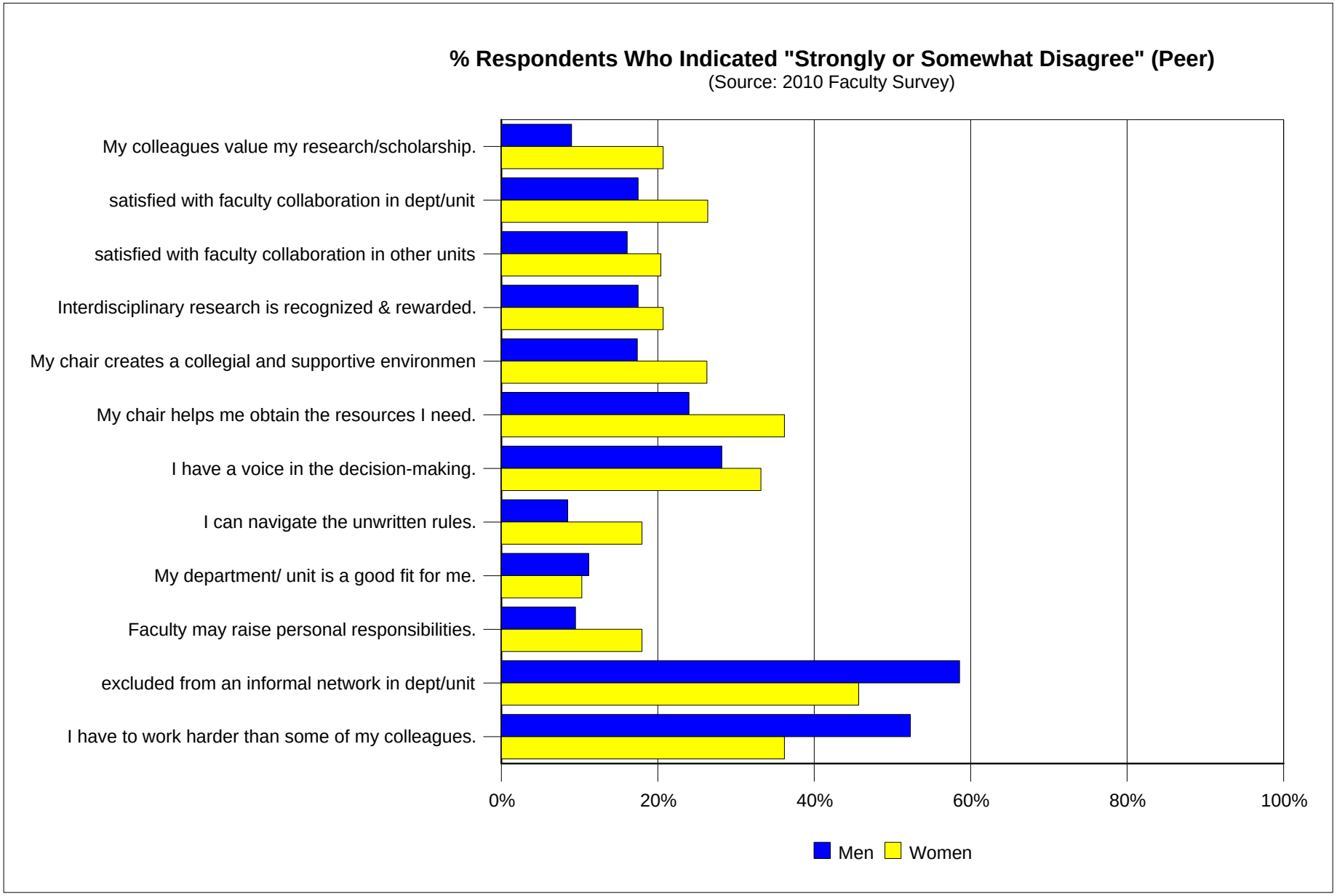


Figure 2


% Respondents Who Indicated "Strongly or Somewhat Disagree" (Peer)
(Source: 2010 Faculty Survey)
My colleagues value my research/scholarship.
satisfied with faculty collaboration in dept/unit
satisfied with faculty collaboration in other units
Interdisciplinary research is recognized & rewarded.
My chair creates a collegial and supportive environmen
My chair helps me obtain the resources I need.
I have a voice in the decision-making.
I can navigate the unwritten rules.
My department/ unit is a good fit for me.
Faculty may raise personal responsibilities.
excluded from an informal network in dept/unit
I have to work harder than some of my colleagues.
0%
20%
40%
60%
80%
100%
Men
Women

IV. Mentoring (Clinical)

Figure 1

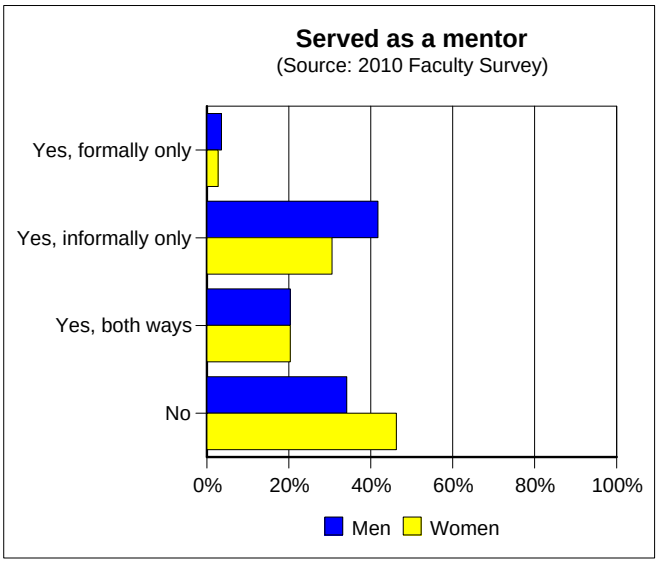


Figure 2

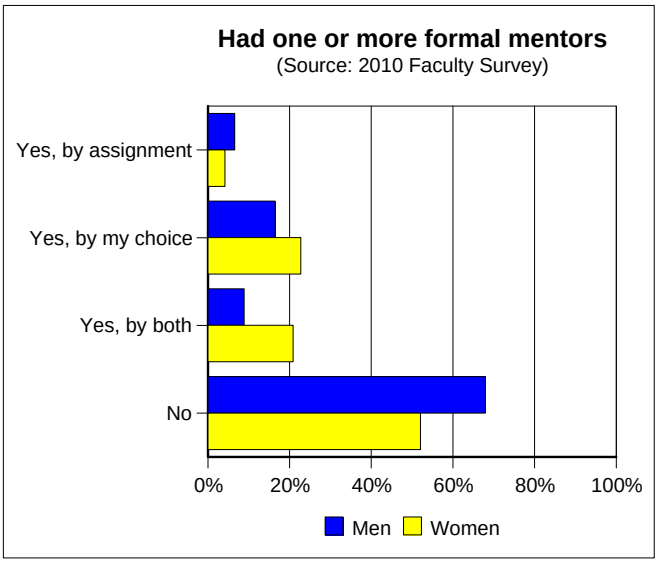


Figure 3

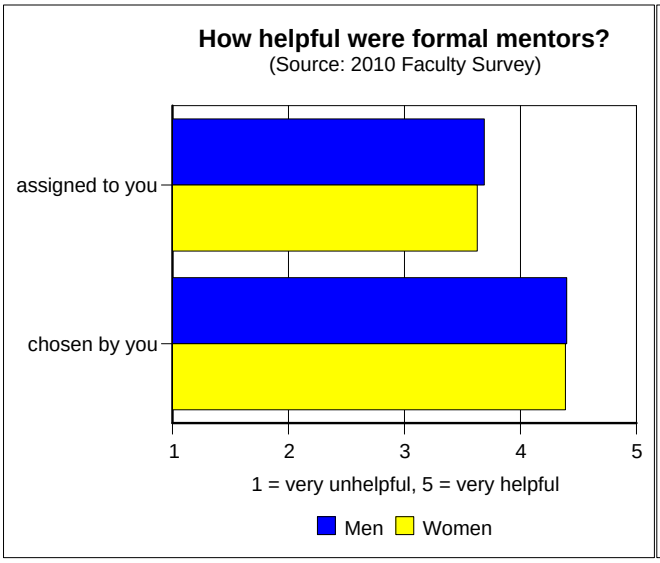


Figure 4

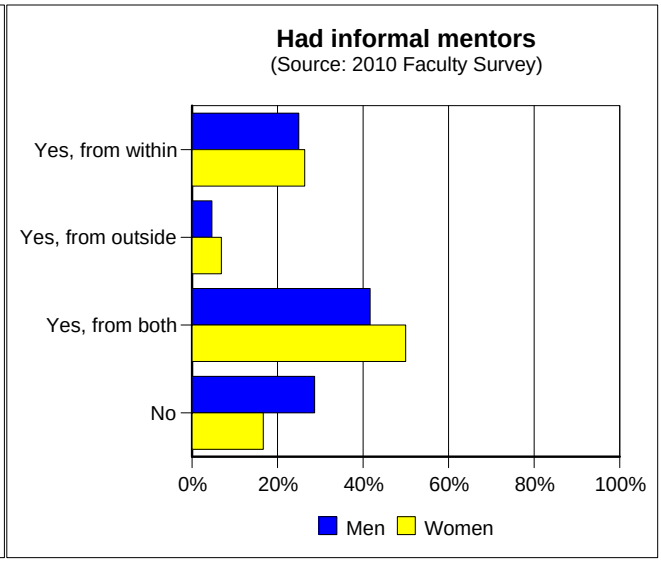


Figure 5

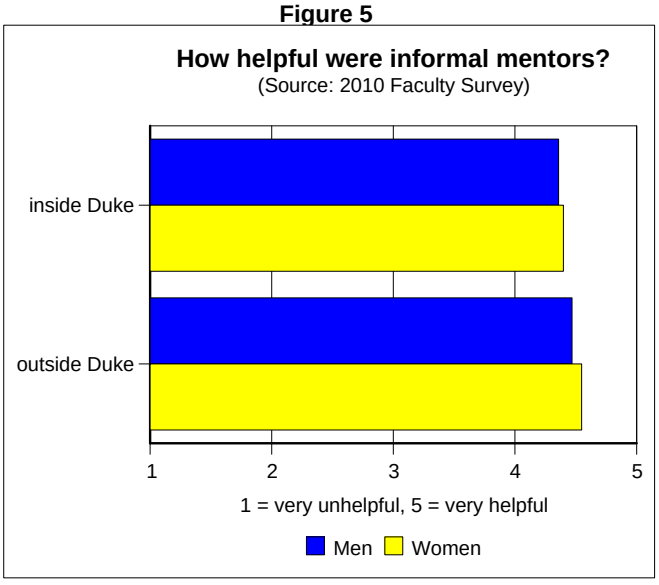


Figure 6

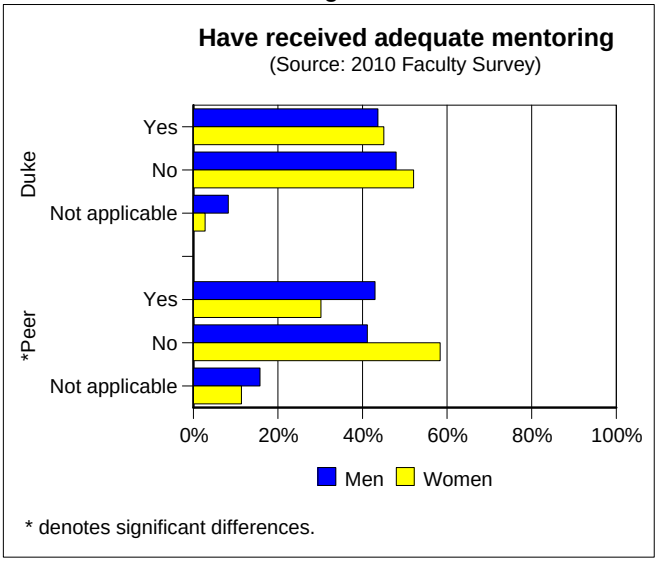
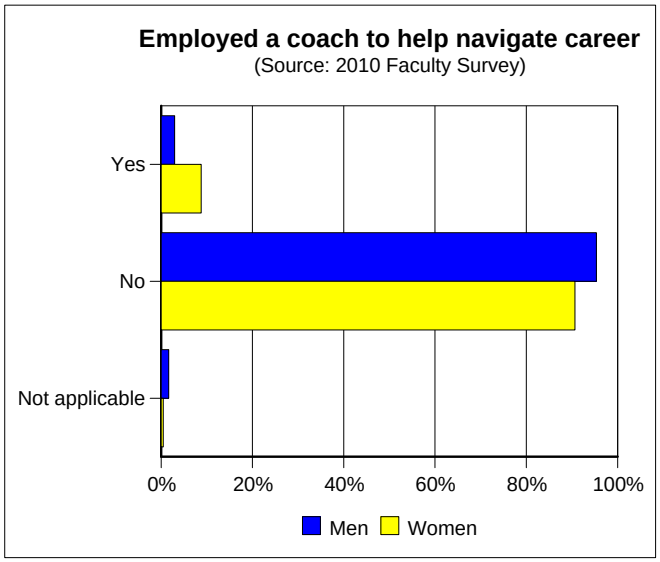


Figure 7


Employed a coach to help navigate career
(Source: 2010 Faculty Survey)
Yes
No
Not applicable
0%
20%
40%
60%
80%
100%
Men
Women

V. Promotion/Tenure (Clinical)

Figure 1

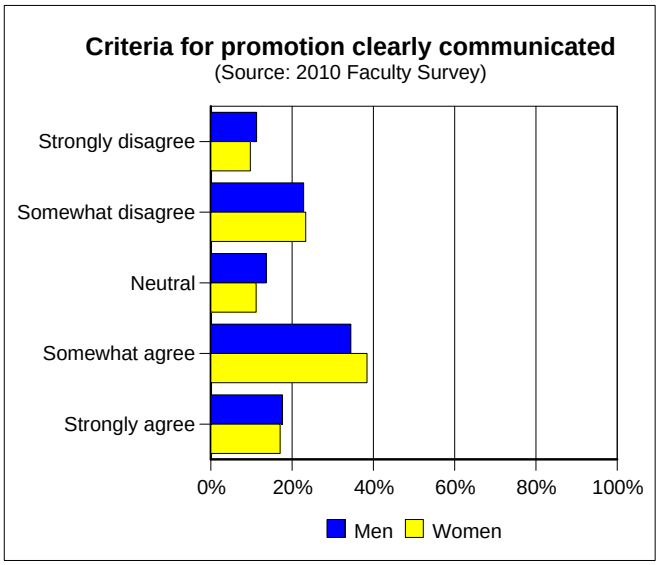


Figure 2

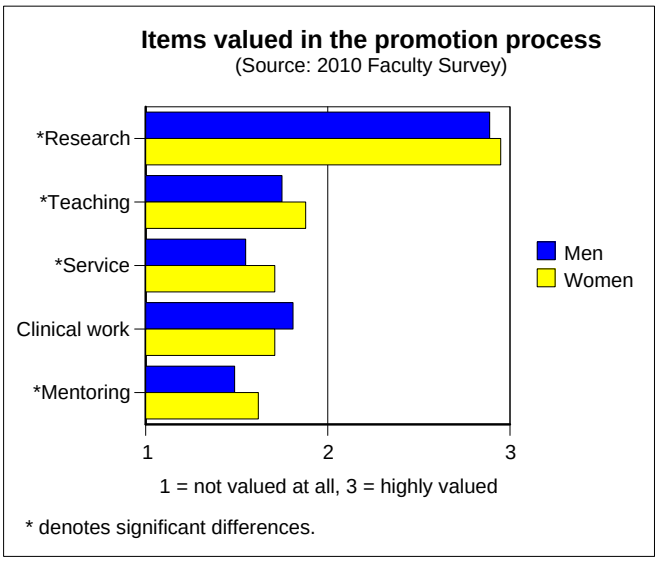


Figure 3

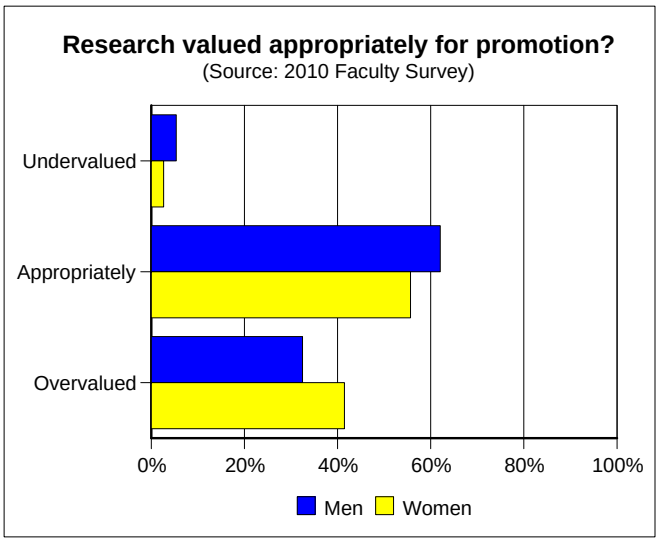


Figure 4

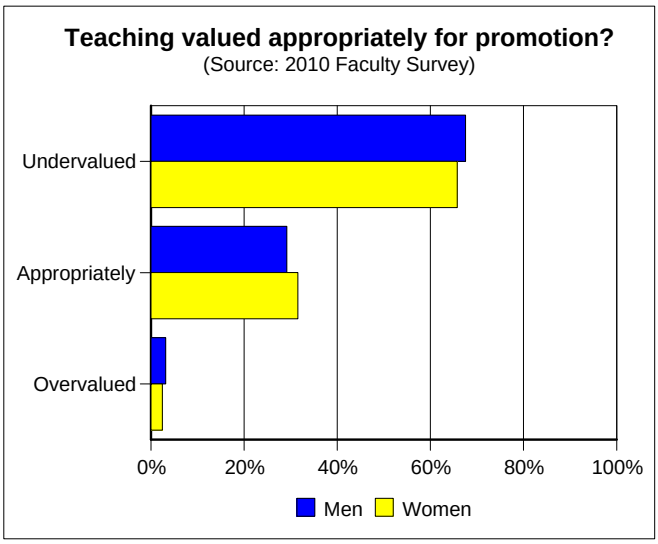


Figure 5

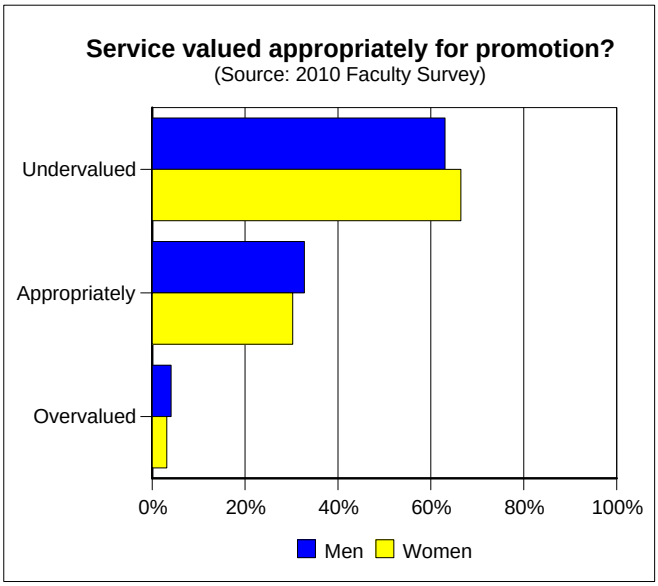


Figure 6

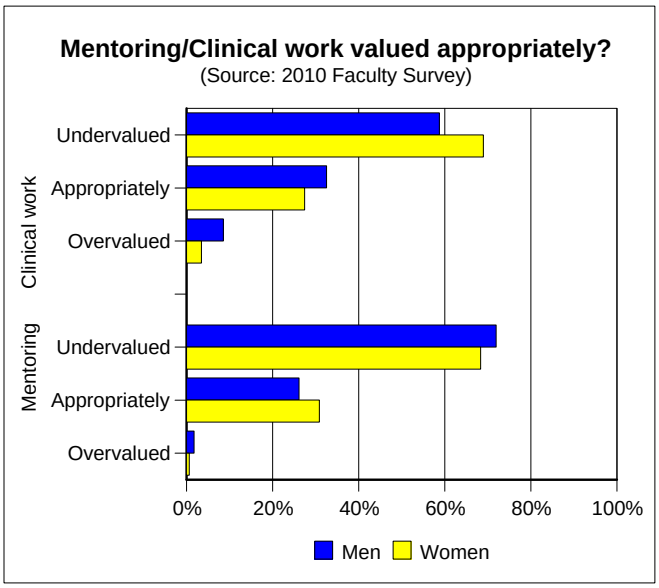


Figure 7

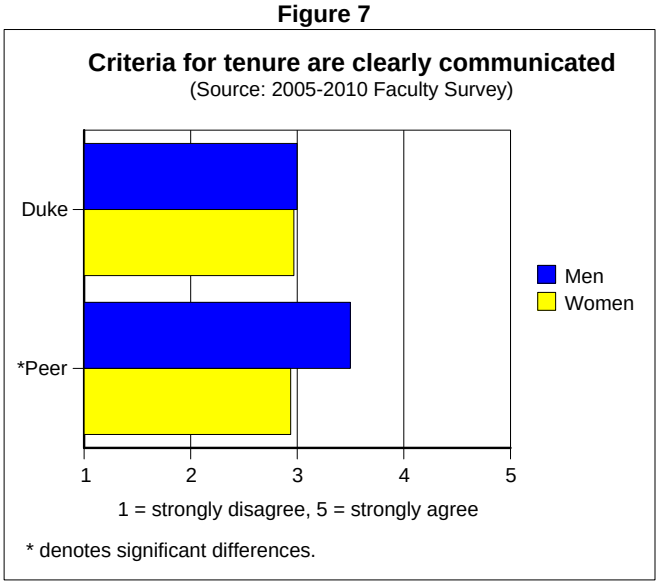


Figure 8

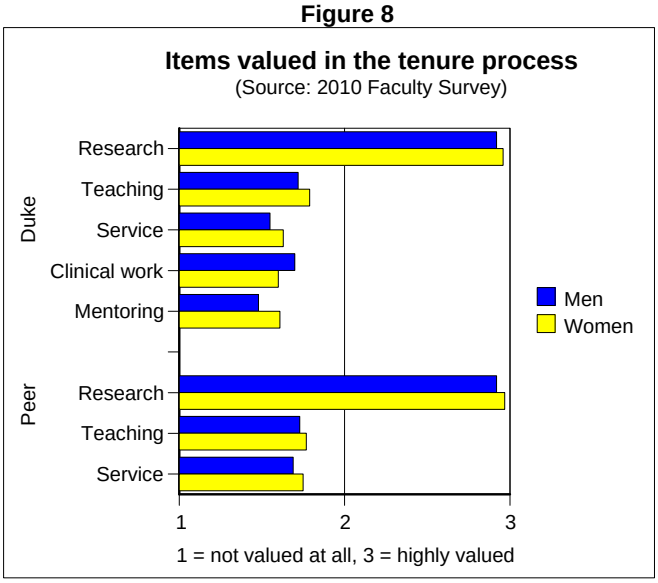


Figure 9

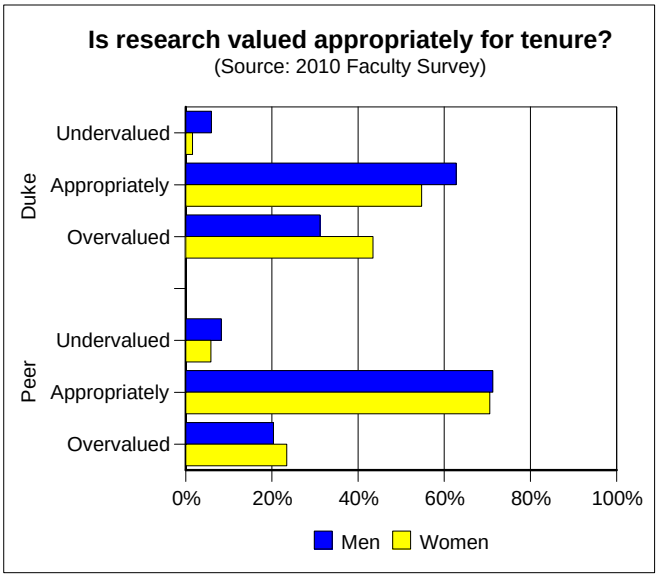


Figure 10

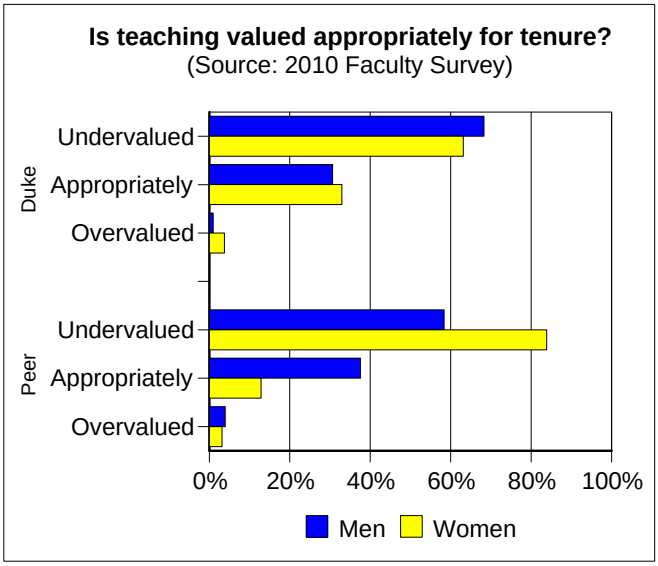


Figure 11

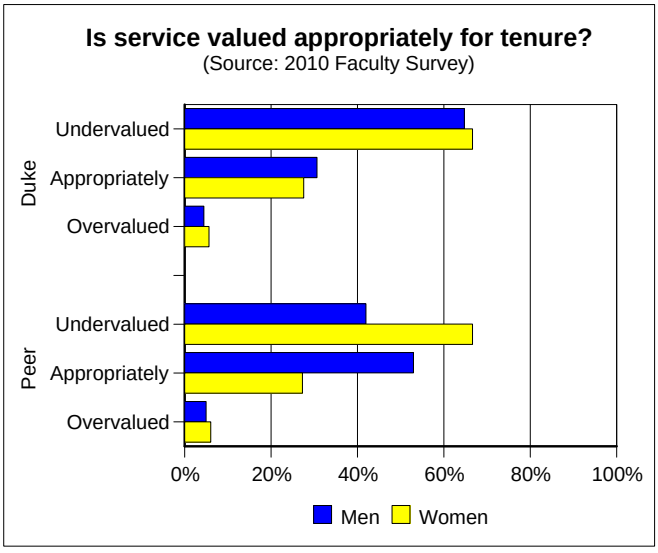


Figure 12

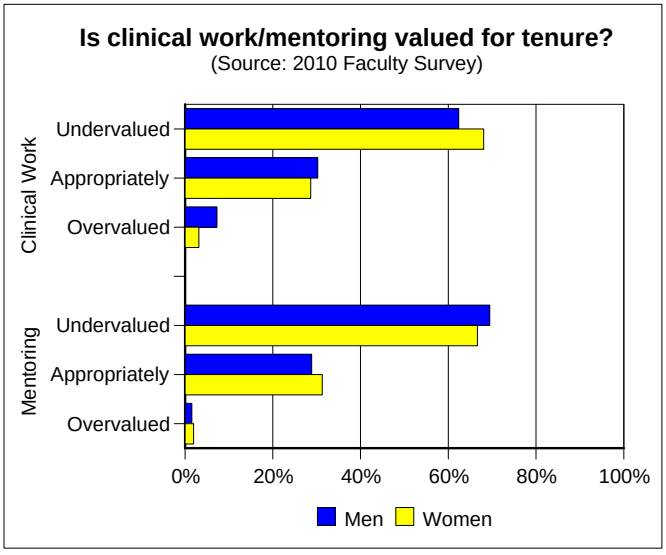


Figure 13

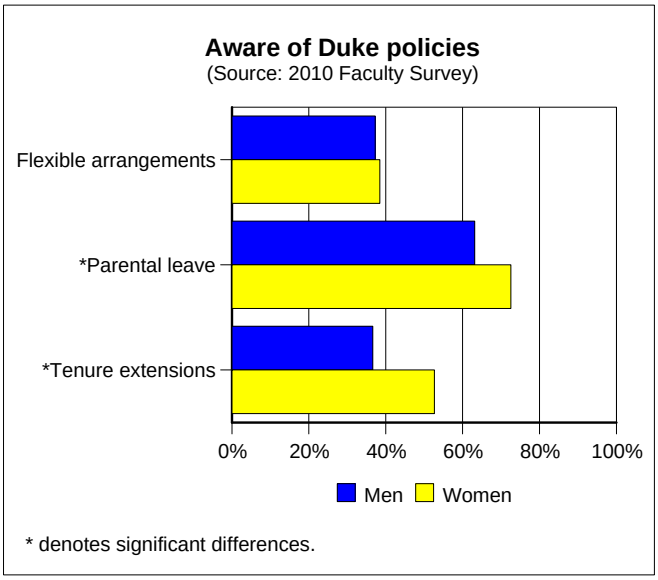


Figure 14

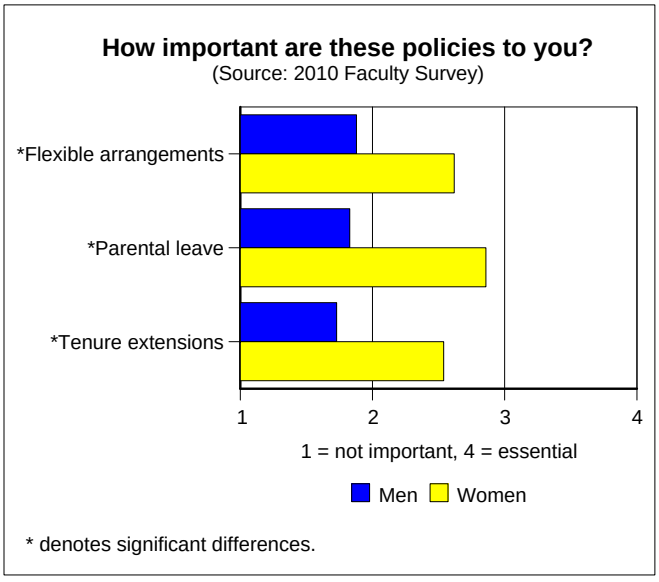


Figure 15

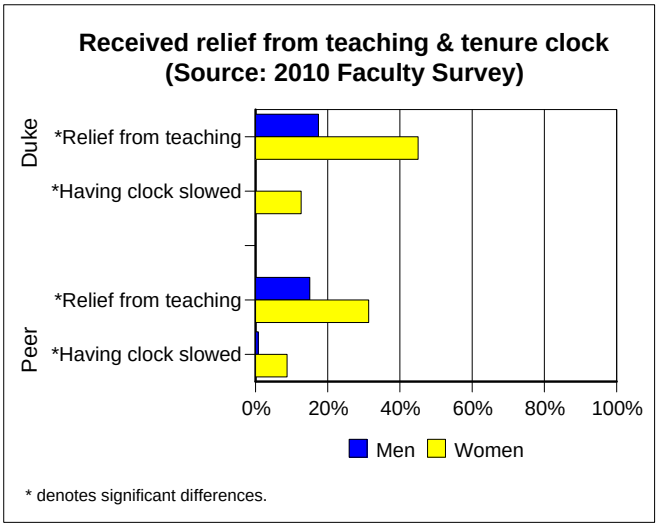
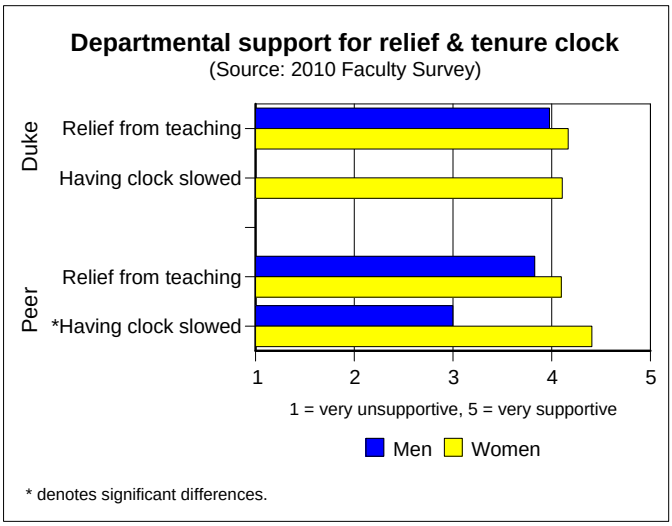


Figure 16



VI. Hiring/Retention (Clinical)

Figure 1

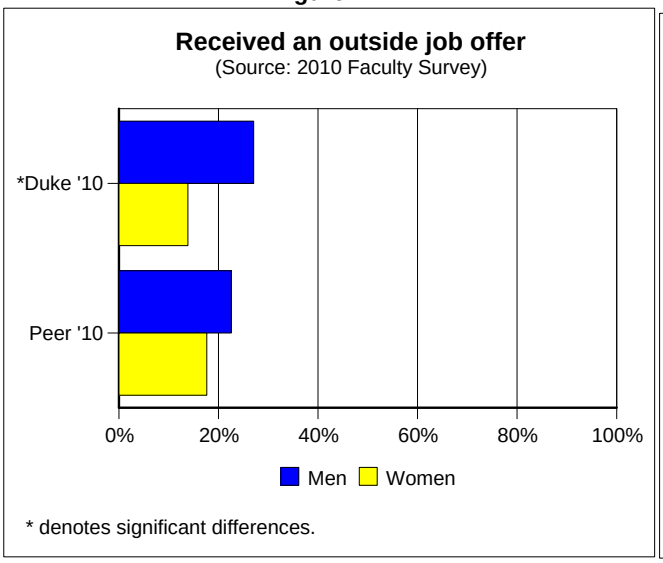


Figure 2

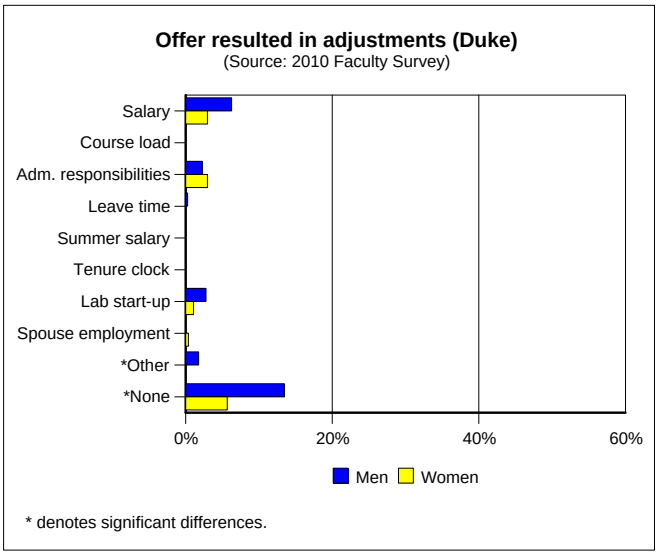


Figure 3

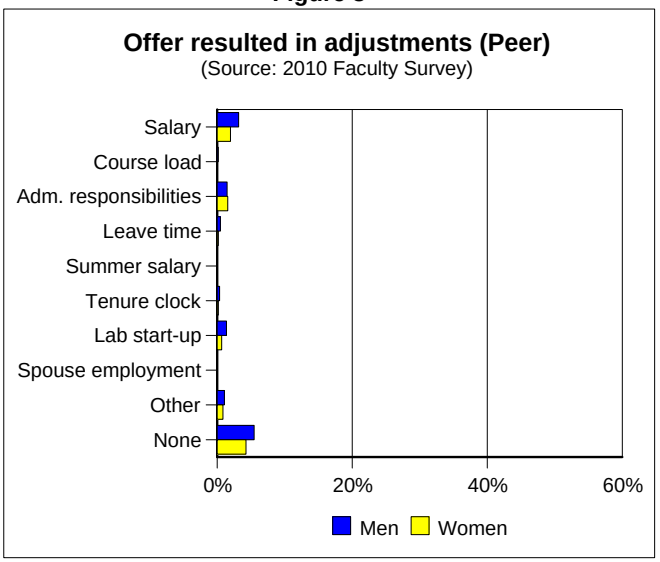


Figure 4

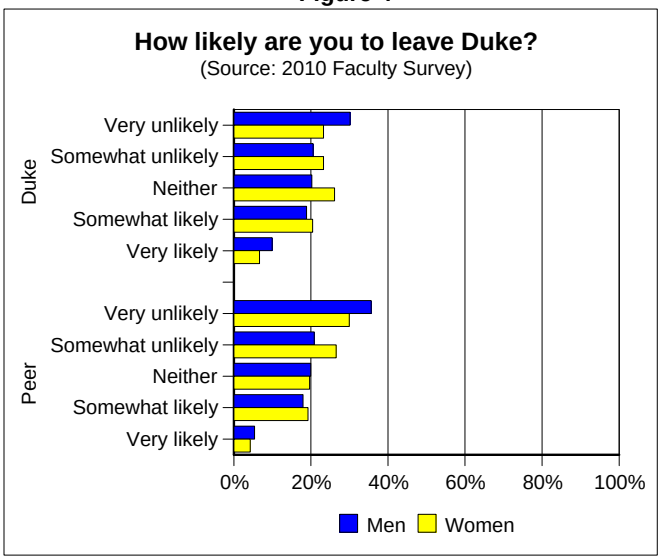


Figure 5

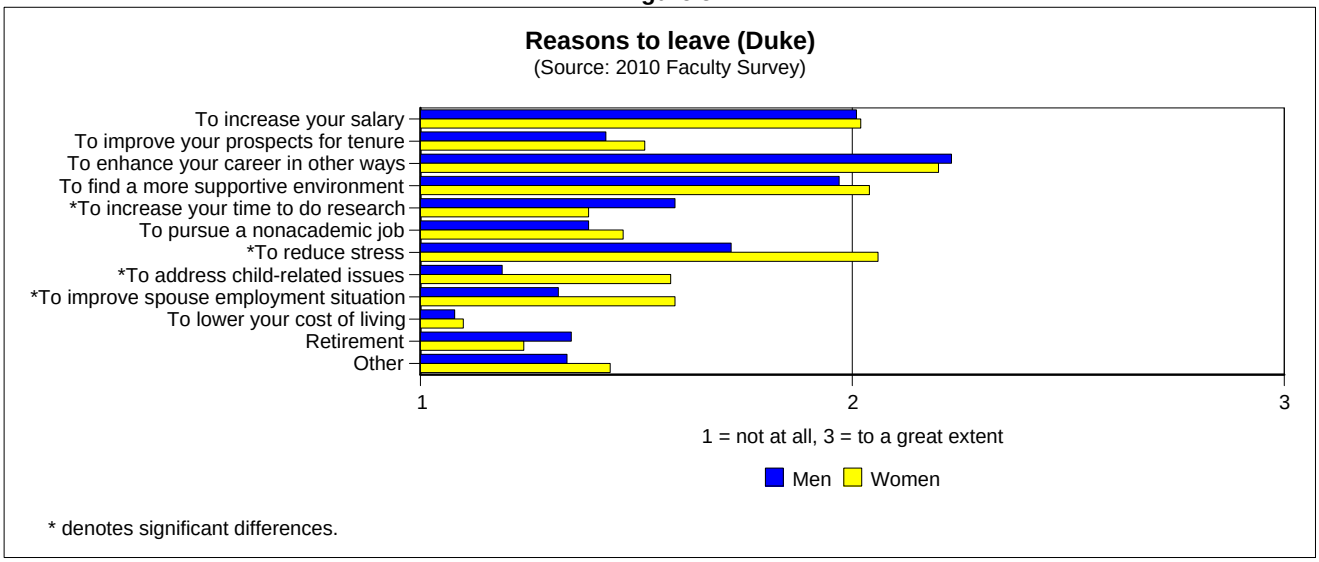
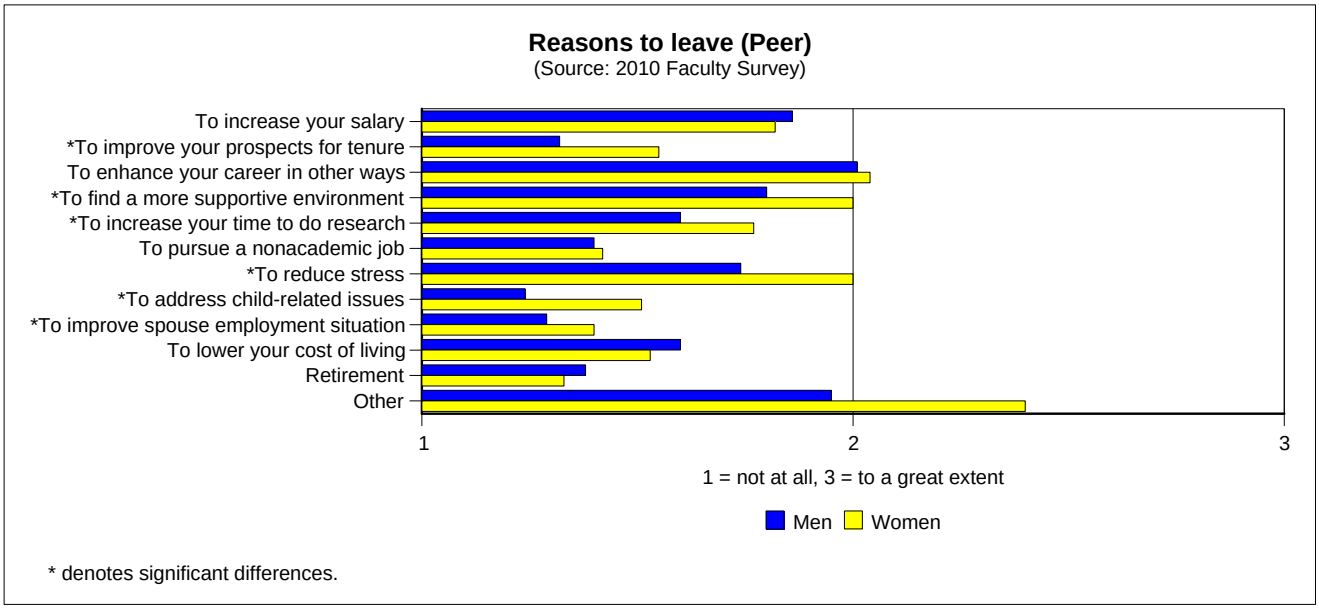


Figure 6



* denotes significant differences.

VII. Life outside the Institution (Clinical)

Figure 1

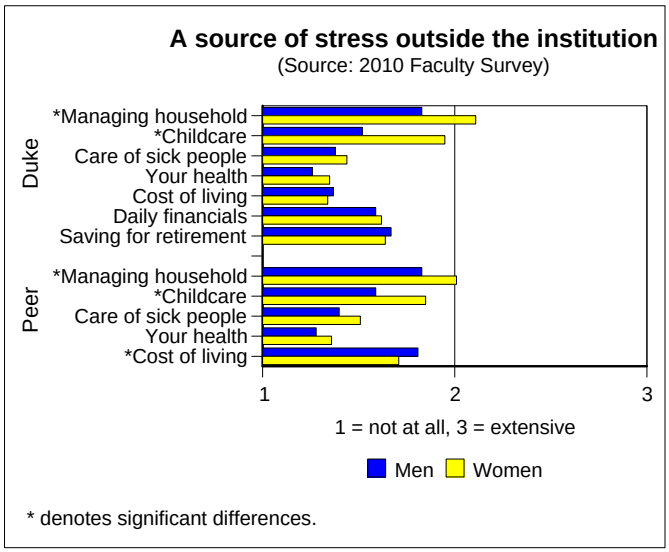


Figure 2

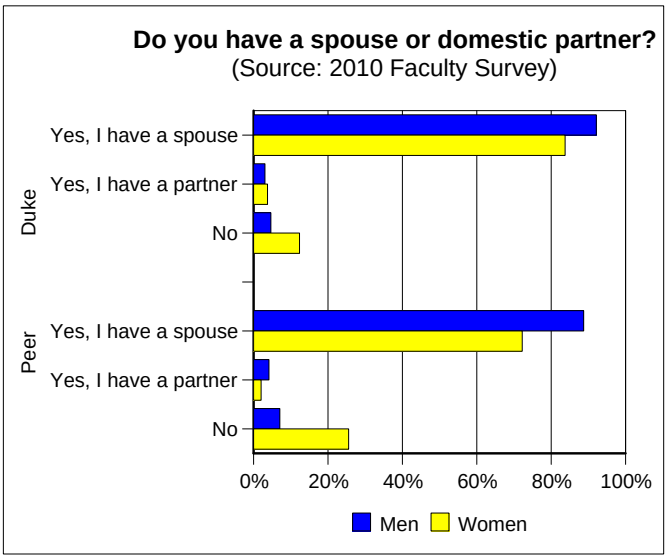


Figure 3

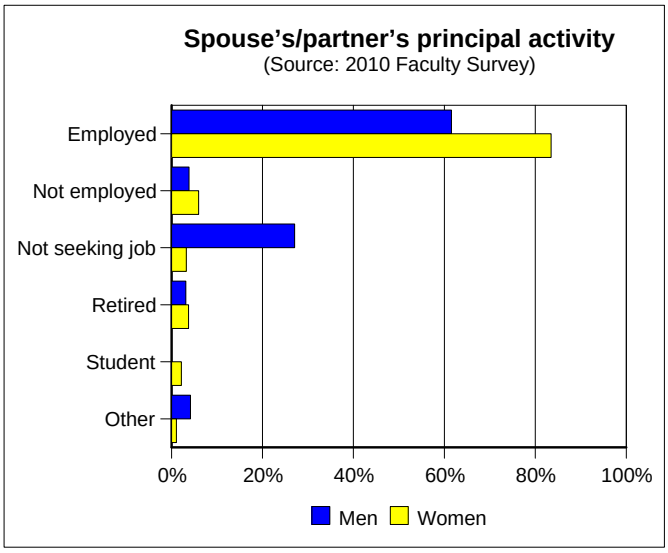


Figure 4

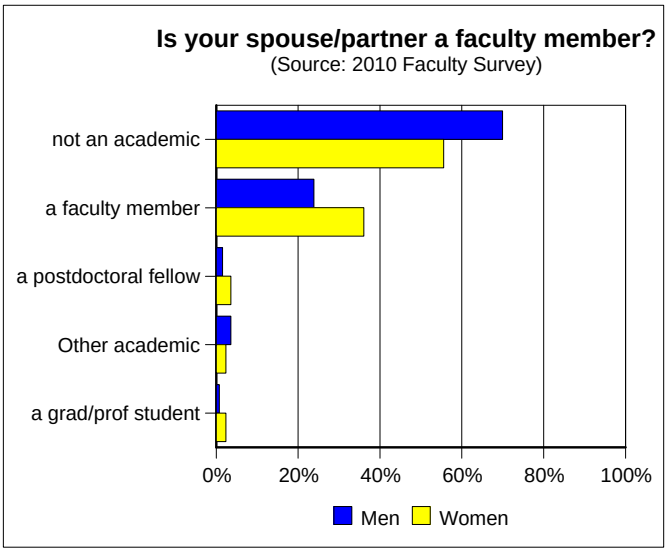


Figure 5

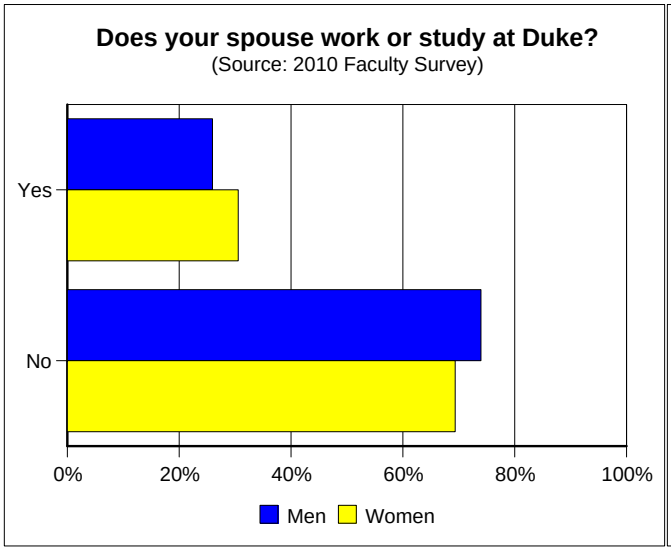


Figure 6

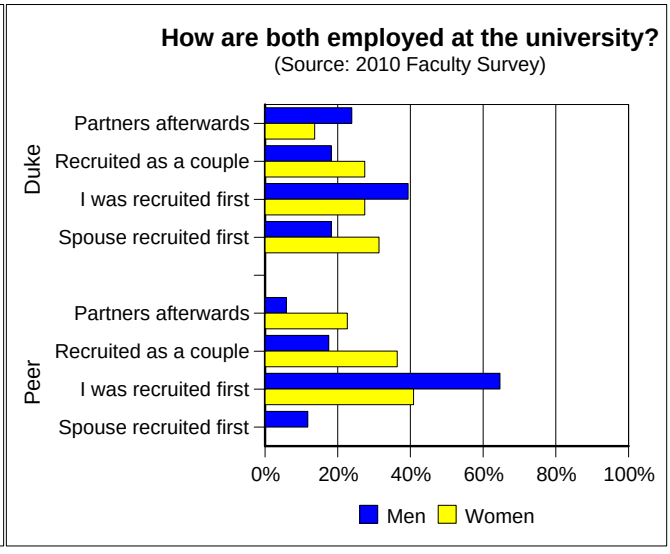


Figure 7

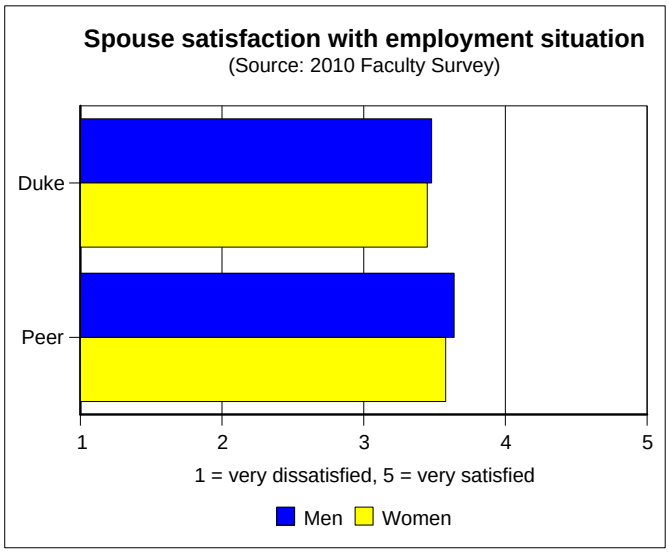


Figure 8

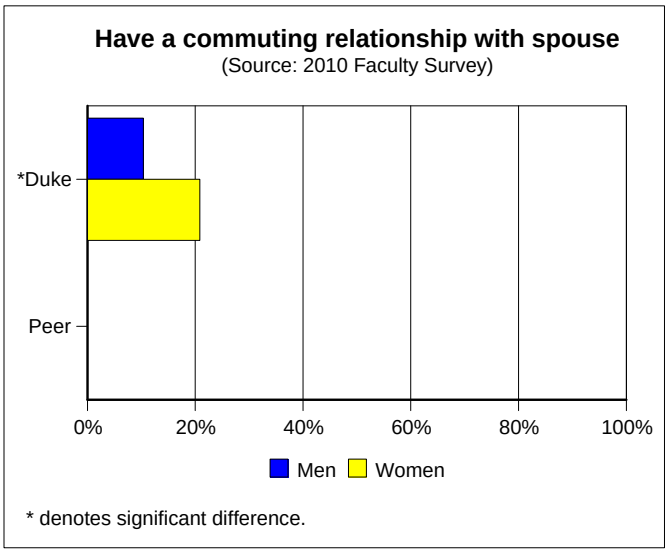


Figure 9

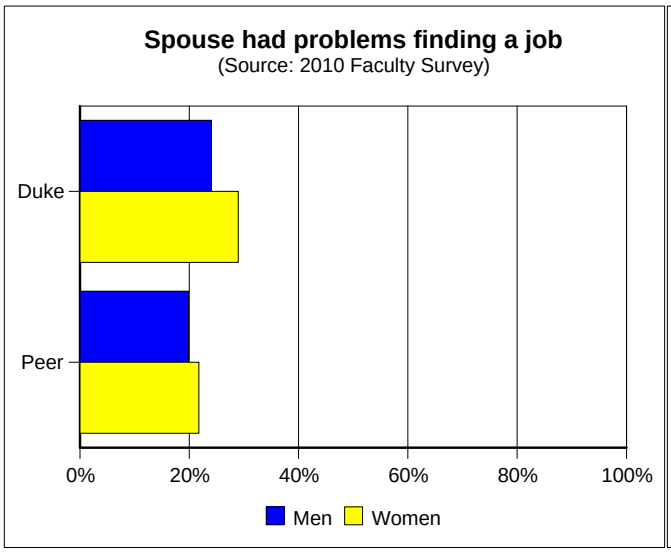


Figure 10

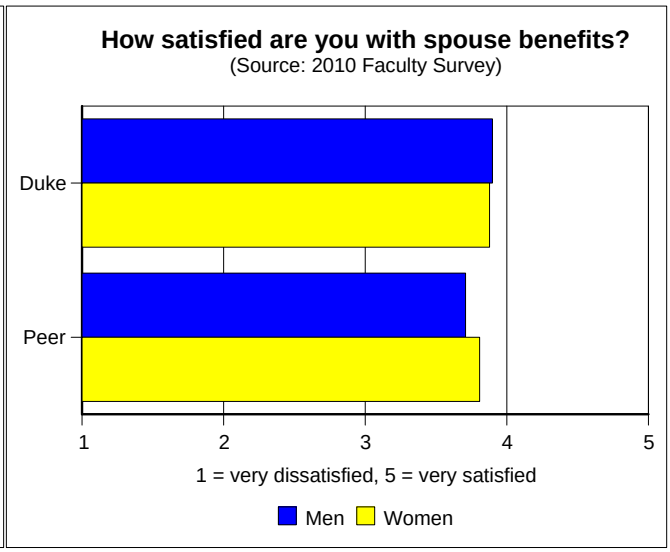


Figure 11

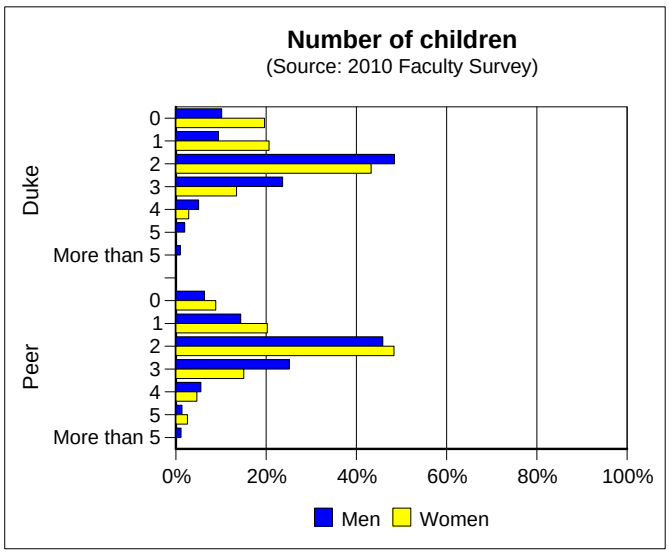


Figure 12

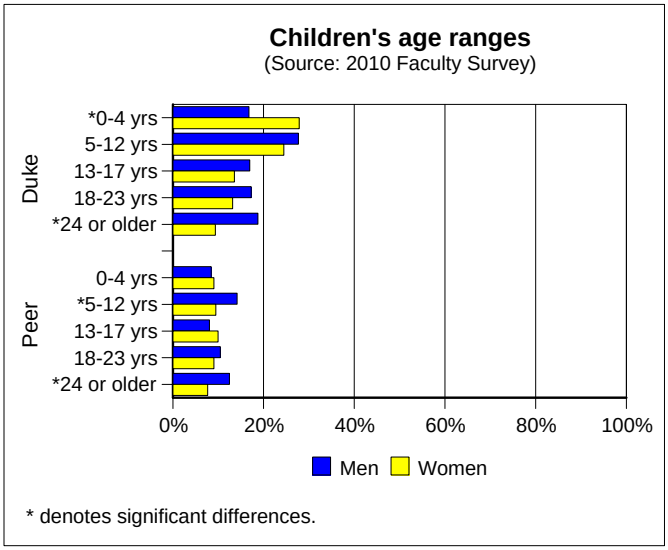


Figure 13

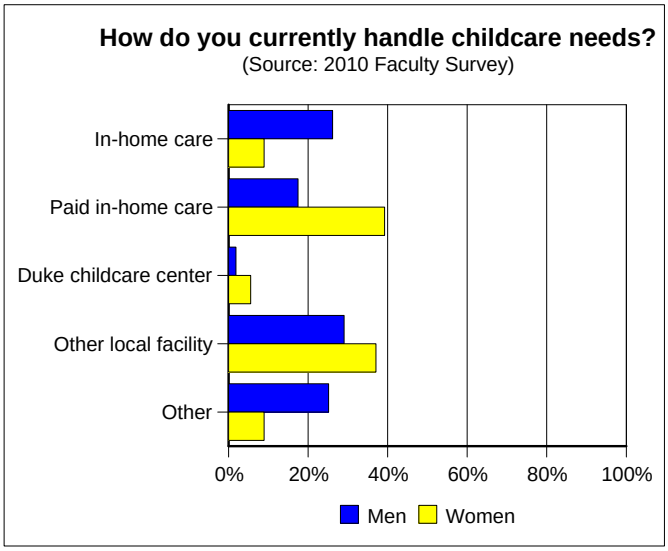


Figure 14

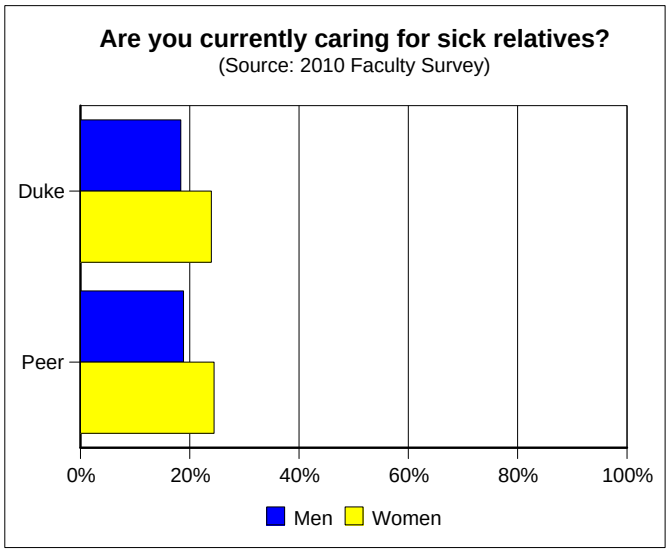


Figure 15

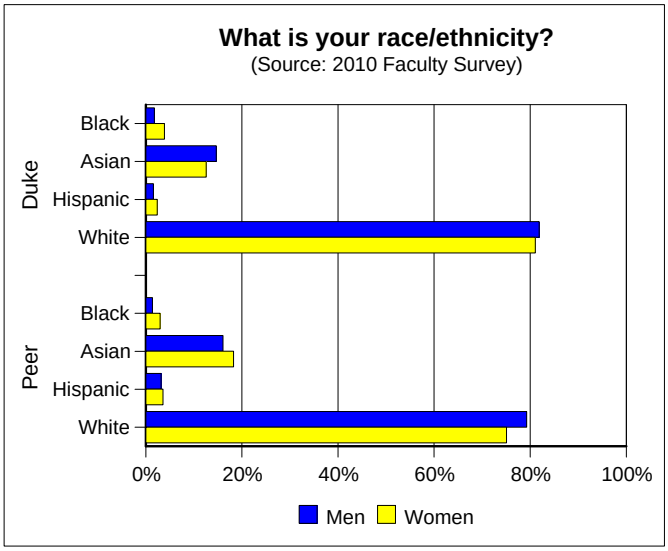


Figure 16

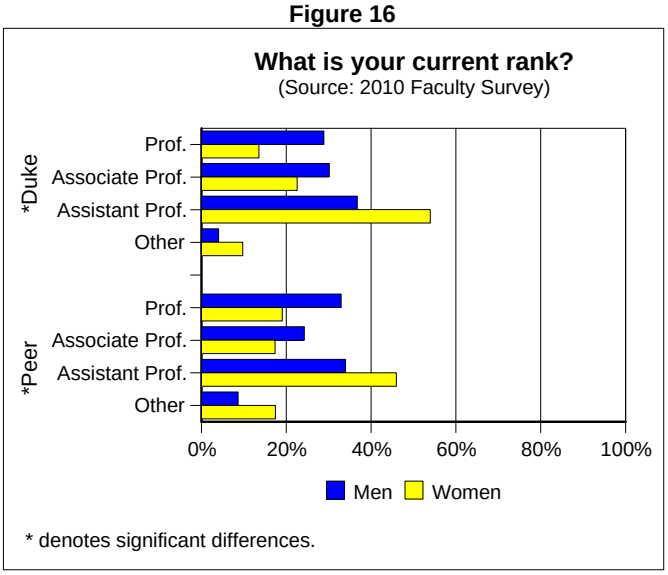
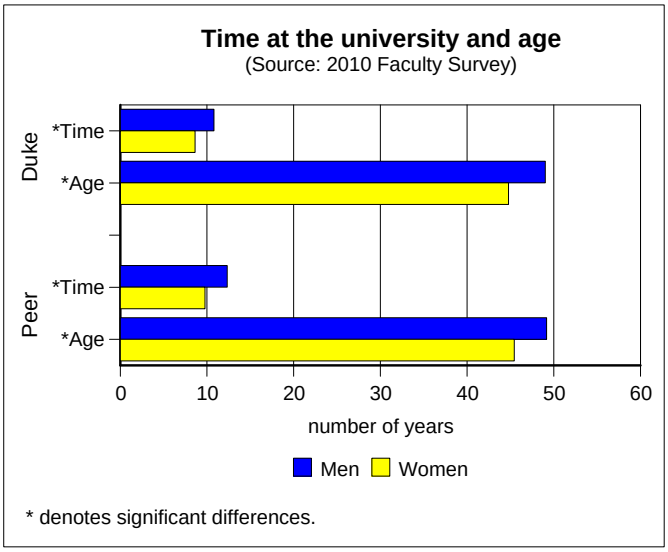


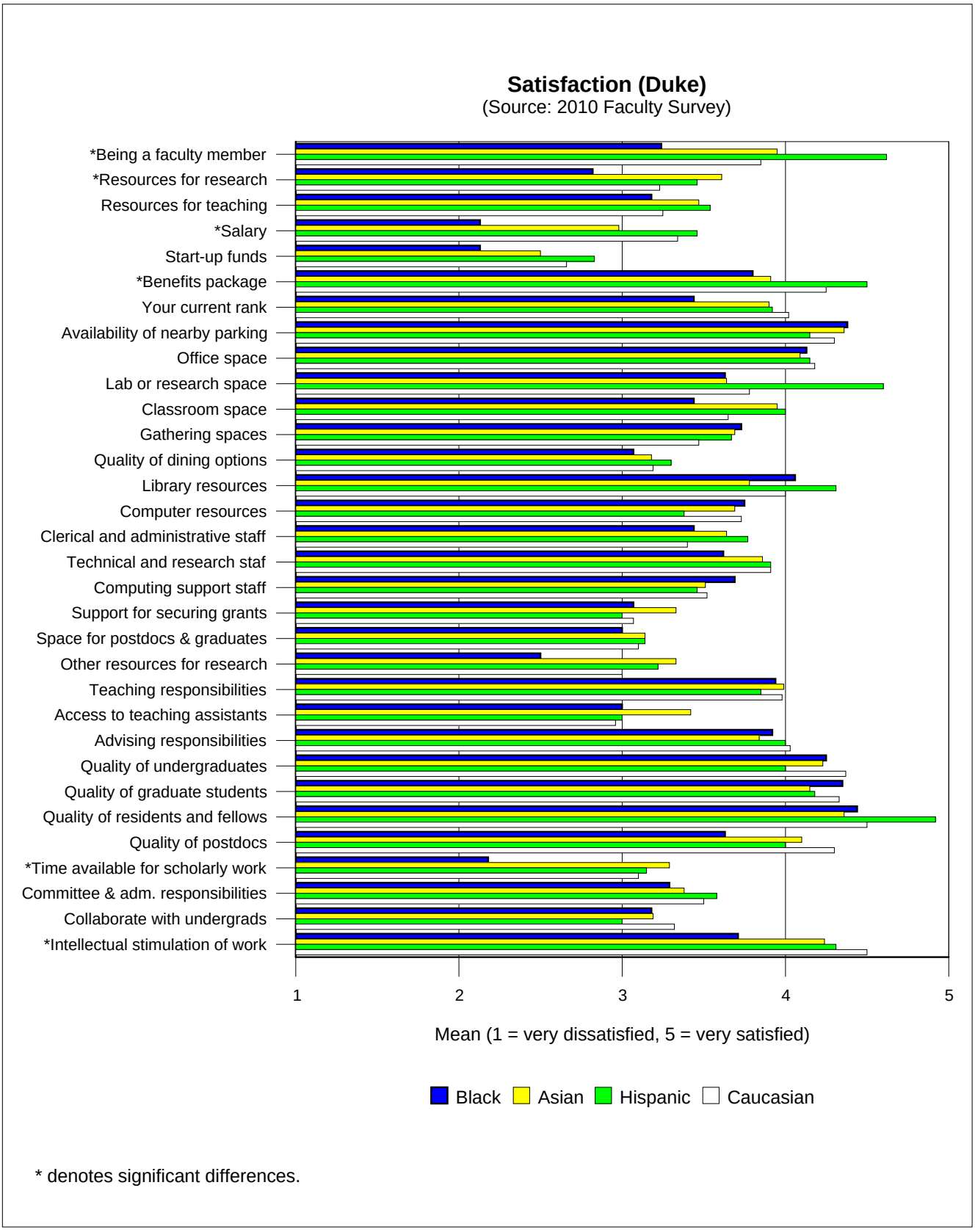
Figure 17



2010 Faculty Survey Results by Race/Ethnicity--Clinical

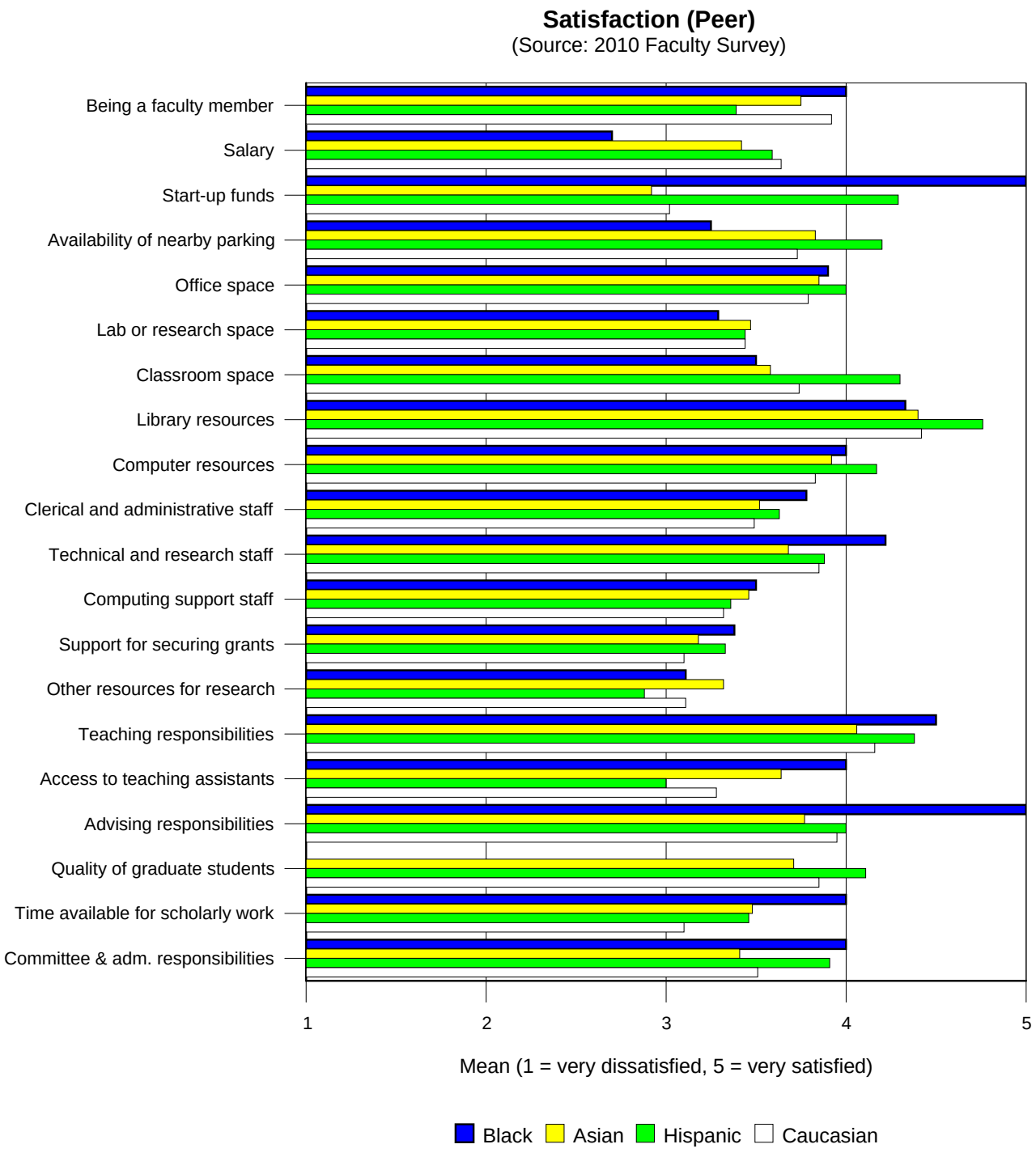
I. Satisfaction (Clinical)

Figure 1



* denotes significant differences.

Figure 2



The number of Black respondents at peer schools was too small to be shown for msot of the items.

2010 Faculty Survey Results by Race/Ethnicity: Clinical

I. Satisfaction (Clinical)

Figure 1

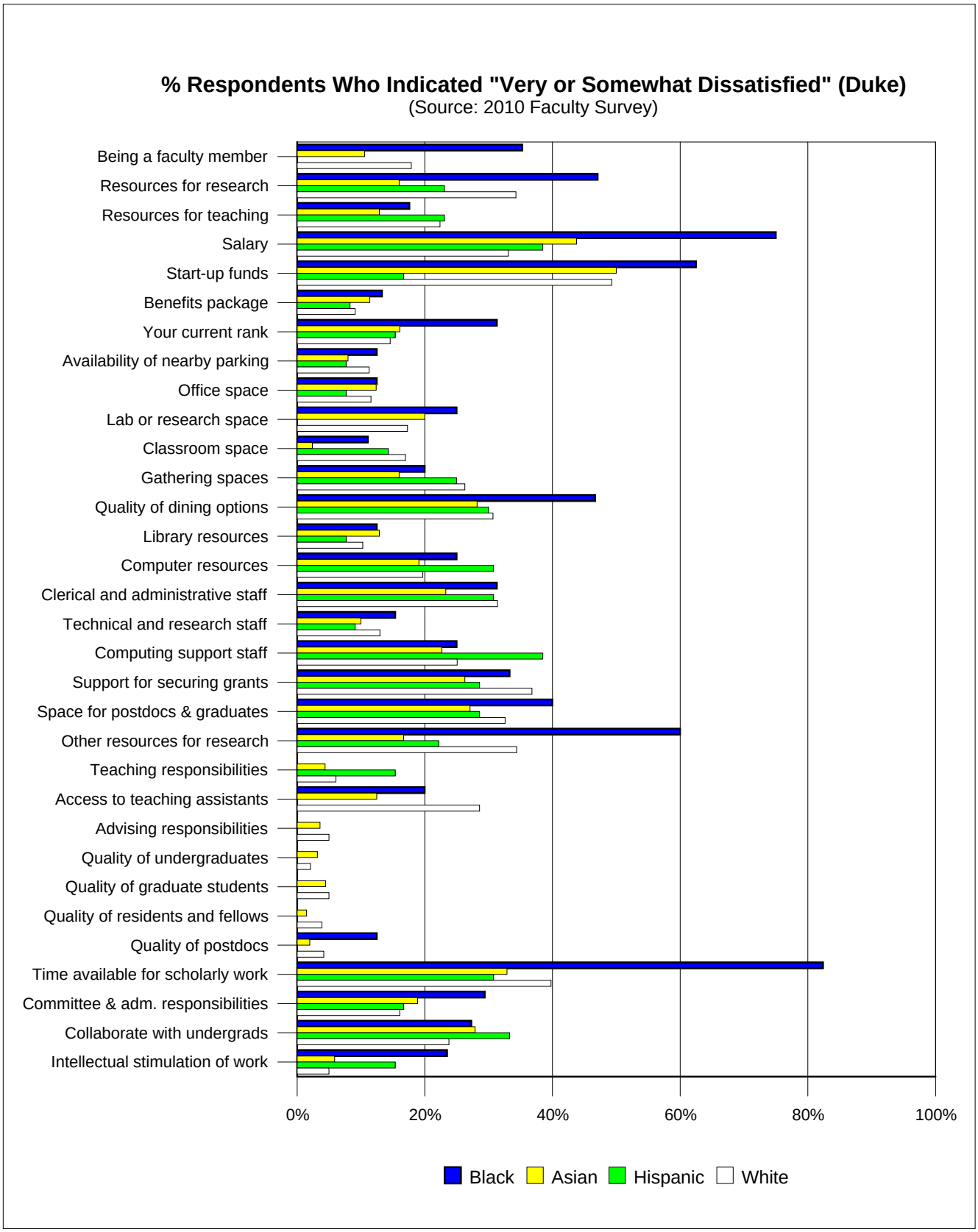
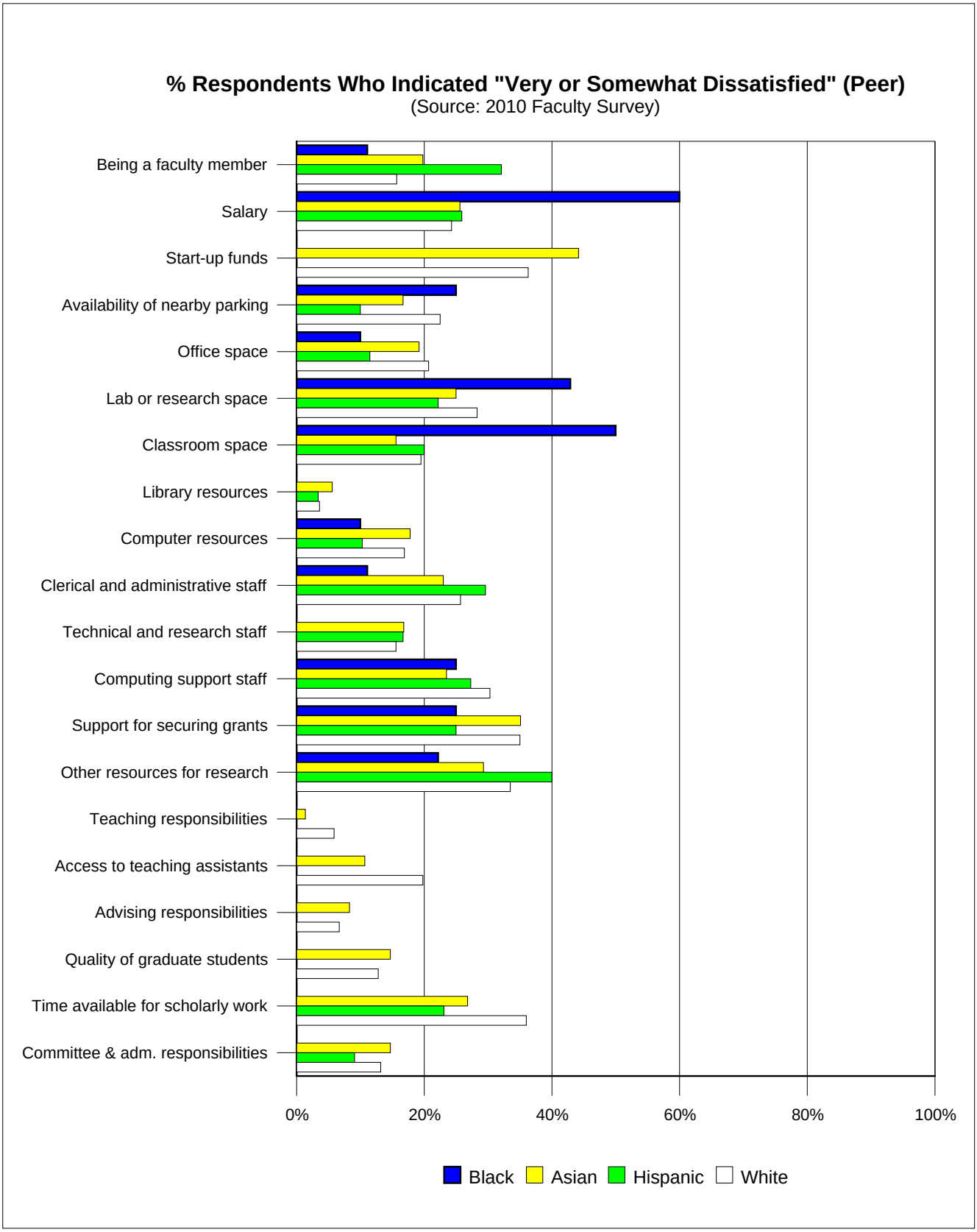


Figure 2


% Respondents Who Indicated "Very or Somewhat Dissatisfied" (Peer)
(Source: 2010 Faculty Survey)
Being a faculty member
Salary
Start-up funds
Availability of nearby parking
Office space
Lab or research space
Classroom space
Library resources
Computer resources
Clerical and administrative staff
Technical and research staff
Computing support staff
Support for securing grants
Other resources for research
Teaching responsibilities
Access to teaching assistants
Advising responsibilities
Quality of graduate students
Time available for scholarly work
Committee & adm. responsibilities
0%
20%
40%
60%
80%
100%
Black
Asian
Hispanic
White

II. Workload (Clinical)

Figure 1

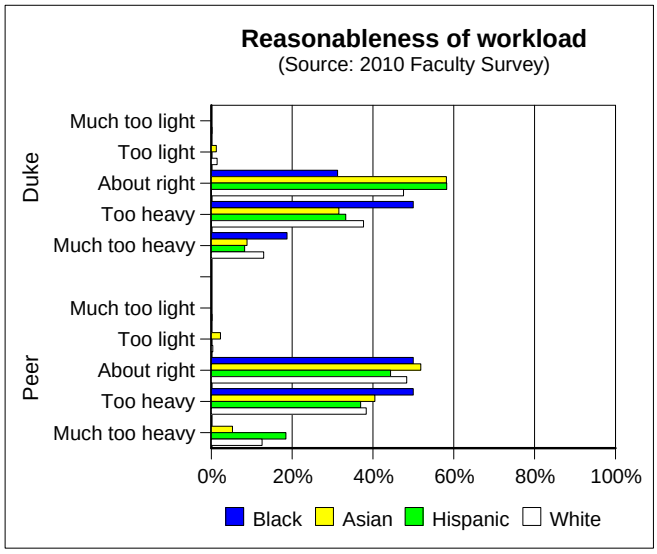


Figure 2

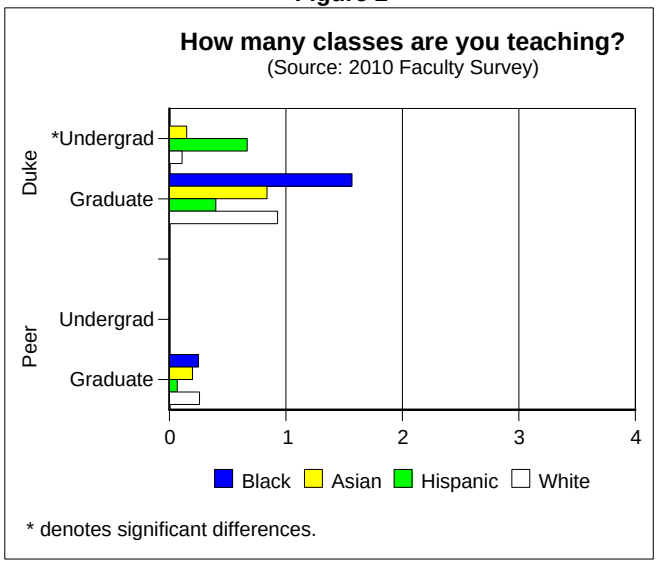


Figure 3

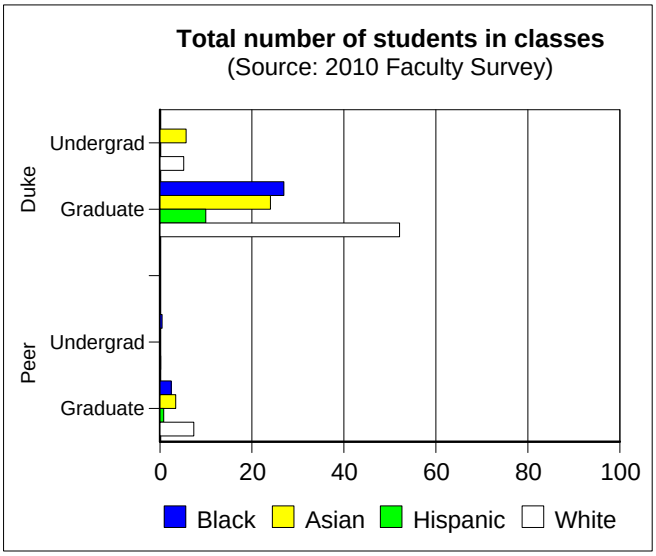


Figure 4

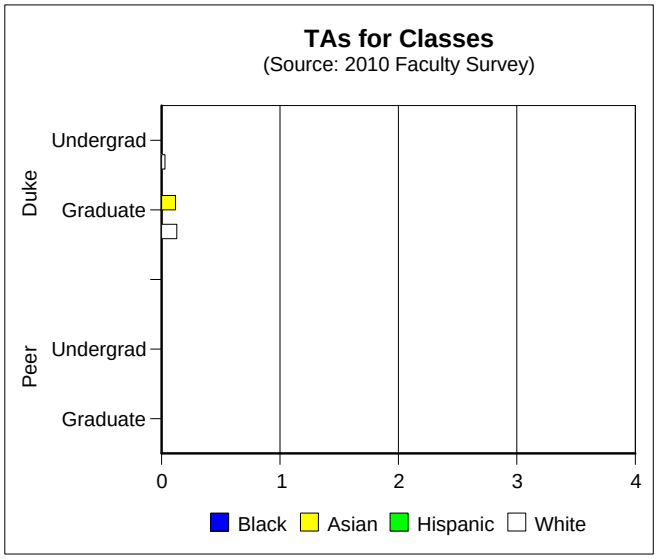


Figure 5

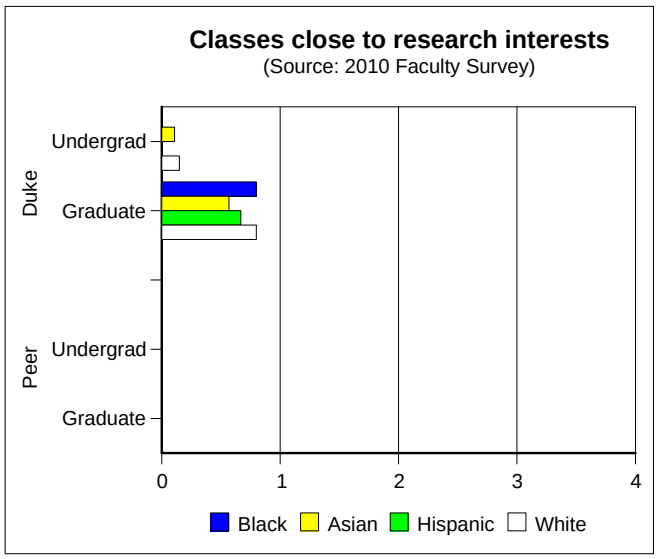


Figure 6

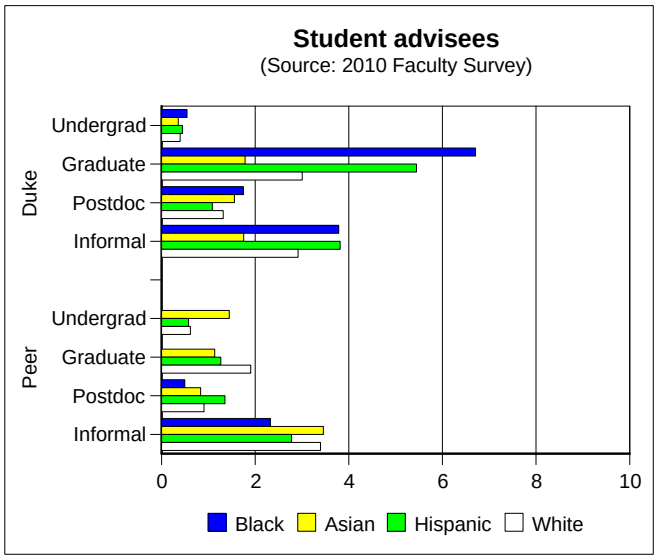


Figure 7

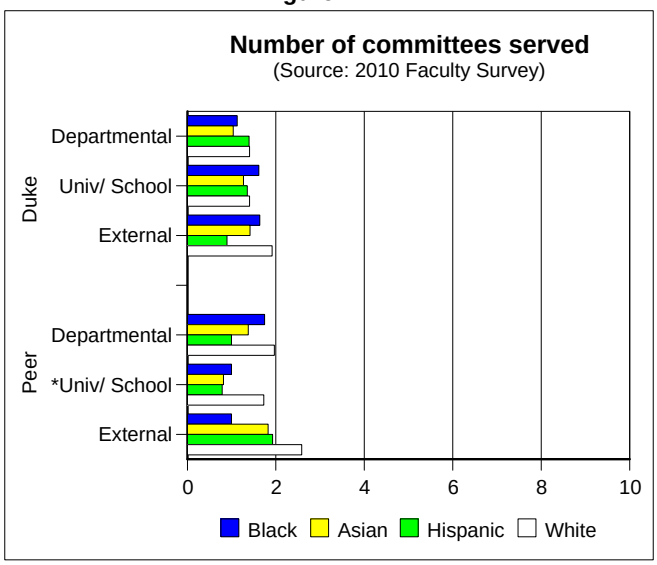


Figure 8

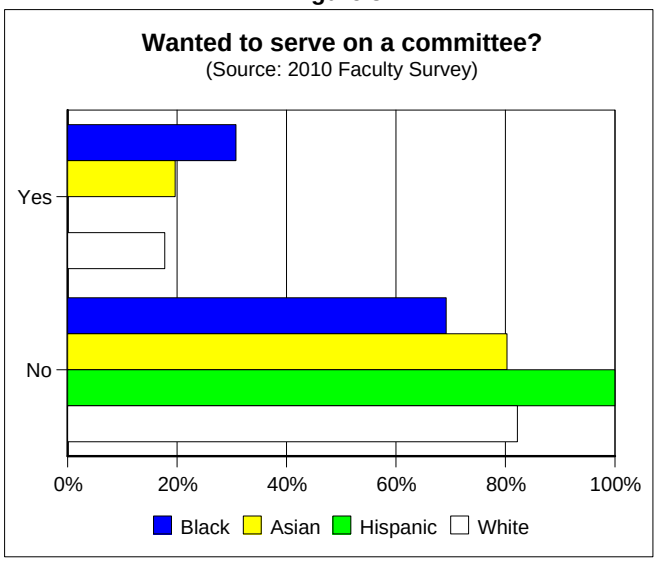


Figure 9

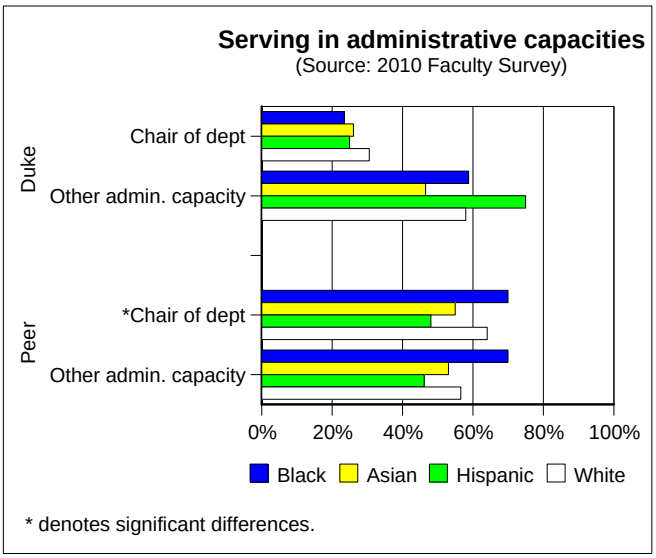


Figure 10

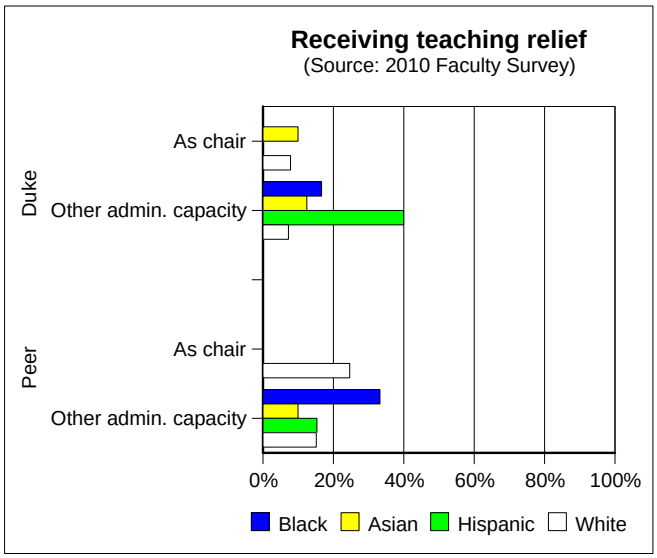


Figure 11

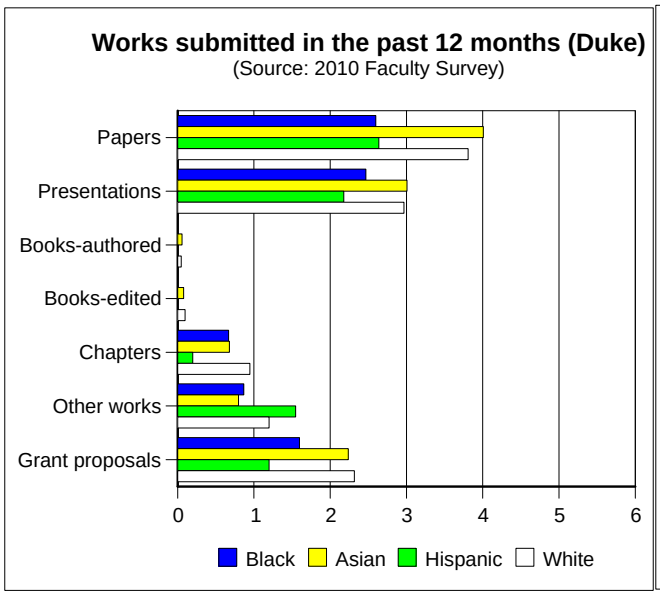


Figure 12

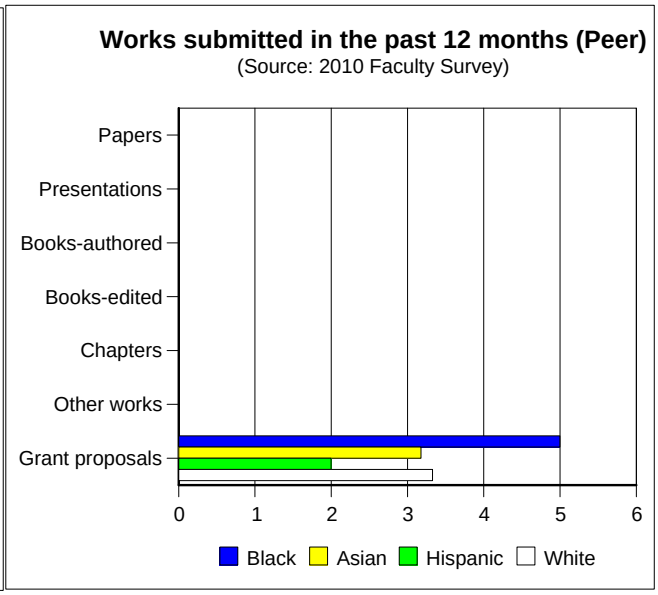


Figure 13

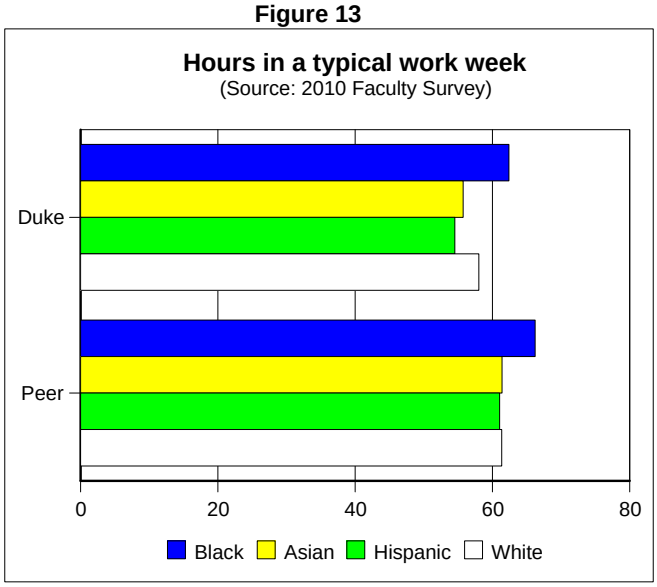


Figure 14

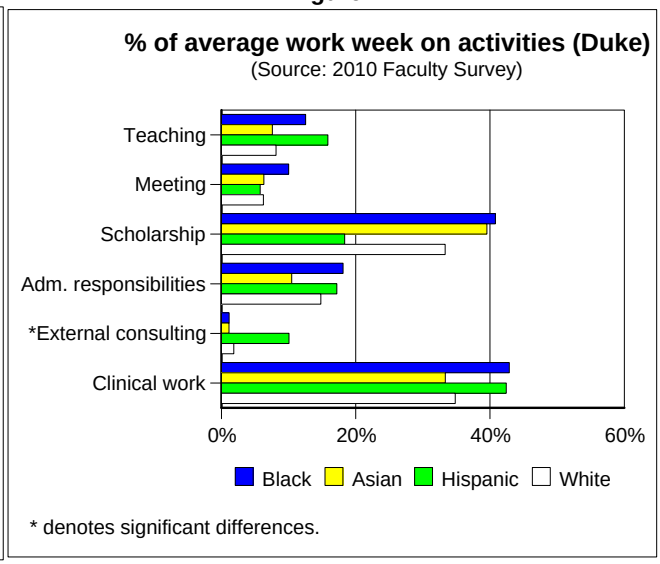


Figure 15

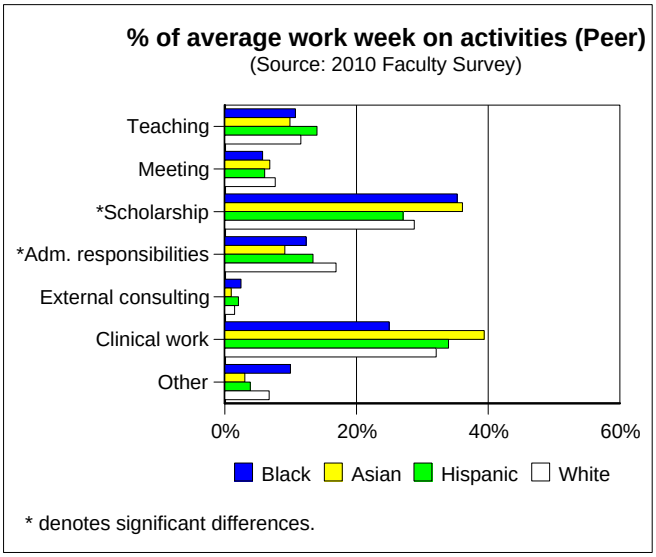


Figure 16

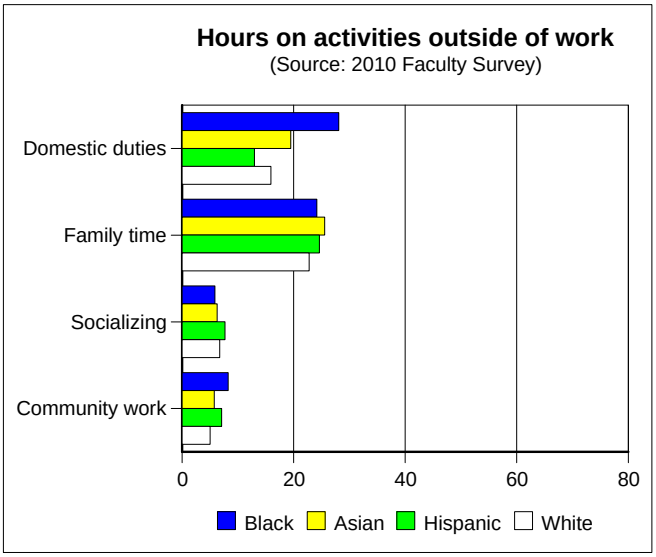


Figure 17

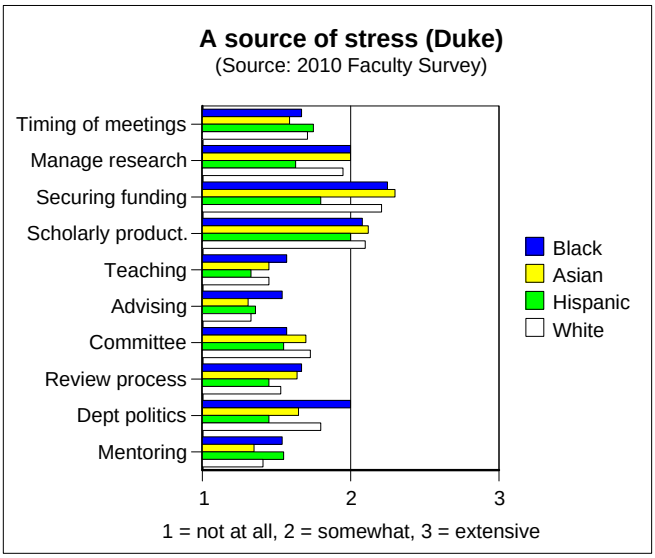


Figure 18

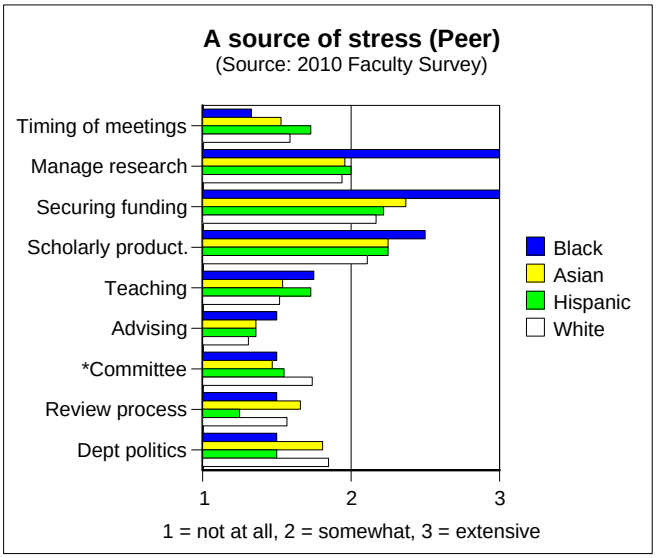


Figure 19

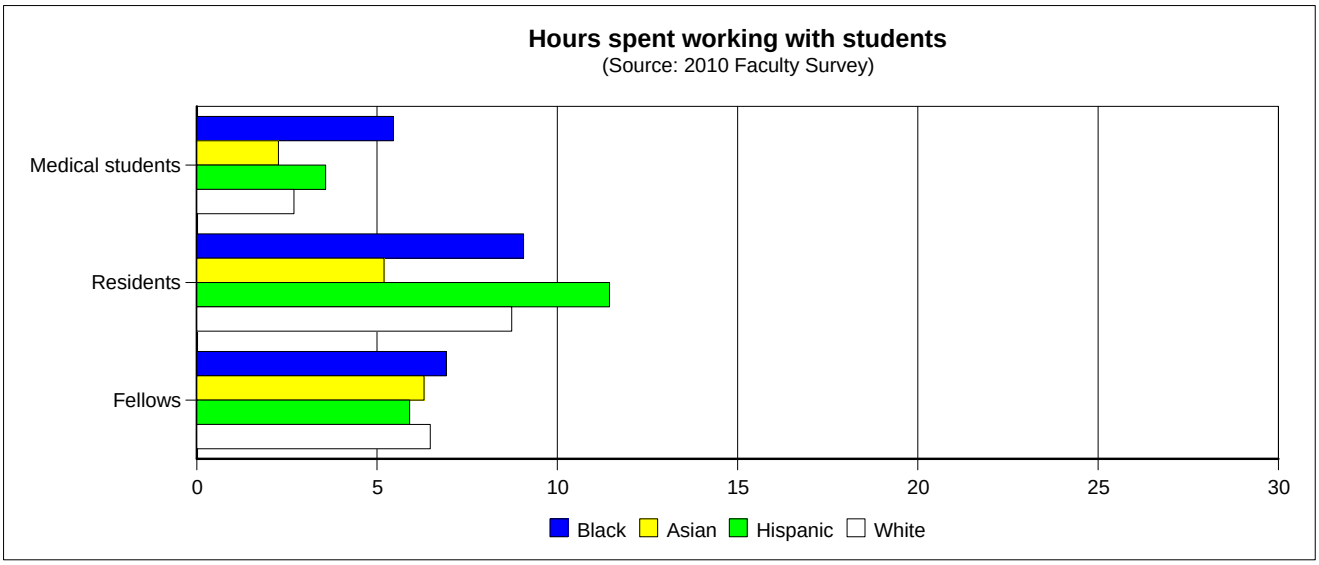


Figure 20

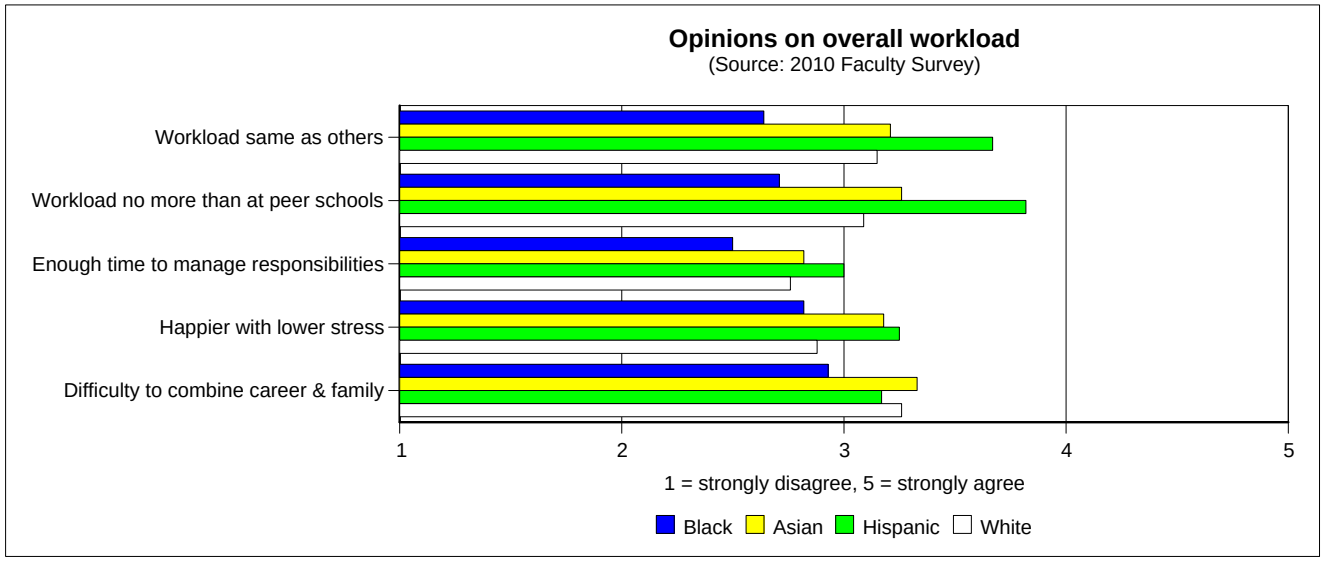
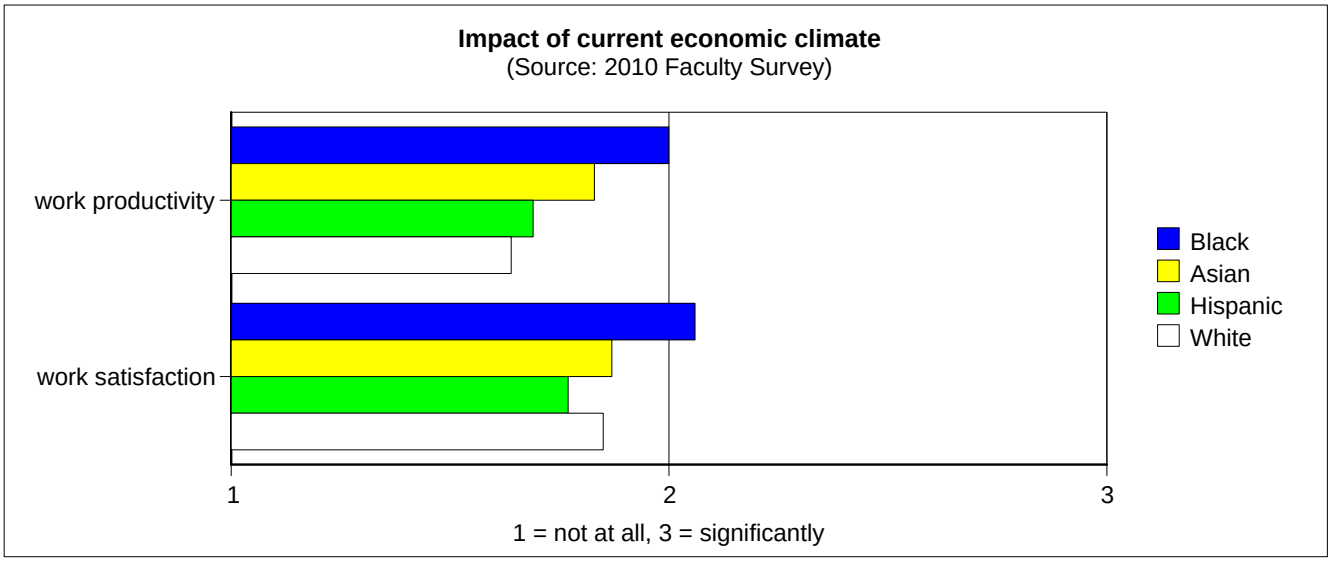
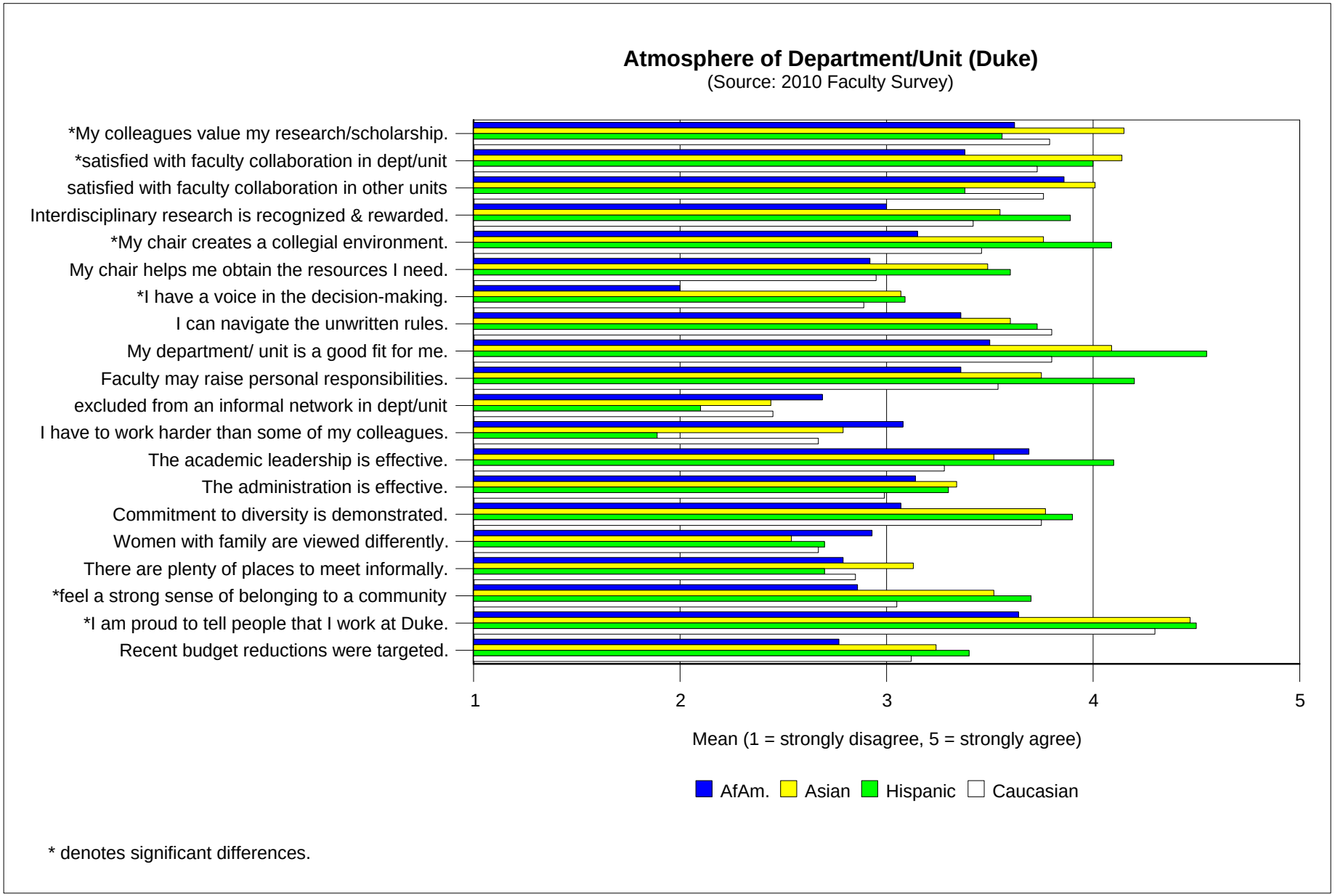


Figure 21



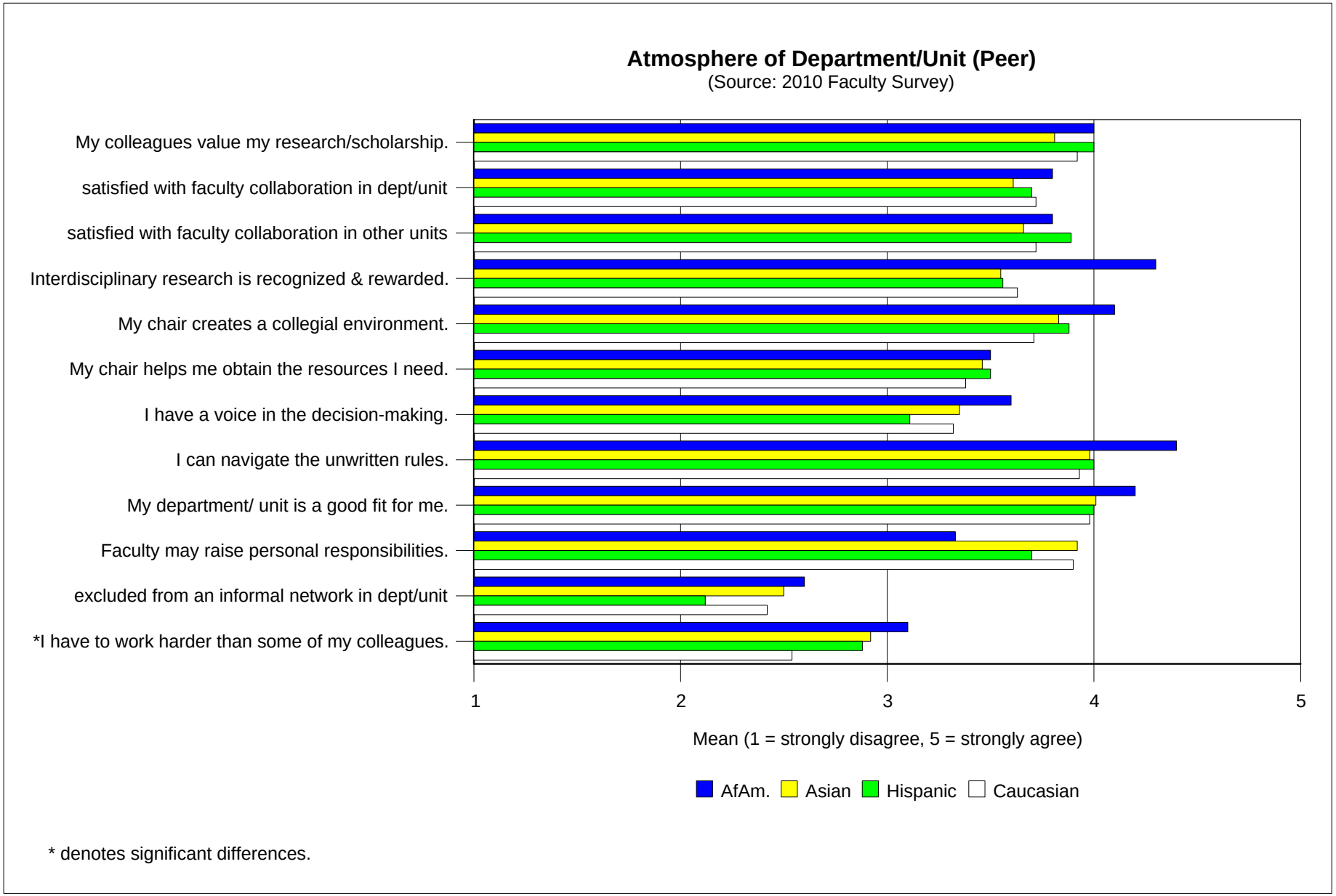
III. Atmosphere of Department/Unit (Medicine)

Figure 1



* denotes significant differences.

Figure 2



* denotes significant differences.

III. Atmosphere of Department/Unit by Race/Ethnicity (Clinical)

Figure 1

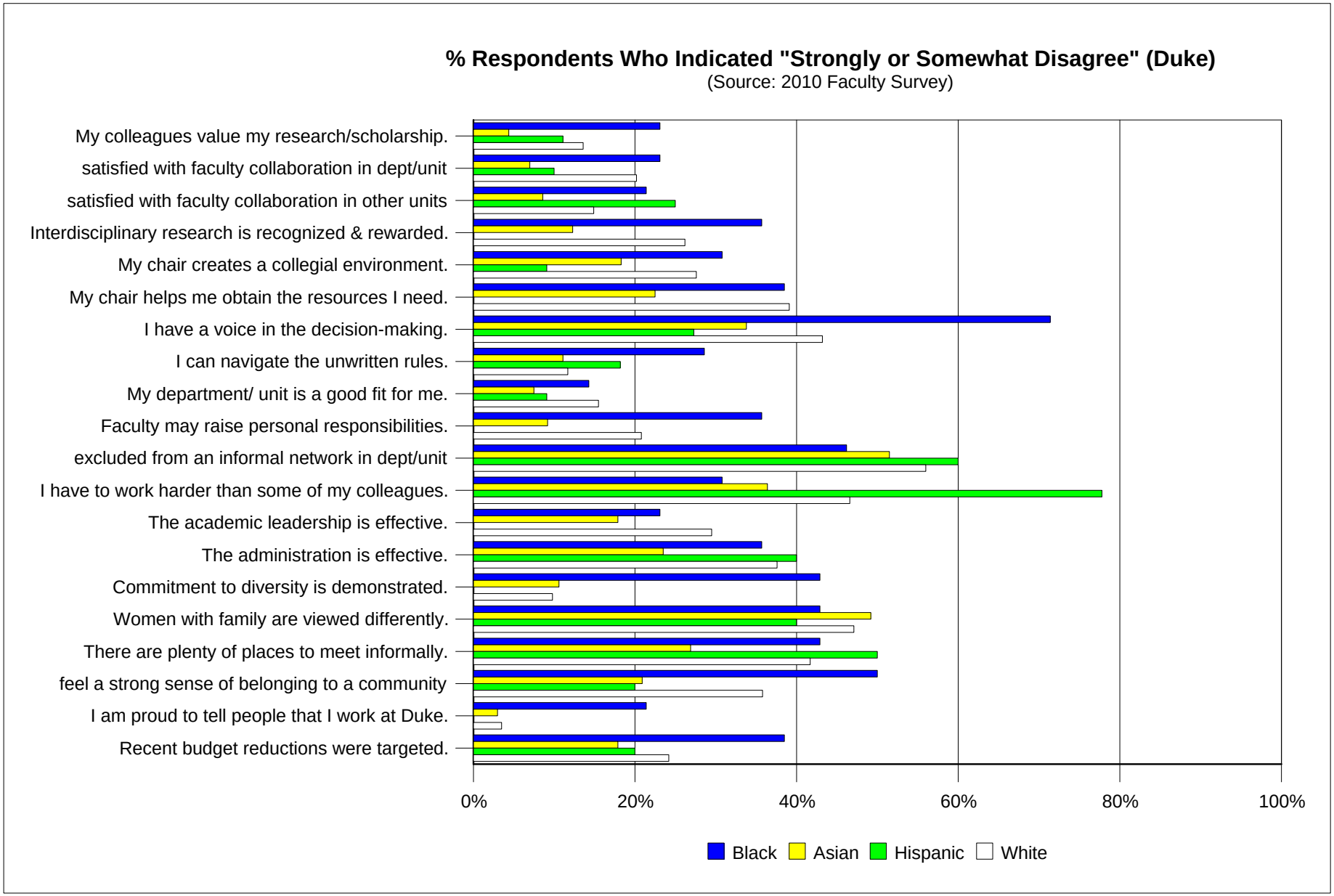
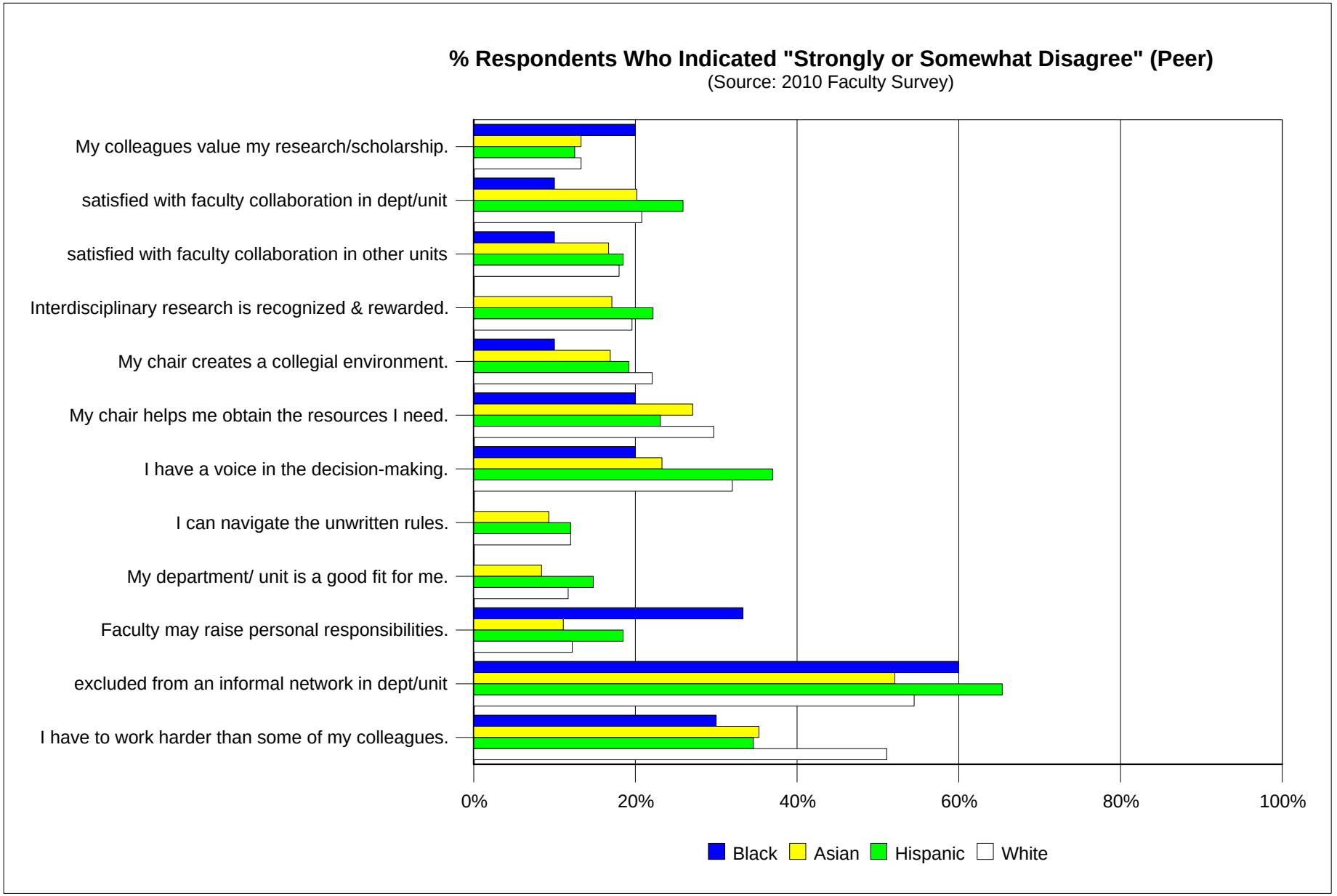


Figure 2


% Respondents Who Indicated "Strongly or Somewhat Disagree" (Peer)
(Source: 2010 Faculty Survey)
My colleagues value my research/scholarship.
satisfied with faculty collaboration in dept/unit
satisfied with faculty collaboration in other units
Interdisciplinary research is recognized & rewarded.
My chair creates a collegial environment.
My chair helps me obtain the resources I need.
I have a voice in the decision-making.
I can navigate the unwritten rules.
My department/ unit is a good fit for me.
Faculty may raise personal responsibilities.
excluded from an informal network in dept/unit
I have to work harder than some of my colleagues.
0%
20%
40%
60%
80%
100%
Black
Asian
Hispanic
White

IV. Mentoring (Clinical)

Figure 1

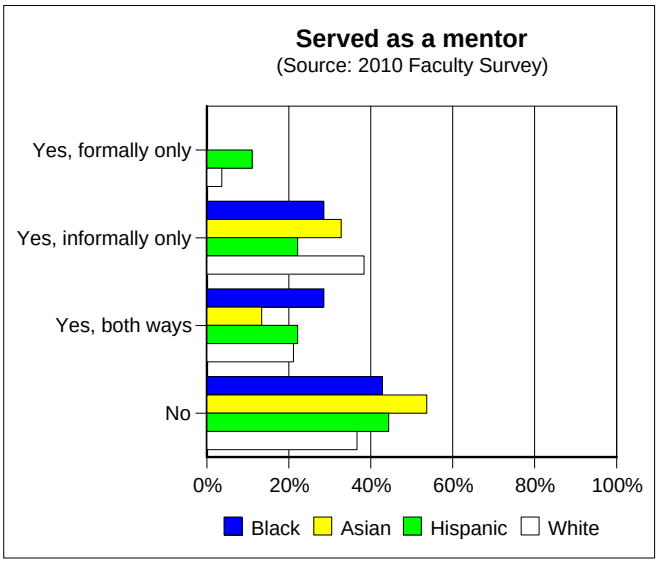


Figure 2

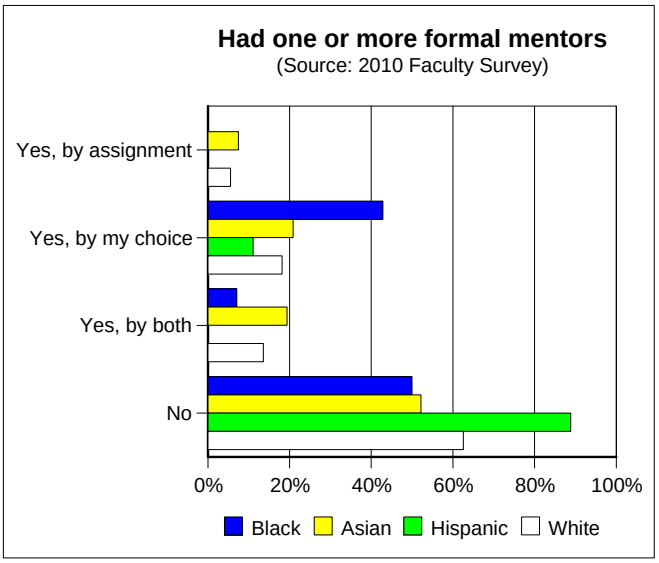


Figure 3

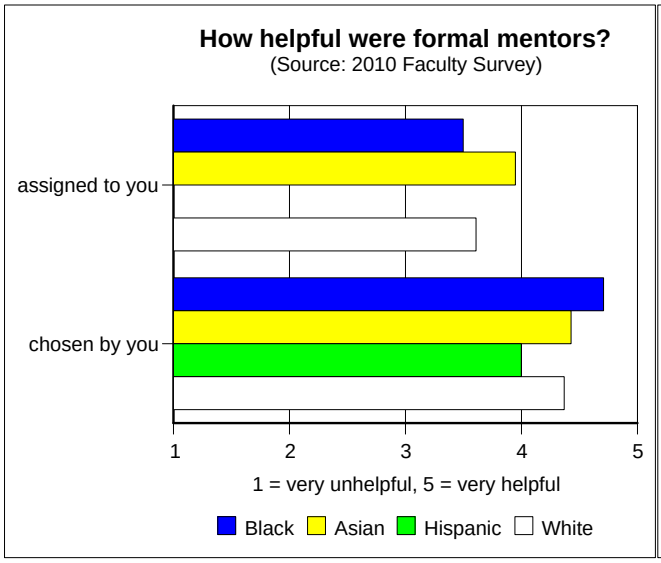


Figure 4

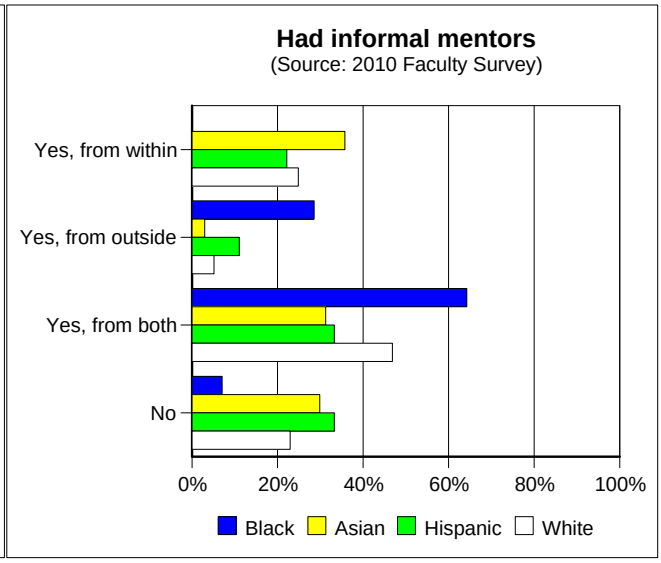


Figure 5

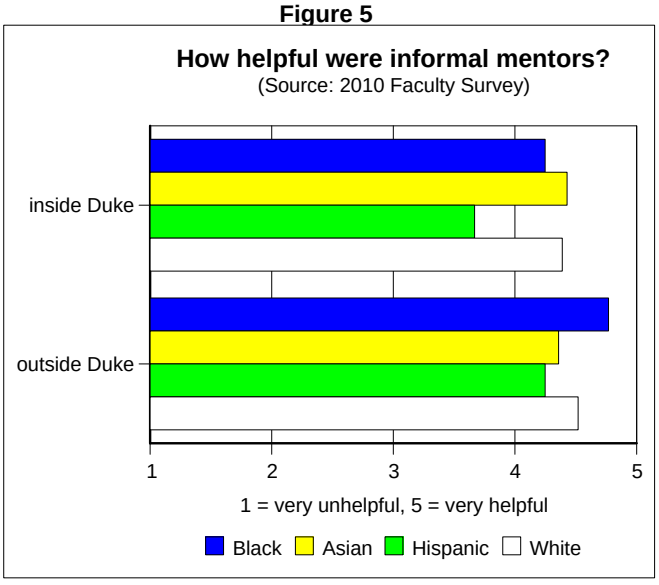


Figure 6

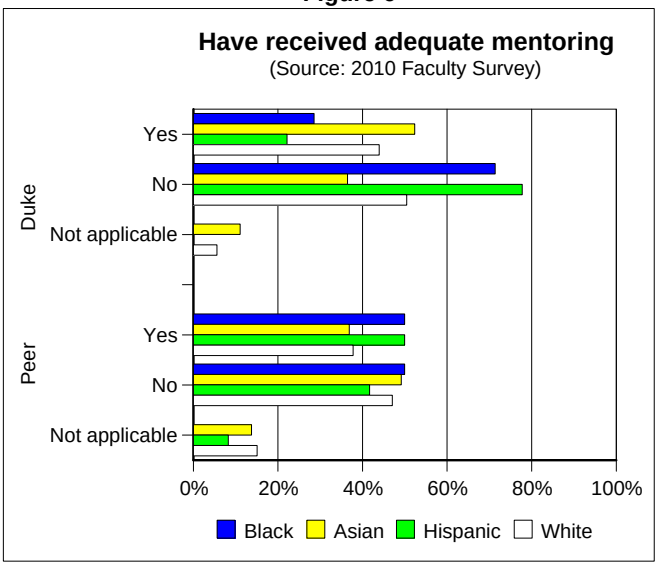
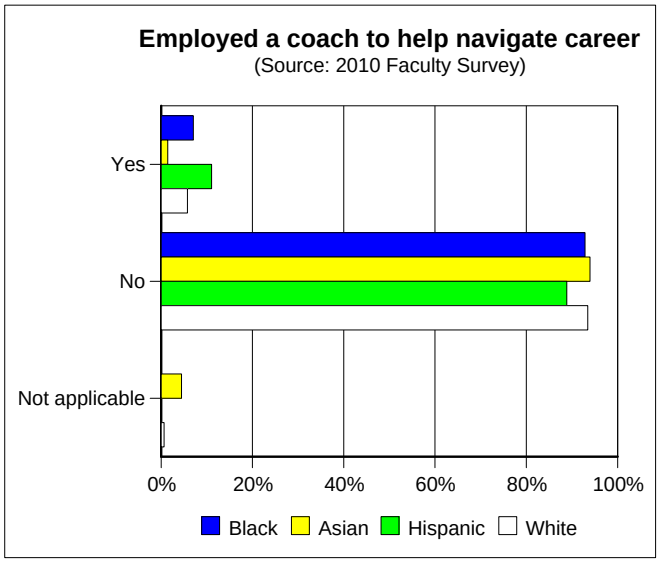


Figure 7


Employed a coach to help navigate career
(Source: 2010 Faculty Survey)
Yes
No
Not applicable
0%
20%
40%
60%
80%
100%
Black
Asian
Hispanic
White

V. Promotion/Tenure (Clinical)

Figure 1

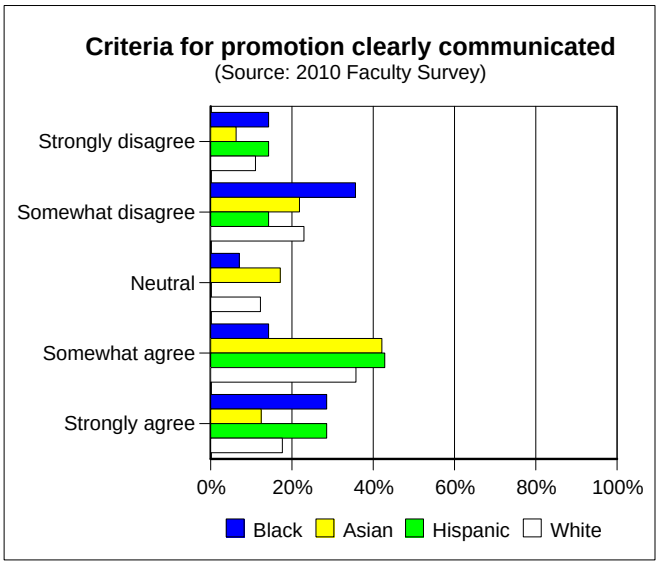


Figure 2

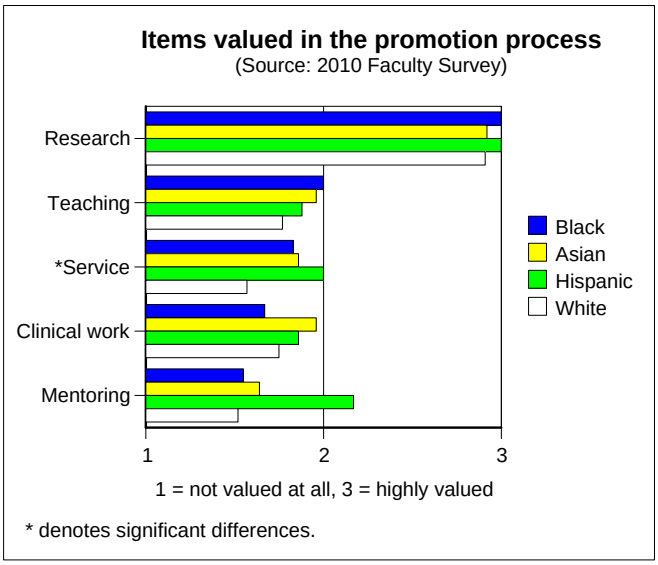


Figure 3

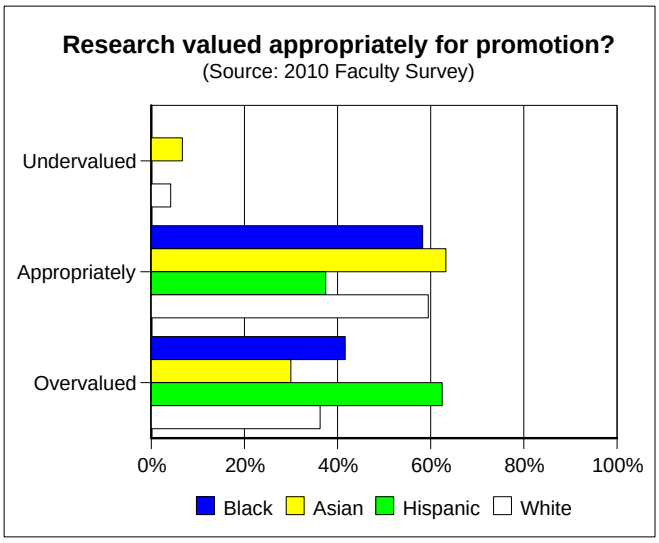


Figure 4

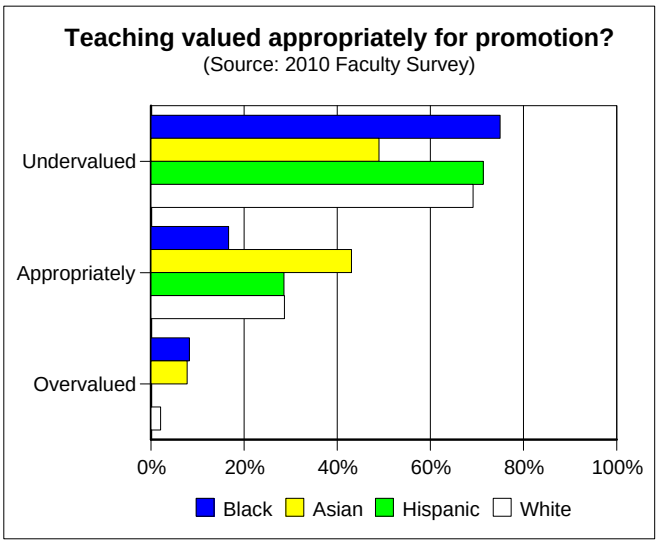


Figure 5

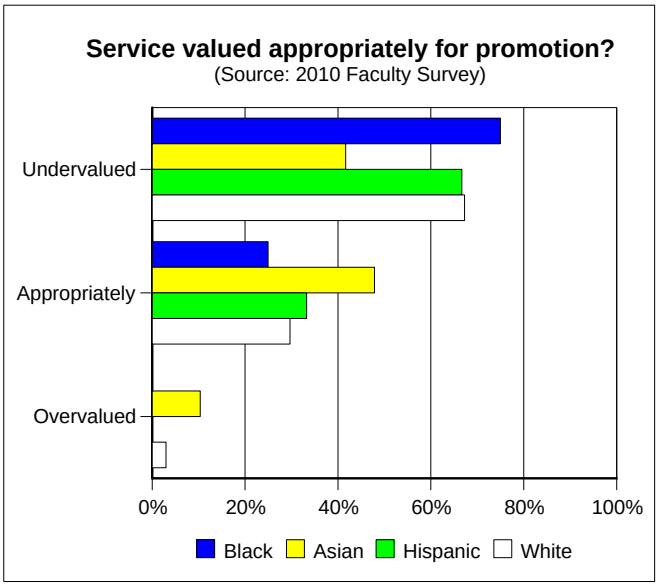


Figure 6

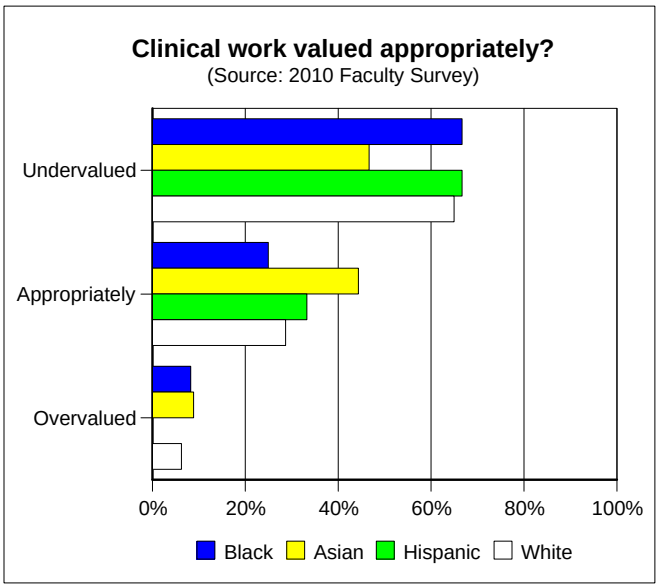


Figure 7

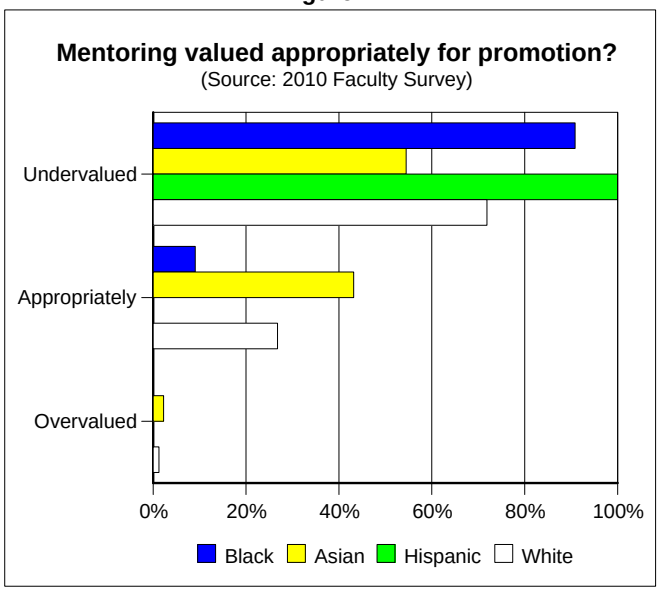


Figure 8

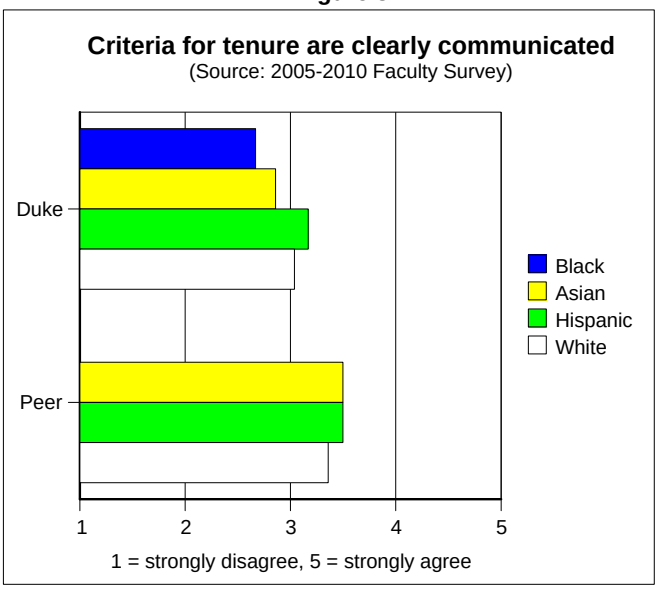
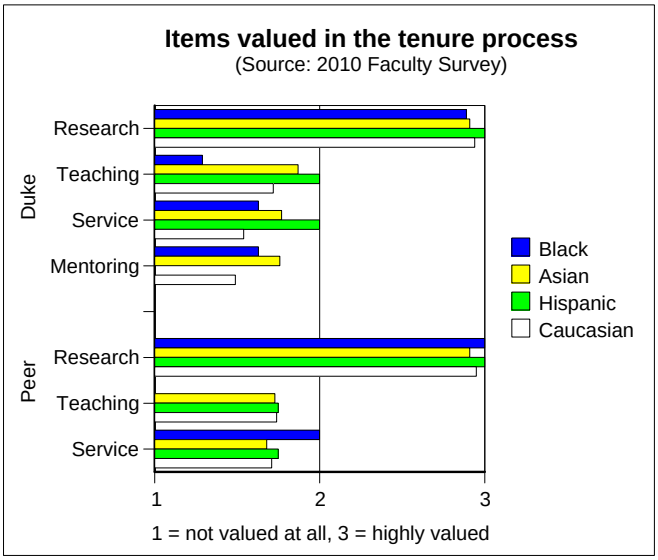


Figure 9



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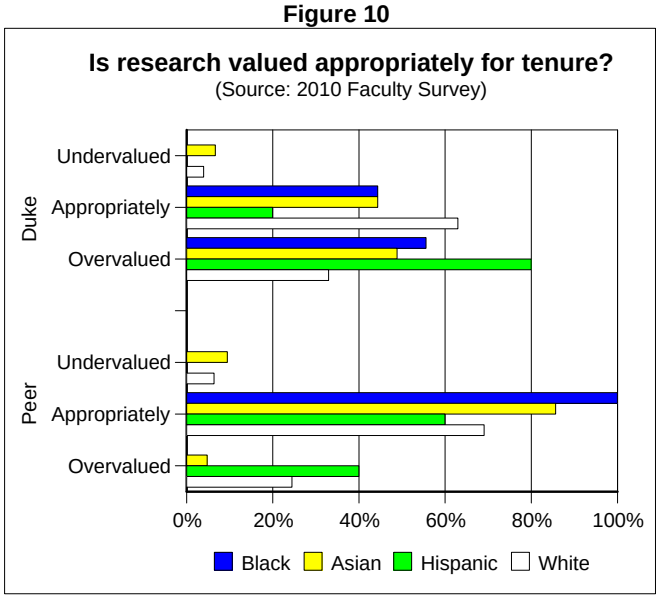


Figure 11

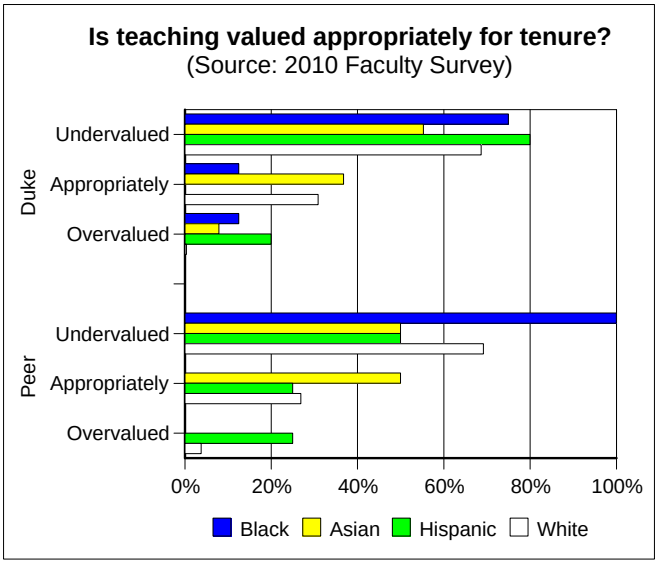


Figure 12

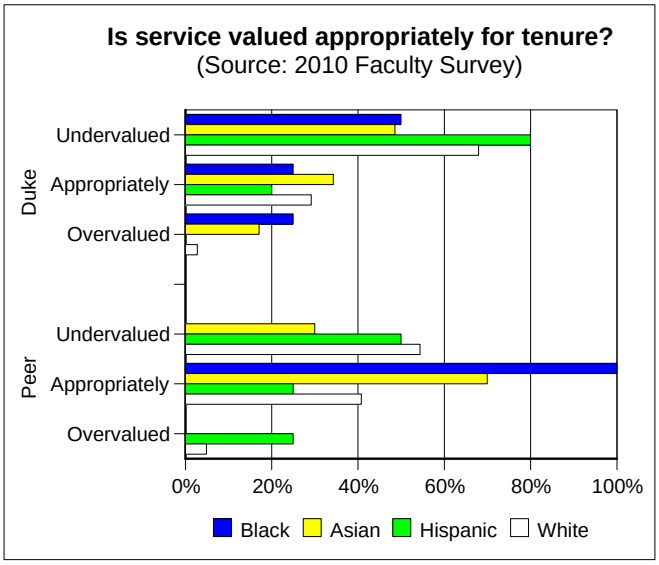


Figure 13

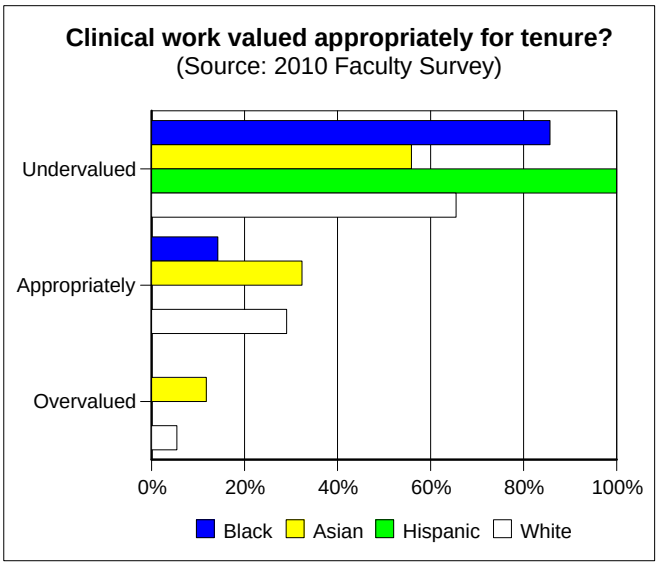


Figure 14

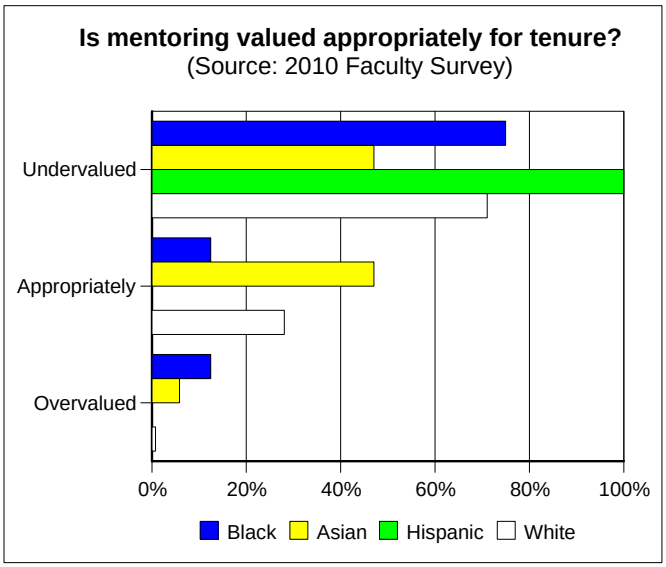


Figure 15

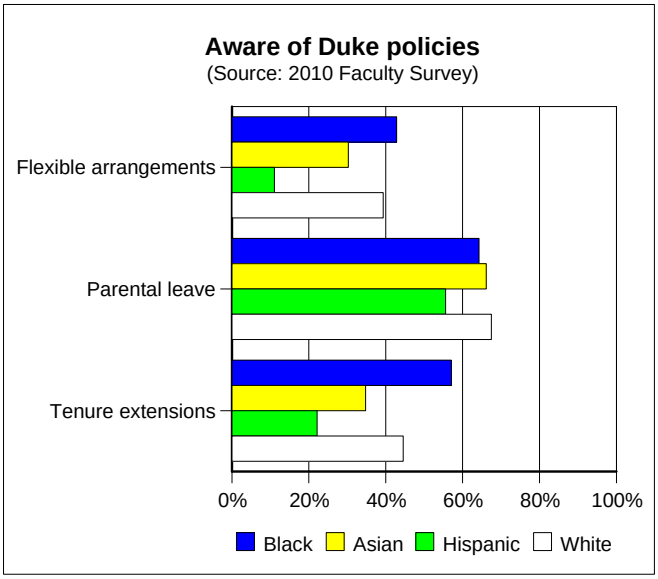


Figure 16

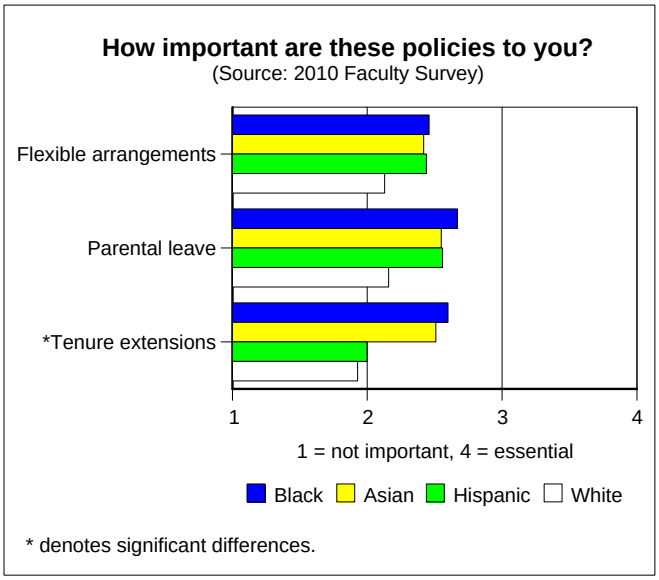


Figure 17

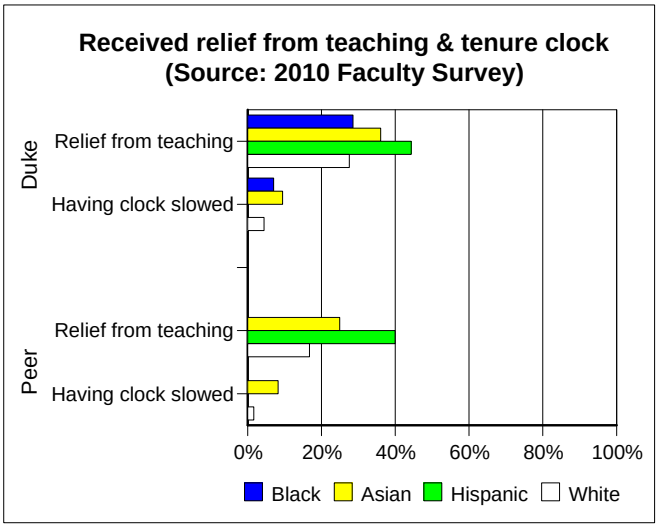
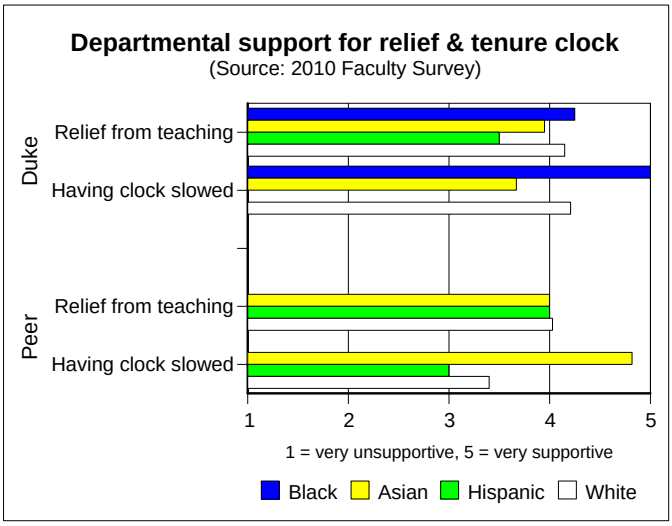


Figure 18



VI. Hiring/Retention (Clinical)

Figure 1

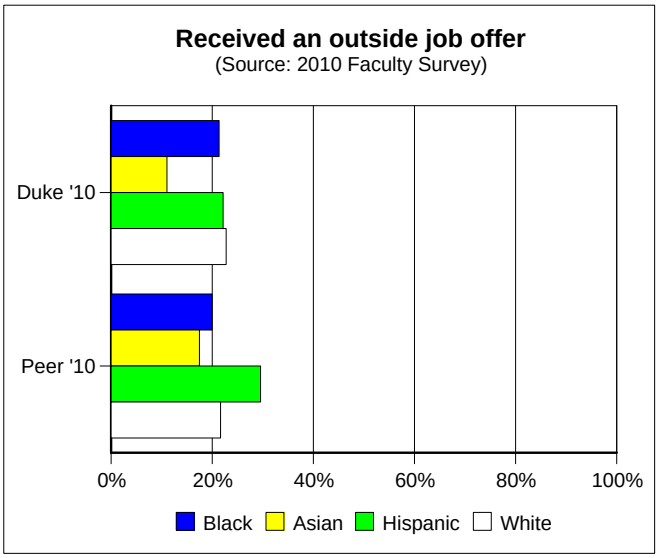


Figure 2

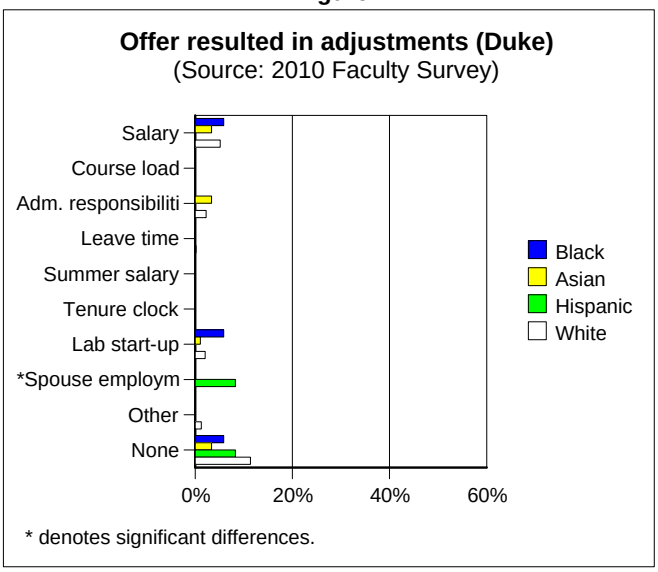


Figure 3

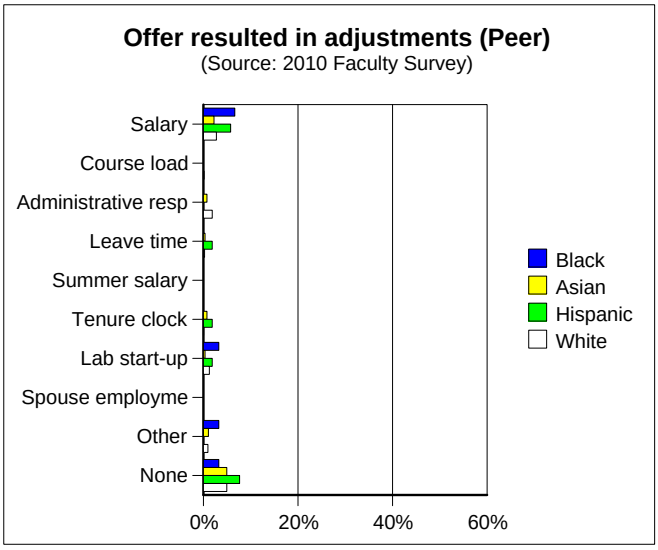


Figure 4

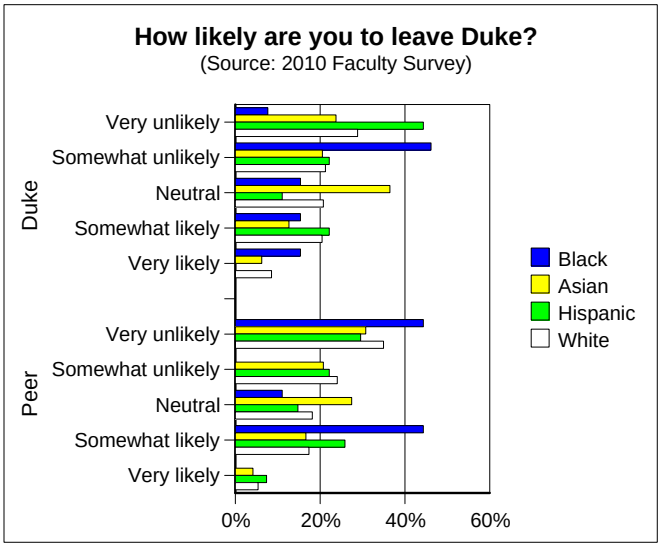
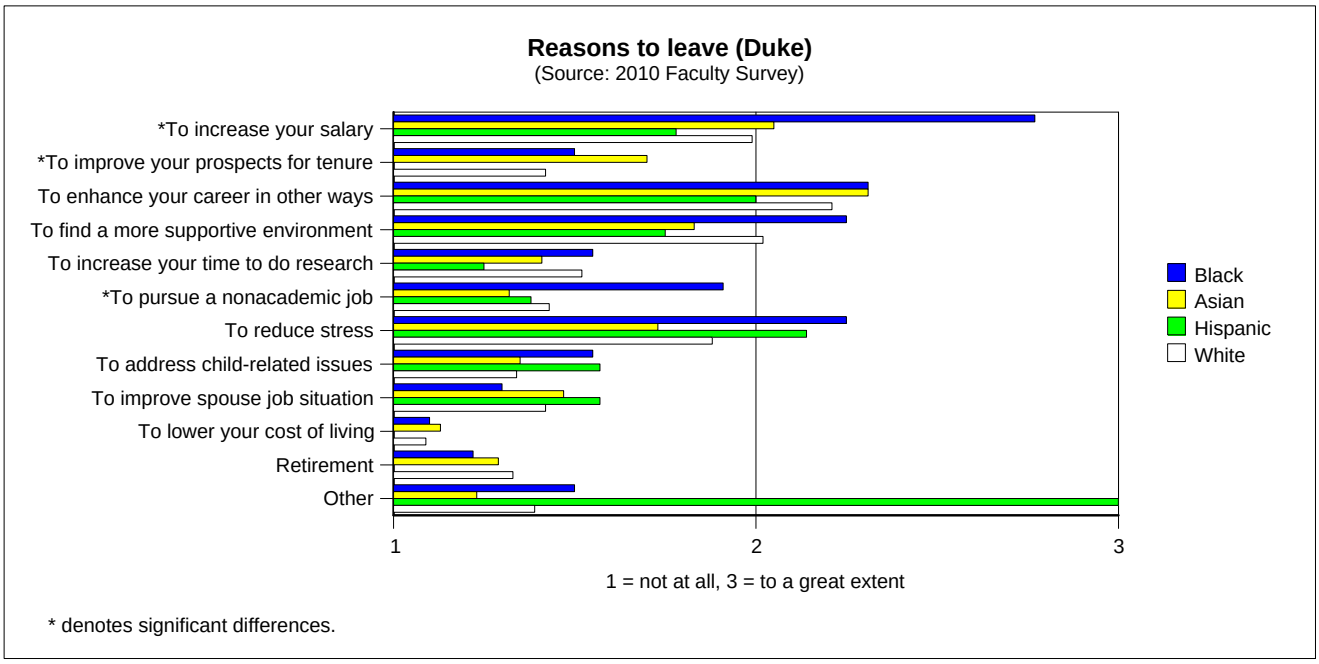
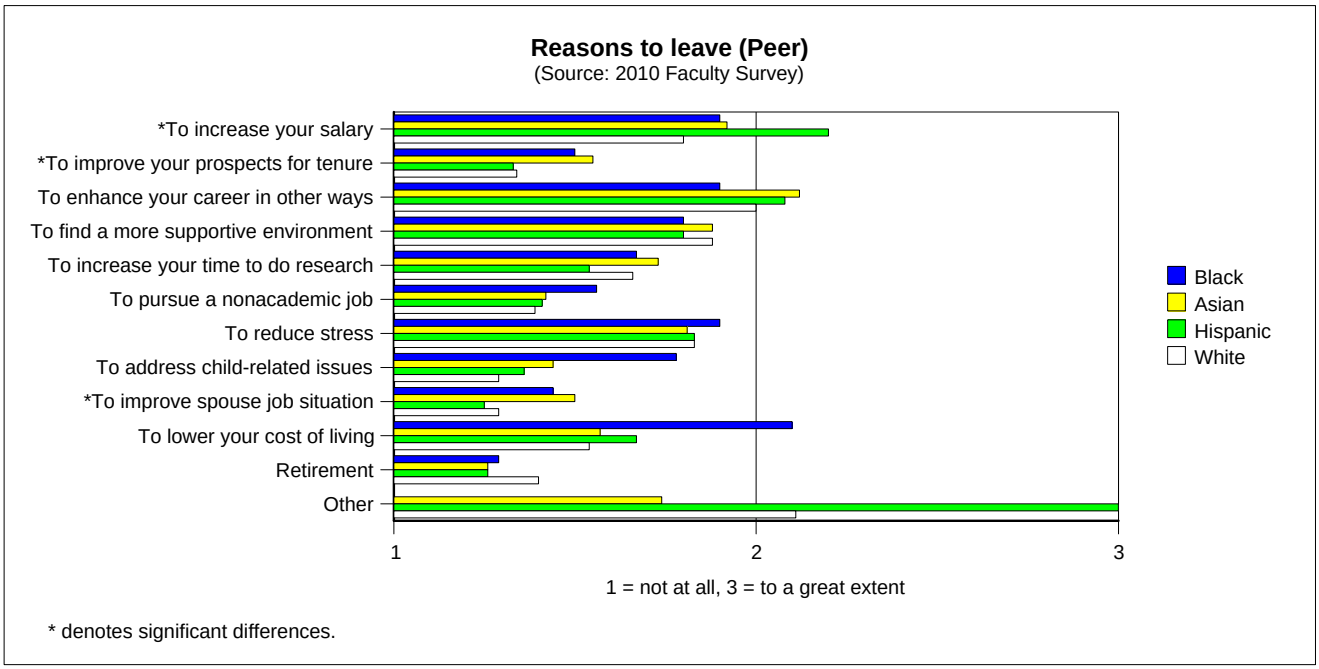


Figure 5



* denotes significant differences.

Figure 6



* denotes significant differences.

VII. Life outside the Institution (Clinical)

Figure 1

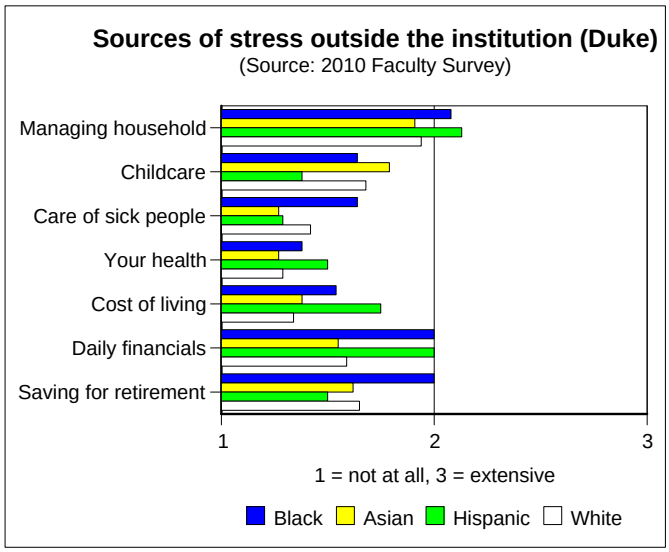


Figure 2

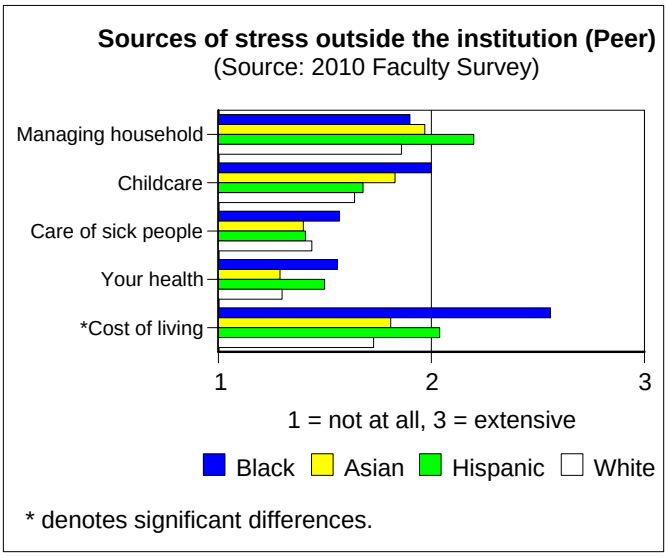


Figure 3

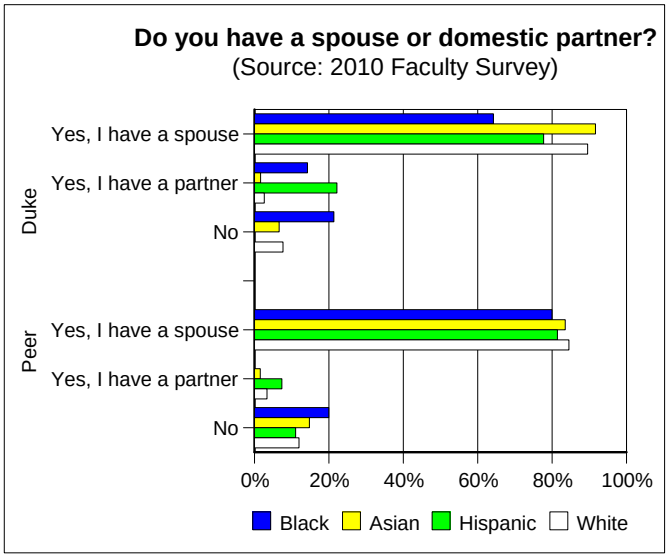


Figure 4

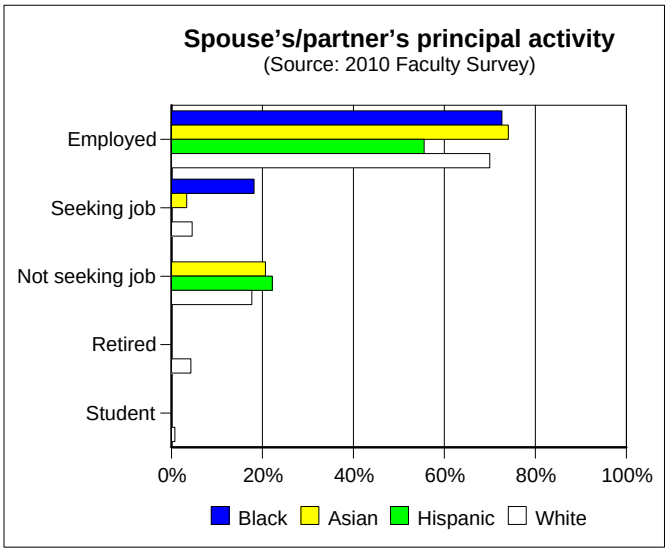


Figure 5

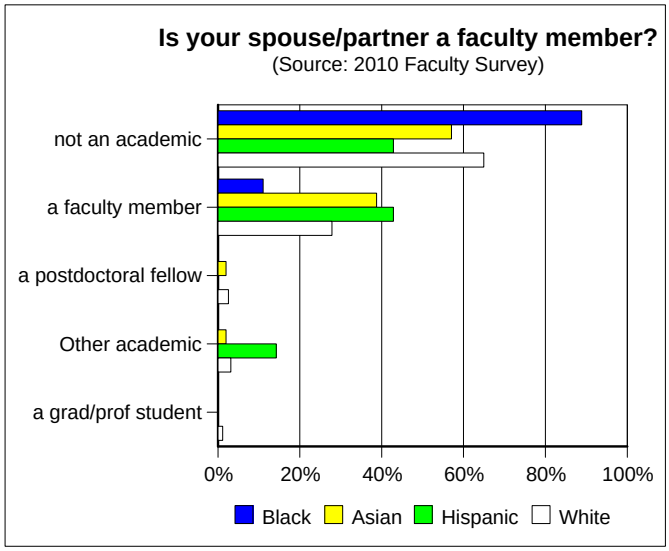


Figure 6

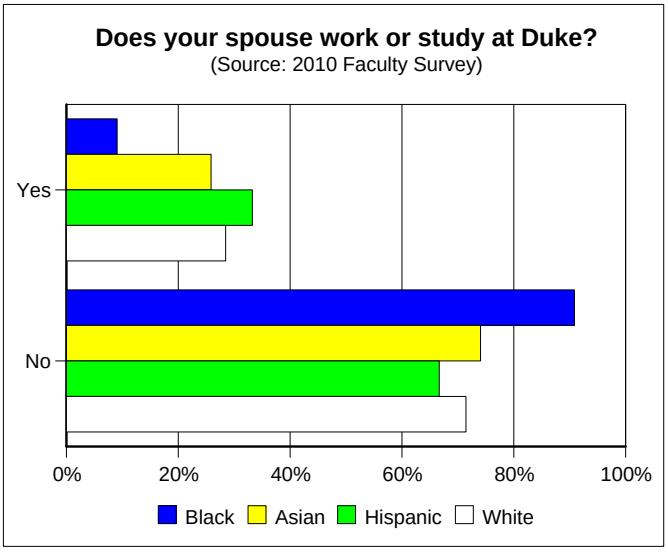


Figure 7

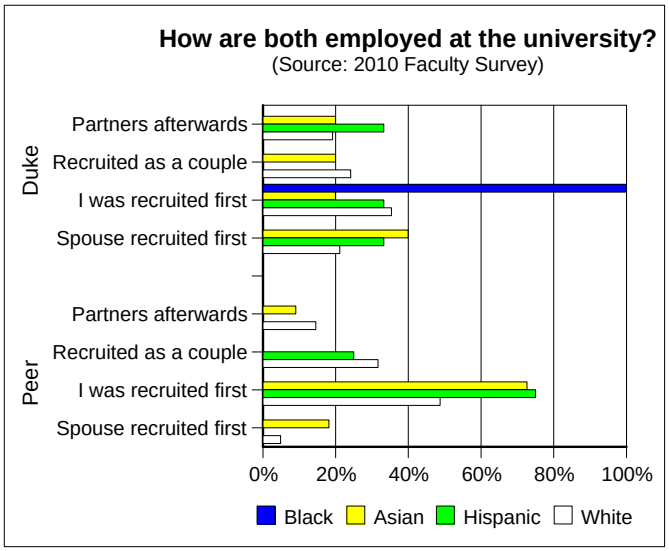


Figure 8

Figure 9

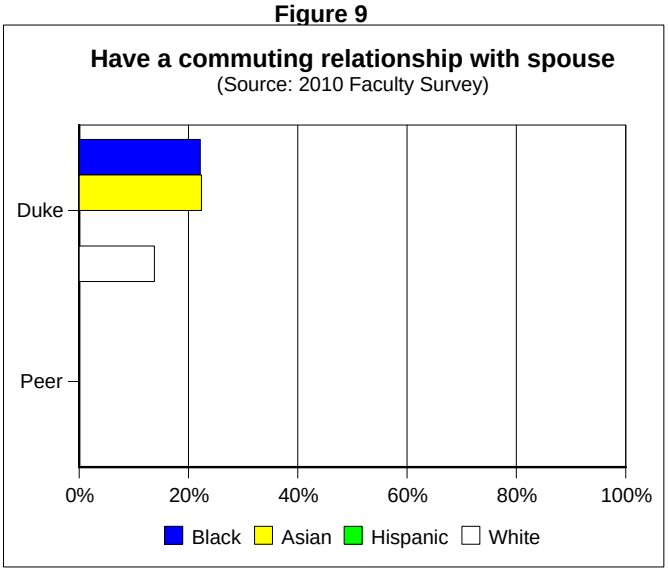


Figure 10

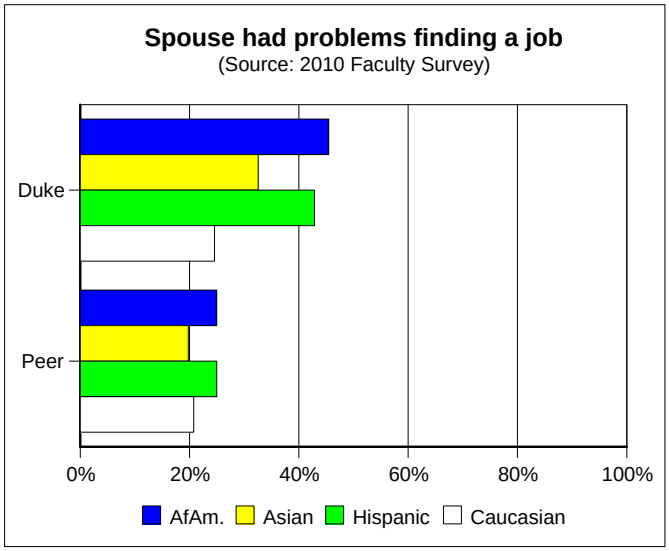


Figure 11

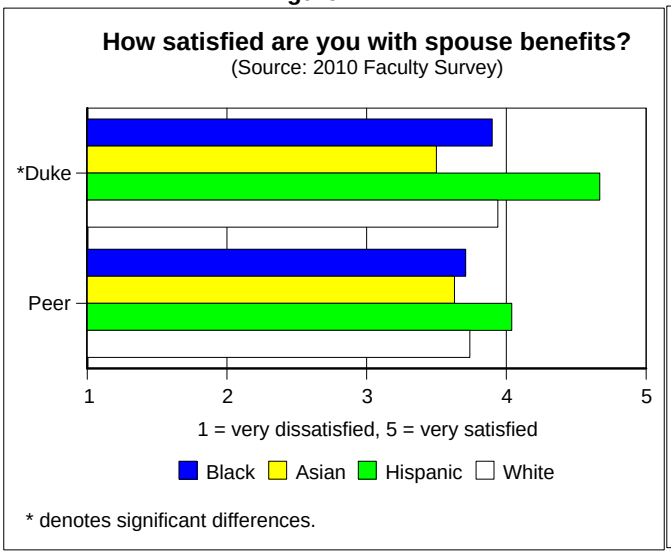


Figure 12

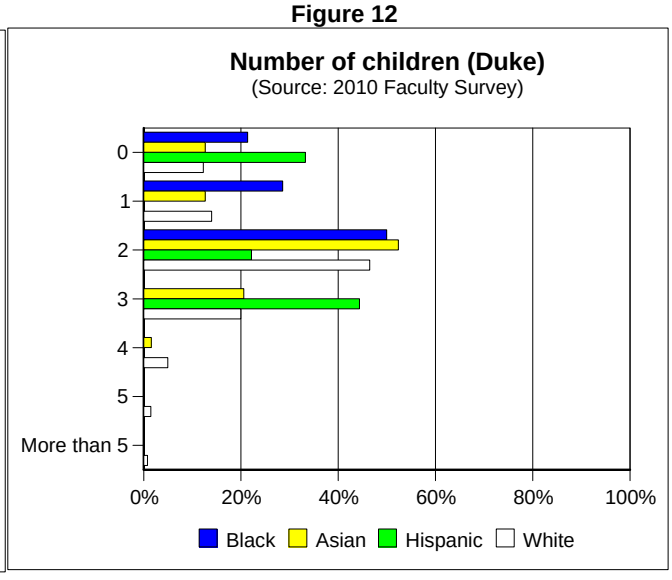


Figure 13

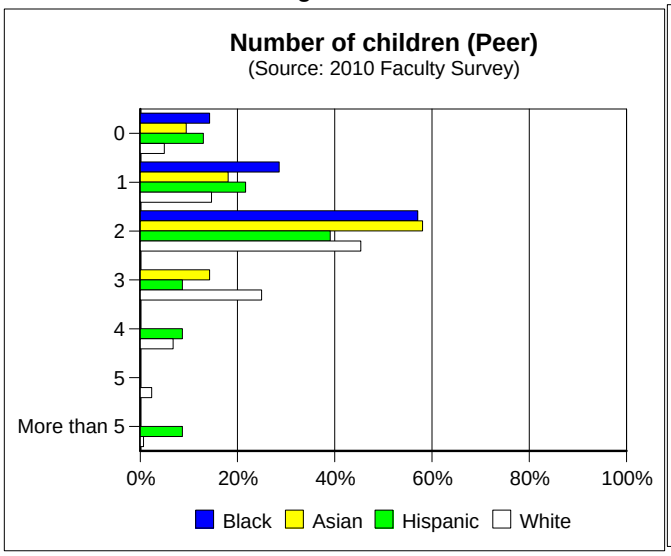


Figure 14

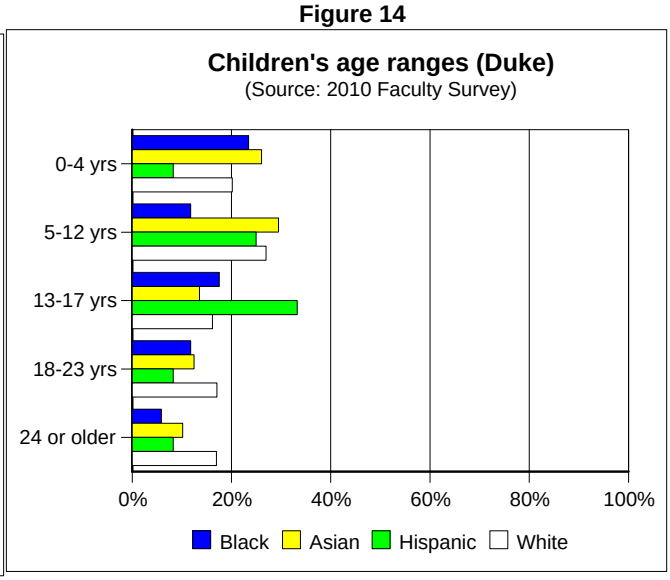


Figure 15

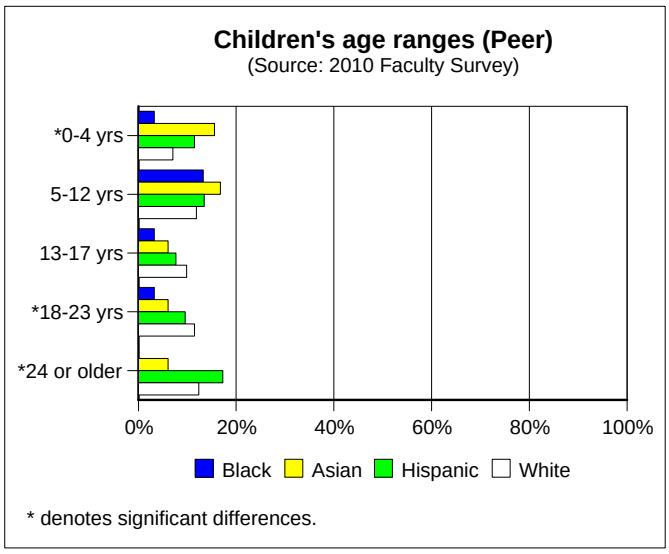


Figure 16

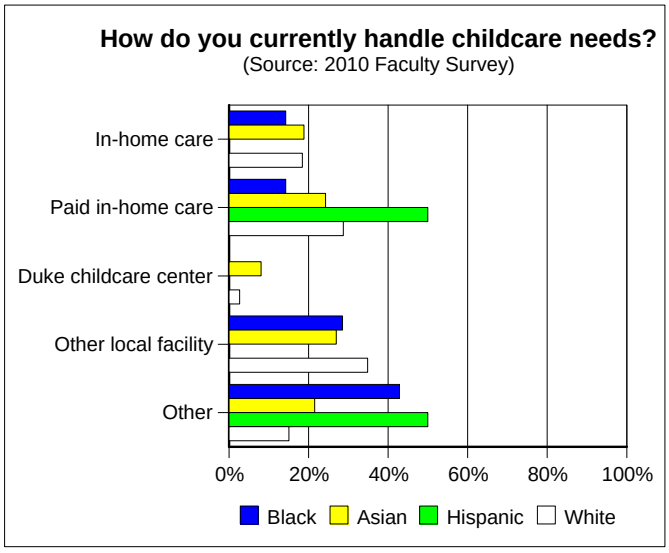


Figure 17

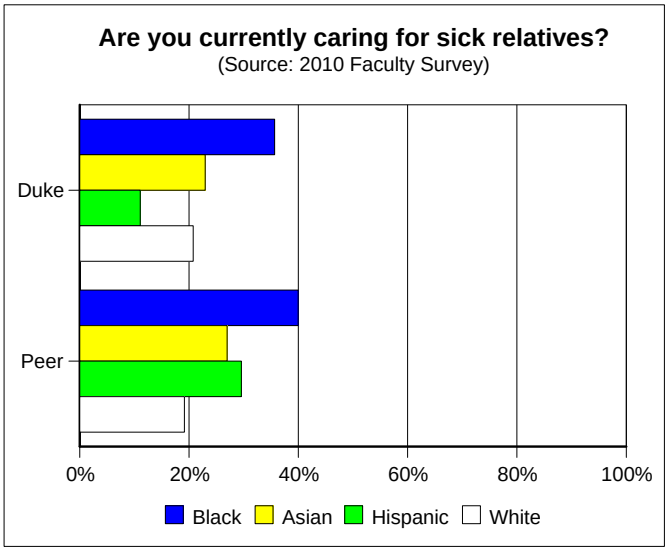


Figure 18

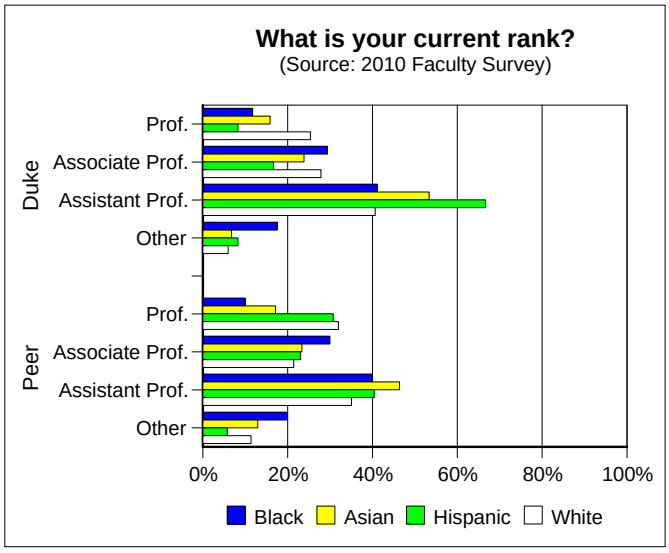
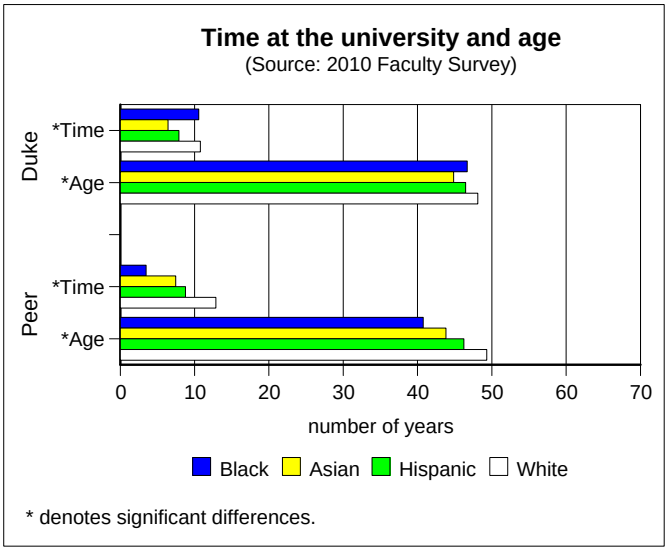


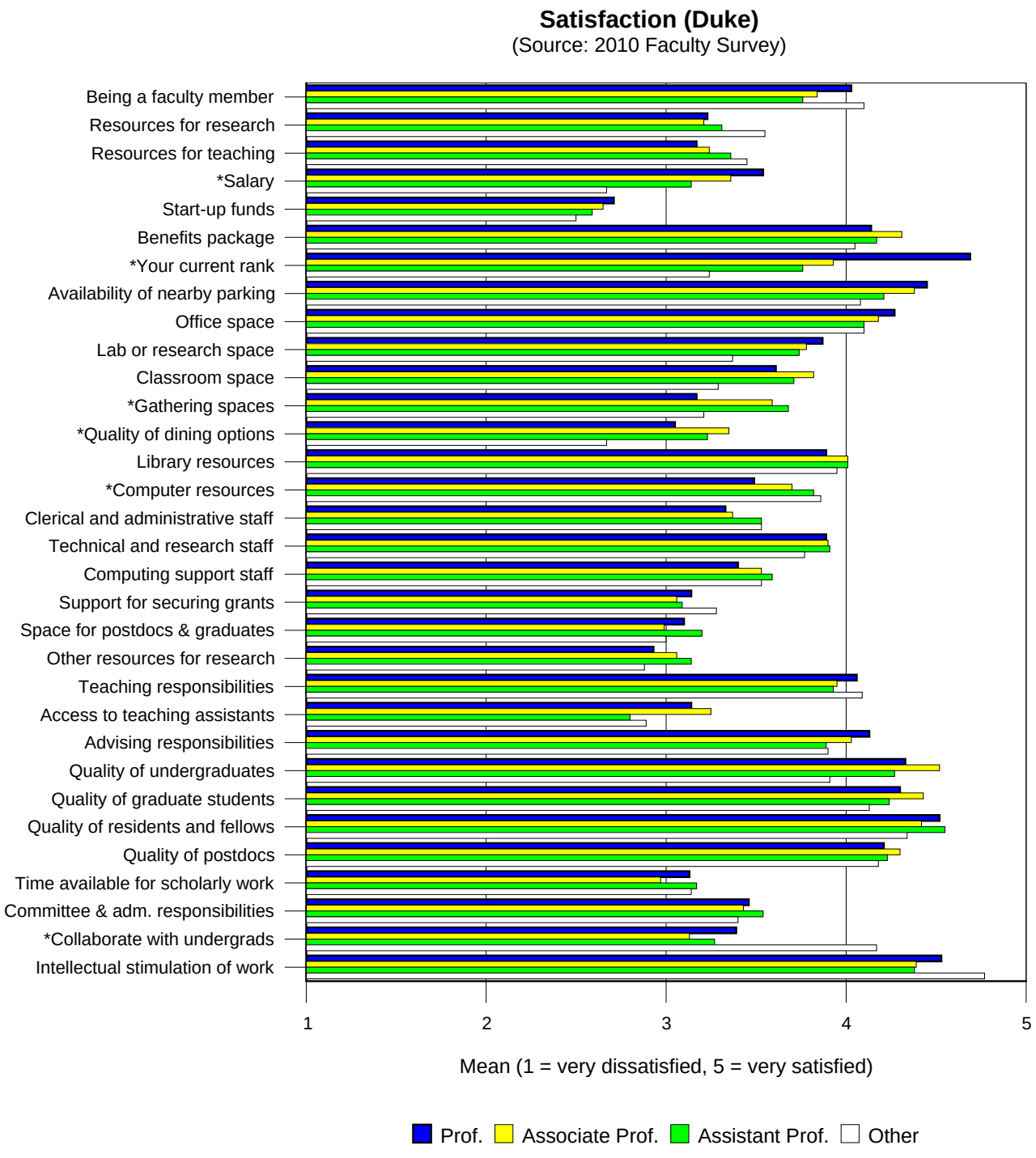
Figure 19


Time at the university and age
(Source: 2010 Faculty Survey)
Duke
*Time
*Age
Peer
*Time
*Age
0
10
20
30
40
50
60
70
number of years
Black
Asian
Hispanic
White
* denotes significant differences.

2010 Faculty Survey Results by Rank--Clinical

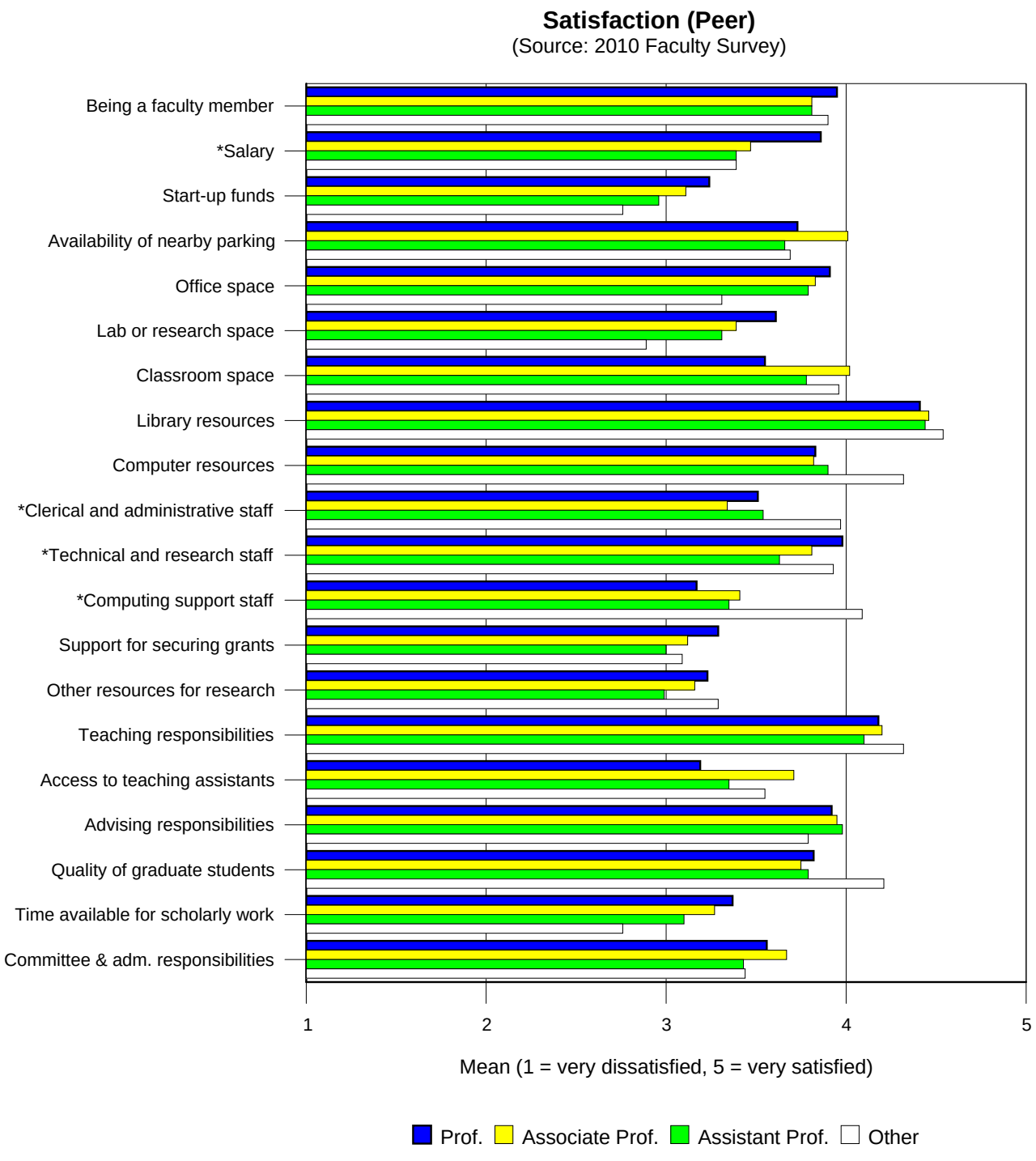
I. Satisfaction (Clinical)

Figure 1



* denotes significant differences.

Figure 2



* denotes significant differences.

2010 Faculty Survey Results by Rank: Clinical

I. Satisfaction (Clinical)

Figure 1

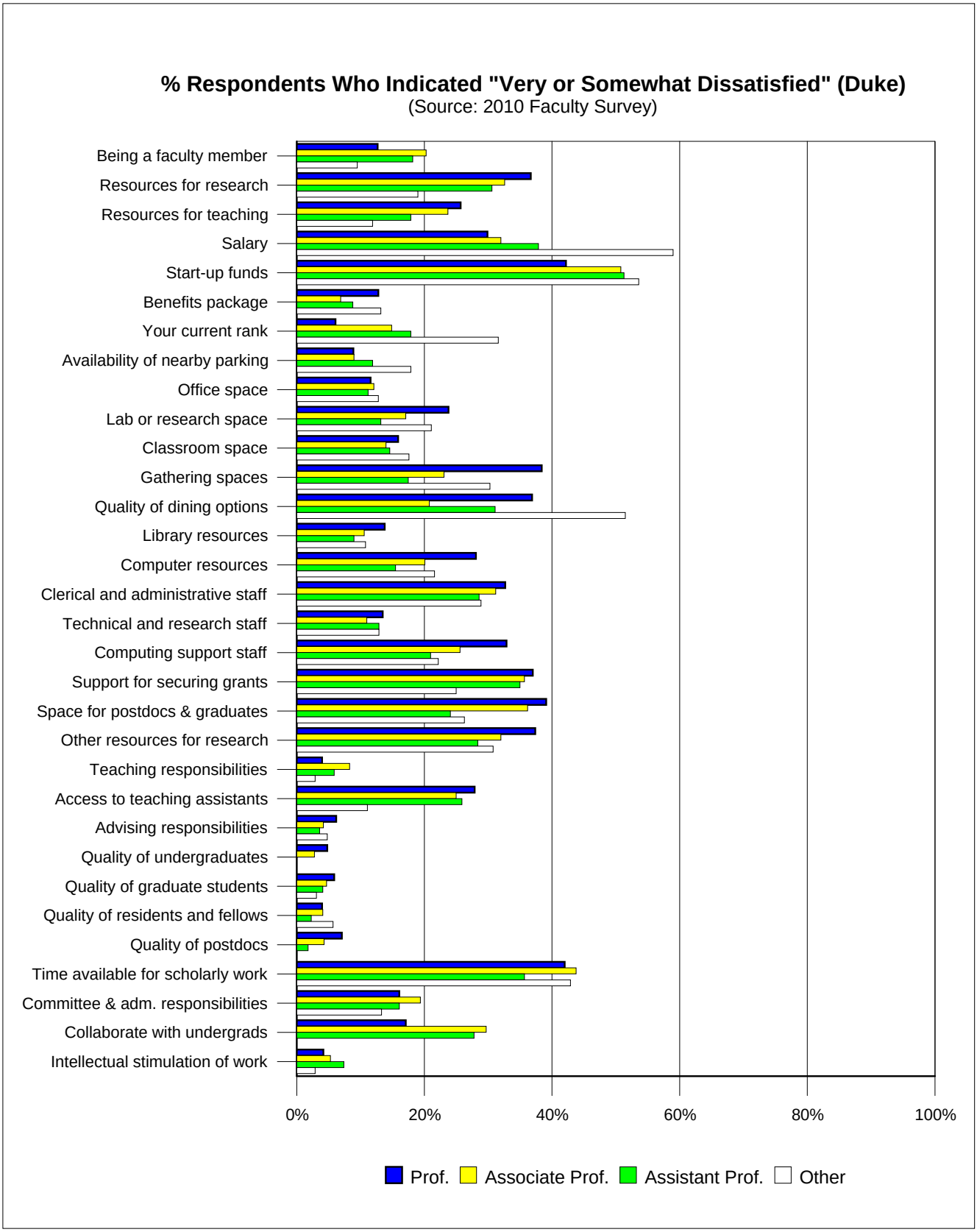
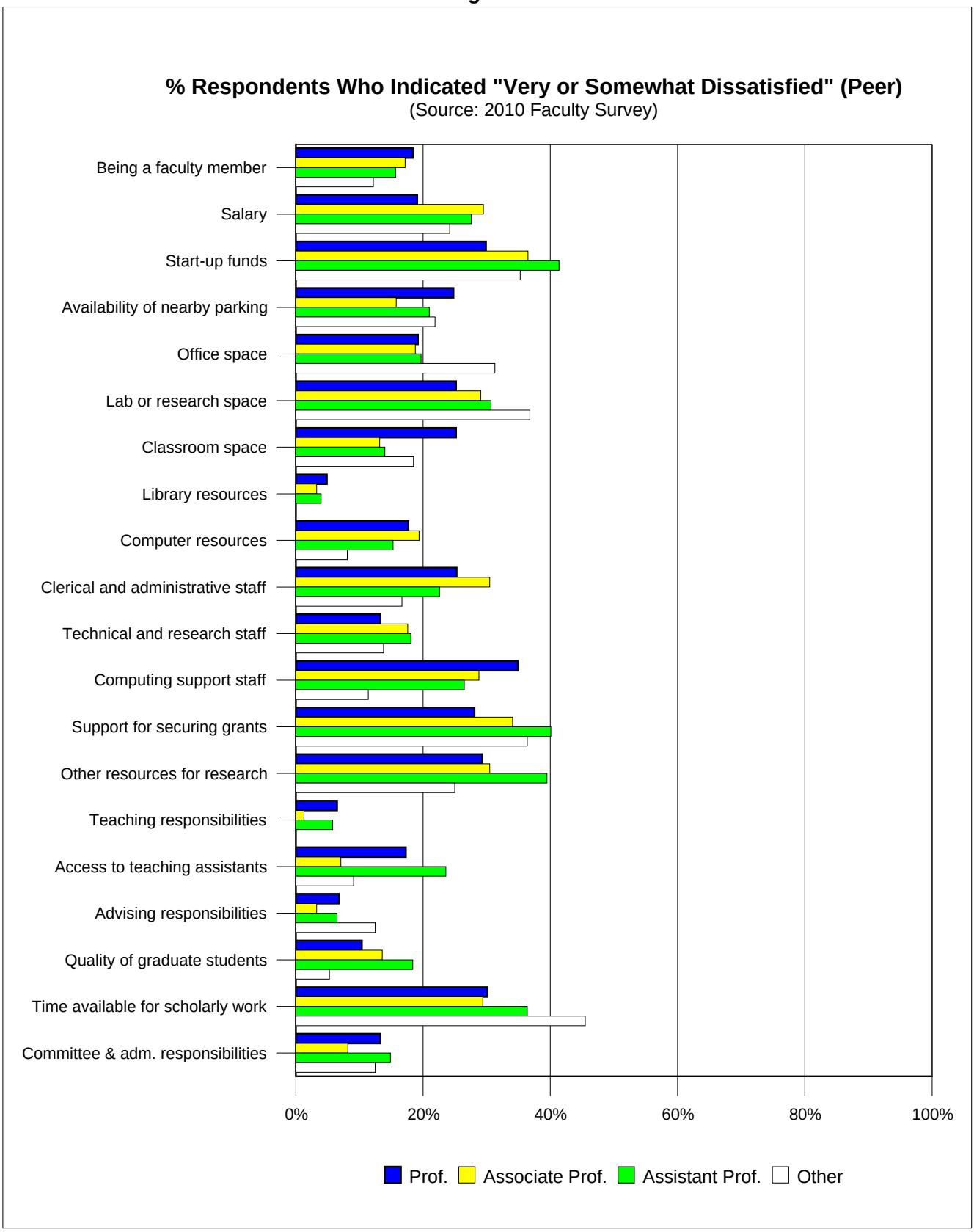


Figure 2


% Respondents Who Indicated "Very or Somewhat Dissatisfied" (Peer)
(Source: 2010 Faculty Survey)
Being a faculty member
Salary
Start-up funds
Availability of nearby parking
Office space
Lab or research space
Classroom space
Library resources
Computer resources
Clerical and administrative staff
Technical and research staff
Computing support staff
Support for securing grants
Other resources for research
Teaching responsibilities
Access to teaching assistants
Advising responsibilities
Quality of graduate students
Time available for scholarly work
Committee & adm. responsibilities
0%
20%
40%
60%
80%
100%
Prof.
Associate Prof.
Assistant Prof.
Other

II. Workload (Clinical)

Figure 1

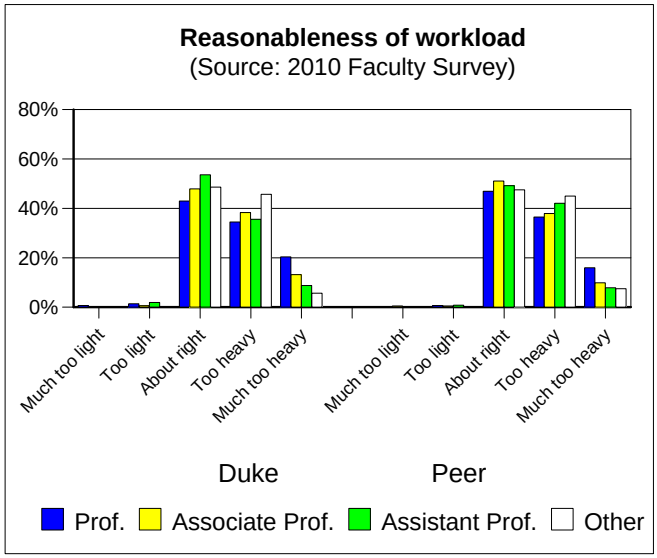


Figure 2

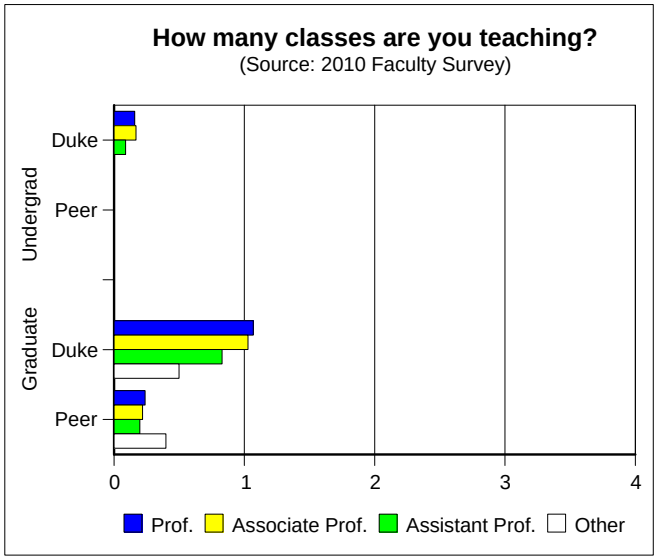


Figure 3

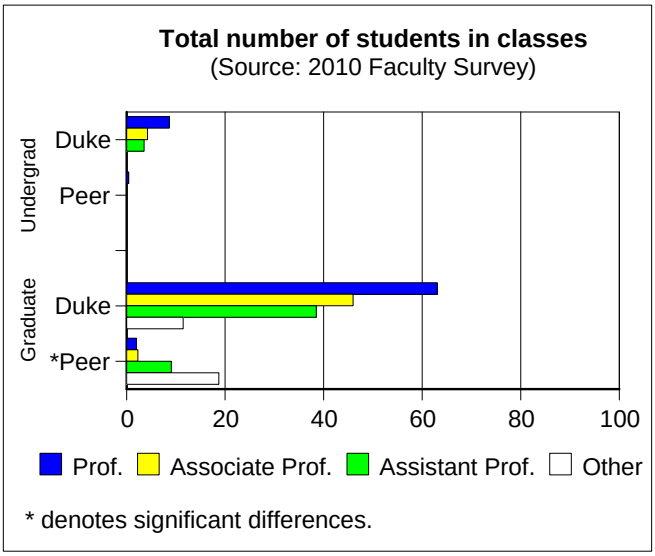


Figure 4

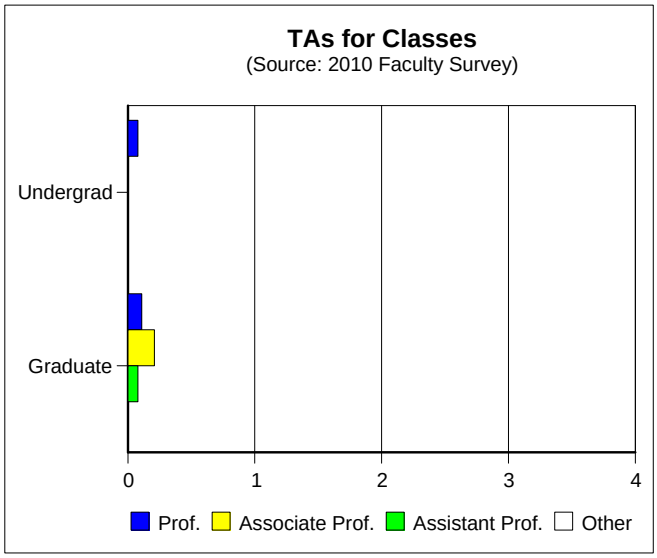


Figure 5

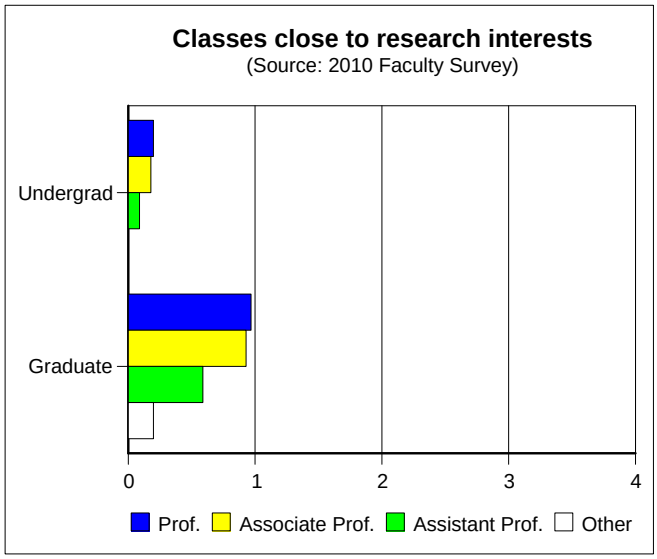


Figure 6

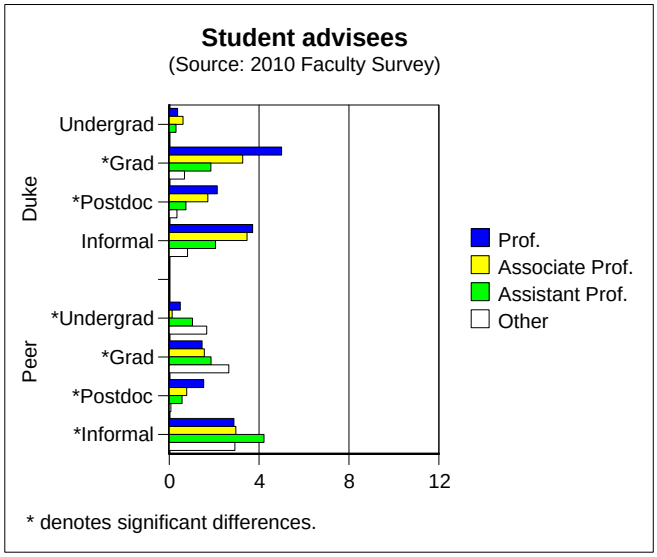


Figure 7

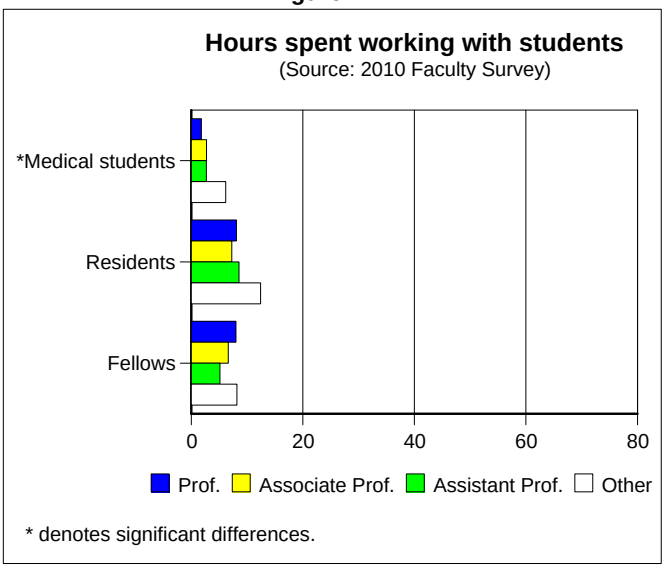


Figure 8

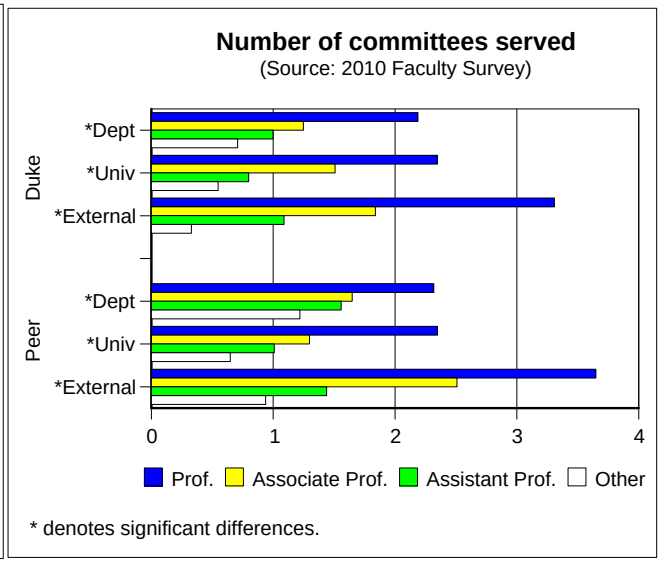


Figure 9

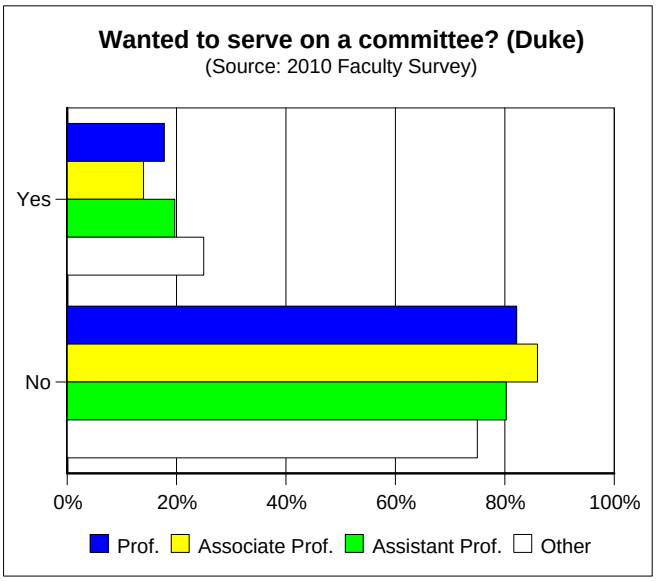


Figure 10

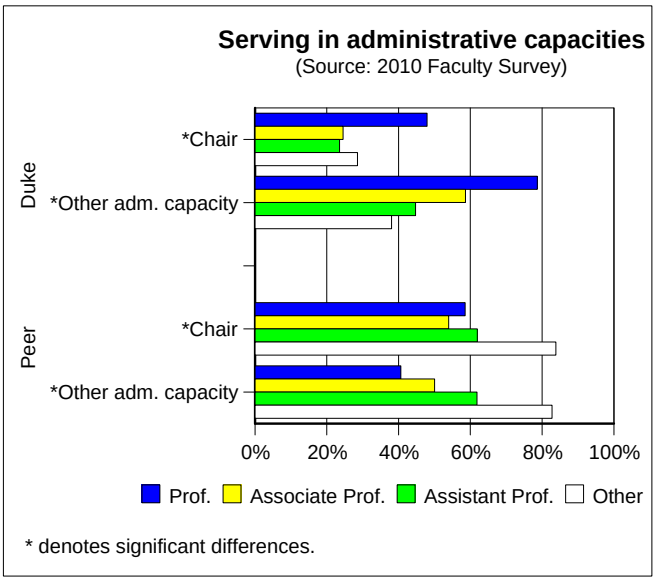


Figure 11

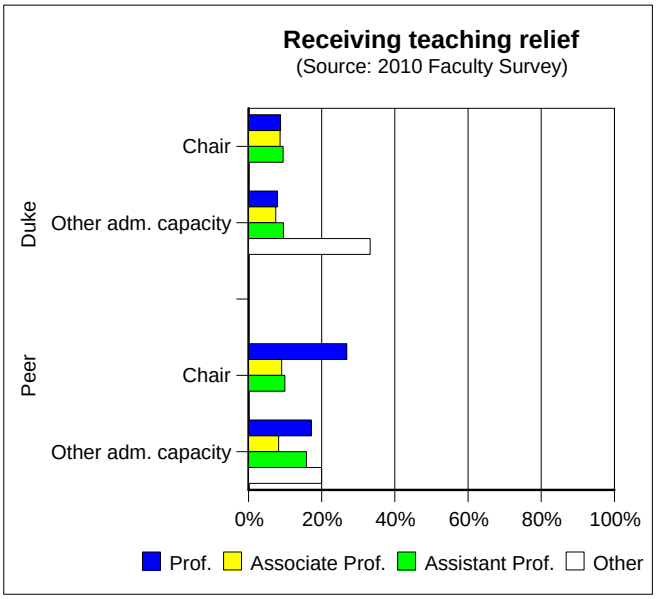


Figure 12

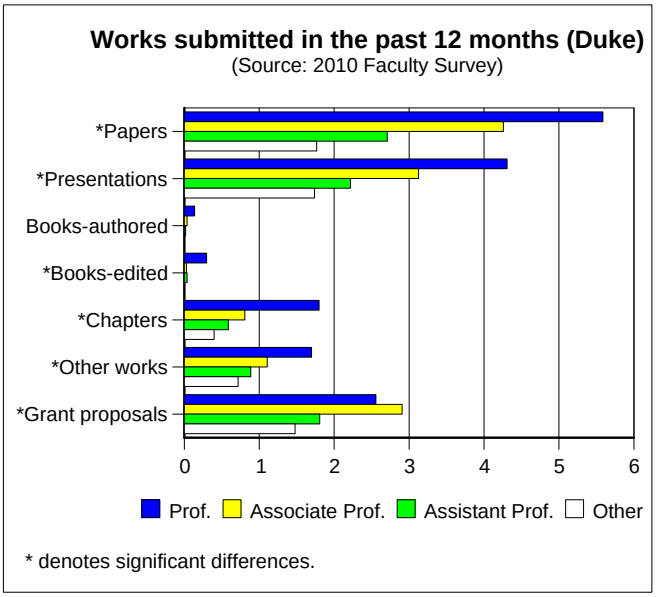


Figure 13

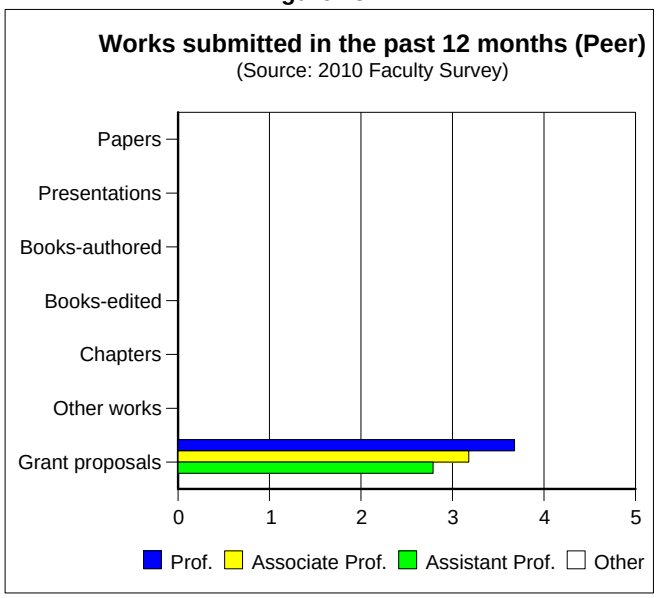


Figure 14

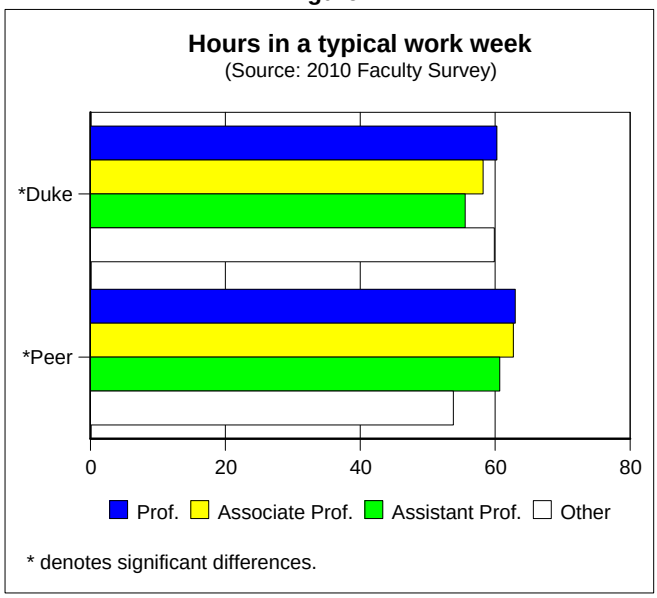


Figure 15

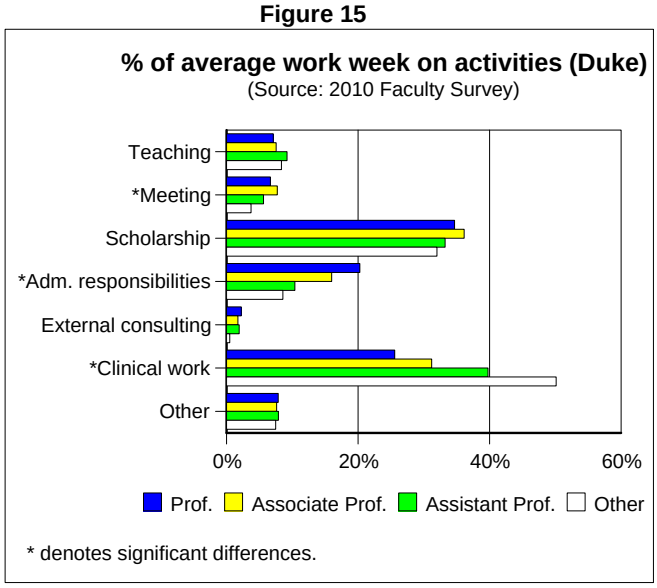


Figure 16

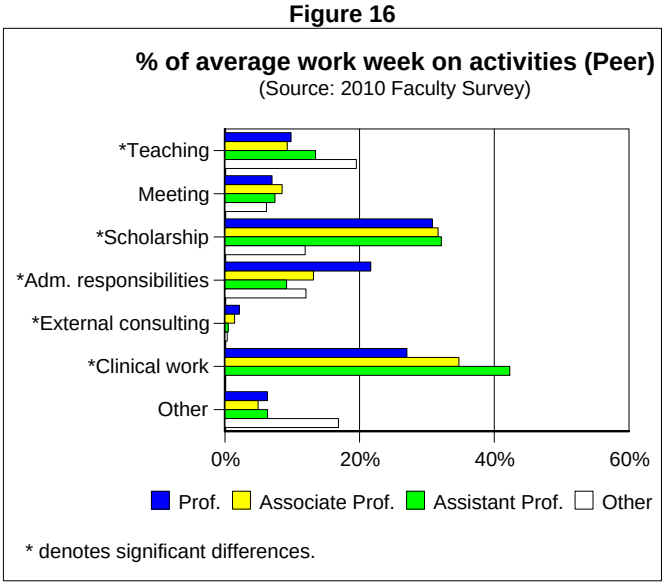


Figure 17

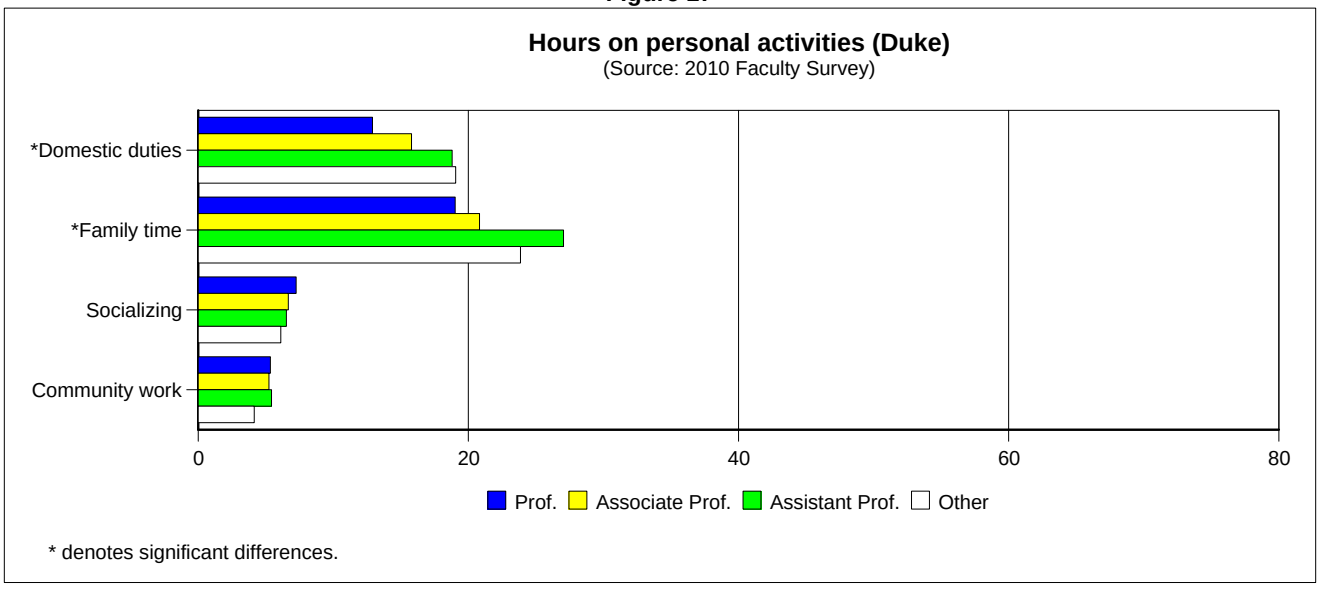


Figure 18

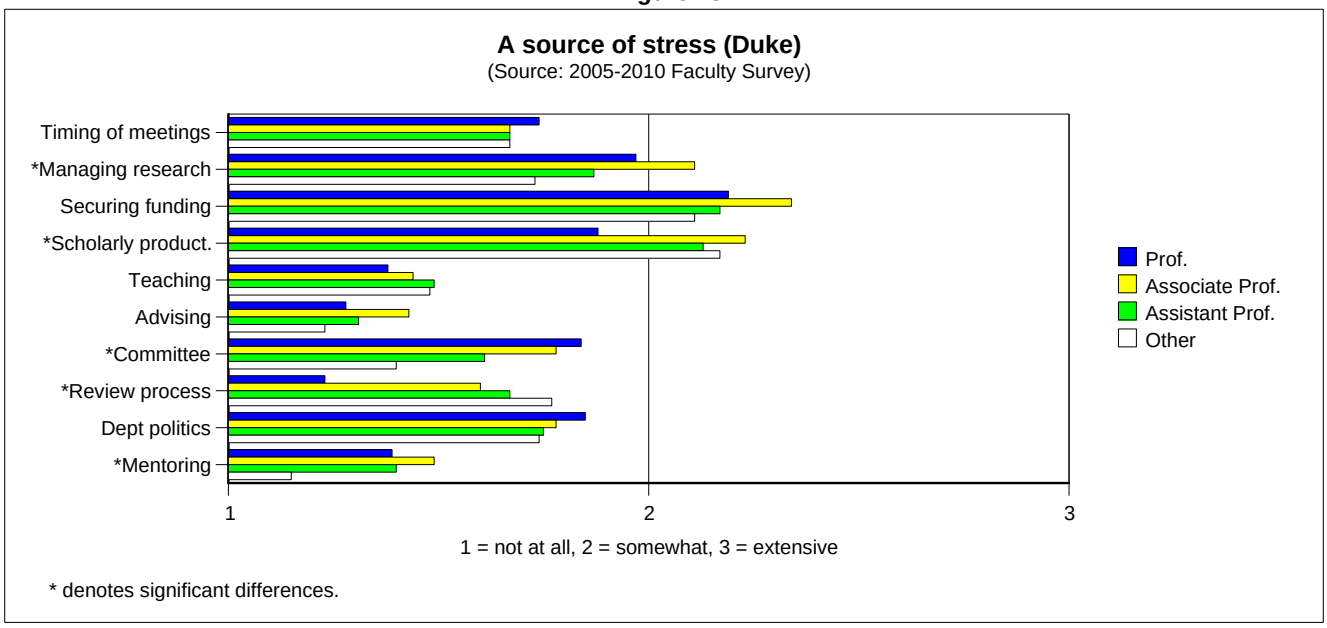


Figure 19

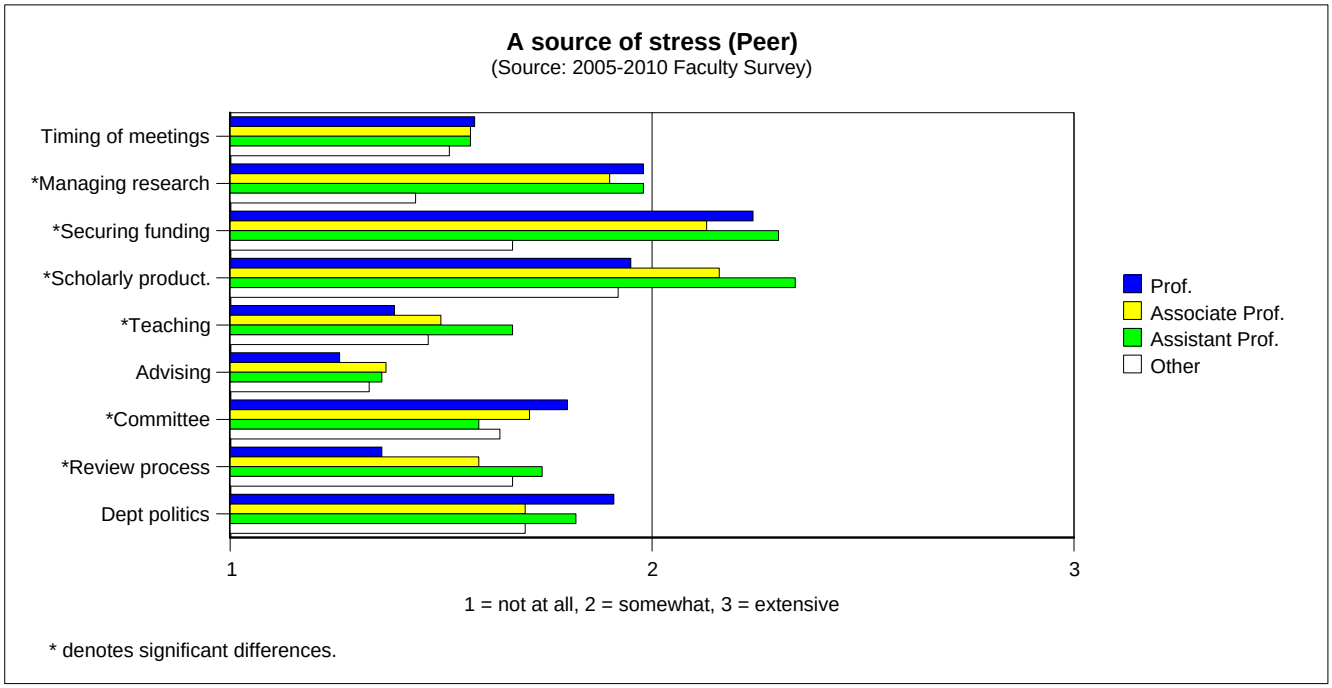


Figure 20

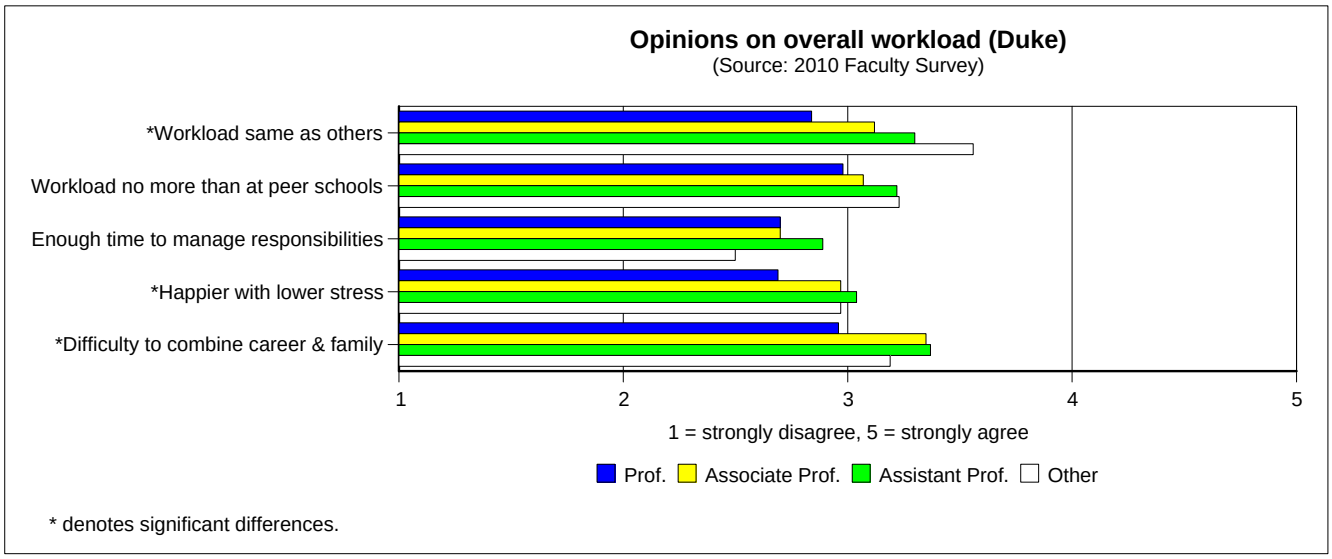
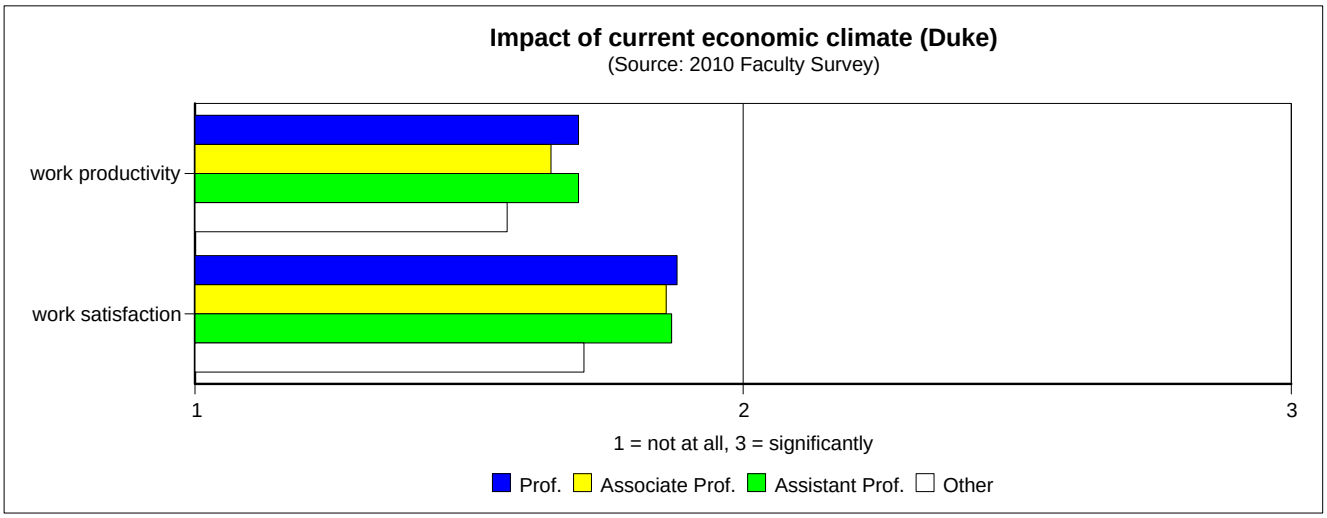
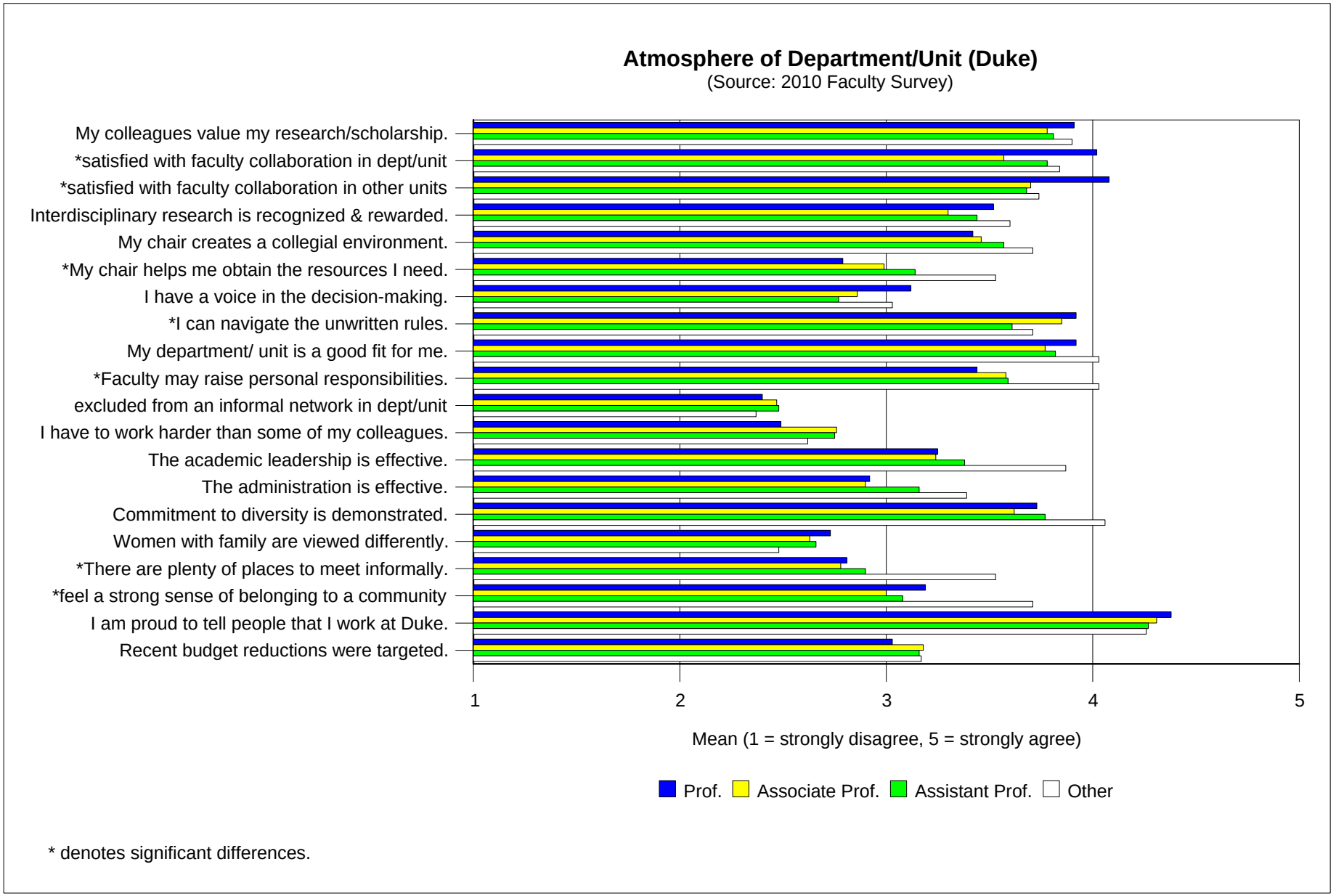


Figure 21



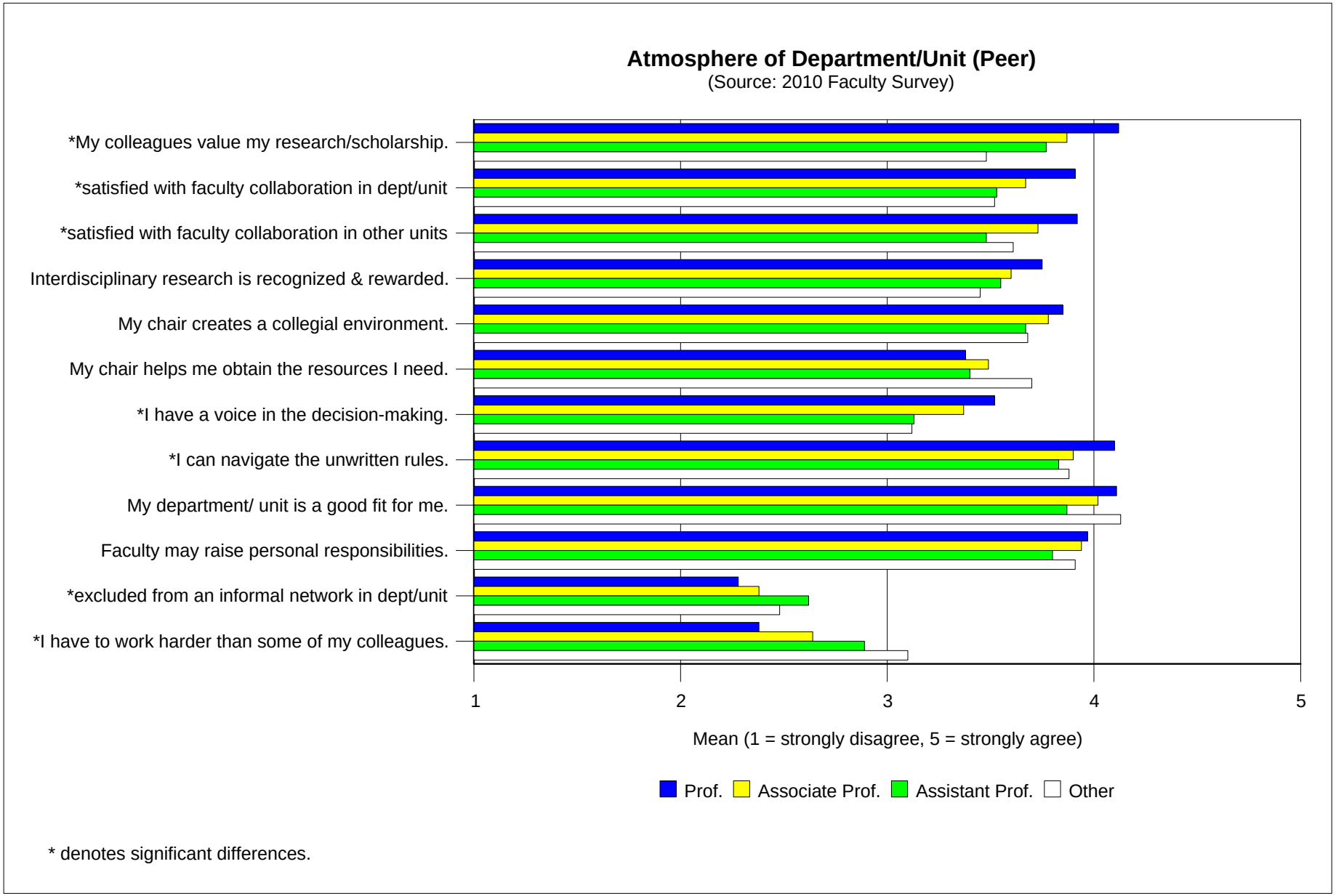
III. Atmosphere of Department/Unit (Clinical)

Figure 1



* denotes significant differences.

Figure 2



* denotes significant differences.

III. Atmosphere of Department/Unit by Rank (Clinical)

Figure 1

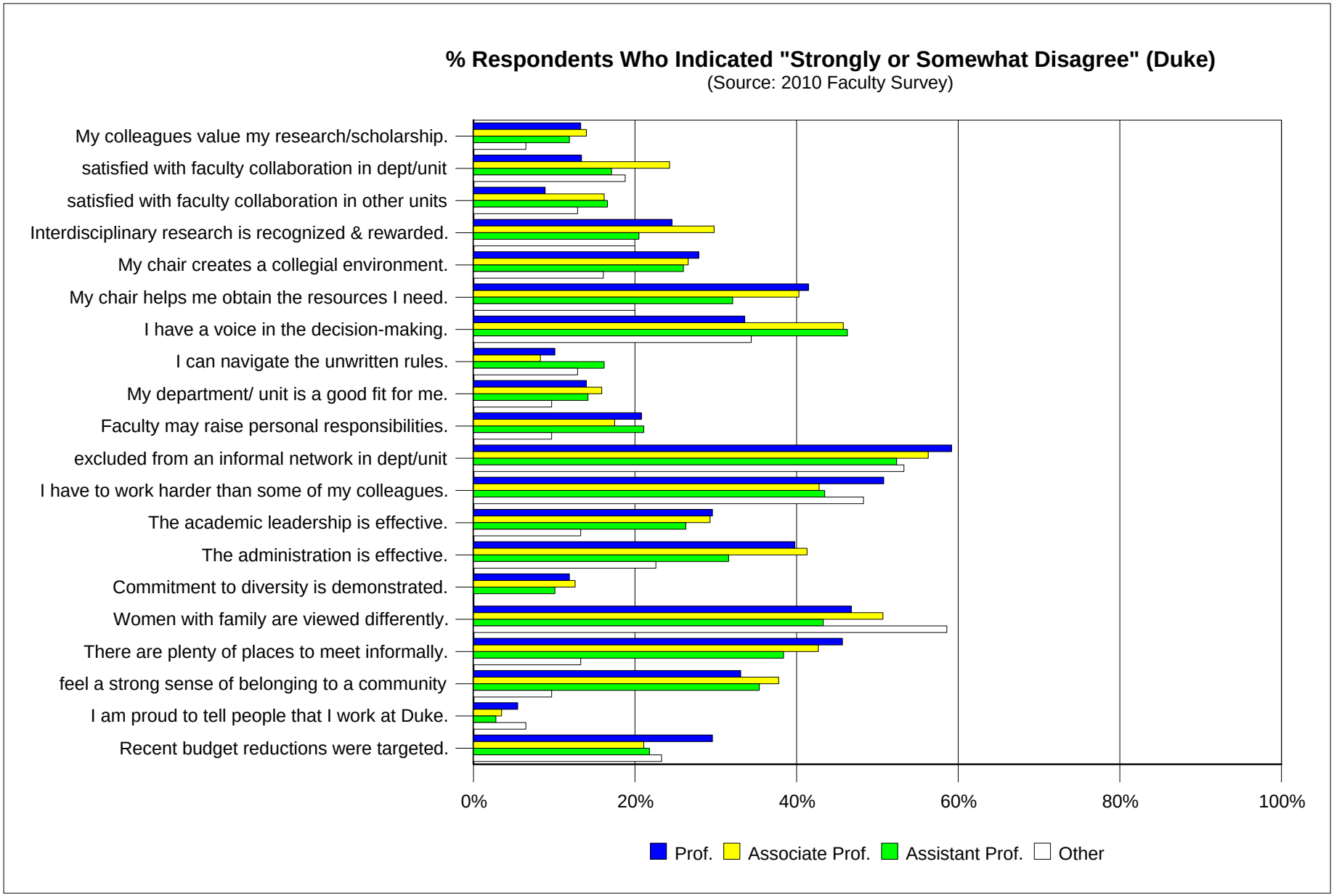
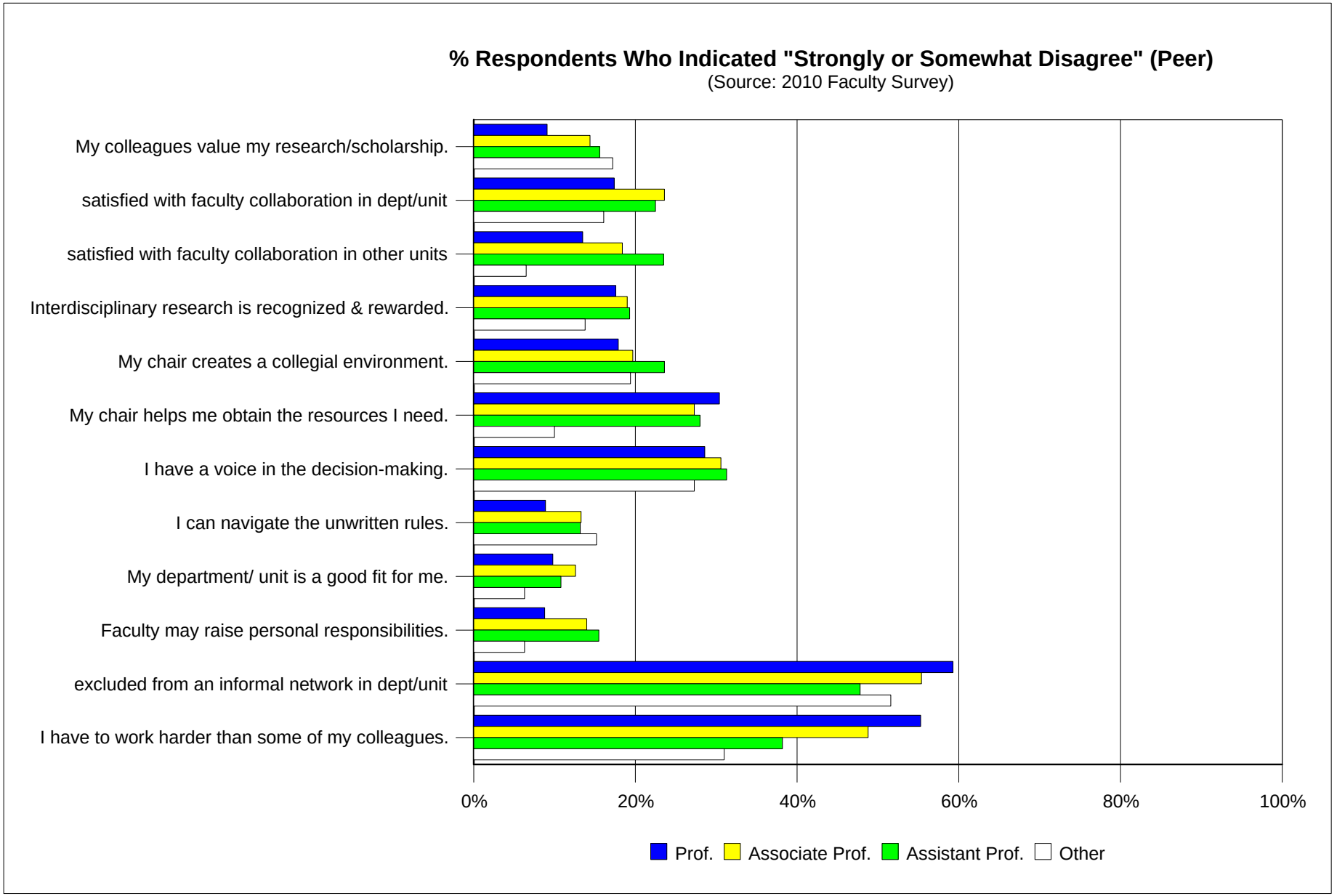


Figure 2


% Respondents Who Indicated "Strongly or Somewhat Disagree" (Peer)
(Source: 2010 Faculty Survey)
My colleagues value my research/scholarship.
satisfied with faculty collaboration in dept/unit
satisfied with faculty collaboration in other units
Interdisciplinary research is recognized & rewarded.
My chair creates a collegial environment.
My chair helps me obtain the resources I need.
I have a voice in the decision-making.
I can navigate the unwritten rules.
My department/ unit is a good fit for me.
Faculty may raise personal responsibilities.
excluded from an informal network in dept/unit
I have to work harder than some of my colleagues.
0%
20%
40%
60%
80%
100%
Prof.
Associate Prof.
Assistant Prof.
Other

IV. Mentoring (Clinical)

Figure 1

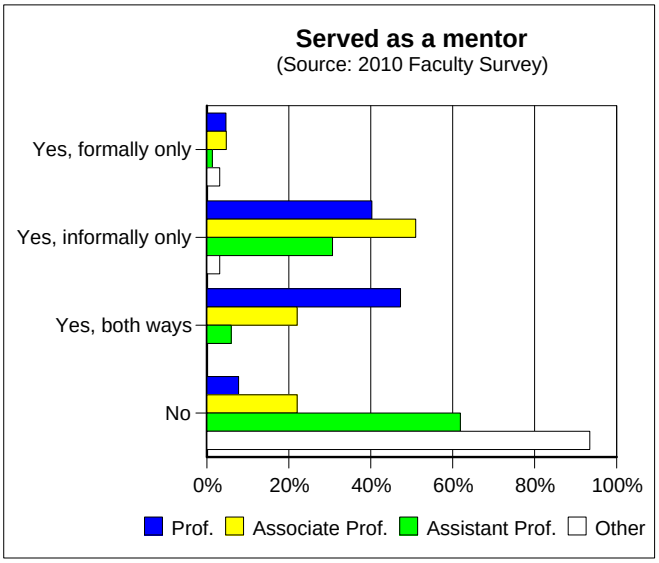


Figure 2

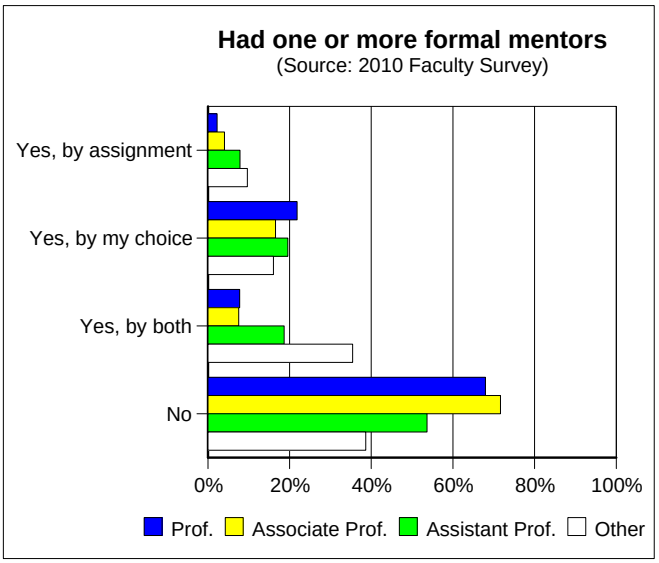


Figure 3

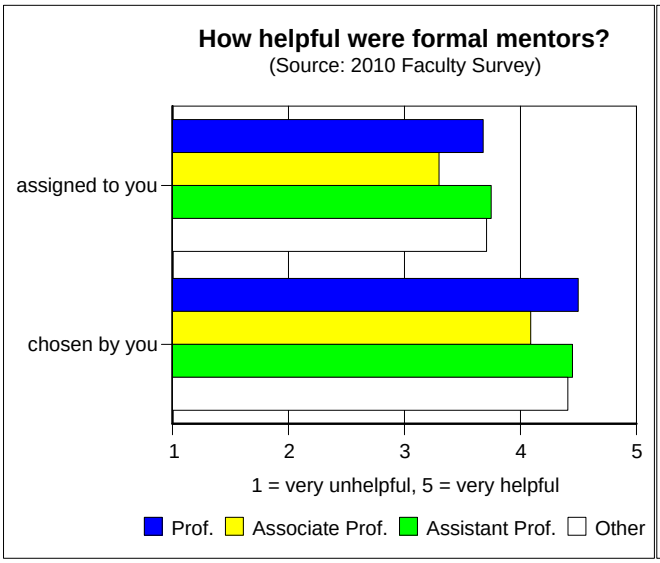


Figure 4

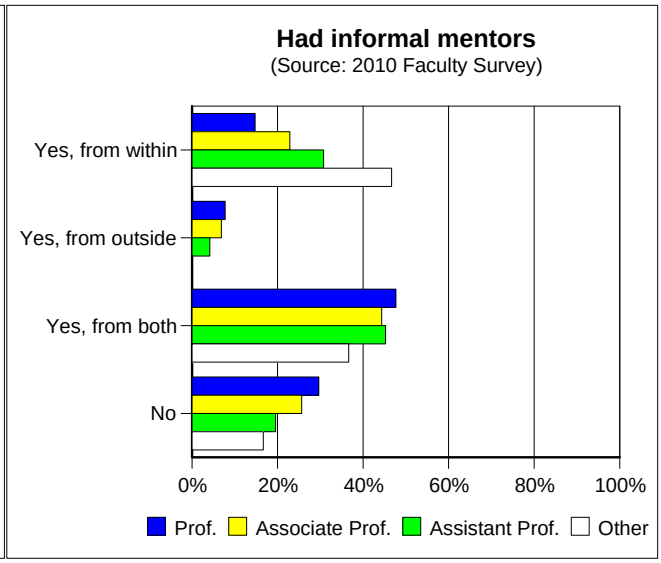


Figure 5

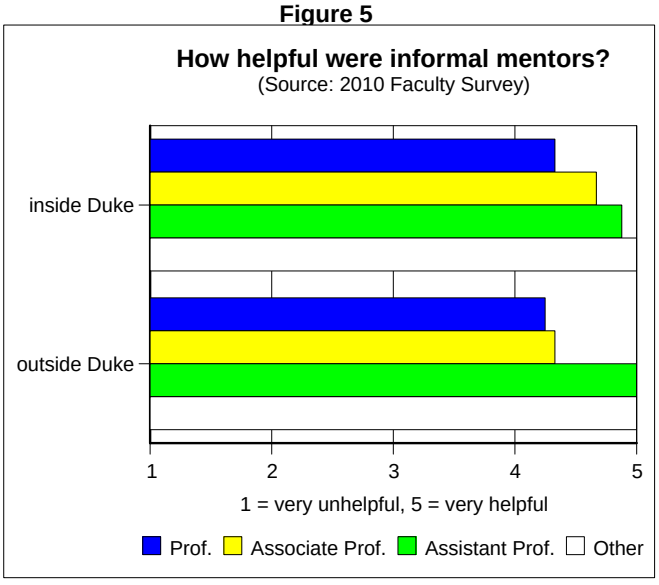


Figure 6

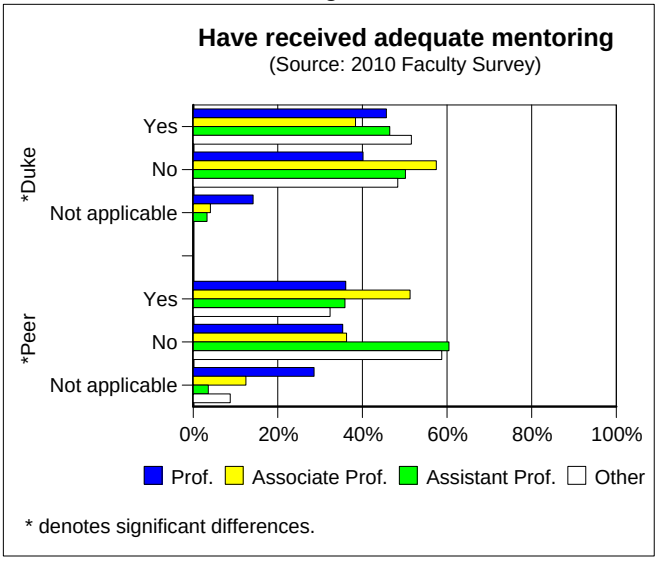
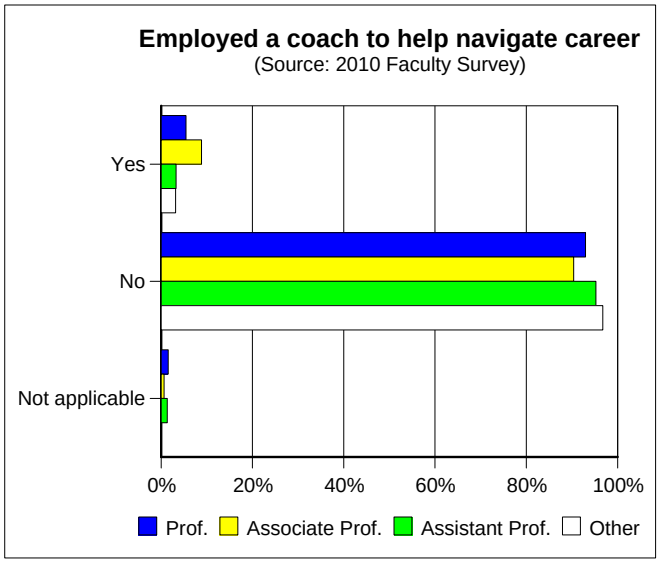


Figure 7


Employed a coach to help navigate career
(Source: 2010 Faculty Survey)
Yes
No
Not applicable
0%
20%
40%
60%
80%
100%
Prof.
Associate Prof.
Assistant Prof.
Other

V. Promotion/Tenure (Clinical)

Figure 1

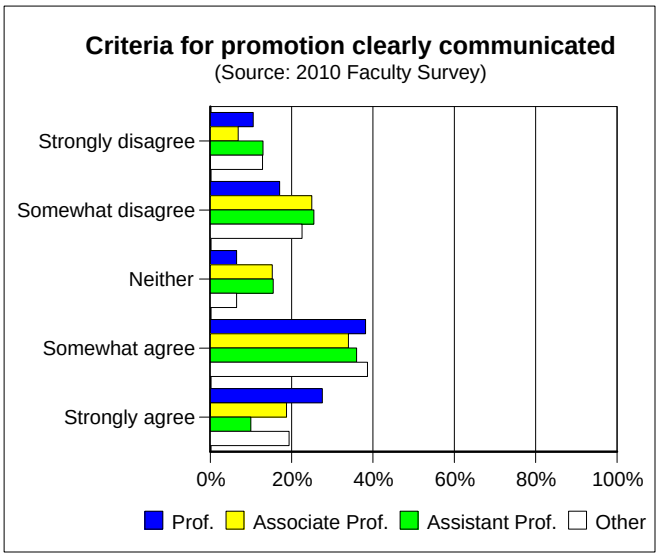


Figure 2

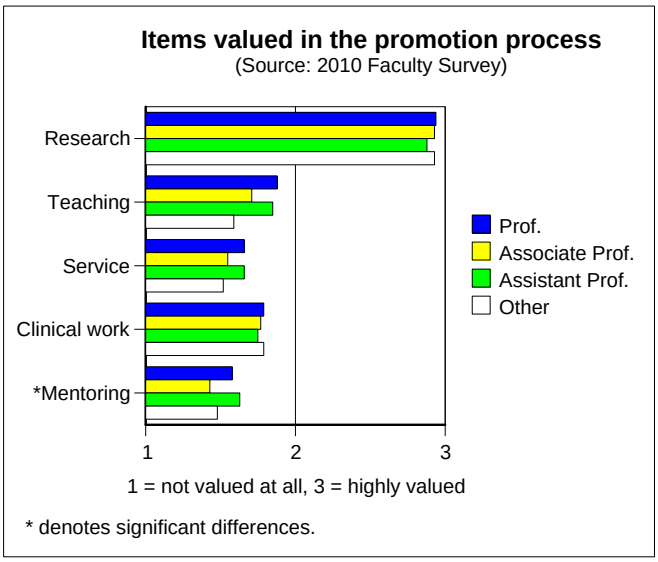


Figure 3

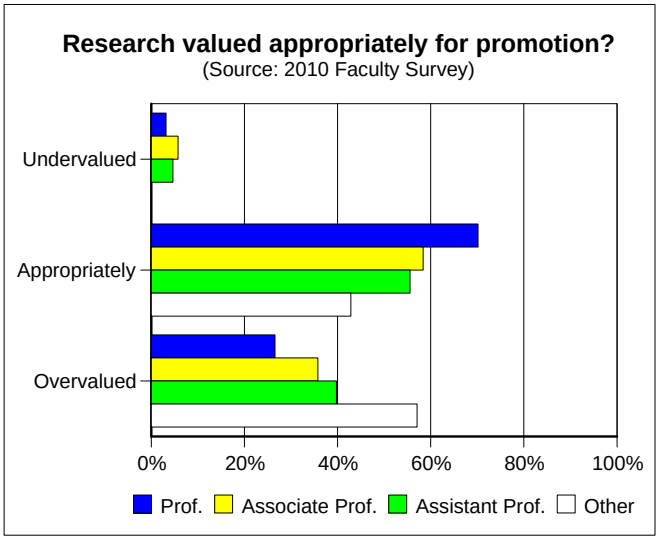


Figure 4

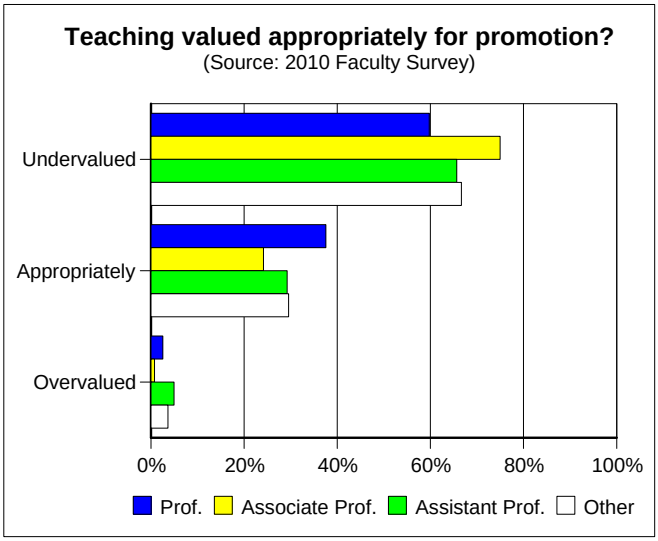


Figure 5

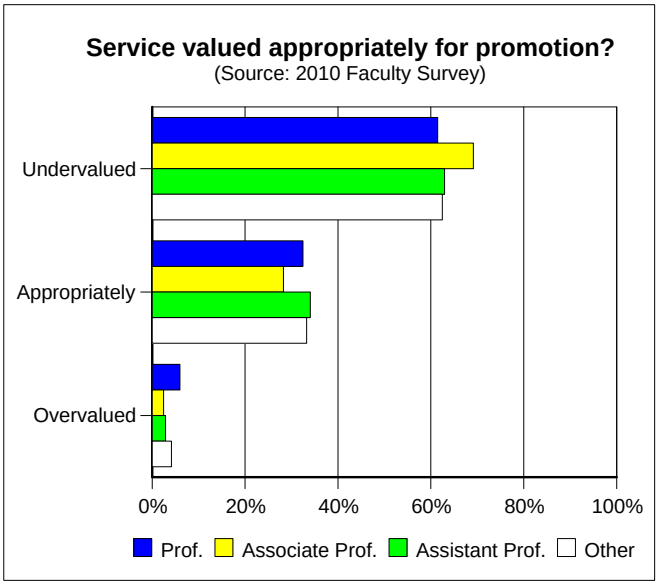


Figure 6

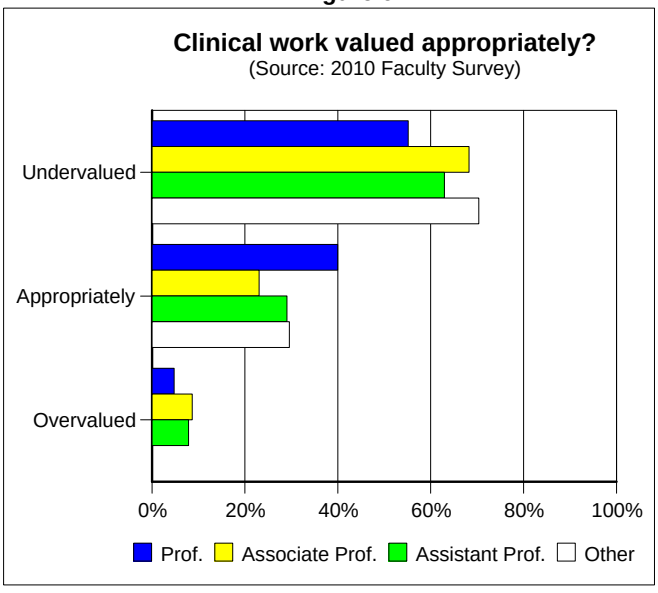


Figure 7

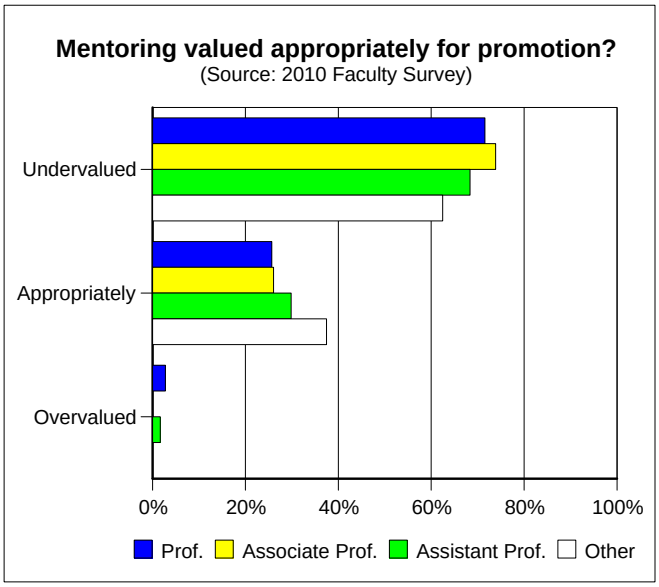


Figure 8

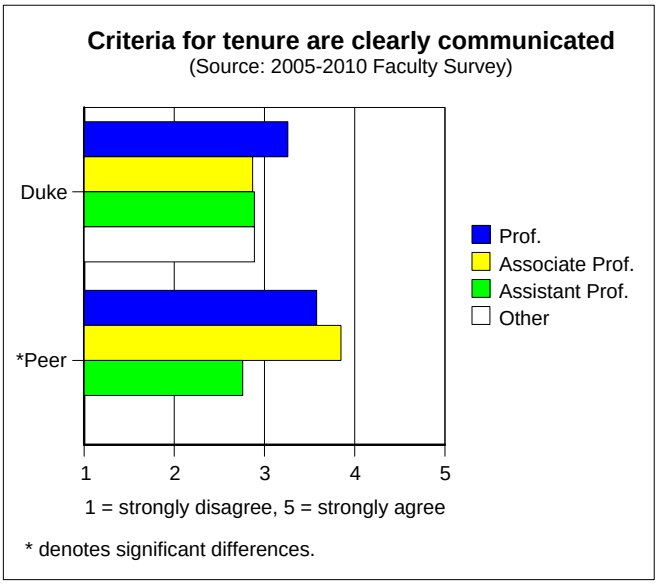


Figure 9

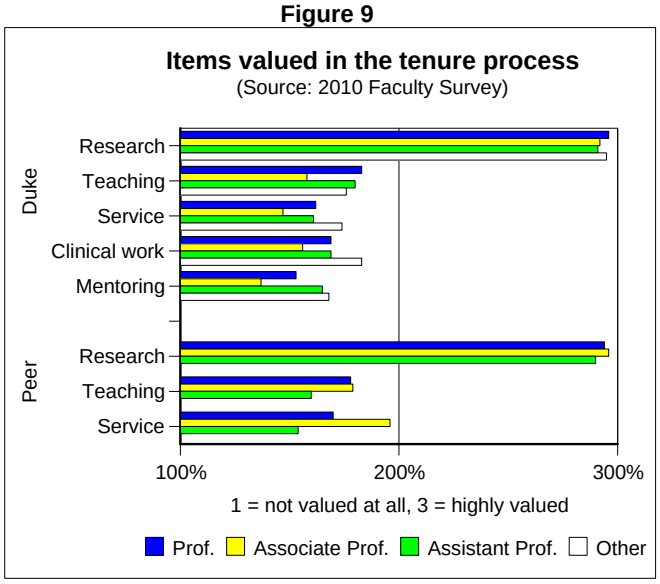


Figure 10

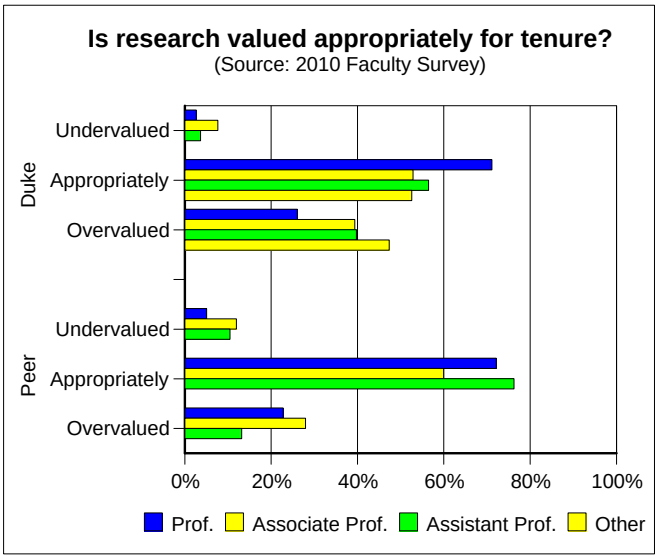


Figure 11

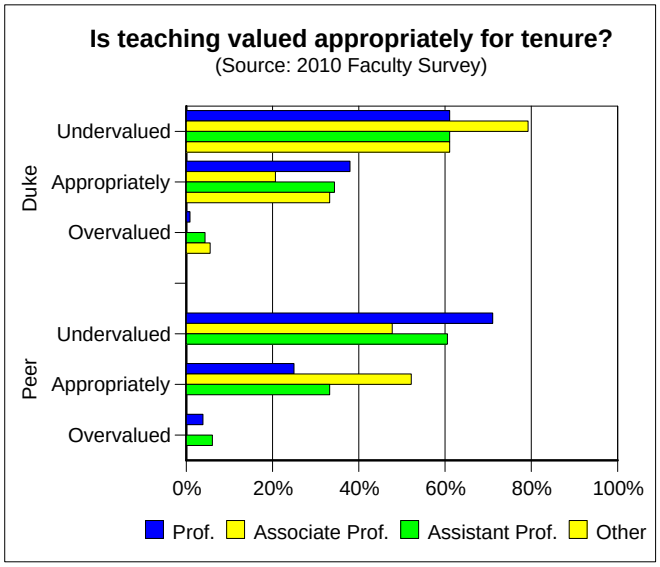


Figure 12

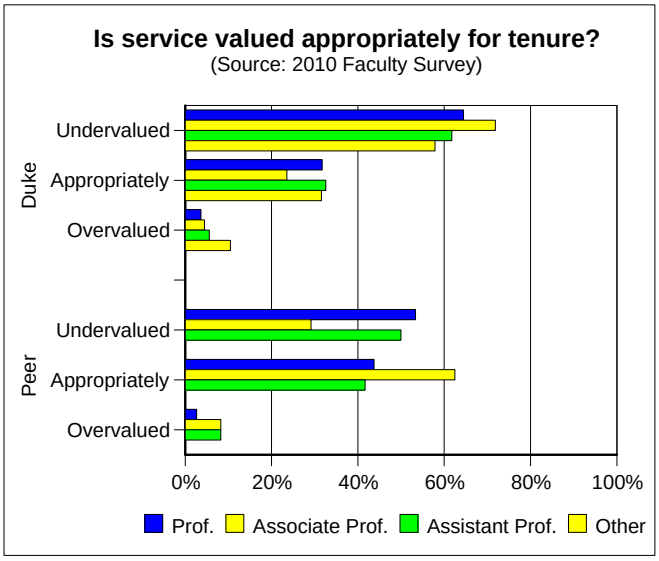


Figure 13

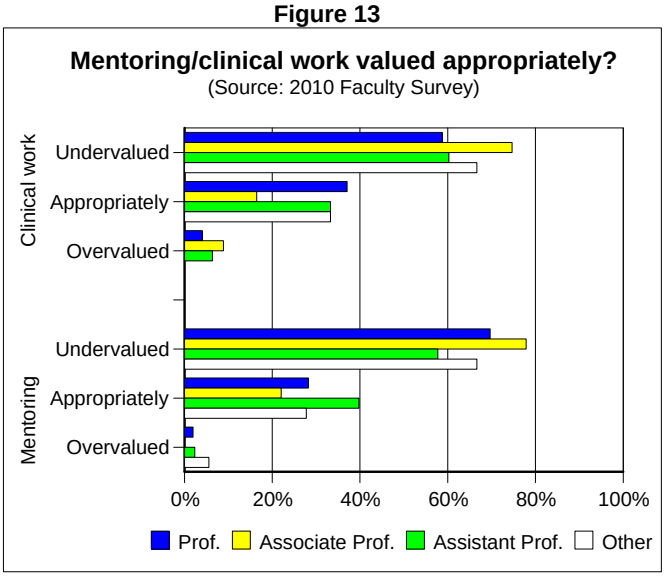


Figure 14

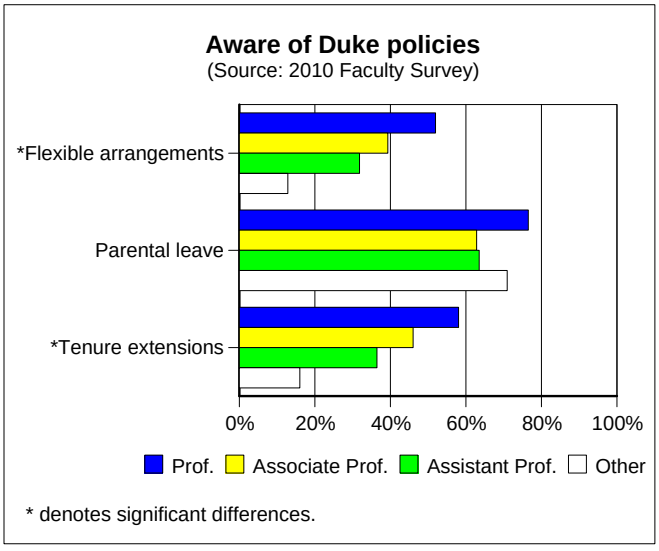


Figure 15

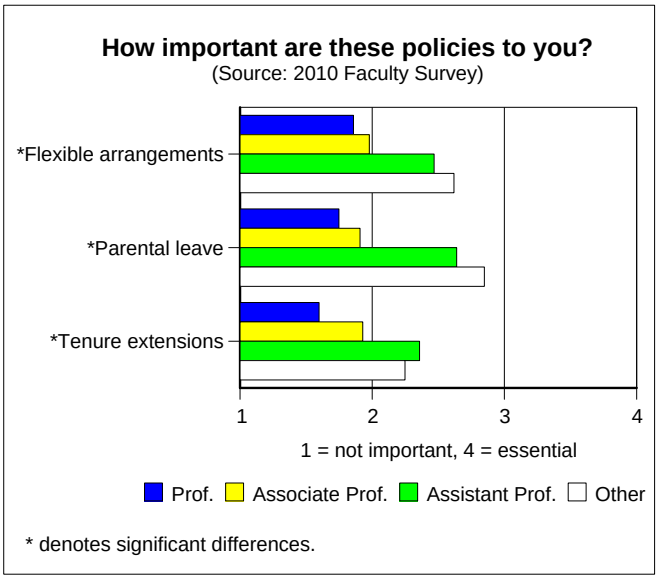


Figure 16

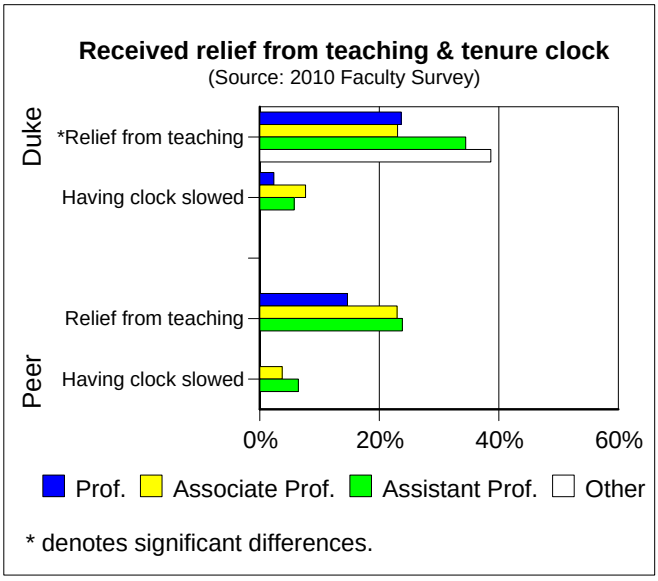
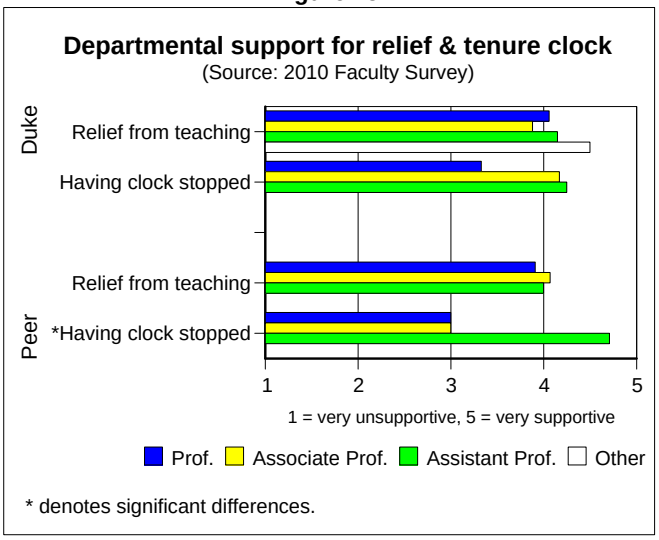


Figure 15



VI. Hiring/Retention (Clinical)

Figure 1

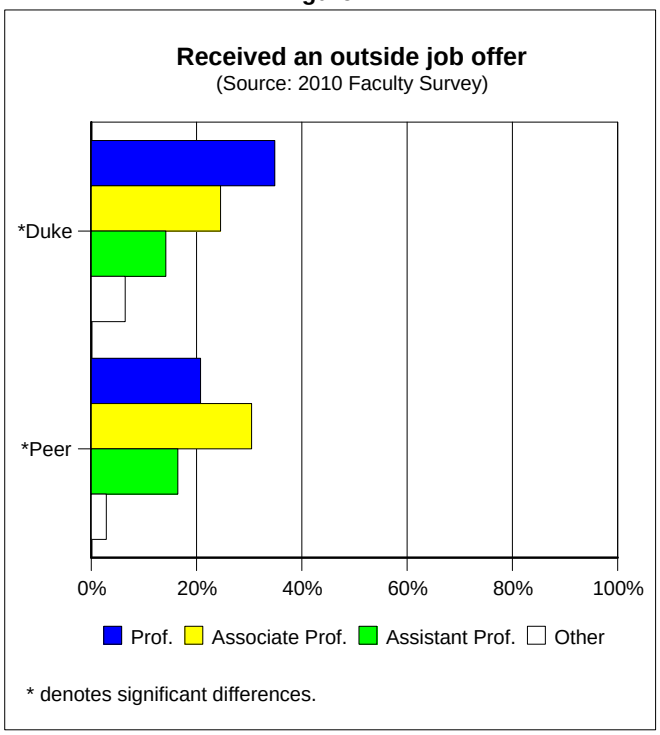


Figure 2

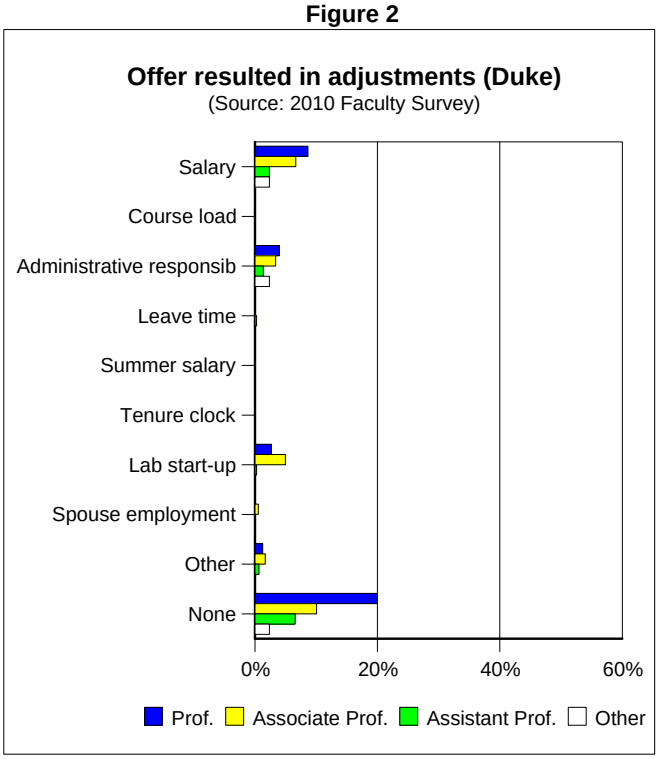


Figure 3

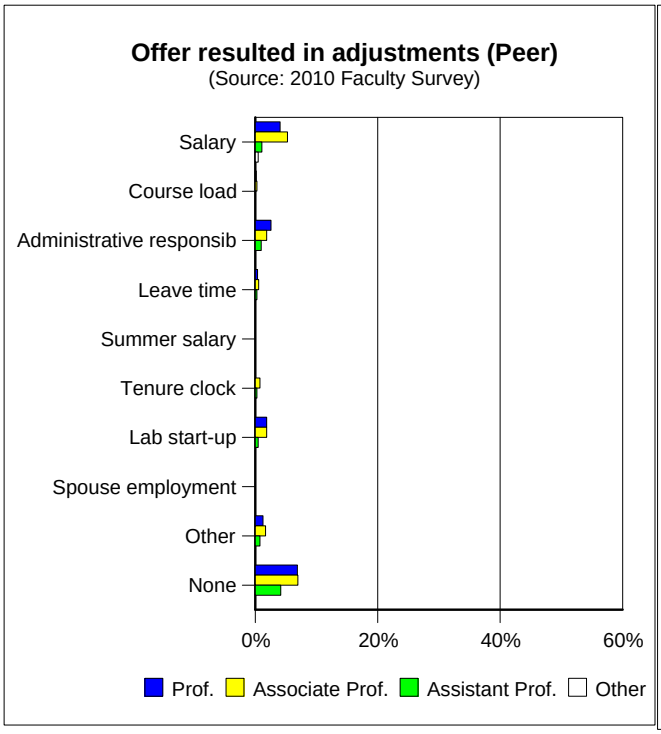


Figure 4

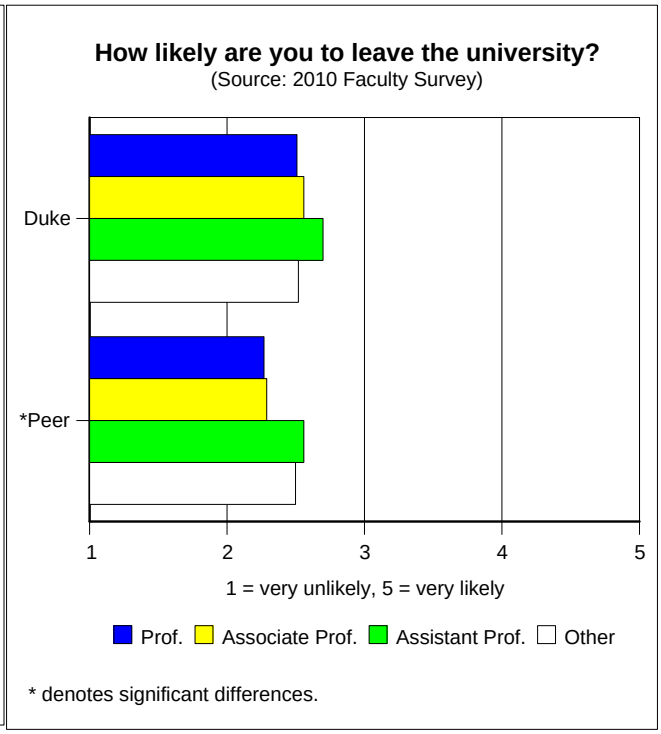
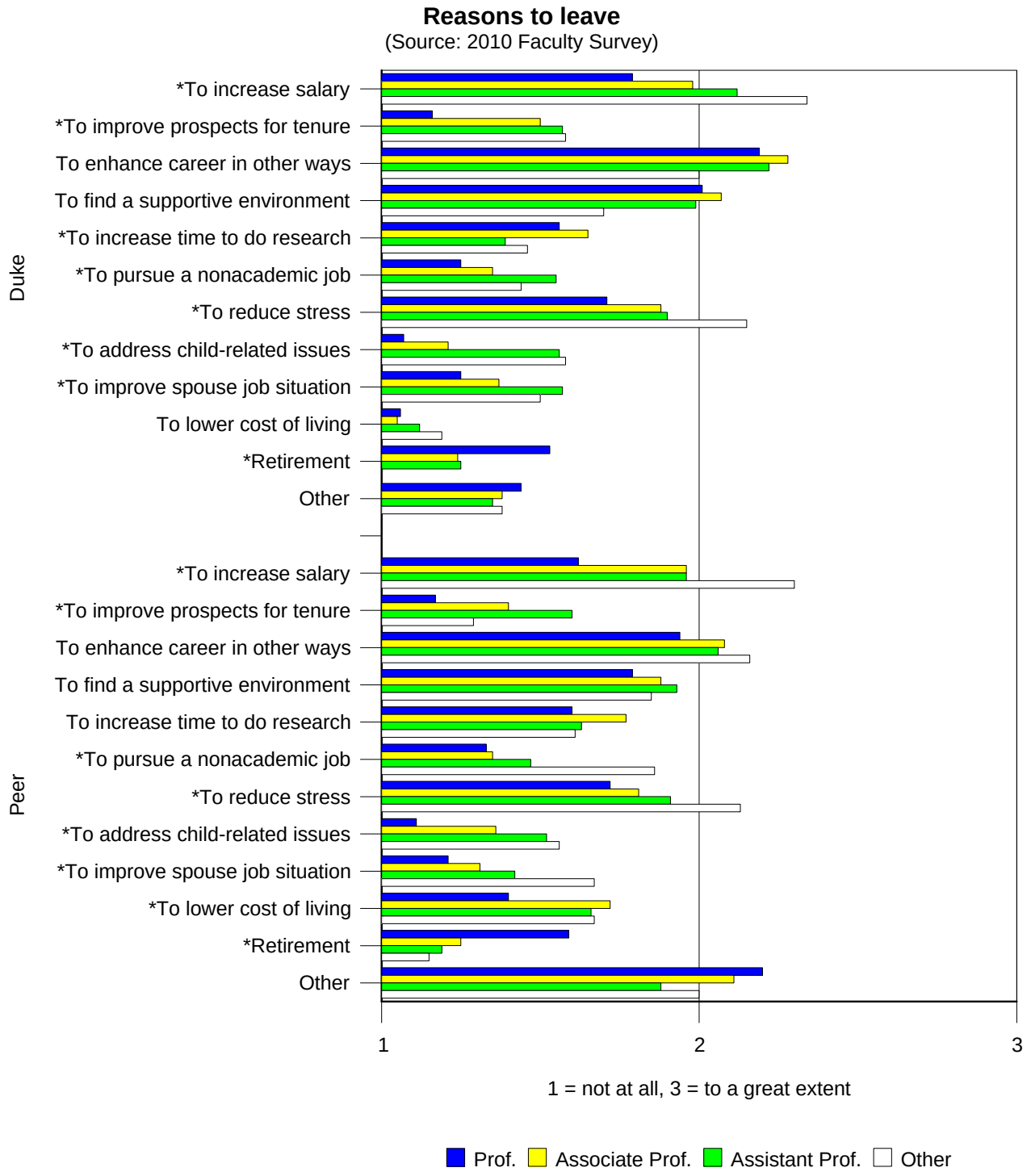


Figure 5



* denotes significant differences.

VII. Life outside the Institution (Clinical)

Figure 1

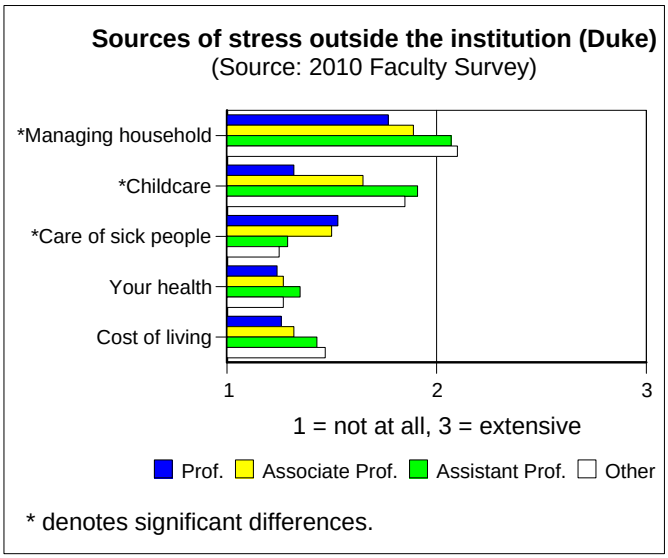


Figure 2

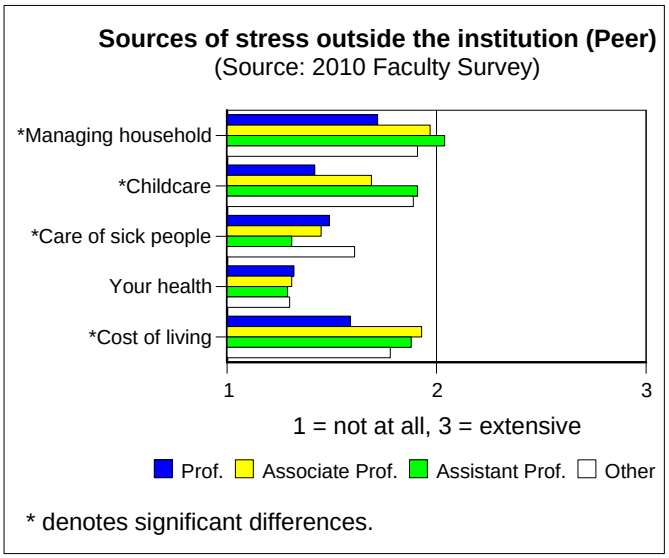


Figure 3

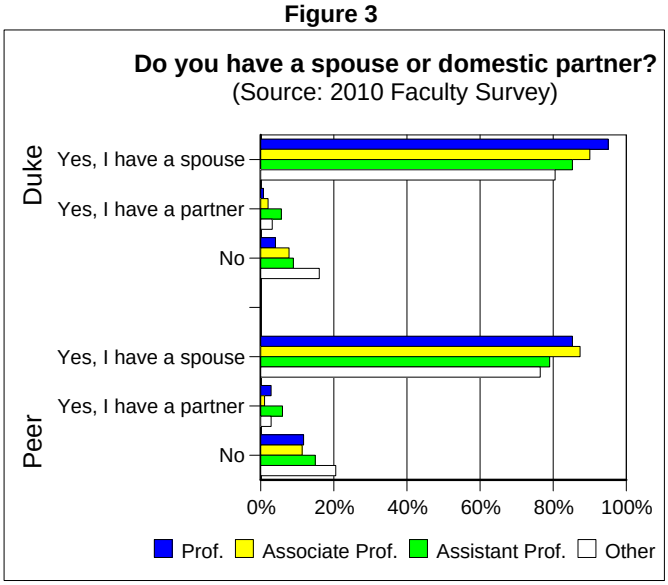


Figure 4

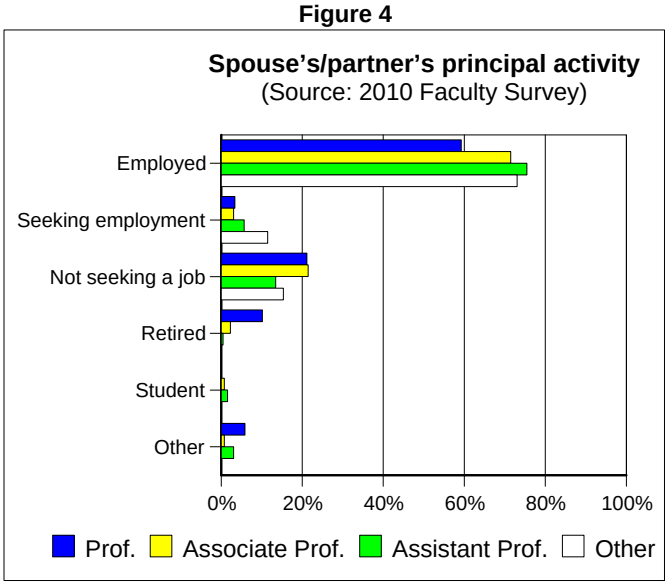


Figure 5

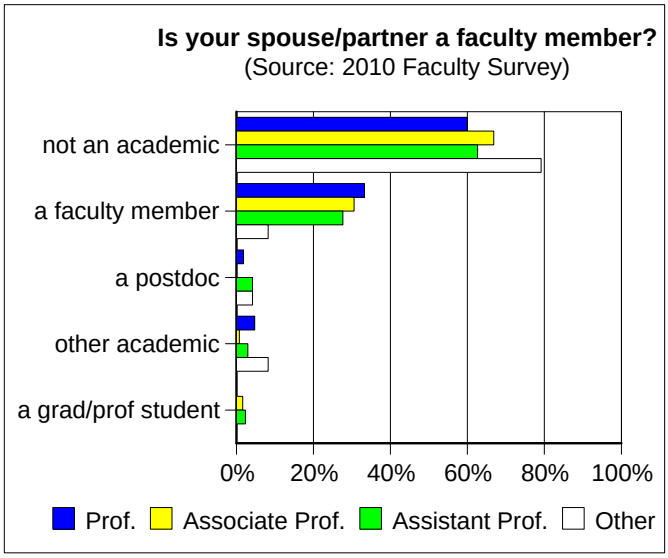


Figure 6

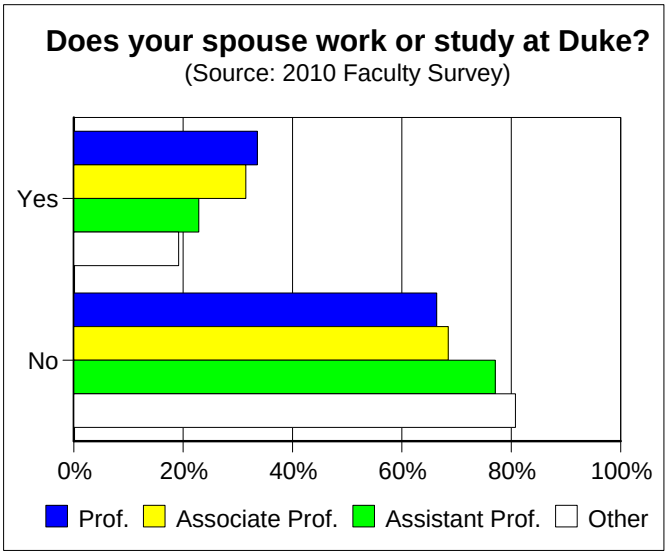


Figure 7

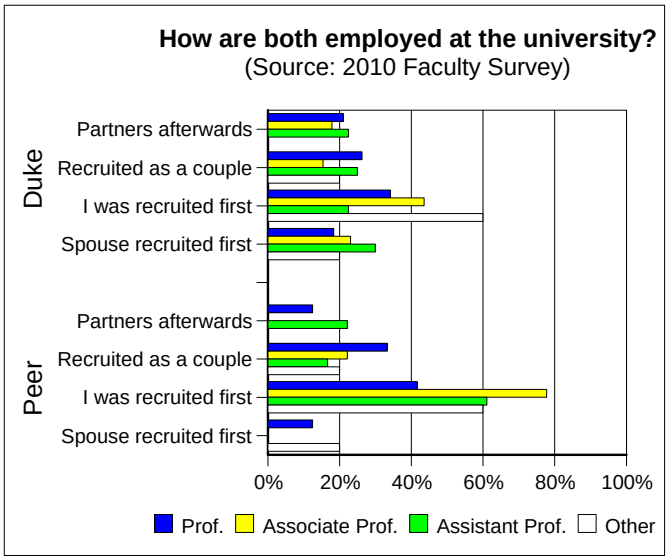


Figure 8

Figure 9

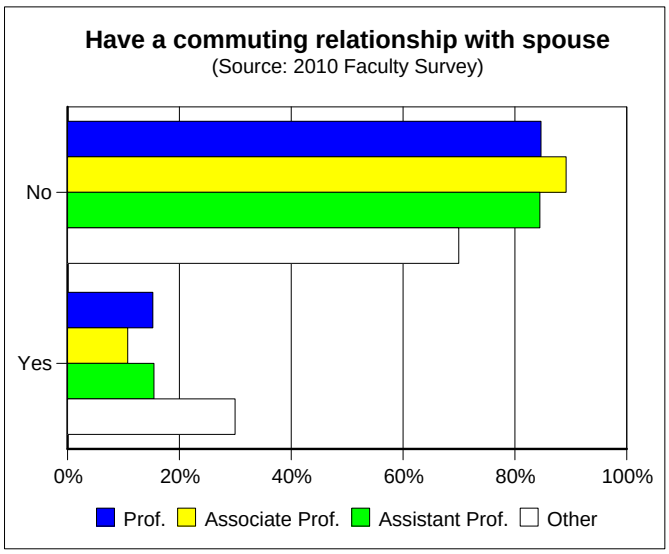


Figure 10

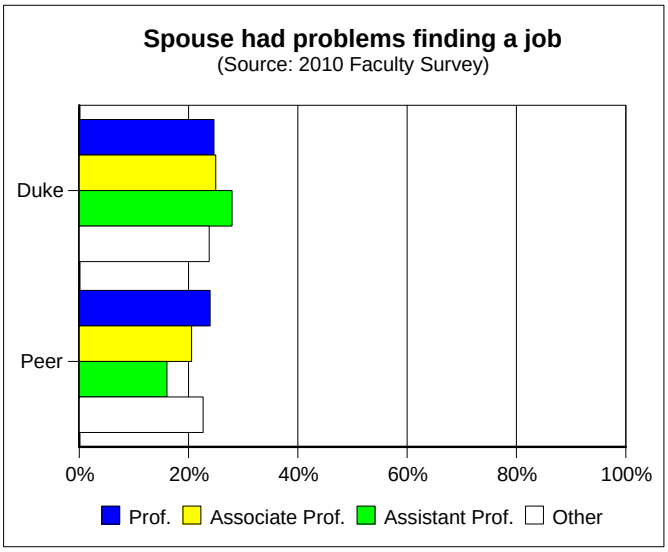


Figure 11

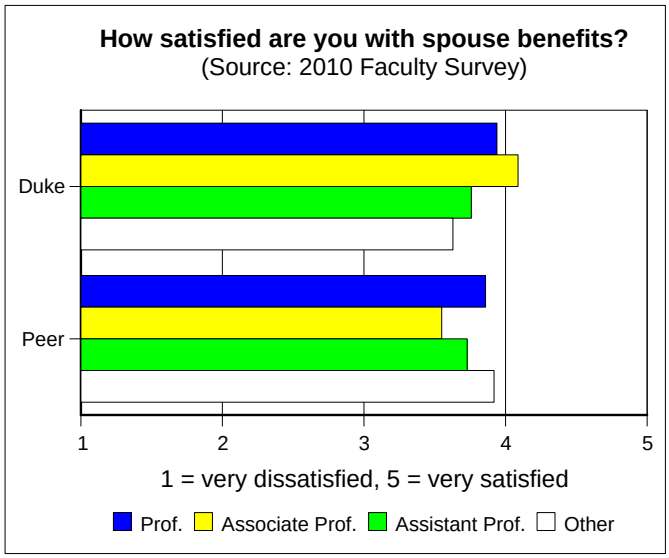


Figure 12

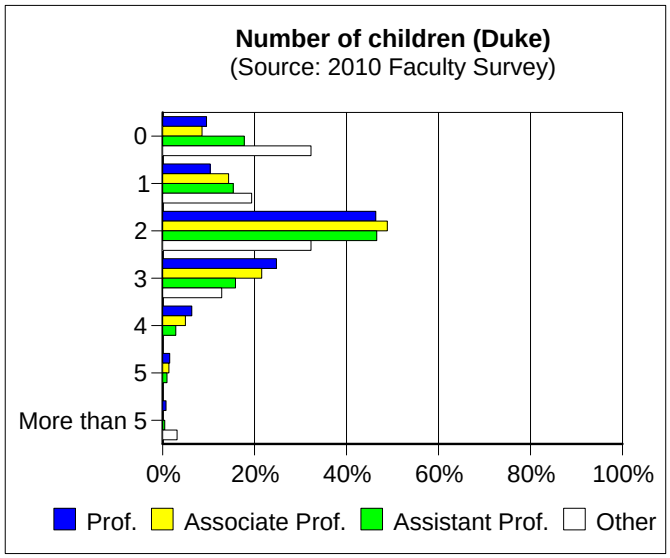


Figure 13

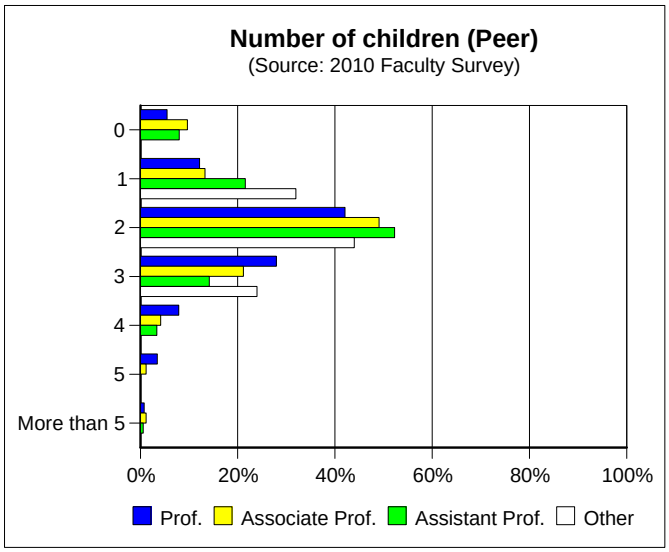


Figure 14

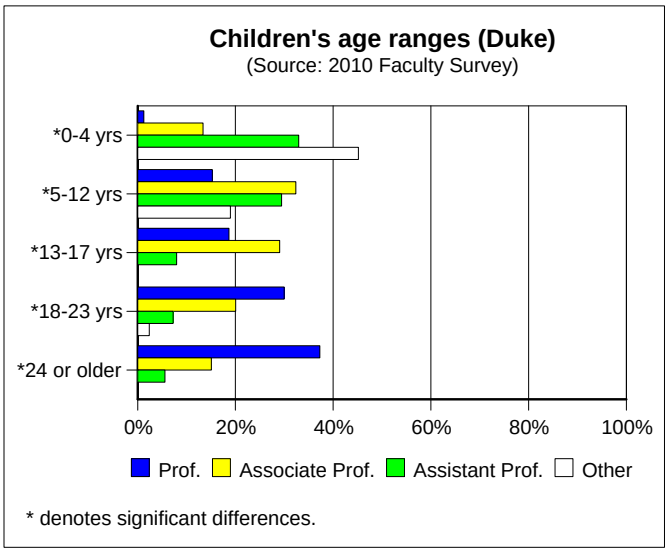


Figure 15

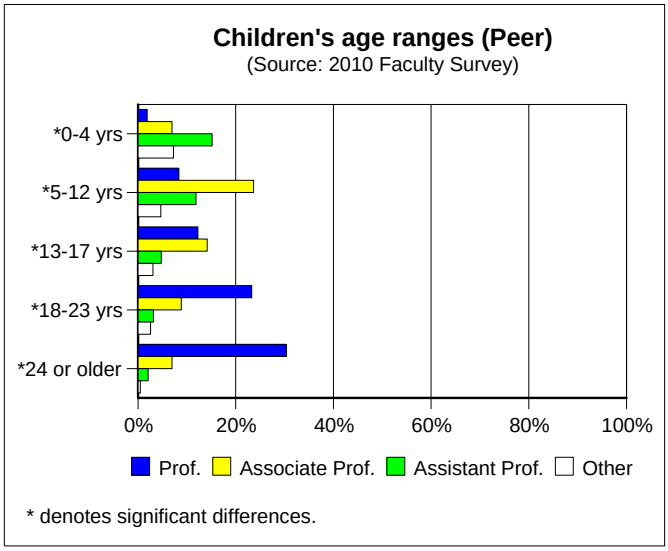
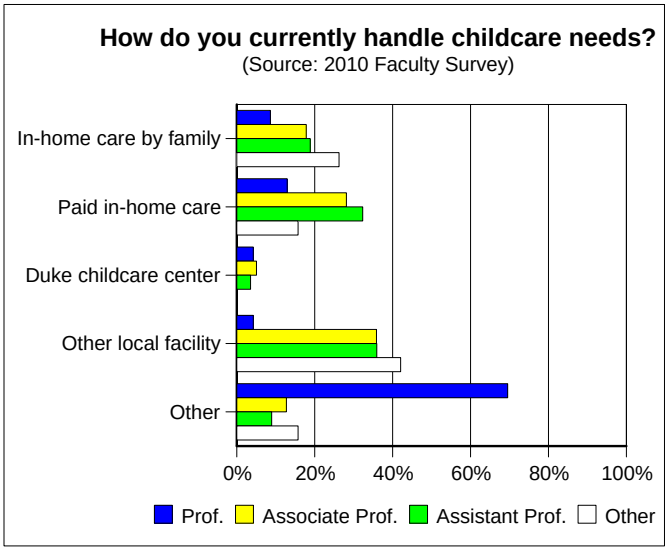


Figure 16



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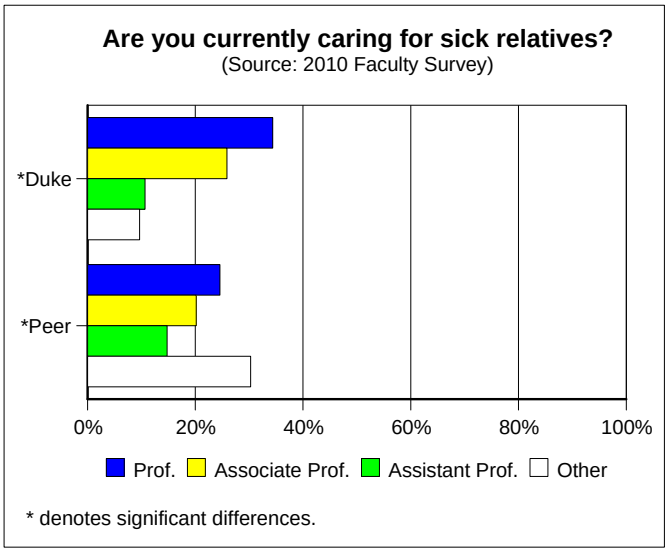
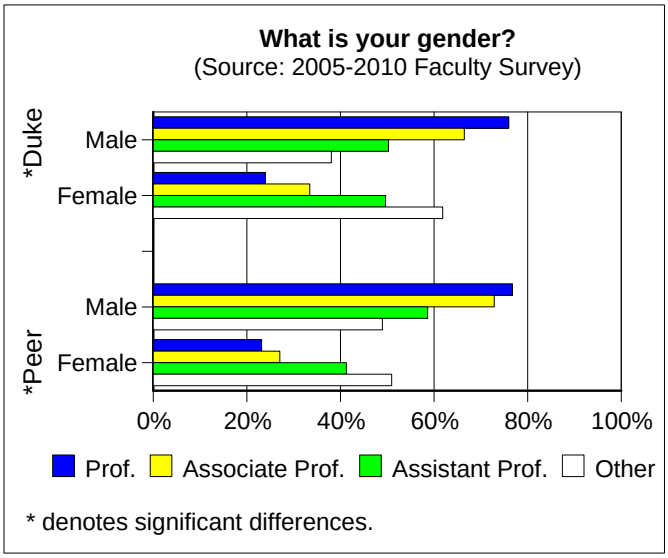


Figure 18



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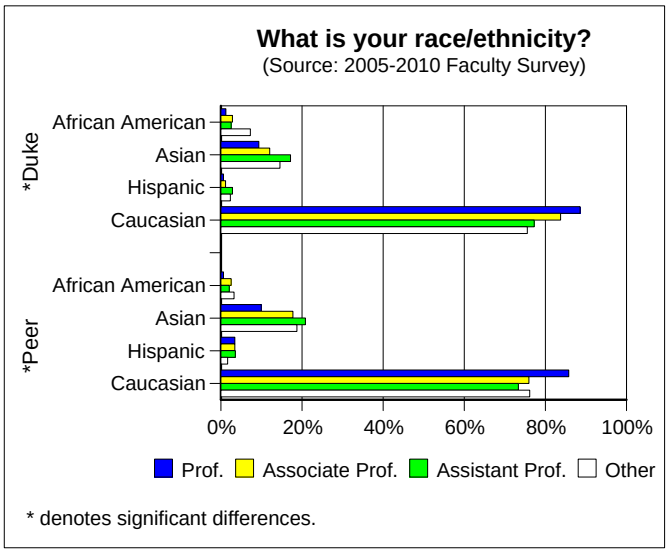

Figure 20