

To: Members of the Academic Council, Deans, Academic Administration
From: Sally Kornbluth, Provost
Nancy B. Allen, Vice Provost for Faculty Diversity and Faculty Development
David Jamieson-Drake, Director of Institutional Research
Re: 2015 Faculty Survey - Preliminary Institutional Report
Date: May 4, 2015

With great pleasure, we share with you the preliminary Institutional Report of our findings from the 2015 Faculty Survey, in advance of our presentation and discussion at the next Academic Council meeting on Thursday, May 7, 2015, 3:30-5:00 pm in 0012 Westbrook.

This report is rich in information but only a start, as there is much more work to be done. We wanted to get this information to you this academic year, in response to a request from the Academic Council's Diversity Task Force, which is providing its final report at the same meeting. Over the summer, school, division (A&S) and departmental reports will be prepared.

The 2015 Faculty Survey was administered to all regular rank faculty at Duke University between December 11, 2014 and February 10, 2015. We appreciate all those faculty (65% of the non-clinical faculty, 48% clinical, overall 56%) who responded to the survey.

For the past 2-1/2 months, the IR team (Jiali Luo, Pat Hull and David) have been analyzing, preparing reports, and reviewing the data with a group of faculty and administrators (Nancy, Ann Brown, Cathleen Colon-Emeric, Emily Klein, Jacqueline Looney, Ben Reese) serving on a Faculty Survey Working Group this spring. We very much appreciate their efforts and service, and invite others who are interested in joining this effort to contact us.

We realize this preliminary report includes a massive amount of information and will require review by many faculty and leaders in the coming months. Our discussion on Thursday is a beginning, a taste, an enticement to delve deeper into the information.

2015 Faculty Survey
Summary of Key Findings



Office of the Provost
Budgets, Planning, and Institutional Research

April 2015

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2015 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 third round of the Faculty Survey to 3390 regular rank faculty members from December 11, 2014 to February 10, 2015.¹ Altogether, 1886 faculty members responded to the survey, with an overall response rate of nearly 56%, an increase of 5 percentage points from that of 2010. Among the respondents, 1488 people completed the survey, and 398 people responded to only part of it. The response rate for the nonclinical version of the survey was approximately 65%, and the response rate for the clinical version of the survey was roughly 48%. Sub-analyses showed that the response rates varied with nonclinical schools/divisions, ranging from 56% for Law to 75% for Environment. The demographic profile of respondents from each school/division was not significantly different from the demographic profile of the actual population (see Table 1 on the next page). While a slightly larger proportion of women and full professors responded to the survey, a slightly smaller proportion of men and assistant professors took the survey; the difference was, however, not significant.

Historical Comparisons. In our analysis, we examined Duke faculty members' responses both overall and by subgroups of interest (i.e., by gender, race/ethnicity, and rank) for a nuanced understanding of the survey results. Also, we compared the responses to questions that were included in the 2005 and 2010 versions of the Faculty Survey to track changes over time. As the 2005 survey instrument was dramatically different from those of the 2010 and 2015 survey instruments, only a few items from many parts of the 2005 survey were available for comparison. For this reason, our historical comparisons focused on the 2010 and 2015 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 $.10^2$ 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.

¹ As the priorities of the clinical sciences are different from those of other divisions/schools, two versions of the survey instrument were prepared: (a) "The Nonclinical Faculty Survey" and (b) "The Clinical Faculty Survey." The clinical version of the survey instrument included all the core questions of the nonclinical version, with the addition of a number of questions addressing the priorities of the clinical sciences, such as clinical work, medical students, and residents. The clinical version of the survey was administered to faculty in the clinical sciences, while the nonclinical version of the survey was administered to faculty in all divisions/schools except the clinical sciences (i.e., Humanities, Social Sciences, Natural Sciences, Divinity, Engineering, Environment, Law, Business, Nursing, Public Policy, Basic Sciences, and Institutes and Centers).

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.

Table 1 Duke Respondents to the 2015 Faculty Survey			
	Survey #	Survey %	Actual %
Gender			
Male	1109	58.8%	62.7%
Female	777	41.2%	37.3%
Race/Ethnicity			
Asian	274	14.5%	14.7%
Black	76	4.0%	4.4%
Hispanic	32	1.7%	1.8%
White	1504	79.7%	79.1%
Other			0.1%
Rank			
Professor	714	37.9%	35.0%
Associate Professor	475	25.2%	24.7%
Assistant Professor	600	31.8%	35.0%
Other Regular Rank	97	5.1%	5.3%

Response Rate by Division/School			
	Survey #	Actual #	Response Rate
Humanities	151	227	66.5%
Social Sciences	134	207	64.7%
Natural Sciences	156	213	73.2%
Divinity	34	50	68.0%
Engineering	78	126	61.9%
Environment	55	73	75.3%
Law	35	63	55.6%
Medicine	909	1889	48.1%
Nursing	58	85	68.2%
Business	59	105	56.2%
Basic Sciences	163	262	62.2%
Public Policy	38	63	60.3%
Institutes & Centers	16	27	59.3%
Total	1886	3390	55.6%

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.

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

I. Key Findings-All Respondents

A. Satisfaction. A set of 26 questions in both the nonclinical and clinical versions of the 2015 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 faculty in 2015 indicated similarly high levels of satisfaction with **being a faculty member at Duke** as in prior survey years, higher levels of satisfaction with **the resources for their research and scholarship** than in 2005, but lower levels of satisfaction with **the resources for their teaching** than in 2010. Sub-analysis showed that Duke nonclinical faculty in 2015 indicated similarly high levels of satisfaction with being a faculty member at Duke as did the respondents in 2005 and 2010 (roughly 81% somewhat or very satisfied for all three years), while Duke clinical faculty in 2015 indicated lower satisfaction with being a faculty member at Duke (2015 = 70%, 2010 = 76%, & 2005 = 77%).

- ◆ With specific aspects of faculty professional and intellectual life, on a positive note, Duke faculty in 2015 indicated higher levels of satisfaction in 5 areas (i.e., **salary, benefits package, space for postdocs and graduate/professional students, library resources, and clerical and administrative staff**) than did both the 2005 and 2010 respondents. Additionally, in comparison to the 2005 respondents, they indicated higher satisfaction in 5 more areas (i.e., **quality of graduate/professional students, office space, lab or research space, classroom space, and technical and research staff**). In comparison to the 2010 respondents, they indicated higher levels of satisfaction in 2 more areas (i.e., **support for securing grants and access to teaching assistants**).
- ◆ On a negative note, Duke faculty in 2015 indicated lower levels of satisfaction with **advising responsibilities** than did both the 2005 and 2010 respondents, lower satisfaction with **committee and administrative responsibilities** than did the 2005 respondents, and lower levels of satisfaction in 3 areas (i.e., **availability of nearby parking, office space, and quality of dining options**) than did the 2010 respondents.
- ◆ Sub-analysis showed that nonclinical faculty in 2015 indicated notably higher satisfaction in 19 areas than did clinical faculty: (a) **being a faculty member at Duke**, (b) **the resources for research and scholarship**, (c) **the resources for teaching**, (d) **salary**, (e) **start-up funds**, (f) **benefits package**, (g) **support for securing grants**, (h) **teaching responsibilities**, (i) **quality of undergraduate students**, (j) **time available for scholarly work**, (k) **opportunities to collaborate with undergraduates in research**, (l) **intellectual stimulation of work**, (m) **office space**, (n) **lab or research space**, (o) **quality of dining options**, (p) **library resources**, (q) **computing resources**, (r) **clerical and administrative staff**, and (s) **other resources for research**.³ Of 26 areas, clinical faculty in 2015 scored slightly higher only on satisfaction with the **quality of graduate/professional students** than did nonclinical faculty.

³ When asked where Duke should devote more resources, Duke faculty suggested, in their free text responses, that more resources should be devoted to 3 key areas: (a) increasing internal funds for research (18%), (b) providing more grant administration support (13%), and (c) leveraging computer technical support (13%). When asked where Duke should devote more resources to improve teaching, more than one-third (37%) of Duke faculty suggested that Duke should do more to reward teaching (21%), to improve classroom quality and/or quantity (20%), to offer teaching training (16%), and to provide more teaching assistants (12%).

B. Workload. Overall, Duke faculty in 2015 rated the reasonableness of their workload very similarly as in 2010 (54% about right vs. 52%). Sub-analysis showed that approximately 57% of nonclinical faculty and 50% of clinical faculty perceived their workload to be about right.

- ◆ With respect to **teaching** and **advising**, Duke nonclinical faculty in 2015 indicated teaching a similar number of classes and students as did the 2010 respondents, but they were more likely than the 2010 respondents to serve as advisors to graduate/professional students and postdoctoral associates or fellows. In comparison to the 2010 respondents, Duke clinical faculty in 2015 appeared to have more informal advisees and postdoctoral associates or fellows. Also, they were more likely than the 2010 respondents to spend time **working** with medical students, residents, and postdoctoral associates or fellows.
- ◆ With respect to service on committees, Duke nonclinical faculty in 2015 seemed more likely to serve on **departmental committees** and **external committees or boards** related to their disciplines than did clinical faculty over the years. A new question in the 2015 survey asked respondents to indicate how willing they were to **assume leadership positions**, if asked to serve. Approximately 67% of Duke nonclinical faculty and 76% of clinical faculty indicated they were somewhat or very willing to serve.
- ◆ Duke nonclinical and clinical faculty in 2015 compared favorably with the 2010 respondents in terms of engagement in research and scholarly activities; no significant difference was found. Among work-related activities, Duke nonclinical faculty in 2015, like the 2010 respondents, spent in general a large proportion of their work week on **scholarship** (31%) and **teaching** (25%), while Duke clinical faculty spent a large proportion of their work week on **scholarship** (29%) and **clinical work** (36%).
- ◆ With respect to work-related stress, both Duke nonclinical and clinical faculty members tended to consider **securing funding for research** and **scholarship productivity** highly stressful. In comparison to the 2005 and 2010 respondents, Duke nonclinical faculty in 2015 were more likely to indicate **managing a research group or grant** as a source of stress. In addition, they were more likely than the 2010 respondents to perceive **securing funding for research, assuming advising responsibilities, and handling departmental or campus politics** to be stressful.

C. Departmental Atmosphere. In the 2010 Faculty Survey, Duke faculty were asked to indicate their agreement to a set of statements (21 for nonclinical faculty and 28 for clinical faculty) concerning the atmosphere of their department or unit. In general, Duke nonclinical and clinical faculty viewed their departmental atmosphere quite favorably. Notably, of all the statements, Duke nonclinical and clinical faculty were most likely to agree that they were proud to tell people that they worked at Duke. Also, they had more favorable perceptions of their departmental atmosphere with respect to scheduling department/unit obligations than did the 2005 respondents. Additionally, nonclinical faculty in 2015 had more favorable perceptions of commitment to diversity and women with family responsibilities than did the corresponding 2005 respondents, while clinical faculty in 2015 had more favorable perceptions of departmental leadership and social places than did the corresponding respondents in prior years.

- ◆ In comparison to the 2005 respondents, Duke nonclinical and clinical faculty were both 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.”** In addition, Duke nonclinical faculty were more likely than the 2005 respondents to think that **women faculty with family responsibilities** were viewed or treated similarly rather than differently in comparison to nonclinical men. In comparison to the 2010 respondents, Duke clinical faculty were more likely to agree that **“My chair /director/dean helps me obtain the resources I need”** and that **“There are plenty of places to meet informally and network with my colleagues.”**
- ◆ On a negative note, Duke nonclinical and clinical faculty in 2015 were more likely than the 2005 respondents to perceive that they **had to work harder than some of their colleagues to be perceived as a legitimate scholar** (Nonclinical: 33% vs. 26%. Clinical: 32% vs. 24%). Also, they were more likely than the 2010 respondents to **feel excluded from an informal network in their department/unit** (Nonclinical: 28% vs. 23%. Clinical: 28% vs. 22%).
- D. **Mentoring.** Roughly 51% of Duke nonclinical faculty and 46% of Duke clinical faculty in 2015 indicated that they had received adequate mentoring while working at Duke, compared to 46% of nonclinical faculty and 44% of clinical faculty in 2010 who indicated so. Approximately 25% of nonclinical faculty and 30% of clinical faculty in 2015 reported having had formal mentoring, while 72% of nonclinical faculty and 81% of clinical faculty indicated having had informal mentoring. In comparison to the 2010 survey results with respect to formal and informal mentoring, the proportion of Duke nonclinical faculty in 2015 reporting having had formal mentoring remained virtually unchanged (25% vs. 26%), but the proportion of Duke clinical faculty in 2015 reporting having had formal mentoring decreased by 9 percentage points (30% vs. 39%), while the proportion of respondents indicating having had informal mentoring showed an increase of 9 percentage points for nonclinical faculty (72% vs. 63%) and an increase of 5 percentage points for clinical faculty (81% vs. 76%).
- ◆ Approximately 75% of Duke nonclinical faculty and 70% of Duke clinical faculty in 2015 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 72% of Duke nonclinical faculty and 81% of Duke clinical faculty in 2015 indicated that they had one or more **informal mentors** both inside and outside Duke and found that the informal mentoring from the mentors outside Duke was slightly more helpful.
- ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on an array of aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that of 6 common areas, in comparison to Duke nonclinical faculty, a larger proportion of Duke clinical faculty indicated having

sought mentoring in 5 areas [i.e., **earning promotion and tenure** (69% vs. 61%); **obtaining needed resources for research** (72% vs. 57%); **navigating department or disciplinary politics** (59% vs. 54%); **publishing scholarly work** (67% vs. 49%), and **allocating time among work-related activities** (52% vs. 32%)], while a smaller proportion of them indicated having sought mentoring on **teaching** (43% vs. 53%).⁴ Of all the listed aspects, nonclinical faculty who sought mentoring found the mentoring they received on earning promotion and tenure most helpful, while clinical faculty who sought mentoring found the mentoring they received on publishing scholarly work most helpful.

E. Promotion/Tenure. Among key items considered in the tenure and promotion processes, Duke nonclinical and clinical 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 processes, notably more than one-fifth (21%) of nonclinical faculty suggested rewarding teaching, and 12% suggested improving clarity and communication, while more than one-fifth (21%) of clinical faculty suggested improving clarity and communication, and 20% suggested rewarding service.

- ◆ 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. Hiring/Retention. When asked how likely they would leave their institution in the next three years, roughly 54% of Duke nonclinical faculty and 43% of Duke clinical faculty in 2015 indicated they were unlikely to leave, compared with 58% of nonclinical faculty and 49% of clinical faculty in 2010 who indicated so. Roughly 25% of Duke nonclinical faculty and 35% of Duke clinical faculty in 2015 indicated they were likely to leave, compared with 21% of nonclinical and 28% of clinical faculty in 2010 who indicated so.⁵

- ◆ Among those who were likely to leave, Duke nonclinical faculty in 2015 appeared most likely to indicate **enhancing their career in other ways**, but least likely to cite lowering the **cost of living**, as their reasons to leave. Like the 2010 respondents, Duke clinical faculty in 2015 cited 3 top reasons for leaving: (a) **enhancing career in other ways**, (b) **finding a more supportive work environment**, and (c) **increasing salary**.

⁴ Duke clinical faculty were asked to indicate whether they had sought mentoring on more aspect of the faculty role “developing reputation outside Duke.” Approximately 48% of Duke clinical faculty indicated having sought mentoring on this aspect.

⁵ 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/or committee work), work-related stress, life stress, departmental atmosphere, gender, race/ethnicity, and rank as independent variables. The results showed that nonclinical faculty likelihood of leaving was negatively related to the number of undergraduate classes and the effectiveness of leadership, while clinical faculty likelihood of leaving was positively related to committee work, but negatively correlated with the effectiveness of leadership.

- ◆ Approximately 57% of Duke nonclinical faculty and 81% of clinical faculty indicated that they met with their **academic supervisor** (e.g., department chair, division head, and director) at least once per year to discuss their job performance and satisfaction. Roughly 86% of nonclinical faculty and 81% of clinical faculty indicated the feedback from their supervisor was fair and useful.

- G. Life outside the Institution.** In comparison to the 2005 respondents, both nonclinical and clinical faculty in 2015 were less likely to indicate handling their own health and personal daily financial responsibilities as their sources of stress outside the institution. Also, nonclinical faculty in 2015 were less likely than the 2005 respondents to indicate handling childcare, and clinical faculty in 2015 were less likely than the 2005 respondents to indicate taking care of sick relatives and planning/saving for retirement, as their sources of stress outside the institution. On another positive note, clinical faculty were less likely than the 2010 respondents to indicate managing personal daily financial responsibilities and planning/saving for retirement as their sources of stress outside the institution.

- ◆ Roughly 88% of nonclinical faculty and 91% of clinical faculty in 2015 indicated they had a **spouse or partner**. Approximately 69% of nonclinical faculty and 70% of clinical faculty reported that their spouse or partner was **currently employed**. Approximately 60% of nonclinical faculty and 63% of clinical faculty indicated their spouse or partner was **not an academic**. Roughly 32% of nonclinical faculty and 26% of clinical faculty reported their spouse or partner was **working or studying at Duke**.

- ◆ Approximately 61% of nonclinical faculty and 66% of clinical faculty in 2015 indicated that their spouses/domestic partners were satisfied with their **employment situation**. Also, 67% of nonclinical faculty and 73% of clinical faculty in 2015 indicated that they were satisfied with **spouse or domestic partner benefits**. While the nonclinical responses in these regards were very similar to those of the 2010 results, the clinical responses showed a slight increase of 6 percentage points in both regards.

- ◆ Approximately 29% of nonclinical faculty and 24% of clinical faculty in 2015 indicated that their spouse/domestic partner **had problems finding an appropriate job** in the area. Roughly 77% of Duke faculty and 83% of clinical faculty in 2015 reported having **children**. These responses were similar to the 2010 results.

- ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, roughly 70% of nonclinical faculty and 54% of clinical faculty indicated they were somewhat or very satisfied. Also, 74% of nonclinical faculty and 63% of clinical faculty indicated they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke.⁶

⁶ To identify factors that were likely to affect faculty likelihood of endorsement, we conducted multiple regression analysis, using overall satisfaction, faculty workload (i.e., teaching, advising, and/or committee work), work-related stress, life stress, departmental atmosphere, gender, race/ethnicity, and rank as independent variables. The results

II. Key Findings by Gender

- A. Satisfaction.** Duke nonclinical and clinical women and men 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 men, both nonclinical and clinical women in 2015 indicated lower satisfaction with salary, while nonclinical women indicated lower satisfaction in 8 additional areas (i.e., start-up funds, teaching responsibilities, access to teaching assistants, advising responsibilities, time available for scholarly work, committee and administrative responsibilities, opportunities to collaborate with undergraduates in research, and availability of nearby parking). On a positive note, nonclinical women indicated higher satisfaction with the quality of graduate/professional students than did nonclinical men, while clinical women in 2015 indicated higher satisfaction with gathering spaces and quality of dining options than did clinical men.
- ◆ An examination of the results over the years showed that in comparison to nonclinical and clinical women in 2005, both nonclinical and clinical women in 2015 indicated lower satisfaction with **advising responsibilities** and **committee and administrative responsibilities**, but higher satisfaction with **clerical and administrative staff** and **technical and research staff**. Additionally, nonclinical women in 2015 indicated significantly higher satisfaction with **resources for research and scholarship, benefits package, office space, classroom space, lab or research space, space for postdocs and graduate/professional students**, and **library resources** than did nonclinical women in 2005; clinical women in 2015 indicated higher satisfaction with **space for postdocs and graduate/professional students** and **library resources** than did clinical women in 2010.
- B. Workload.** In comparison to men, both Duke nonclinical and clinical women in 2015 were less likely to indicate that their overall workload was about right (Nonclinical: 54% vs. 61%. Clinical: 47% vs. 53%). In comparison to the 2010 results, the proportion of clinical women in 2015 who perceived that their workload was about right decreased by 2 percentage points (47% vs. 49%), while the proportion of nonclinical women in 2015 who indicated that their workload was about right increased by 9 percentage points (54% vs. 45%).
- ◆ With regard to teaching, advising, and service, Duke nonclinical women in 2015 appeared more likely than nonclinical men to teach **undergraduate classes** and to serve as advisors to **informal students** over the years. Also, they were more likely to serve on **university/school/divisional committees** but less likely to serve on **external committees or boards related to their discipline** and in **administrative capacities**. As for Duke clinical women in 2015, they appeared slightly more likely than clinical men to serve as advisors to **postdoctoral associates or fellows** and to serve on **external committees or boards** related to their discipline.

showed that faculty likelihood of endorsement was strongly, positively related to overall satisfaction and sense of community.

- ◆ A new question in the 2015 survey asked respondents to indicate how willing they were to **assume leadership positions**, if asked to serve. Approximately 64% of Duke nonclinical women and 76% of clinical women indicated they were somewhat or very willing to, compared to 69% of nonclinical men and 76% of clinical men who indicated so.
 - ◆ With respect to scholarly activities, Duke nonclinical and clinical women and men had similar responses in many areas, while both nonclinical and clinical women appeared less likely than men to indicate having submitted **papers** for publication or presentation in the past 12 months.
 - ◆ In a typical work week, Duke nonclinical and clinical women in 2015 reported spending less time **on work** than did men (Nonclinical: 54 hours vs. 56. Clinical: 57 vs. 60). With respect to work-related activities, in comparison to nonclinical men, Duke nonclinical women were more likely to indicate spending a large proportion of their time on **teaching** (28% vs. 23%) but less likely to report devoting a large proportion of their time to **scholarship or conducting research** (27% vs. 34%). Both clinical women and men spent a large proportion of their time **conducting research** (28% vs. 29%) and **doing clinical work** (37% vs. 34%). While both clinical women and men spent a similar amount of time working with **medical students** and **residents**, clinical women were more likely to spend time working with **postdoctoral associates or fellows** and handling **domestic responsibilities**.
 - ◆ Both nonclinical and clinical women appeared more likely to indicate a wide range of stress than did men. Notably, they were more likely to find **timing of departmental meetings and functions, teaching, review/promotion process, and departmental or campus politics** highly stressful. These patterns remained pretty much the same over the years.
- C. Departmental Atmosphere.** In general, both nonclinical and clinical women viewed their departmental atmosphere less favorably in a wide range of aspects concerning collegiality, collaboration, diversity, leadership, and social and work environment. While nonclinical women appeared to have similar perceptions in many areas over the years, clinical women in 2015 had less favorable perceptions in more areas than in 2010.
- ◆ Notably, in comparison to Duke nonclinical men, Duke nonclinical women in 2015 were less likely to indicate agreement to 13 positive statements: (a) **“My colleagues value my research/scholarship”** (58% vs. 72%). (b) **“I am satisfied with opportunities to collaborate with faculty in my primary department/unit”** (58% vs. 66%). (c) **“I am satisfied with opportunities to collaborate with faculty in other units at my institution”** (64% vs. 73%). (d) **“My chair/director/dean creates a collegial and supportive environment”** (70% vs. 76%). (e) **“My chair/director/dean helps me obtain the resources I need”** (54% vs. 63%). (f) **“My department is a good fit for me”** (69% vs. 77%). (g) **“My department is a place where individual faculty may comfortably raise**

personal and/or family responsibilities” (62% vs. 75%). (h) “I feel that the climate and opportunities for female faculty in my department/unit are at least as good as those for male faculty” (54% vs. 72%). (i) “I feel that the climate and opportunities for minority faculty in my department/unit are at least as good as those for nonminority faculty” (49% vs. 69%). (j) “The academic leadership is effective” (64% vs. 72%). (k) “The administration is effective” (64% vs. 71%). (l) “Commitment to diversity is demonstrated” (60% vs. 77%). (m) “I am proud to tell people that I work at Duke” (82% vs. 90%). In addition, nonclinical women were more likely to indicate agreement to 3 negatively worded statements: (a) **“I feel excluded from an informal network in my department/unit” (36% vs. 23%). (b) “I have to work harder than some of my colleagues to be perceived as a legitimate scholar” (44% vs. 26%). And (c) “Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit” (30% vs. 15%).**

- ◆ In comparison to Duke clinical men, Duke clinical women in 2015 were less likely to indicate agreement to 14 positive statements on collegiality, collaboration, and diversity: (a) **“My colleagues value my research/scholarship” (65% vs. 74%). (b) “I am satisfied with opportunities to collaborate with faculty in my primary department/unit” (63% vs. 71%). (c) “I am satisfied with opportunities to collaborate with faculty in other units at my institution” (62% vs. 72%). (d) “My chair/director/dean creates a collegial and supportive environment” (56% vs. 63%). (e) “I have a voice in the decision-making that affects the direction of my department/unit” (39% vs. 48%). (f) “I feel that the climate and opportunities for female faculty in my department/unit are at least as good as those for male faculty” (45% vs. 69%). (g) “I feel that the climate and opportunities for minority faculty in my department/unit are at least as good as those for nonminority faculty” (44% vs. 65%). (h) “The chair is effective” (55% vs. 63%). (i) “Commitment to diversity is demonstrated in my department” (56% vs. 68%). (j) “Commitment to diversity is demonstrated in my division” (58% vs. 68%). (k) “Commitment to diversity is demonstrated in my center/institute” (55% vs. 66%). (l) “Commitment to diversity is demonstrated in my school” (60% vs. 69%). (m) “I feel a strong sense of belonging to a community of faculty” (43% vs. 52%). And (n) “I am proud to tell people that I work at Duke” (76% vs. 87%).** In addition, clinical women were more likely than clinical men to indicate agreement to 3 negatively worded statements: (a) **“I feel excluded from an informal network in my department/unit” (31% vs. 25%). (b) “I have to work harder than some of my colleagues to be perceived as a legitimate scholar” (38% vs. 26%). And (c) “Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit” (46% vs. 23%).**
- ◆ On a positive note, trend analysis showed that in comparison to nonclinical women in 2005, Duke nonclinical women in 2015 were significantly less likely to agree that **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit” (30% vs. 51%).** Also,

they were more likely than nonclinical women in 2010 to agree that **“My chair/director/dean creates a collegial and supportive environment”** (70% vs. 66%), although the difference was not statistically significant.

- ◆ In comparison to clinical women in 2010, Duke clinical women in 2015 were more likely to indicate agree that **“I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member”** (71% vs. 66%). Also, they were more likely to agree that **“They are plenty of places to meet informally and network with my colleagues”** (41% vs. 32%). On a negative note, they were more likely to agree that **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit”** (46% vs. 34%) and that that **“I feel excluded from an informal network in my department/unit”** (31% vs. 25%). Also, they were less likely to agree that **“My department is a place where individual faculty may comfortably raise personal and/or family responsibilities”** (57% vs. 63%).

- D. Mentoring.** In general, Duke nonclinical and clinical women in 2015 were more likely than men to indicate having had one or more formal mentors (Nonclinical: 33% vs. 19%. Clinical: 34% vs. 27%) and informal mentors (Nonclinical: 81% vs. 65%. Clinical: 85% vs. 78%). When asked whether they had had adequate mentoring while at Duke, both nonclinical and clinical women appeared less likely than men to indicated having received adequate mentoring (Nonclinical: 47% vs. 54%. Clinical: 44% vs. 48%). In comparison to the 2010 results, the proportion of respondents who indicated having received adequate mentoring increased by 5 percentage points for nonclinical women and 7 points for nonclinical men, while the proportion decreased by one percentage point for clinical women and increased by 4 percentage points for clinical men.

- ◆ Roughly 69% of nonclinical women and 61% of clinical women in 2015 indicated having **served as mentors** to other faculty members, compared with 70% of nonclinical men and 65% of clinical men who indicated so.

- ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on an array of aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that Duke nonclinical and clinical women were more likely than men to indicate having sought mentoring in 6 common areas: (a) **allocating time among work-related activities** (Nonclinical: 43% vs. 26%. Clinical: 57% vs. 47%), (b) **obtaining needed resources for research** (Nonclinical: 64% vs. 52%. Clinical: 74% vs. 69%), (c) **publishing scholarly work** (Nonclinical: 54% vs. 46%. Clinical: 71% vs. 64%), (d) **teaching** (Nonclinical: 61% vs. 48%. Clinical: 45% vs. 41%), (e) **earning promotion and tenure** (Nonclinical: 69% vs. 55%. Clinical: 72% vs. 67%), and (f) **navigating department or disciplinary politics** (Nonclinical: 62% vs. 49%. Clinical: 62% vs. 56%).

- ◆ Both Duke women and men, nonclinical and clinical alike, were similarly likely to indicate that the **formal mentors** chosen by themselves were more helpful than the formal mentors assigned to them. While clinical women and men were similarly likely to find **informal mentors** from inside and outside Duke helpful, nonclinical women were, however, more likely than nonclinical men to find **informal mentors** from inside and outside Duke helpful.
- E. Promotion/Tenure.** In general, Duke nonclinical women were less likely than men to perceive that the criteria for promotion (2010 = 50% vs. 63%; 2015 = 47% vs. 55%) and tenure (2010 = 61% vs. 73%; 2015 = 64% vs. 72%) were clearly communicated over the years. Unlike their nonclinical peers, Duke clinical women and men were similarly likely to perceive that the criteria for promotion (2010 = 56% vs. 52%; 2015 = 42% vs. 45%) and tenure (2010 = 41% vs. 43%; 2015 = 53% vs. 48%) were clearly communicated. Among key items considered in the promotion and tenure processes, both women and men considered that research was highly valued, while women were consistently more likely to perceive that service and mentoring were undervalued for tenure and promotion, nonclinical and clinical alike.
- ◆ With regard to Duke policies on **flexible arrangements, parental leave, and tenure extensions**, women and men were similarly likely to be aware of **the flexible arrangements and tenure**, but women were more likely to stress the importance of all three policies, nonclinical and clinical alike.
- F. Hiring/Retention.** Roughly 25% of Duke nonclinical women and 19% of clinical women in 2015 indicated having received a formal or informal job offer that they took to their department/unit chair/dean in the last 5 years, while 22% of nonclinical men and 23% of clinical men in 2015 indicated so, and the outside job offer resulted notably in adjustments to salary.⁷ In comparison to men, nonclinical and clinical women showed lower likelihood of staying at Duke.
- ◆ When asked how likely they would leave Duke in the next three years, roughly 51% of nonclinical women and 38% of clinical women in 2015 indicated they were **unlikely to leave**, compared with 56% of nonclinical men and 47% of clinical men who indicated so. While roughly 23% of nonclinical men and 31% of clinical men indicated they were likely to leave, 28% of nonclinical women and 38% of clinical women reported so.
- ◆ In comparison to men, Duke nonclinical and clinical women in 2015 were more likely to indicate **improving their prospects for tenure, reducing stress, and addressing child-related issues** as their major reasons to leave. Additionally, Duke nonclinical women in 2015 cited 3 more reasons to leave than did nonclinical men: (a) **finding a more supportive environment**, (b) **handling family-related issues**, and (c) **retirement**.
- G. Life outside the Institution.** Both nonclinical and clinical women were in general more likely than men to indicate managing household responsibilities and childcare as their

⁷ In comparison to nonclinical and clinical women in 2010, a larger proportion of Duke nonclinical and clinical women in 2015 indicated that they had received a formal or informal job offer in the last 5 years (Nonclinical: 25% vs. 19%. Clinical: 19% vs. 14%), while a smaller proportion of nonclinical and clinical men in 2015 indicated so in comparison to nonclinical men in 2010 (Nonclinical: 22% vs. 25%. Clinical: 23% vs. 27%).

- major sources of stress in their life outside the institution. In addition, nonclinical women were more likely than nonclinical men to cite taking care of sick relatives and cost of living, and clinical women were more likely than clinical men to indicate managing personal daily financial responsibilities, as their major sources of stress in their life outside the institution.
- ◆ Roughly 81% of nonclinical women and 86% of clinical women in 2015 indicated having a **spouse or domestic partner**, compared to 93% of nonclinical men and 94% of clinical men who indicated so. For those who indicated having a spouse or domestic partner, both nonclinical and clinical women were more likely than men to report that their spouse or domestic partner was currently **employed** (82% vs. 61% for both nonclinical and clinical) and was a **faculty member** (Nonclinical: 39% vs. 22%. Clinical: 27% vs. 21%).
 - ◆ Duke nonclinical and clinical women were slightly more likely than men to indicate having a **commuting relationship** with their spouse or partner (Nonclinical: 17% vs. 7%. Clinical: 14% vs. 6%). While nonclinical women were slightly less likely than nonclinical men to indicate that their spouse or partner had **problems finding an appropriate job** in the area (27% vs. 31%), clinical women were similarly likely as men to indicate so (25% vs. 24%). Roughly 67% of nonclinical women and 69% of clinical women in 2015 indicated that their spouses/domestic partners were satisfied with their **employment situation**, compared to 58% of nonclinical men and 63% of clinical men who indicated so. With respect to the **spouse or domestic partner benefits**, nonclinical women and men indicated similarly high levels of satisfaction (66% vs. 67%), and so did clinical women and men (73% vs. 74%).
 - ◆ Duke nonclinical and clinical women were in general less likely than men to report having **kids** (Nonclinical: 69% vs. 82%. Clinical: 75% vs. 90%) or having kids who were **13 years old or older**. Roughly 19% of nonclinical women and 23% of clinical women in 2015 indicated they were currently **caring for sick relatives**, while 18% of both nonclinical and clinical men indicated so.
 - ◆ Both nonclinical and clinical women were less likely than men to be **full professors** (Nonclinical: 35% vs. 58%. Clinical: 16% vs. 32%), but more likely to be **assistant professors** (Nonclinical: 30% vs. 19%. Clinical: 51% vs. 37%).
 - ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, roughly 67% of nonclinical women and 53% of clinical women indicated they were somewhat or very satisfied, compared to 71% of nonclinical men and 56% of clinical men who indicated so. Approximately 66% of nonclinical women and 59% of clinical women indicated they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke, compared to 80% of nonclinical men and 66% of clinical men who indicated so.

III. Key Findings by Race/Ethnicity

- A. Satisfaction.** Among Duke nonclinical racial/ethnic groups, Black and Hispanic faculty were similarly highly satisfied with most aspects of their professional and intellectual life as White faculty. Of 26 satisfaction items, significant differences were found mainly between Asian and White faculty in more than two-thirds of the areas, and most of the differences seemed to persist over the years. On the clinical side, only a few significant differences were found. Notably, in comparison to White faculty, Asian faculty in 2015 indicated lower satisfaction with salary, benefits package, and office space. Hispanic faculty indicated lower satisfaction with committee and administrative responsibilities than did White faculty, and lower satisfaction with the quality of undergraduate students than did Black faculty. Among clinical racial/ethnic groups, Hispanic faculty in 2015 scored lowest on satisfaction with intellectual stimulation of work.
- ◆ In comparison to nonclinical White faculty, Black faculty in 2015 indicated higher satisfaction in 3 areas (i.e., **teaching responsibilities, access to teaching assistants, and computing support staff**).⁸ Of the 26 areas, they indicated noticeably lower satisfaction in 12 areas (i.e., **being a faculty member at Duke, the resources for research and scholarship, salary, start-up funds, benefits package, support for securing funds, quality of undergraduate students, committee and administrative responsibilities, opportunities to collaborate with undergraduates in research, intellectual stimulation of work, office space, and lab or research space**), but the differences were not statistically significant.
 - ◆ In comparison to nonclinical White faculty, Hispanic faculty in 2015 indicated similarly high or higher satisfaction in 15 of 26 areas. Notably, they indicated visibly higher satisfaction in 6 areas (i.e., **start-up funds, teaching responsibilities, quality of undergraduate students, quality of graduate/professional students, opportunities to collaborate with undergraduates in research, and classroom space**). Of the 26 areas, they indicated noticeably lower satisfaction in 8 areas (i.e., **being a faculty member, the resources for research and scholarship, the resources for teaching, support for securing grants, intellectual stimulation of work, availability of nearby parking, quality of dining options, and computing resources**).⁹
 - ◆ In comparison to nonclinical White faculty, Duke Asian faculty in 2015 indicated significantly lower satisfaction in 18 of 26 areas: (a) **being a faculty member at Duke**, (b) **the resources for research and scholarship**, (c) **salary**, (d) **start-up funds**, (e) **benefits package**, (f) **support for securing funds**, (g) **teaching responsibilities**, (h) **quality of**

⁸ Duke nonclinical Black faculty also indicated higher satisfaction with computing support staff than did Asian faculty.

⁹ Duke nonclinical Hispanic faculty also indicated higher satisfaction with benefits package, teaching responsibilities, quality of undergraduate students, and quality of graduate/professional students than did Asian faculty.

undergraduate students, (i) quality of graduate/professional students, (j) opportunities to collaborate with undergraduates in research, (k) intellectual stimulation of work, (l) availability of nearby parking, (m) office space, (n) quality of dining options, (o) library resources, (p) computing resources, (q) technical and research staff, and (r) other resources to support research.

- ◆ An examination of the results over the years showed that on the nonclinical side, in comparison to the 2005 respondents, Black faculty in 2015 indicated noticeably higher satisfaction with **technical and research staff** (71% vs. 46%), and Hispanic faculty in 2015 indicated considerably higher satisfaction in 6 areas: (a) **salary** (65% somewhat or very satisfied vs. 14%), (b) **benefits package** (100% vs. 57%), (c) **quality of undergraduate students** (100% vs. 57%), (d) **quality of graduate students** (93% vs. 43%), (e) **space for postdocs and graduate/professional students** (67% vs. 14%), and (f) **computing resources** (59% vs. 0%).
 - ◆ On the clinical side, in comparison to the corresponding 2010 respondents, clinical Asian faculty in 2015 indicated lower satisfaction with **office space, teaching responsibilities, and availability of nearby parking**, but higher satisfaction with **library resources**; Black faculty in 2015 indicated higher satisfaction with **time available for scholarly work, intellectual stimulation of work, and other resources for research**; Hispanic faculty in 2015 indicated lower satisfaction with **being a faculty member at Duke**; and White faculty in 2015 indicated lower satisfaction with **advising responsibilities, availability of nearby parking**, higher satisfaction with **committee and administrative responsibilities, support for securing funds, office space, library resources, and gathering space**. Also, in comparison to the corresponding 2005 respondents, White faculty in 2015 indicated lower satisfaction with **being a faculty member at Duke, advising responsibilities, committee and administrative responsibilities**, higher satisfaction with the **resources for research and scholarship, office space, lab or research space, clerical and administrative staff, and technical and research staff**.
- B. Workload.** On the nonclinical side, Duke faculty from each racial/ethnic group were similarly likely to indicate their workload was about right (Black 53%, Asian 57%, Hispanic 56%, & White 59%). On the clinical side, Black faculty in 2015 were most likely to indicate that their overall workload was about right, while Hispanic faculty were least likely to indicate so (Black 56%, Asian 53%, White 50%, & Hispanic 38%).
- ◆ Duke nonclinical 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, Black nonclinical faculty were more likely than Asian and White faculty to indicate teaching **undergraduate classes** and also more likely than Asian faculty to serve on **university/school/divisional committees**, and Hispanic faculty were more likely than all other racial/ethnic groups to serve as advisors to **postdoctoral associates or fellows** and also more likely than Asian and White faculty to serve on **external committees or boards related to their discipline**. With respect to engagement in scholarly activities,

nonclinical Black faculty appeared less likely than Asian and White faculty to indicate having submitted **papers** for publication and presentation and **grant proposals** in the past 12 months but more likely to indicate having submitted **other scholarly or creative works** for review.¹⁰ Also, they seemed more likely than Hispanic faculty to indicate having submitted **book chapters** for review.

- ◆ On the clinical side, Hispanic faculty were most likely to have **informal advisees** and serve as advisors to **residents**. With respect to scholarly activities, faculty from each racial/ethnic group were similarly likely to engage in many activities. Of 8 given areas, only one significant difference was found: Black faculty appeared less likely than Asian and White faculty to indicate having submitted **papers** for publication in the past 12 months.
 - ◆ With respect to work-related activities, Duke nonclinical Black faculty in 2015 were most likely to spend a large proportion of their work week on **teaching** (Black 28%, White 25%, Asian 21%, & Hispanic 20%) and **administrative responsibilities and university service** (Black 22%, White 17%, Asian 16%, & Hispanic 14%), while Duke clinical Black faculty in 2015 were most likely to spend a large proportion of their work week on **clinical work** (Black 41%, White 36%, Asian 33%, & Hispanic 33%). Both nonclinical and clinical Black faculty were least likely to spend a large proportion of their work week on **scholarship or research** (Nonclinical: Black 24%, Hispanic 30%, White 31%, & Asian 37%. Clinical: Black 24%, White 27%, Hispanic 36%, & Asian 37%). In comparison to Asian and White faculty, Duke Black faculty appeared more likely to spend time on **community activities** in a typical week outside of work (Nonclinical: Black 8 hours, Hispanic 8, White 5, & Asian 3. Clinical: Black 7 hours, White 4, Asian 4, & Hispanic 3).
 - ◆ With respect to sources of work-related stress, Duke Black nonclinical faculty in 2015 were more likely than White and Asian faculty to perceive **timing of departmental meetings and functions** to be highly stressful. Also, they were more likely than Asian faculty to find **committee and/or administrative responsibilities** stressful. On the clinical side, no significant difference was found among Duke racial/ethnic groups, but clinical Hispanic faculty appeared to have a wide range of sources. Notably, they were most likely to indicate **managing a research group, securing funding for research, and scholarly productivity** highly stressful.
- C. Departmental Atmosphere.** In general, Duke nonclinical faculty in 2015 from each racial/ethnic group viewed most aspects of their departmental atmosphere quite favorably, and only a few significant differences were noted mainly between Black faculty and White and Asian faculty. In comparison to White and Asian faculty, Duke Black faculty were more likely to agree that “I have to work harder than some of my colleagues to be perceived as a legitimate scholar,” but less likely to agree that “I

¹⁰ An examination of the respondents by department showed that a large proportion of nonclinical Black respondents were from the Department of African and African American Studies (Black 67% vs. White 33%) and the Dance Department (Black 50%, Asian 25%, & White 25%).

feel that the climate and opportunities for minority faculty in my department/unit are at least as good as those for nonminority faculty” and that “Commitment to diversity is demonstrated.” Of all racial/ethnic groups, Duke Asian faculty were most likely to agree that “I feel that the climate and opportunities for female faculty in my department/unit are at least as good as those for male faculty.” On the clinical side, in comparison to Hispanic and White faculty, Asian faculty were more likely to agree that “I have to work harder than some of my colleagues to be perceived as a legitimate scholar.” In comparison to Hispanic faculty, Black faculty were less likely to agree that “I feel that the climate and opportunities for female faculty in my department/unit are at least as good as those for male faculty.” Also, in comparison to Asian and White faculty, Black faculty were less likely to agree that “I feel that the climate and opportunities for minority faculty in my department/unit are at least as good as those for nonminority faculty” and that “Commitment to diversity is demonstrated” in the department, division, and center/institute. On a positive note, Black faculty were more likely than White faculty to agree that “The Dean is effective.”

- ◆ Trend analysis showed that notably, a decreasingly smaller proportion of Duke nonclinical Black faculty indicated agreement to the statement **“My colleagues value my research/scholarly”** (2005 = 80%, 2010 = 63%, & 2015 = 52%), while an increasingly larger proportion of them agreed that **“I have to work harder than some of my colleagues to be perceived as a legitimate scholar”** (2005 = 45%, 2010 = 55%, & 2015 = 58%). Similarly, a decreasingly smaller proportion of Duke nonclinical Hispanic faculty indicated agreement to the statement **“My colleagues value my research/scholarship”** (2005 = 71%, 2010 = 65%, & 2015 = 54%). On a positive note, however, a considerably smaller proportion of Duke Hispanic faculty in 2015 indicated agreement to the statement **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities”** (2005 = 29%, 2010 = 31%, & 2015 = 8%).
- ◆ On the clinical side, trend analysis showed improvements in an array of areas. Notably, in comparison to the corresponding Black faculty in 2010, Duke clinical Black faculty in 2015 were noticeably more likely to indicate agreement to 10 positive statements concerning collegiality, leadership, and social and work environment: (a) **“My colleagues value my research/scholarship”** (76% vs. 62%). (b) **“Interdisciplinary research is recognized and rewarded by my department/unit”** (56% vs. 43%). (c) **“My chair/director/dean creates a collegial and supportive environment”** (64% vs. 46%). (d) **“My chair/director/dean helps me obtain the resources I need”** (58% vs. 39%). (e) **“I have a voice in the decision-making that affects the direction of my department”** (35% vs. 7%). (f) **“I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member”** (76% vs. 57%). (g) **“My department is a good fit for me”** (72% vs. 57%). (h) **“My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling departmental/unit obligations”** (67% vs. 57%). (i) **“There are plenty of places to meet informally and network with my colleagues”** (46% vs. 21%). And (j) **“I am proud to tell people that I work at Duke”** (82% vs. 64%). On a negative note, they were more likely to agree to

one negatively worded statement “**I feel excluded from an informal network in my department/unit**” (43% vs. 23%). Also, in comparison to clinical Hispanic faculty in 2010, Duke Hispanic faculty in 2015 were noticeably more likely to agree that “**There are plenty of places to meet informally and network with my colleagues**” (50% vs. 30%) but less likely to agree that “**I feel a strong sense of belonging to a community of faculty**” (38% vs. 70%).

D. Mentoring. 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, Black faculty were most likely to report having had informal mentoring while least likely to indicate having received adequate mentoring while working at Duke. On the clinical side, White faculty were most likely to report having had informal mentoring, while Hispanic faculty were least likely to indicate so. When asked whether they had had adequate mentoring while at Duke, Asian faculty were most likely to indicate so, while Black faculty were least likely to report so.

- ◆ Of Duke nonclinical faculty in 2015, Asian faculty were most likely to indicate having had one or more **formal mentors** (Asian 33%, Hispanic 31%, Black 28%, & White 23%), while Black faculty were most likely to indicate having had **informal mentors** (Black 92%, Asian 73%, White 70%, & Hispanic 64%). Of Duke clinical faculty in 2015, Black faculty were most likely to indicate having had one or more **formal mentors** (Black 47%, Asian 39%, White 28%, & Hispanic 17%), while Hispanic faculty were least likely to indicate having had **informal mentors** (Hispanic 67%, Black 75%, Asian 78%, & White 82%).
- ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on an array of aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that on the nonclinical side, Black faculty were most likely to indicate having sought mentoring **earning promotion and tenure** (Black 79%, Asian 64%, Hispanic 60%, & White 59%), while Hispanic faculty were most likely to seek mentoring on **obtaining resources for research** (Hispanic 90%, Black 71%, Asian 61%, & White 55%). Also, Black and Hispanic faculty who sought mentoring found the mentoring they received in their respective aforementioned areas most helpful.
- ◆ On the clinical side, Asian faculty were most likely to indicate having sought mentoring on **obtaining needed resources for research**; and Hispanic faculty were most likely to indicate having sought mentoring in 6 areas (i.e., **allocating time among work-related activities, publishing scholarly work, teaching, earning promotion and tenure, navigating department or disciplinary politics, & developing reputation outside Duke**). Also, Hispanic faculty who sought mentoring found the mentoring they received on **publishing scholarly work, teaching, and earning promotion and tenure** most helpful, and the mentoring they received on **navigating department or disciplinary politics** least helpful.

- E. Promotion/Tenure.** Among Duke racial/ethnic groups, nonclinical and clinical Hispanic faculty were most likely to agree that the criteria for tenure were clearly communicated (Nonclinical: Hispanic 80%, White 70%, Asian 65%, & Black 61%. Clinical: Hispanic 67%, Asian 57%, Black 50%, & White 48%). While nonclinical White faculty were most likely to agree that the criteria for promotion were clearly communicated (White 54%, Hispanic 50%, Black 46%, & Asian 42%), clinical Black faculty were least likely to agree that the criteria for promotion were clearly communicated (Asian 50%, Hispanic 44%, White 43%, & Black 35%). Among key items considered in the tenure and promotion processes, Duke nonclinical and clinical faculty from each racial group perceived that research was highly valued. While nonclinical Black faculty were consistently most likely to perceive that mentoring was undervalued for both tenure and promotion, clinical Black faculty were most likely to indicate that service and mentoring were undervalued for promotion, and Hispanic faculty were most likely to indicate that teaching was undervalued for tenure. In comparison to Asian and White faculty, clinical Black faculty appeared more likely to perceive that mentoring and clinical work were undervalued for tenure.
- ◆ 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. Nonclinical Black faculty were most likely to stress the importance of parental leave and tenure clock extensions, while Hispanic faculty were most likely to stress the importance of flexible work arrangements. On the clinical side, Hispanic faculty were least likely to indicate that they were aware of the first policy, while Black faculty appeared less likely to be aware of the second and third policies. Of Duke clinical racial/ethnic groups, Hispanic faculty were most likely to emphasize the importance of flexible work arrangements and parental leave.
- F. Hiring/Retention.** Duke nonclinical and clinical Hispanic faculty in 2015 appeared more likely than all other faculty to indicate having received an outside offer in the last five years (Nonclinical: Hispanic 46%, Black 24%, White 23%, & Asian 21%. Clinical: Hispanic 50%, Asian 29%), White 20%, & Black 14%). On the nonclinical side, the outside offer resulted notably in adjustments to salary and lab start-ups for Hispanic faculty, while on the clinical side, the outside offer resulted notably in adjustments to salary and administrative responsibilities for Hispanic faculty. Among Duke nonclinical and clinical racial/ethnic groups, Hispanic faculty were most likely to indicate they would leave Duke in the next 3 years (Nonclinical: Hispanic 36%, Black 28%, White 26%, & Asian 18%. Clinical: Hispanic 50%, Black 47%, White 34%, & Asian 34%).¹¹
- ◆ Of Duke nonclinical racial/ethnic groups, Black faculty in 2015 were most likely to indicate **finding a more supportive environment** (Black 63%, Hispanic 62%, Asian 56%, & White 51%) and **enhancing their career in other ways** (Black 93%, Hispanic 85%, White 77%, & Asian 76%) as their reasons to leave. Hispanic faculty were most likely to indicate **increasing their time to do research** (Hispanic 69%, Asian 54%, White 45%, & Black 35%), while White faculty were most likely to cite **retirement** (White 27%, Black 9%, Hispanic 9%, & Asian 5%) as their reasons to leave.

¹¹ As the number of Hispanic respondents was relatively small, these findings should be interpreted with caution.

- ◆ Of Duke clinical racial/ethnic groups, Asian faculty in 2015 were significantly more likely than White faculty to indicate **improving their prospects for tenure** as one of their reasons to leave (Asian 53%, Hispanic 43%, Black 38%, & White 29%). While no significant difference was found, Hispanic faculty appeared most likely to indicate **enhancing their career in other ways** (Hispanic 100%, Black 85%, Asian 81%, & White 79%), **finding a more supportive work environment** (Hispanic 75%, Asian 68%, White 68%, & Black 54%), and **other factors** (Hispanic 100%, White 47%, Asian 27%, & Black 20%) as their reasons to leave. An examination of the recent two survey results showed that the proportion of Duke Hispanic faculty in 2015 indicating **enhancing their career in other ways** increased noticeably in comparison to the corresponding 2010 respondents (100% vs. 75%).

- G. Life outside the Institution.** Of all nonclinical racial/ethnic groups, Duke Black faculty in 2015 were most likely to perceive their life outside the institution to be stressful. Notably, in comparison to White faculty, they (and Hispanic faculty as well) in 2015 were more likely to indicate the cost of living as a source of stress. On the clinical side, Duke faculty from each racial/ethnic group indicated similar sources of stress in their life outside the institution; of 7 given areas, only two significant differences were found: (a) Black faculty were more likely than White faculty to perceive managing personal daily financial responsibilities to be stressful; and (b) Hispanic faculty were more likely than Asian and White faculty to indicate planning/saving for retirement as a source of stress.

- ◆ Among Duke nonclinical racial/ethnic groups, Black and White faculty appeared less likely than Asian and Hispanic faculty to indicate having a **spouse/domestic partner** (Black 86%, White 87%, Asian 93%, & Hispanic 93%). Of all nonclinical racial/ethnic groups, Hispanic faculty were most likely to indicate that their spouses were currently **employed** (Hispanic 77%, Asian 76%, Black 73%, & White 67%) and that their spouses/partners were satisfied with their **employment situation** (Hispanic 73%, White 62%, Asian 57%, & Black 55%). In comparison to White faculty, Duke faculty of color were less likely to indicate satisfaction with the **spouse/partner benefits** (Black 41%, Asian 50%, Hispanic 50%, & White 71%).

- ◆ Among Duke clinical racial/ethnic groups, Black and Hispanic faculty appeared less likely than Asian and White faculty to indicate having a **spouse/domestic partner** (Black 78%, Hispanic 60%, Asian 92%, & White 91%). Also, they were less likely to indicate that their spouses were currently **employed** (Black 41%, Hispanic 50%, White 71%, & Asian 74%). Of all clinical racial/ethnic groups, Black faculty were most likely to indicate that their spouses/partners were satisfied with their **employment situation**, while Hispanic faculty were least likely to indicate so (Black 72%, White 66%, Asian 64%, & Hispanic 50%). Also, Black faculty were most likely to indicate satisfaction with **spouse/partner benefits** (Black 92%, White 73%, Asian 73%, & Hispanic 67%).

- ◆ Among all nonclinical racial/ethnic groups, Duke Hispanic faculty appeared most likely to report that they had a **commuting relationship** with their spouse/partner (Hispanic 33%, Asian 18%, White 15%, & Black 11%). Compared with White and Black faculty, Duke Hispanic and Asian faculty were more likely to indicate that their spouse/domestic partner had **problems finding an appropriate job** in the area (Hispanic 40%, Asian 43%, Black 33%, & White 24%). On the clinical side, while no Hispanic faculty reported that they had

a **commuting relationship** with their spouse/partner, approximately 22% of Asian faculty, 14% of Black faculty, and 7% of White faculty indicated so. Also, no Hispanic faculty indicated that their spouse/domestic partner had **problems finding an appropriate job** in the area, while 33% of Asian faculty, 31% of Black faculty, and 23% of White faculty indicated so.

- ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, all nonclinical racial/ethnic groups had similar responses. While no significant difference was found, the proportion of Black faculty who indicated “very satisfied” in this regard was relatively small (Black 8%, Asian 29%, White 34%, & Hispanic 39%). Among the nonclinical racial/ethnic groups, White faculty were most likely to indicate they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke, while Black faculty were least likely to indicate so (White 75%, Asian 72%, Hispanic 69%, & Black 63%). On the clinical side, Black faculty were most likely to indicate that they were somewhat or very satisfied, while Hispanic faculty were least likely to indicate so (Black 71%, White 55%, Asian 48%, & Hispanic 40%). With respect to endorsement, all clinical racial/ethnic groups were similarly likely to indicate they would choose to come to Duke if they could decide all over again whether to be a faculty member at Duke (Black 68%, Asian 67%, White 62%, & Hispanic 60%); no significant difference was found.

IV. Key Findings by Rank¹²

A. Satisfaction. In general, Duke nonclinical and clinical faculty from each rank in 2015 viewed most aspects of their professional and intellectual life very favorably, and only a few significant differences were noted.

- ◆ Among Duke nonclinical respondents, full professors in 2015 were most likely to indicate high levels of satisfaction with **salary, availability of nearby parking, and office space**, while instructors were least likely to indicate so. Also, in comparison to associate professors, full professors indicated higher satisfaction with **start-up funds and time available for scholarly work**, and assistant professors scored higher on **support for securing grants**.
- ◆ Among Duke clinical respondents, in comparison to associate professors, assistant professors in 2015 indicated higher satisfaction **with the resources for research and scholarship, the resources for teaching, start-up funds, support for securing grants, time available for scholarly work, and other resources for research**. Also, assistant professors and medical instructors indicated higher satisfaction with **computing resources** than did full professors. On a negative note, assistant and associate professors indicated lower satisfaction with **salary** than did full professors. Of all ranks, medical instructors in

¹² 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.

2015 scored lowest on satisfaction with **availability of nearby parking** but highest on satisfaction with **computing support staff**.

- ◆ Trend analysis showed that on the nonclinical side, in comparison to their corresponding 2005 respondents, Duke full, associate, and assistant professors in 2015 indicated higher satisfaction with **classroom space, space for postdocs and graduate/professional students, library resources, clerical and administrative staff, and technical and research staff**.¹³ In addition, Duke associate and assistant professors in 2015 indicated higher satisfaction with **benefits package** than did the corresponding 2005 respondents; and Duke full professors in 2015 indicated higher satisfaction with **benefits package** than the corresponding 2010 respondents. On the clinical side, faculty at all rank levels in 2015 indicated higher satisfaction with **library resources, clerical and administrative staff and technical and research staff** than did the 2005 respondents, but lower satisfaction with **availability of nearby parking** than did the 2010 respondents.

B. Workload. Of all Duke nonclinical and clinical faculty, instructors were most likely to indicate that their overall workload was about right, while associate professors were least likely to indicate so (Nonclinical: Other 74%, Professor 61%, Assistant Professor 55%, & Associate Professor 54%. Clinical: Other 63%, Assistant Professor 56%, Professor 46%, Associate Professor 43%). In comparison to the 2010 respondents, the proportion of nonclinical instructors who indicated that their overall workload was about right showed a double increase (up from 35% in 2010 to 74% in 2015), and the proportion of clinical instructors who indicated that their overall workload was about right increased by 14 percentage points (up from 49% in 2010 to 63% in 2015).

- ◆ With regard to **teaching and advising**, nonclinical instructors were most likely to teach **undergraduate students**, to **have a large number of students** in their undergraduate classes, and to indicate that their **undergraduate classes were close to their research interests**, and to serve as **advisors** to undergraduate and informal students. On the clinical side, full professors were most likely to indicate serving advisors to **postdoctoral associates or fellows**. Also, they were more likely than assistant and associate professors to have **informal advisees**, while less likely than assistant professors to have **medical students**.
- ◆ Among Duke nonclinical faculty, full and associate professors were more likely than assistant professors and instructors to serve on **external committees** or boards related to their discipline. Also, full and associate professors were more likely than assistant professors to serve on **university/school/division committees**. In addition, full professors were most likely to **serve as chair** of department or unit and in **other administrative**

¹³ Duke nonclinical instructors in 2015 also indicated higher satisfaction with library resources than did the corresponding 2005 respondents. On a negative note, in comparison to the corresponding 2005 respondents, Duke nonclinical full professors in 2015 indicated lower satisfaction with advising responsibilities.

capacities and to have received **teaching relief** for their services in these regards. On the clinical side, full professors were most likely to serve on **departmental committees, school committees, and external committees** or boards related to their discipline. Also, they were more likely than assistant professors and medical instructors to serve on **divisional committees** and **university/school/division committees**. In addition, full professors were most likely to **serve as chair** of department or unit and in **other administrative capacities** and to have received **protected time** for their services in these regards.

- ◆ Regardless of clinical status, full professors were most actively engaged in scholarly activities; they were especially likely to indicate having submitted **papers** for publication or presentation, **edited books**, and **book chapters** for review in the past 12 months.
- ◆ With respect to time use, on the nonclinical side, assistant, associate, and full professors were more likely than instructors to report spending **hours working in a typical week** (Assistant Professor 57, Associate Professor 55, Professor 56, & Other 48). 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 services** and **fulfilling administrative responsibilities**, assistant professors were more likely to spend time on **scholarship or conducting research**. On the clinical side, full professors were more likely than assistant professors to report spending **hours working in a typical week** (Professor 61, Associate Professor 59, Other 58, & Assistant Professor 57). In comparison to assistant professors, full professors were more likely to spend time **meeting or communicating with students outside of class**, while they were least likely of all to report devoting time to **clinical work**.
- ◆ In terms of work-related stress, Duke nonclinical assistant 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. On the clinical side, in comparison to medical instructors, Duke clinical full professors were more likely to indicate **managing a research group**, and associate professors were more likely to indicate **securing funding for research** as sources of stress. In comparison to full professors, assistant and associate professors were more likely to indicate **scholarly productivity, teaching responsibilities, and review/promotion process** as sources of stress. In addition, assistant professors were more likely than full professors to find **clinical responsibilities** stressful.
- ◆ With regard to **overall workload and responsibilities**, sub-analyses showed that Duke nonclinical assistant 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.”** On the clinical side, medical instructors were more likely than assistant, associate, and full professors to agree that **“My workload is the same as other faculty of my rank in my department/unit.”** Also, full professors and medical instructors were more likely than associate professors to agree that **“I have enough time to manage responsibilities as a faculty member and my personal/family responsibilities.”** In comparison to full professors, associate professors 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.”**

C. Departmental Atmosphere. In general, Duke full professors viewed their departmental atmosphere more favorably than other faculty members in most areas, nonclinical and clinical alike. Notably, on the nonclinical side, 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, full professors were more likely than assistant and associate professors to indicate agreement to items concerning faculty collegiality and collaboration, and assistant professors were more likely than other faculty members to indicate agreement to items on leadership.

- ◆ Among Duke nonclinical faculty, full professors were most likely to indicate agreement to 3 positive statements: (a) **“I have a voice in the decision-making that affects the direction of my department/unit.”** (b) **“I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member.”** And (c) **“My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling departmental/unit obligations.”** Meanwhile, they were least likely to agree to 3 negatively worded statements: (a) **“I feel excluded from an informal network in my department/unit.”** (b) **“I have to work harder than some of my colleagues to be perceived as a legitimate scholar.”** And (c) **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit.”** Also, in comparison to associate professors, assistant professors were more likely to agree that **“My chair/director/dean helps me obtain the resources I need”** and that **“The academic leadership is effective (chair, associate chair, executive officer).”** Moreover, in comparison to associate professors and instructors, full professors were more likely to agree that **“I feel that the climate and opportunities for female faculty in my department/unit are at least as good as those for male faculty.”** (b) **“I feel that the climate and opportunities for minority faculty in my department/unit are at least as good as those for nonminority faculty.”** In addition, they were more likely than associate professors to agree that **“Commitment to diversity is demonstrated.”** Of all ranks, Duke nonclinical instructors were least likely to agree that **“My colleagues value my research/scholarship”** but most likely to agree 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 assistant and associate professors, full professors in 2015 were more likely to indicate agreement to 3 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.”** As could be expected, full professors were less likely than assistant and associate professors and medical instructors to agree that **“I have to work harder than some of my colleagues to be perceived as a legitimate scholar.”** In addition, full professors were more likely than associate professors to agree that **“Commitment to diversity is demonstrated in my department.”** In comparison to associate and full professors, assistant professors were more likely to indicate that **“My chair /director/dean helps me obtain the resources I need”** and that **“The Dean is effective.”** Also, assistant professors were more likely than associate professors to agree that **“My chair/director/dean creates a collegial and supportive environment”** and that **“My department is a good fit for me.”**

- ◆ Trend analysis showed a few notable, significant differences among Duke clinical faculty. First, in comparison to the corresponding 2005 respondents, associate professors in 2015 were more likely to agree that **“I have to work harder than some of my colleagues to be perceived as a legitimate scholar,”** but less likely to agree that **“My colleagues value my research/scholarship.”** Second, in comparison to the corresponding 2005 respondents, assistant professors in 2015 were more likely to agree that **“My department is a place where individual faculty may comfortably raise personal and/or family responsibilities.”** In comparison to the corresponding 2010 respondents, assistant professors in 2015 were more likely to indicate agreement to 3 positive statements [i.e., (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.”**] and one negative statement (i.e., **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit.”**). Third, in comparison to the 2010 respondents, Duke medical instructors were less likely to agree that **“My department is a place where individual faculty may comfortably raise personal and/or family responsibilities,”** but more likely to agree that **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit.”** Fourth, in comparison to the 2010 respondents, Duke clinical assistant, associate, and full professors in 2015 were more likely to agree that **“There are plenty of places to meet informally and network with my colleagues.”**

D. Mentoring. Among Duke nonclinical and clinical faculty, full professors were most likely to indicate having served as mentors to other faculty members (Nonclinical: Professor 89%, Associate Professor 73%, Other 44%, & Assistant Professor 27%. Clinical: Professor 98%, Associate Professor 79%, Assistant Professor 38%, & Other 12%). While nonclinical assistant professors were more likely to indicate having had one or more formal mentors (Assistant Professor 48%, Other 28%, Associate Professor 23%, & Professor 14%) and informal mentors (Assistant Professor 90%, Associate Professor 78%, Other 78%, & Professor 59%), clinical instructors were most likely to indicate having had one or more formal mentors (Other 43%, Assistant Professor 39%, Associate Professor 24%, & Professor 17%), but clinical faculty at all rank levels were similarly likely to indicate having had one or more informal mentors (Other 82%, Assistant Professor 81%, Associate Professor 81%, & Professor 80%). When asked

whether they had received adequate mentoring while at Duke, nonclinical assistant professors were most likely to indicate so (Assistant Professor 65%, Professor 50%, Associate Professor 44%, & Other 33%), while clinical instructors were most likely to indicate so (Other 57%, Assistant Professor 54%, Professor 49%, Associate Professor 40%). In comparison to the 2010 survey results, a larger proportion of Duke nonclinical assistant, full professors, and instructors in 2015 indicated having received adequate mentoring while at Duke. Among clinical faculty, only a larger proportion of medical instructors in 2015 indicated so.

- ◆ In general, Duke nonclinical and clinical professors at all rank levels tended to indicate that **formal mentors they chose by themselves** were more helpful than those who were assigned to them. They perceived, however, that **informal mentors** both inside and outside Duke were similarly highly helpful.
- ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on an array of aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that among Duke nonclinical faculty, Duke assistant professors were most likely to indicate having sought mentoring on **obtaining needed resources for research** (Assistant Professor 83%, Associate Professor 65%, Other 50%, & Professor 41%), **earning promotion and tenure** (Assistant Professor 81%, Associate Professor 81%, Professor 42%, & Other 41%), **publishing scholarly work** (Assistant Professor 78%, Associate Professor 57%, Professor 32%, & Other 29%), and **allocating time among work-related activities** (Assistant Professor 57%, Other 44%, Associate Professor 41%, & Professor 16%). Also, they found the mentoring they received in those areas to be helpful. Of all ranks, instructors were most likely to seek mentoring on **teaching** (Other 79%, Assistant Professor 68%, Associate Professor 65%, & Professor 40%) and **navigating department or disciplinary politics** (Other 72%, Assistant Professor 66%, Associate Professor 60%, & Professor 45%) and to perceive the mentoring they received in those areas to be helpful.
- ◆ On the clinical side, Duke medical instructors were most likely to indicate having sought mentoring **allocating time among work-related activities** (Other 67%, Assistant Professor 62%, Associate Professor 51%, Professor 34%), **obtaining needed resources for research** (Other 80%, Assistant Professor 72%, Associate Professor 72%, & Professor 69%), **publishing scholarly work** (Other 82%, Assistant Professor 69%, Associate Professor 69%, & Professor 58%), and **teaching** (Other 66%, Assistant Professor 45%, Associate Professor 42%, & Professor 34%), while full professors were least likely to indicate having sought mentoring in these areas. In addition, associate professors were most likely to indicate having sought mentoring on **earning promotion and tenure** (Associate Professor 80%, Other 70%, Assistant Professor 67%, & Professor 62%), while assistant professors were most likely to indicate having sought mentoring on **developing reputation outside Duke** (Assistant Professors 55%, Associate Professors 45%, Professors 46%, & Other 34%). Among clinical faculty who sought mentoring, assistant professors

found the mentoring they received obtaining needed resources for research, publishing scholarly work, earning promotion and tenure, and navigating department or disciplinary politics helpful, while medical instructors found the mentoring they received on obtaining needed resources for research and publishing scholarly work to be helpful.

E. Promotion/Tenure. In comparison to other faculty members, nonclinical and clinical full professors appeared more likely to agree that the criteria for promotion (Nonclinical: Professor 66%, Associate Professor 39%, & Assistant Professor 37%. Clinical: Professor 56%, Associate Professor 43%, Assistant Professor 37%, & Other 39%) and tenure (Nonclinical: Professor 78%, Associate Professor 61%, & Assistant Professor 53%. Clinical: Professor 55%, Associate Professor 41%, & Assistant Professor 45%) were clearly communicated. Among key items considered in the promotion process, on the nonclinical side, assistant, associate, and full professors were more likely than instructors to indicate that research was highly valued, 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 for promotion. Among key items considered in the tenure process, nonclinical professors at all rank levels were similarly likely to indicate that research was more highly valued than teaching, service, and mentoring, while associate professors were more likely than full professors to indicate that teaching, service, and mentoring were more undervalued than valued appropriately for tenure. On the clinical side, professors at all rank levels were similarly likely to indicate that research was highly valued, while assistant, associate, and full professors were more likely than medical instructors to indicate that teaching and service were highly valued. Also, faculty at all ranks levels, especially medical instructors, perceived that teaching, service, and mentoring were more undervalued than valued appropriately for promotion. Among key items considered in the tenure process, clinical professors at all rank levels were similarly likely to indicate that research was more highly valued than teaching, service, mentoring, and clinical work, while assistant and associate professors were considerably more likely than full professors to indicate that research was overvalued and that clinical work was more undervalued than valued appropriately for tenure.

- ◆ 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 professors to stress the **importance** of these policies.

F. Hiring/Retention. Among Duke nonclinical faculty, associate professors were most likely to indicate having received an outside job offer (Professor 24%, Associate Professor 29%, Assistant Professor 17%, & Other 22%), which resulted noticeably in adjustments to salary for full and associate professors. In comparison to full professors, Duke faculty at all other rank levels, especially assistant professors, showed lower likelihood to stay. Among Duke clinical faculty, full professors were most likely to indicate having received an outside job offer (Professor 33%, Associate Professor 22%, Assistant Professor 15%, & Other 13%), which resulted noticeably in adjustments

to salary for full professors. In comparison to assistant professors, Duke medical instructors showed lower likelihood to stay.

- ◆ When asked how likely they would **leave** their institution in the next three years, roughly 59% of nonclinical and 38% of clinical full professors, 50% of nonclinical and 38% of clinical associate professors, 48% of nonclinical and 47% of clinical assistant professors, and 50% of nonclinical instructors and 38% of medical instructors indicated that they would choose to remain at Duke. On the nonclinical side, a small proportion at all rank levels indicated they would leave Duke in the next three years (Assistant Professor 17%, Associate Professor 29%, Professor 24%, & Other 22%), while on the clinical side, roughly one-third to two-fifths of the respondents at all rank levels indicated they would leave Duke in the next three years (Assistant Professor 32%, Associate Professor 33%, Professor 39%, & Other 44%).
- ◆ Among those who indicated they were likely to leave, on the nonclinical side, Duke assistant and associate professors and instructors were more likely than full professors to indicate **improving their prospects for tenure** and **reducing stress**, but less likely than full professors to indicate **retirement**, as their reasons to leave. In addition, associate professors were more likely than full professors to cite **increasing their salary** and **finding a more supportive environment** as their reasons to leave.¹⁴ On the clinical side, Duke assistant and associate professors and medical instructors were more likely than full professors to indicate **improving their prospects for tenure**, but less likely than full professors to indicate **retirement**, as their reasons to leave. In addition, assistant professors and medical instructors were more likely than full professors to cite addressing **child-related issues** and **other family-related issues** as their reasons to leave. In comparison to full professors, assistant professors were more likely to indicate **increasing their salary**, **finding a more supportive environment**, **pursuing a nonacademic job**, **reducing stress**, and **improving the employment situation of their spouse/partner** as their reasons to leave. Of all ranks, both nonclinical and medical instructors were most likely to cite **pursuing a nonacademic job** and **addressing child-related issues** as their reasons to leave.

G. Life outside the Institution. Among Duke nonclinical faculty, assistant and associate 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, full and associate professors were more likely to indicate taking care of sick relatives as one of the sources of stress in their life outside the institution. In addition, associate professors and instructors were more likely than full professors to cite coping with personal daily financial responsibilities as one of their sources of stress. On the clinical side, in comparison to full professors, assistant and associate professors and medical instructors seemed more likely to find it stressful to handle childcare, the cost of living, and planning/saving for retirement. Also, assistant professors and medical instructors appeared more likely to cite managing household responsibilities and personal daily financial responsibilities, while less likely to indicate taking care of sick relatives as sources of stress in their life outside the institution.

¹⁴ Duke nonclinical instructors were also more likely than full professors to cite increasing their salary as one of their reasons to leave.

- ◆ Of Duke nonclinical and clinical faculty, full and associate professors were more likely than assistant professors and instructors to indicate that they had a **spouse or domestic partner** (Nonclinical: Associate Professor 93%, Professor 90%, Assistant Professor 82%, & Other 65%. Clinical: Professor 97%, Associate Professor 94%, Assistant Professor 87%, & Other 77%). For those who had a spouse or partner, instructors were most likely to indicate their spouse or partner was **currently employed**, while full professors were least likely to indicate so (Nonclinical: Other 92%, Associate Professor 79%, Assistant Professor 76%, & Professor 60%. Clinical: Other 76%, Associate Professor 74%, Assistant Professor 73%, & Professor 62%).
- ◆ Among Duke nonclinical faculty, instructors were most likely to indicate that they had a **commuting relationship** with their spouse or partner (Other 30%, Associate Professor 18%, Assistant Professor 14%, & Professor 14%). Duke instructors and assistant professors were more likely than full and associate professors to indicate that their spouse or partner had problems **finding a job in the area** (Other 40%, Assistant Professors 39%, Associate Professor 28%, & Professor 25%). Among Duke nonclinical professors, assistant professors were least likely to indicate that their spouse/partner was satisfied with their **employment situation** (Assistant Professor 40%, Professor 61%, Other 62%, & Associate Professor 63%) and **spouse/partner benefits** (Assistant Professor 52%, Associate Professor 63%, Professor 75%, & Other 80%).
- ◆ Among Duke clinical faculty, full professors were most likely to report that their spouse/partner was **working or studying at Duke** (Professor 34%, Associate Professor 26%, Assistant Professor 22%, & Instructor 22%), while assistant professors were most likely to indicate that they had a **commuting relationship** with their spouse or partner (Assistant Professor 19%, Other 15%, Associate Professor 10%, & Professor 8%). Also, Duke medical instructors were most likely to indicate that their spouse or partner had problems **finding a job in the area** (Other 31%, Assistant Professors 27%, Associate Professor 26%, & Professor 16%). Duke clinical professors from each rank appeared similarly likely to indicate that their spouse/partner was satisfied with their **employment situation** (Professor 69%, Associate Professor 62%, Assistant Professor 66%, & Other 72%) and that they were satisfied with the **spouse/partner benefits** (Professor 76%, Associate Professor 73%, Assistant Professor 73%, & Other 65%).
- ◆ In comparison to nonclinical and clinical 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. Compared with nonclinical assistant professors, a larger proportion of Duke associate and full professors and instructors indicated that they were currently **caring for sick relatives** (Professor 20%, Associate Professor 20%, Assistant Professor 12%, & Other 22%). Compared with clinical faculty at other rank levels, a considerably large proportion of full professors indicated that they were currently **caring for sick relatives** (Professor 37%, Associate Professor 14%, Assistant Professor 15%, & Other 17%).
- ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, among Duke nonclinical and clinical faculty, full professors were most likely to indicate they were somewhat or very

satisfied (Nonclinical: Professor 76%, Other 67%, Associate Professor 64%, & Assistant Professor 62%. Professor 60%, Other 60%, Assistant Professor 53%, & Associate Professor 49%). Also, full professors were most likely to indicate they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke (Nonclinical: Professor 81%, Assistant Professor 71%, Associate Professor 67%, & Other 56%. Clinical: Professor 68%, Assistant Professor 62%, Associate Professor 60%, & Other 57%).

Conclusion

Overall, Duke faculty in 2015 evaluated their daily experiences very positively. Our trend analysis showed that Duke had made notable improvements in many areas and also revealed areas that needed further improvement, as outlined in this Summary of Key Findings.

Next step. As with other institutional surveys, the analysis of the Faculty Survey is an ongoing process. The data we have collected over the years are a rich source of information and can be utilized to help address the institution's inquiries and self-improvement activities. We will conduct sub-analyses of the survey data by school and/or department, which may also lead to interesting findings and provide us a nuanced understanding of the survey.

2015 Nonclinical Faculty Survey Highlights

977 of 1501 Duke nonclinical faculty participated in the 2015 Faculty Survey, with a response rate of roughly 65%.¹⁵ 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 2015 Faculty Survey			
	Survey #	Survey %	Actual %
Gender			
Male	605	61.9%	64.9%
Female	372	38.1%	35.1%
Race/Ethnicity			
Asian	130	13.3%	13.2%
Black	39	4.0%	4.4%
Hispanic	19	1.9%	2.0%
White	789	80.8%	80.3%
Other			0.1%
Rank			
Professor	483	49.4%	50.6%
Associate Professor	253	25.9%	24.8%
Assistant Professor	217	22.2%	22.2%
Other Regular Rank	24	2.5%	2.4%

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 faculty responded to the survey, the difference by gender was 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 the 2015 survey as well as their responses to the core questions that were included in the 2005 and 2010 versions of the Faculty Survey. As the 2005 survey instrument was dramatically different from those of the 2010 and 2015 survey instruments, only a few items from many parts of the 2005 survey were available for comparison. For this reason, our historical comparisons focused on the 2010 and 2015 survey results. We also conducted analyses by subgroups of interest (i.e., by gender, race/ethnicity, and rank) for a nuanced understanding of the survey results.

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

¹⁵ For the 2015 survey, Duke nonclinical faculty included faculty from 12 schools/divisions (i.e., Humanities, Social Sciences, Natural Sciences, Divinity, Engineering, Environment, Law, Business, Nursing, Public Policy, Basic Sciences, and Institutes and Centers).

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 to gauge statistically significant findings.¹⁶ 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.

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

I. Key Findings-All Respondents

A. Satisfaction. A set of 26 questions in the 2015 Nonclinical 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, Duke nonclinical faculty in 2015 indicated similarly high levels of satisfaction with being a faculty member at Duke as did the respondents in 2005 and 2010 (roughly 81% somewhat or very satisfied for all three years). Notably, in comparison to the respondents in 2005, Duke nonclinical faculty in 2015 (and the respondents in 2010 as well) indicated higher levels of satisfaction with the resources for their research and scholarship (2015 = 76%, 2010 = 71%, & 2005 = 61%) and the resources for their teaching (2015 = 67%, 2010 = 73%, & 2005 = 64%).

- ◆ With regard to specific aspects of their professional and intellectual life, Duke nonclinical faculty in 2015 compared favorably with the respondents in both 2005 and 2010 in most areas. Notably, of 17 specific aspects that were included in all three survey years, they indicated significantly higher levels of satisfaction in 4 areas than did the 2005 and 2010 respondents (i.e., **salary, benefits package, library resources, and clerical and administrative staff**). Additionally, in comparison to the 2005 respondents, they indicated higher levels of satisfaction in 8 more areas (i.e., **quality of undergraduate students, quality of graduate and professional students, opportunities to collaborate with undergraduates in research, office space, lab or research space, classroom space, space for postdocs and graduate /professional students, and technical and research staff**);¹⁷ and in comparison to the 2010 respondents, they indicated higher levels of

¹⁶ 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.

¹⁷ In comparison to the 2005 respondents, Duke nonclinical faculty in 2010 also indicated higher levels of satisfaction in 10 areas (i.e., quality of undergraduates, quality of graduate and professional students, office space, lab or

satisfaction in two areas (i.e., **support for securing grants** and **other resources to support research**).

- ◆ Of the specific aspects, on a negative note, Duke faculty in 2015 indicated lower levels of satisfaction in 2 areas (i.e., **advising responsibilities** and **committee/administrative responsibilities**) than did the 2005 respondents; and lower levels of satisfaction in 3 areas (i.e., **availability of nearby parking**, **computing resources**, and **quality of dining options**) than did the 2010 respondents.

B. Workload. Approximately 58% of Duke nonclinical faculty in 2015 considered their workload was about right, compared to 54% of the 2010 respondents who indicated so.

- ◆ With respect to **teaching** and **advising**, Duke nonclinical faculty in 2015 indicated teaching a similar number of classes and students as did the 2010 respondents, but they were more likely than the 2010 respondents to serve as advisors to graduate/professional students and postdoctoral associates or fellows.
- ◆ In comparison to the 2010 respondents, Duke nonclinical faculty in 2015 were more likely to serve on **departmental committees** and **university/school/divisional committees**, but less likely to serve on **external committees or boards** related to their disciplines. Although statistically significant, the differences were very small.
- ◆ Duke nonclinical faculty in 2015 were equally likely as the 2010 respondents to indicate having served as **chair of department/unit** and in other administrative capacities and having received teaching relief in exchange for taking on the administrative responsibilities; no significant changes were noted in either regard.
- ◆ A new question in the 2015 survey asked respondents to indicate how willing they were to **assume leadership positions**, if asked to serve. Approximately 67% of Duke nonclinical faculty indicated they were somewhat or very willing to serve.
- ◆ Duke nonclinical faculty in 2015 compared favorably with the 2010 respondents in terms of engagement in research and scholarly activities. Notably, they appeared more, but statistically insignificantly, likely to indicate having submitted **papers** for publication in peer-reviewed journals in the past 12 months than did the 2010 respondents.
- ◆ Among work-related activities, Duke nonclinical faculty in 2015, like the 2010 respondents, spent in general a large proportion of their work week on **scholarship** (31%) and **teaching** (25%).

- ◆ Duke nonclinical faculty members tended to consider **securing funding for research and scholarship productivity** highly stressful. In comparison to both the 2005 and 2010 respondents, Duke nonclinical faculty in 2015 were more likely to indicate **managing a research group or grant** as a source of stress. In addition, they were more likely than the 2010 respondents to perceive **securing funding for research, assuming advising responsibilities, and handling departmental or campus politics** to be stressful.
 - ◆ Over the years, Duke nonclinical faculty were similarly likely to agree that their **workload was the same** as other faculty of their rank in their department or unit, 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. When asked whether they **would be happier at an institution with a lower level of stress** due to time conflicts between work and personal/family responsibilities, a smaller proportion of Duke nonclinical faculty in 2015 indicated disagreement than did the 2005 and 2010 respondents (2005 = 57% somewhat or strongly disagree, 2010 = 56%, & 2015 = 48%).
 - ◆ On average, Duke nonclinical faculty in 2015, like the 2010 respondents, indicated spending approximately 56 hours on work in a typical work week, while they were less likely than the 2010 respondents to indicate spending **time with their families** (17 hours vs. 21).
- C. Departmental Atmosphere.** 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 the corresponding 2005 respondents.
- ◆ In the 2015 Faculty Survey, respondents were asked to indicate their agreement to a set of 21 statements concerning the atmosphere of their department or unit. Of these 21 statements, Duke nonclinical faculty were most likely to agree that **they were proud to tell people that they worked at Duke**. In comparison to the 2005 respondents, Duke nonclinical faculty in 2015 (and the 2010 respondents as well) 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 that **“Commitment to diversity is demonstrated.”** On another positive note, they (and the 2010 respondents as well) were more likely than the 2005 respondents to think that **women faculty with family responsibilities** were viewed or treated similarly rather than differently in comparison to nonclinical men.¹⁸

¹⁸ Compared with the 2005 results, Social Sciences and Natural Sciences showed significant signs of improvement in this regard, while Nursing showed a notable decline in comparison to the 2010 results in this regard.

- ◆ On a negative note, Duke nonclinical faculty in 2015 were more likely than the 2005 and 2010 respondents to perceive that they **had to work harder than some of their colleagues to be perceived as a legitimate scholar** (2015 = 33%, 2010 = 26%, & 2005 = 26%). Also, they were more likely than the 2010 respondents to **feel excluded from an informal network in their department/unit** (28% vs. 23%).
- D. Mentoring.** Roughly 51% of Duke nonclinical faculty in 2015 indicated that they had received adequate mentoring while working at Duke, compared to 46% of the 2010 respondents who indicated so. Approximately 25% of Duke nonclinical faculty in 2015 reported having had formal mentoring, while 72% of them indicated having had informal mentoring.¹⁹
- ◆ Roughly 70% of Duke nonclinical faculty in 2015 indicated that they had **served as mentors** to other faculty members, compared to 67% in 2010.
- ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on 6 aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that approximately 61% of Duke nonclinical faculty indicated having sought mentoring on **earning promotion and tenure**; 57% on **obtaining needed resources for research**; 54% on **navigating department or disciplinary politics**; 53% on **teaching**; 49% on **publishing scholarly work**, and 32% on **allocating time among work-related activities**. Of the 6 areas, those who sought mentoring found the mentoring they received on earning promotion and tenure most helpful and allocating time among work-related activities not so helpful.
- ◆ Another new question in the 2015 survey asked respondents to indicate the number of faculty and administrators with whom they had established formal or informal **mentoring relationships** while at Duke. On average, Duke nonclinical faculty indicated having established mentoring relationships with nearly 3 people.
- ◆ Approximately 75% of Duke nonclinical faculty in 2015 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 72% of Duke nonclinical faculty in 2015 indicated that they had one or more **informal mentors** both inside and outside Duke and found that the informal mentoring from the mentors outside Duke was slightly more helpful.
- E. Promotion/Tenure.** Approximately 69% of Duke nonclinical faculty in 2015 agreed that the criteria for tenure were clearly communicated, while roughly 52% indicated so

¹⁹ In comparison to the 2010 survey results with respect to formal and informal mentoring, the proportion of Duke nonclinical faculty in 2015 reporting having had formal mentoring remained virtually unchanged (25% vs. 26%), while the proportion of them indicating having had informal mentoring showed an increase of 9 percentage points.

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. Their perceptions in these regards remained virtually unchanged over the years. When asked what changes should be made to improve the promotion and tenure processes, notably more than one-fifth (21%) of nonclinical faculty suggested rewarding teaching, and 12% suggested improving clarity and communication.²⁰

- ◆ Over the years, Duke nonclinical faculty's agreement to the statement "**The criteria for tenure are clearly communicated**" remained virtually unchanged (2005 = 71%, 2010 = 69%, & 2015 = 69%), while their agreement to the statement "**The criteria for promotion are clearly communicated**" showed a notable decline (2005 = 68%, 2010 = 58%, & 2015 = 52%).
 - ◆ 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. In comparison to the 2010 survey results, a larger proportion of Duke nonclinical faculty in 2015 indicated awareness of these policies. 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. Also, in comparison to the 2010 respondents, Duke nonclinical faculty in 2015 appeared slightly more likely to attach importance to these policies, especially flexible work arrangements and tenure clock extensions.
- F. Hiring/Retention.** Duke nonclinical faculty in 2015 showed high likelihood of staying at Duke, and only 25% of them indicated that they were likely to leave Duke in the next three years, while 21% of the 2010 respondents indicated so. Among those who were likely to leave, Duke nonclinical faculty in 2015 appeared most likely to indicate enhancing their career in other ways, but least likely to cite lowering their cost of living, as their reasons to leave.²¹
- ◆ Roughly 23% of Duke nonclinical faculty in 2015 indicated having received a formal or **informal job offer** that they took to their department/unit chair/dean in the last 5 years, and the outside job offer resulted notably in adjustments to salary.

²⁰ In comparison to the 2010 results, a smaller proportion of nonclinical faculty in 2015 suggested rewarding teaching (21% vs. 39%) and improving clarity and communication (12% vs. 29%).

²¹ In comparison to the 2010 respondents, Duke nonclinical faculty in 2015 indicated similar reasons in all areas except that they were more likely to select the "Other" category. In their written comments, some respondents specified that they intended to leave because they desired to live in a better, larger city or to access better mentors and graduate students. 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 negatively related to the number of undergraduate classes and the effectiveness of leadership.

- ◆ Approximately 57% of Duke nonclinical faculty indicated that they met with their **academic supervisor** (e.g., department chair, division head, and director) at least once per year to discuss their job performance and satisfaction, and 86% of them indicated the feedback from their supervisor was fair and useful.

G. Life outside the Institution. In comparison to the 2005 respondents, Duke nonclinical faculty in 2015 (and the 2010 respondents as well) were less likely to indicate handling childcare, their own health, and personal daily financial responsibilities as their sources of stress outside the institution.²²

- ◆ Roughly 88% of Duke nonclinical faculty in 2015 indicated they had a **spouse or partner**, and roughly 69% of them reported that their spouse or partner was **currently employed**. Approximately 60% 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 in 2015 and the 2010 respondents were similarly likely to indicate that their spouses/domestic partners were satisfied with their **employment situation** (61% vs. 62%) and that they were satisfied with the **spouse or domestic partner benefits** (67% vs. 68%).
- ◆ Approximately 29% of Duke nonclinical faculty in 2015 indicated that their spouse/domestic partner **had problems finding an appropriate job** in the area, compared with 28% of the 2010 respondents who indicated so. Roughly 77% of Duke nonclinical faculty in 2015 reported having **children**, while 76% of the 2010 respondents indicated so.
- ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, roughly 70% of nonclinical faculty indicated they were somewhat or very satisfied. Also, 74% of them indicated they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke.²³

II. Key Findings by Gender

A. Satisfaction. Among Duke nonclinical faculty, women and men in 2015 were similarly highly satisfied with most aspects of their professional and intellectual life, and they differed from each other in their perceptions in 10 areas. In comparison to men, women in 2015 indicated lower satisfaction with their salary, start-up funds, teaching

²² Responses to the questions in this section remained virtually unchanged over the years.

²³ To identify factors that were likely to affect faculty likelihood of endorsement, we conducted multiple regression analysis, using overall satisfaction, 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 endorsement was strongly, positively related to overall satisfaction and sense of community.

responsibilities, access to teaching assistants, advising responsibilities, time available for scholarly work, committee and administrative responsibilities, opportunities to collaborate with undergraduates in research, and availability of nearby parking.²⁴ On a positive note, they indicated higher satisfaction with the quality of graduate/professional students.

- ◆ When checking the proportion of respondents who indicated dissatisfaction with various aspects of their professional and intellectual life at Duke, we found that, a notably larger proportion of Duke nonclinical women in 2015 indicated dissatisfaction with **salary** (30% vs. 20%), **start-up funds** (26% vs. 15%), **access to teaching assistants** (29% vs. 17%), and **time available for scholarly work** (44% vs. 21%) than did nonclinical men.²⁵
- ◆ An examination of the results over the years showed that in comparison to nonclinical women in 2005, Duke nonclinical women in 2015 indicated significantly higher satisfaction with **resources for research and scholarship, benefits package, office space, classroom space, lab or research space, space for postdocs and graduate/professional students, library resources, clerical and administrative staff, and technical and research staff**; on a negative note, they indicated lower satisfaction with **advising responsibilities and committee and administrative responsibilities**.
- ◆ Duke nonclinical women in 2015 compared very favorably with nonclinical women in 2010 as well. Of 26 satisfaction areas, they indicated on average higher satisfaction in 12 areas. While their higher satisfaction in 11 areas (i.e., **the resources for research and scholarship, salary, benefits package, support for securing grants, teaching responsibilities, access to teaching assistants, quality of graduate/professional students, time available for scholarly work, committee and administrative responsibilities, lab or research space, and clerical and administrative staff**) was not statistically significant, their higher satisfaction with unspecified **other resources for research** was.
- ◆ When comparing the results across all three survey years, we found that nonclinical women indicated increasingly higher satisfaction in 6 areas [i.e., **the resources for research and scholarship** (2005 = 58%, 2010 = 70%, & 2015 = 76%), **benefits package** (2005 = 83%, 2010 = 87%, & 2015 = 92%), **quality of graduate/professional students** (2005 = 78%, 2010 = 81%, & 2015 = 86%), **space for postdocs and graduate/professional**

²⁴ Sub-analyses showed that women in Humanities, Natural Sciences, Engineering, Environment, Law, Nursing, Public Policy, Basic Sciences, and Institutes and Centers indicated lower satisfaction with their salary than did their male peers, but the difference was not statistically significant. The differences by gender in this regard were found to be significant only in Social Sciences, Divinity, and Business.

²⁵ The 2010 survey results also showed that Duke nonclinical women were more likely than nonclinical men to indicate dissatisfaction with salary, access to teaching assistants, and time for scholarly work. On a positive note, compared with the 2010 results, the proportion of Duke female nonclinical faculty in 2015 who indicated dissatisfaction with salary decreased by 5 percentage points (30% vs. 35%); and the proportion of Duke female nonclinical faculty in 2015 who indicated dissatisfaction with access to teaching assistants decreased by 4 percentage points (29% vs. 33%), while the proportion of nonclinical women who indicated dissatisfaction with time for scholarly work remained virtually unchanged at nearly 44% for both 2010 and 2015.

students (2005 = 42%, 2010 = 47%, & 2015 = 55%), **library resources** (2005 = 75%, 2010 = 89%, & 2015 = 90%), and **clerical and administrative staff** (2005 = 54%, 2010 = 66%, & 2015 = 73%).²⁶

B. Workload. Roughly 54% of Duke nonclinical women indicated that their overall workload was about right, compared to 61% of nonclinical men who indicated so.²⁷ In comparison to nonclinical women in 2010, the proportion of nonclinical women in 2015 who indicated that their workload was about right increased by 9 percentage points (54% vs. 45%), while the proportion of nonclinical men who reported so remained virtually unchanged when compared with nonclinical men in 2010 (61% vs. 60%). Sub-analyses showed a few significant differences with respect to teaching, committee services, scholarly activities, and sources of work-related stress.

- ◆ Over the years, Duke nonclinical women and men 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, Duke nonclinical women were less likely to agree that “**I have enough time to manage both my responsibilities as a faculty member and my personal/family responsibilities,**” while 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.**”
- ◆ With regard to teaching, advising, and service, Duke nonclinical women appeared more likely to teach **undergraduate classes** and to serve as advisors to **informal students** over the years. Also, they were more likely to serve on **university/school/divisional committees** but less likely to serve on **external committees or boards related to their discipline** and in **administrative capacities**.
- ◆ A new question in the 2015 survey asked respondents to indicate how willing they were to **assume leadership positions**, if asked to serve. Approximately 64% of Duke nonclinical women indicated they were somewhat or very willing to, compared to 69% of nonclinical men who indicated so.
- ◆ With respect to scholarly activities, Duke nonclinical women and men had similar responses in many areas; they differed only in 2 of 7 areas: In comparison to nonclinical men, nonclinical women were less likely to indicate having submitted **papers** for publication or presentation and **grant proposals** in the past 12 months.

²⁶ Duke nonclinical men also indicated increasingly higher satisfaction in all these areas except one (i.e., quality of graduate/professional students). In addition, they indicated increasingly higher satisfaction in 4 more areas (i.e., salary, quality of undergraduate students, opportunities to collaborate with undergraduates in research, and technical and research staff).

²⁷ Sub-analyses showed that with the exception of Natural Sciences, Engineering, Environment, Law, Basic Sciences, and Public Policy, women in all other nonclinical schools/divisions (i.e., Humanities, Social Sciences, Divinity, Nursing, Business, and Institutes & Centers) appeared noticeably less likely than nonclinical men to indicate that their overall workload was about right. It is of interest to note that a larger proportion of women in Basic Sciences and Public Policy indicated that their overall workload was about right.

- ◆ In a typical work week, Duke nonclinical women in 2015 reported spending 54 hours **on work**, compared to 56 hours for nonclinical men who indicated so. In comparison to nonclinical men, Duke nonclinical women were more likely to indicate spending a large proportion of their time on **teaching** (28% vs. 23%) but less likely to report devoting a large proportion of their time to **scholarship or conducting research** (27% vs. 34%). Their amount of time spent with their families and personal activities was about the same as that of nonclinical men.
 - ◆ Among Duke nonclinical faculty, women appeared more likely to indicate a wide range of stress than did men. Notably, they were more likely to find **timing of departmental meetings and functions, scholarly productivity, teaching, committee and/or administrative responsibilities, review/promotion process, and departmental or campus politics** highly stressful. These patterns remained pretty much unchanged over the years.
- C. Departmental Atmosphere.** In general, nonclinical women viewed their departmental atmosphere less favorably in a wide range of aspects concerning collegiality, collaboration, diversity, leadership, and social and work environment over the years.²⁸
- ◆ Notably, in comparison to nonclinical men, nonclinical women in 2015 were less likely to indicate agreement to 13 positive statements: (a) **“My colleagues value my research/scholarship”** (58% vs. 72%). (b) **“I am satisfied with opportunities to collaborate with faculty in my primary department/unit”** (58% vs. 66%). (c) **“I am satisfied with opportunities to collaborate with faculty in other units at my institution”** (64% vs. 73%). (d) **“My chair/director/dean creates a collegial and supportive environment”** (70% vs. 76%). (e) **“My chair/director/dean helps me obtain the resources I need”** (54% vs. 63%). (f) **“My department is a good fit for me”** (69% vs. 77%). (g) **“My department is a place where individual faculty may comfortably raise personal and/or family responsibilities”** (62% vs. 75%). (h) **“I feel that the climate and opportunities for female faculty in my department/unit are at least as good as those for male faculty”** (54% vs. 72%). (i) **“I feel that the climate and opportunities for minority faculty in my department/unit are at least as good as those for nonminority faculty”** (49% vs. 69%). (j) **“The academic leadership is effective”** (64% vs. 72%). (k) **“The administration is effective”** (64% vs. 71%). (l) **“Commitment to diversity is demonstrated”** (60% vs. 77%). (m) **“I am proud to tell people that I work at Duke”** (82% vs. 90%). In addition, nonclinical women were more likely to indicate agreement to 3 negatively worded statements: (a) **“I feel excluded from an informal network in my department/unit”** (36% vs. 23%). (b) **“I have to work harder than some of my colleagues to be perceived as a legitimate scholar”** (44% vs. 26%). And (c) **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit”** (30% vs. 15%).

²⁸ Sub-analyses showed that women in Humanities, Natural Sciences, Engineering, and Business in 2015 perceived a notable number of the aspects of their departmental atmosphere less favorably than did their male peers.

- ◆ On a positive note, in comparison to nonclinical women in 2005, Duke nonclinical women in 2015 were significantly less likely to agree that **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit”** (30% vs. 51%). Also, they were more likely than nonclinical women in 2010 to agree that **“My chair/director/dean creates a collegial and supportive environment”** (70% vs. 66%), although the difference was not statistically significant.
- D. Mentoring.** Among Duke nonclinical respondents, roughly 33% of women and 19% of men in 2015 indicated having had one or more formal mentors, compared to 28% of women and 25% of men in 2010 who indicated so. Also, approximately 81% of women and 65% of men in 2015 indicated having had one or more informal mentors, compared to 72% of women and 58% of men in 2010 who indicated so. Roughly 47% of women and 54% of men in 2015 indicated having received adequate mentoring, compared to 42% of women and 47% of men in 2010 who indicated so.²⁹
- ◆ Roughly 69% of Duke nonclinical women in 2015 indicated having **served as mentors** to other faculty members, compared with 70% of nonclinical men who indicated so.
 - ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on 6 aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that Duke nonclinical women were more likely than nonclinical men to indicate having sought mentoring in all areas: (a) **allocating time among work-related activities** (43% vs. 26%), (b) **obtaining needed resources for research** (64% vs. 52%), (c) **publishing scholarly work** (54% vs. 46%), (d) **teaching** (61% vs. 48%), (e) **earning promotion and tenure** (69% vs. 55%), and (f) **navigating department or disciplinary politics** (62% vs. 49%). Of the 6 areas, those who sought mentoring found the mentoring they received on earning promotion and tenure most helpful, and allocating time among work-related activities not so helpful.
 - ◆ Both Duke nonclinical women and men were similarly likely to indicate that the **formal mentors** chosen by themselves were more helpful than the formal mentors assigned to them. Women were, however, more likely than men to find **informal mentors** from inside and outside Duke helpful.
- E. Promotion/Tenure.** In general, Duke nonclinical women were less likely than men to perceive that the criteria for promotion (2010 = 50% vs. 63%; 2015 = 47% vs. 55%) and tenure (2010 = 61% vs. 73%; 2015 = 64% vs. 72%) were clearly communicated over the years.³⁰ Among key items considered in the promotion and

²⁹ In comparison to nonclinical men, Duke nonclinical women in Humanities, Social Sciences, Natural Sciences, Engineering, Basic Sciences, and Business appeared less likely to indicate having received adequate mentoring while at Duke.

³⁰ Sub-analyses showed that women in Engineering and Basic Sciences appeared less likely, although statistically insignificantly, than men to think that the criteria for both promotion and tenure were clearly communicated. Also,

tenure processes, both Duke nonclinical women and men considered that research was highly valued, while women were consistently more likely to perceive that service and mentoring were undervalued for tenure and promotion.

- ◆ With regard to Duke policies on **flexible arrangements, parental leave, and tenure extensions**, Duke nonclinical women in 2015 were similarly likely as men to be aware of the policies but significantly more likely to stress the importance of all three policies.
- ◆ In comparison to nonclinical men, Duke nonclinical women in 2015 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 (30% vs. 14%). Also, they were more likely to indicate having had their **tenure clock slowed or stopped** for personal reasons since they started working at Duke (16% vs. 5%).

F. Hiring/Retention. Roughly 25% of Duke nonclinical women in 2015 indicated having received a formal or informal job offer that they took to their department/unit chair/dean in the last 5 years, while 22% of nonclinical men indicated so, and the outside job offer resulted notably in adjustments to salary.³¹ In comparison to nonclinical men, Duke nonclinical women showed lower likelihood of staying at Duke.³²

- ◆ When asked how likely they would leave their institution in the next three years, roughly 51% of Duke nonclinical women in 2015 indicated they were **unlikely to leave**, compared with 56% of nonclinical men who indicated so. While roughly 23% of men indicated they were likely to leave, 28% of women reported so. This pattern is similar to that of 2010.
- ◆ In comparison to nonclinical men, Duke nonclinical women in 2015 were more likely to indicate **improving their prospects for tenure, finding a more supportive environment, reducing stress, addressing child-related issues, handling other family-related issues, and retirement** as their major reasons to leave.
- ◆ Approximately 60% of Duke nonclinical women indicated that they met with their **academic supervisor** (e.g., department chair, division head, and director) at least once per year to discuss their job performance and satisfaction, compared to 55% of men who indicated so. Also, 81% of women indicated the feedback from their supervisor was fair and useful, compared to 90% of men who indicated so.

women in Social Sciences, Natural Sciences, Divinity, and Business seemed less likely than men to think that the criteria for promotion were clearly communicated.

³¹ In comparison to nonclinical women in 2010, a larger proportion of Duke nonclinical women in 2015 indicated that they had received a formal or informal job offer in the last 5 years (25% vs. 19%), while a smaller proportion of nonclinical men in 2015 indicated so in comparison to nonclinical men in 2010 (22% vs. 25%).

³² In comparison to men, Duke women in Social Sciences in 2015 were more likely to leave Duke in the next 3 years (38% vs. 29%), while Duke women in Nursing were less likely to indicate so (20% vs. 80%).

G. Life outside the Institution. Among Duke nonclinical faculty, women were in general more likely than men to indicate managing household responsibilities, childcare, care of sick relatives, and cost of living as their major sources of stress in their life outside the institution.

- ◆ Among Duke nonclinical respondents, roughly 81% of women in 2015 indicated having a **spouse or domestic partner**, compared to 93% of men who indicated so. For those who indicated having a spouse or domestic partner, women were more likely to report that their spouse or domestic partner was currently **employed** (82% vs. 61%) and was a **faculty member** (39% vs. 22%). Also, 35% of women indicated their spouse or partner were working or studying at Duke, compared to 31% of men who indicated so.
- ◆ Approximately 17% of Duke nonclinical women and 7% of nonclinical men indicated having a **commuting relationship** with their spouse or partner. In comparison to Duke nonclinical men, Duke nonclinical women were slightly less likely to indicate that their spouse or partner had **problems finding an appropriate job** in the area (27% vs. 31%). Roughly 67% of Duke nonclinical women in 2015 indicated that their spouses/domestic partners were satisfied with their **employment situation**, compared to 58% of nonclinical men who indicated so. With respect to the **spouse or domestic partner benefits**, nonclinical women and men indicated similarly high levels of satisfaction (66% vs. 67%).
- ◆ Duke nonclinical women were in general less likely than nonclinical men to report having **kids** (69% vs. 82%) or having kids who were **13 years old or older**. Roughly 19% of nonclinical women indicated they were currently **caring for sick relatives**, while 18% of nonclinical men indicated so.
- ◆ Among Duke nonclinical faculty, women were less likely than men to be **full professors** (35% vs. 58%), but more likely to be **associate professors** (30% vs. 23%), **assistant professors** (30% vs. 19%) and **instructors** (5% vs. 1%).
- ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, roughly 67% of nonclinical women indicated they were somewhat or very satisfied, compared to 71% of nonclinical men who indicated so. Approximately 66% of nonclinical women indicated they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke, compared to 80% of nonclinical men who indicated so.

III. Key Findings by Race/Ethnicity

A. Satisfaction. Among Duke nonclinical racial/ethnic groups, Black and Hispanic faculty were similarly highly satisfied with most aspects of their professional and intellectual life as White faculty. Of 26 satisfaction items, significant differences were found mainly between Asian and White faculty in more than two-thirds of the areas, and most of the differences seemed to persist over the years.

- ◆ In comparison to nonclinical White faculty, Black faculty in 2015 indicated higher satisfaction in 3 areas (i.e., **teaching responsibilities, access to teaching assistants, and computing support staff**).³³ Of the 26 areas, they indicated noticeably lower satisfaction in 12 areas (i.e., **being a faculty member at Duke, the resources for research and scholarship, salary, start-up funds, benefits package, support for securing funds, quality of undergraduate students, committee and administrative responsibilities, opportunities to collaborate with undergraduates in research, intellectual stimulation of work, office space, and lab or research space**), but the differences were not statistically significant.
- ◆ In comparison to nonclinical White faculty, Hispanic faculty in 2015 indicated similarly high or higher satisfaction in 15 of 26 areas. Notably, they indicated visibly higher satisfaction in 6 areas (i.e., **start-up funds, teaching responsibilities, quality of undergraduate students, quality of graduate/professional students, opportunities to collaborate with undergraduates in research, and classroom space**). Of the 26 areas, they indicated noticeably lower satisfaction in 8 areas (i.e., **being a faculty member, the resources for research and scholarship, the resources for teaching, support for securing grants, intellectual stimulation of work, availability of nearby parking, quality of dining options, and computing resources**).³⁴
- ◆ In comparison to nonclinical White faculty, Duke Asian faculty in 2015 indicated significantly lower satisfaction in 18 of 26 areas: (a) **being a faculty member at Duke**, (b) **the resources for research and scholarship**, (c) **salary**, (d) **start-up funds**, (e) **benefits package**, (f) **support for securing funds**, (g) **teaching responsibilities**, (h) **quality of undergraduate students**, (i) **quality of graduate/professional students**, (j) **opportunities to collaborate with undergraduates in research**, (k) **intellectual stimulation of work**, (l) **availability of nearby parking**, (m) **office space**, (n) **quality of dining options**, (o) **library resources**, (p) **computing resources**, (q) **technical and research staff**, and (r) **other resources to support research**.
- ◆ When checking the proportion of respondents in 2015 who indicated dissatisfaction with various aspects of their professional and intellectual life at Duke, we found that among nonclinical faculty more than 30% of faculty of color indicated dissatisfaction with **salary** (Asian 30%, Black 39%, & Hispanic 35%). In addition, a large proportion of Duke Hispanic respondents indicated dissatisfaction with **the resources for research and scholarship** (33%), **quality of dining options** (33%), **availability of nearby parking** (33%), and **space for postdocs and graduate/professional students** (33%), while Black and White respondents indicated dissatisfaction with time available for scholarly work (30% for both).

³³ Duke nonclinical Black faculty also indicated higher satisfaction with computing support staff than did Asian faculty.

³⁴ Duke nonclinical Hispanic faculty also indicated higher satisfaction with benefits package, teaching responsibilities, quality of undergraduate students, and quality of graduate/professional students than did Asian faculty.

- ◆ An examination of the results over the years showed that in comparison to the 2005 respondents, Duke Black faculty in 2015 indicated noticeably higher satisfaction with **technical and research staff** (71% vs. 46%), and Duke Hispanic faculty in 2015 indicated considerably higher satisfaction in 6 areas: (a) **salary** (65% somewhat or very satisfied vs. 14%), (b) **benefits package** (100% vs. 57%), (c) **quality of undergraduate students** (100% vs. 57%), (d) **quality of graduate students** (93% vs. 43%), (e) **space for postdocs and graduate/professional students** (67% vs. 14%), and (f) **computing resources** (59% vs. 0%).

- B. Workload.** Duke nonclinical faculty from each racial/ethnic group were similarly likely to indicate their workload was about right (Black 53%, Asian 57%, Hispanic 56%, & White 59%). In comparison to the 2010 survey results, the proportion of Hispanic faculty in 2015 who indicated their workload was too heavy increased considerably, up from 26% to 44%.³⁵

- ◆ Over the years, among Duke nonclinical faculty, Black faculty were less likely than White faculty to agree that **“My workload is the same as other faculty of my rank in my department or unit”** and that **“I have enough time to manage both my responsibilities as a faculty member and my personal/family responsibilities.”** Of all nonclinical racial/ethnic groups, White faculty were most likely to disagree that **“I would be happier at an institution with a lower level of stress due to time conflicts between work and personal/family responsibilities.”**

- ◆ Duke nonclinical 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, Black nonclinical faculty were more likely than Asian and White faculty to indicate teaching **undergraduate classes** and also more likely than Asian faculty to serve on **university/school/divisional committees**, and Hispanic faculty were more likely than all other racial/ethnic groups to serve as advisors to **postdoctoral associates or fellows** and also more likely than Asian and White faculty to serve on **external committees or boards related to their discipline**.

- ◆ With respect to engagement in scholarly activities, Duke nonclinical Black faculty appeared less likely than Asian and White faculty to indicate having submitted **papers** for publication and presentation and **grant proposals** in the past 12 months but more likely to indicate having submitted **other scholarly or creative works** for review.³⁶ Also, they seemed more likely than Hispanic faculty to indicate having submitted **book chapters** for review.

³⁵ As the number of Hispanic respondents was relatively small, this finding should be interpreted with caution.

³⁶ An examination of the respondents by department showed that a large proportion of nonclinical Black respondents were from the Department of African and African American Studies (Black 67% vs. White 33%) and the Dance Department (Black 50%, Asian 25%, & White 25%).

- ◆ Of all Duke nonclinical faculty, Black faculty in 2015 were most likely to spend a large proportion of their work week on **teaching** (Black 28%, White 25%, Asian 21%, & Hispanic 20%) and **administrative responsibilities and university service** (Black 22%, White 17%, Asian 16%, & Hispanic 14%) but least likely to spend a large proportion of their work week on **scholarship or research** (Black 24%, Hispanic 30%, White 31%, & Asian 37%). In comparison to Asian and White faculty, Duke Black and Hispanic faculty appeared more likely to spend time on **community activities** in a typical week outside of work (Black 8 hours, Hispanic 8, White 5, & Asian 3).
- ◆ With respect to sources of work-related stress, Duke Black nonclinical faculty in 2015 were more likely than White and Asian faculty to perceive **timing of departmental meetings and functions** to be highly stressful. Also, they were more likely than Asian faculty to find **committee and/or administrative responsibilities** stressful.

C. Departmental Atmosphere. In general, Duke nonclinical faculty in 2015 from each racial/ethnic group viewed most aspects of their departmental atmosphere quite favorably, and only a few significant differences were noted mainly between Black faculty and White and Asian faculty. In comparison to White and Asian faculty, Duke Black faculty were more likely to agree that “I have to work harder than some of my colleagues to be perceived as a legitimate scholar,” but less likely to agree that “I feel that the climate and opportunities for minority faculty in my department/unit are at least as good as those for nonminority faculty” and that “Commitment to diversity is demonstrated.” Of all racial/ethnic groups, Duke Asian faculty were most likely to agree that “I feel that the climate and opportunities for female faculty in my department/unit are at least as good as those for male faculty.”

- ◆ Trend analysis showed that notably, a decreasingly smaller proportion of Duke nonclinical Black faculty indicated agreement to the statement “**My colleagues value my research/scholarly**” (2005 = 80%, 2010 = 63%, & 2015 = 52%), while an increasingly larger proportion of them agreed that “**I have to work harder than some of my colleagues to be perceived as a legitimate scholar**” (2005 = 45%, 2010 = 55%, & 2015 = 58%).³⁷
- ◆ Similarly, a decreasingly smaller proportion of Duke nonclinical Hispanic faculty indicated agreement to the statement “**My colleagues value my research/scholarship**” (2005 = 71%, 2010 = 65%, & 2015 = 54%). On a positive note, however, a considerably smaller proportion of Duke Hispanic faculty in 2015 indicated agreement to the statement “**Women faculty with family responsibilities are viewed or treated differently than**

³⁷ A larger proportion of nonclinical White faculty also agreed that “I have work harder than some of my colleagues to be perceived as a legitimate scholar” (2005 = 24%, 2010 = 24%, & 2015 = 32%).

men faculty with family responsibilities” (2005 = 29%, 2010 = 31%, & 2015 = 8%).³⁸

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

- ◆ Duke nonclinical faculty from each racial/ethnic group were similarly likely to indicate that they had **served as mentors** to other faculty members while at Duke (Black 69%, Asian 66%, Hispanic 64%, & White 70%).
- ◆ Of Duke nonclinical faculty in 2015, Asian faculty were most likely to indicate having had one or more **formal mentors** (Asian 33%, Hispanic 31%, Black 28%, & White 23%), while Black faculty were most likely to indicate having had **informal mentors** (Black 92%, Asian 73%, White 70%, & Hispanic 64%).
- ◆ When asked whether they felt as though they had received **adequate mentoring** while at Duke, Duke nonclinical Hispanic faculty were most likely to indicate that they had received adequate mentoring (Hispanic 79%, White 51%, Black 50%, & Asian 50%).
- ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on 6 aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that among Duke nonclinical faculty, Black faculty were most likely to indicate having sought mentoring **earning promotion and tenure** (Black 79%, Asian 64%, Hispanic 60%, & White 59%), while Hispanic faculty were most likely to seek mentoring on **obtaining resources for research** (Hispanic 90%, Black 71%, Asian 61%, & White 55%). Also, Black and Hispanic faculty who sought mentoring found the mentoring they received in their respective aforementioned areas most helpful.

E. Promotion/Tenure. Among Duke nonclinical racial/ethnic groups, Hispanic faculty were most likely to agree that the criteria for tenure were clearly communicated (Hispanic 80%, White 70%, Asian 65%, & Black 61%), while White faculty were most likely to agree that the criteria for promotion were clearly communicated (White 54%, Hispanic 50%, Black 46%, & Asian 42%). 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 mentoring was undervalued for both tenure and promotion, Asian faculty were most likely to consider that teaching and mentoring were valued appropriately

³⁸ Also, a smaller proportion of nonclinical White faculty in 2015 agreed that “Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities” (2005 = 37%, 2010 = 18%, & 2015 = 20%). In addition, they were more likely than the 2005 respondents to agree that “My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities” (2005 = 67%, 2010 = 67%, & 2015 = 71%) and that “Commitment to diversity is demonstrated” (2005 = 66%, 2010 = 68%, & 2015 = 72%).

- for both tenure and promotion. Also, Hispanic faculty were most likely to perceive that teaching was undervalued for tenure and that service was undervalued for promotion.
- ◆ 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. Black faculty were most likely to stress the importance of parental leave and tenure clock extensions, while Hispanic faculty were most likely to stress the importance of flexible work arrangements.
- F. Hiring/Retention.** Duke nonclinical Hispanic faculty in 2015 appeared more likely than all other faculty to indicate having received an outside offer in the last five years (Hispanic 46%, Black 24%, White 23%, & Asian 21%). The outside offer resulted notably in adjustments to salary and lab start-ups for Hispanic faculty. Among Duke nonclinical racial/ethnic groups, Hispanic faculty were most likely to indicate they would leave Duke in the next 3 years, while Asian faculty were least likely to indicate so (Hispanic 36%, Black 28%, White 26%, & Asian 18%).
- ◆ Of Duke nonclinical racial/ethnic groups, Black faculty in 2015 were most likely to indicate **finding a more supportive environment** (Black 63%, Hispanic 62%, Asian 56%, & White 51%) and **enhancing their career in other ways** (Black 93%, Hispanic 85%, White 77%, & Asian 76%) as their reasons to leave. Hispanic faculty were most likely to indicate **increasing their time to do research** (Hispanic 69%, Asian 54%, White 45%, & Black 35%), while White faculty were most likely to cite **retirement** (White 27%, Black 9%, Hispanic 9%, & Asian 5%) as their reasons to leave.
 - ◆ An examination of the recent two survey results showed that the proportion of Duke nonclinical Black and Hispanic faculty in 2015 (Black 93%, Hispanic 85%, White 77%, & Asian 76%) indicating **enhancing their career in other ways** increased noticeably in comparison to the 2010 results (Black 75%, Hispanic 71%, White 72%, & Asian 73%).
 - ◆ Of all nonclinical racial/ethnic groups, Asian faculty were most likely to indicate that they met with their **academic supervisor** (e.g., department chair, division head, and director) at least once per year to discuss their job performance and satisfaction (Asian 61%, Black 56%, White 56%, & Hispanic 50%), while White faculty were most likely to indicate the feedback from their supervisor was fair and useful (White 87%, Asian 85%, Black 71%, & Hispanic 71%).
- G. Life outside the Institution.** Of all nonclinical racial/ethnic groups, Duke Black faculty in 2015 were most likely to perceive their life outside the institution to be stressful. Notably, in comparison to White faculty, they (and Hispanic faculty as well) in 2015 were more likely to indicate the cost of living as a source of stress.
- ◆ Among Duke nonclinical racial/ethnic groups, Black and White faculty appeared less likely than Asian and Hispanic faculty to indicate having a **spouse/domestic partner**

(Black 86%, White 87%, Asian 93%, & Hispanic 93%). Of all nonclinical racial/ethnic groups, Hispanic faculty were most likely to indicate that their spouses were currently **employed** (Hispanic 77%, Asian 76%, Black 73%, & White 67%) and that their spouses/partners were satisfied with their **employment situation** (Hispanic 73%, White 62%, Asian 57%, & Black 55%). In comparison to White faculty, Duke faculty of color were less likely to indicate satisfaction with the **spouse/partner benefits** (Black 41%, Asian 50%, Hispanic 50%, & White 71%).

- ◆ Among all nonclinical racial/ethnic groups, Duke Hispanic faculty appeared most likely to report that they had a **commuting relationship** with their spouse/partner (Hispanic 33%, Asian 18%, White 15%, & Black 11%). Compared with White and Black faculty, Duke Hispanic and Asian faculty were more likely to indicate that their spouse/domestic partner had **problems finding an appropriate job** in the area (Hispanic 40%, Asian 43%, Black 33%, & White 24%), but they were all similarly likely to indicate that they were currently **caring for sick relatives** (Hispanic 17%, Asian 22%, Black 16%, & White 18%).
- ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, all nonclinical racial/ethnic groups had similar responses. While no significant difference was found, the proportion of Black faculty who indicated “very satisfied” in this regard was relatively small (Black 8%, Asian 29%, White 34%, & Hispanic 39%). Among the nonclinical racial/ethnic groups, White faculty were most likely to indicate they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke, while Black faculty were least likely to indicate so (White 75%, Asian 72%, Hispanic 69%, & Black 63%).

IV. Key Findings by Rank³⁹

A. Satisfaction. In general, Duke nonclinical faculty from each rank in 2015 viewed most aspects of their professional and intellectual life very favorably, and only a few significant differences were noted.

- ◆ Among Duke nonclinical respondents, full professors in 2015 were most likely to indicate high levels of satisfaction with **salary, availability of nearby parking, and office space**, while instructors were least likely to indicate so. Also, in comparison to associate professors, full professors indicated higher satisfaction with **start-up funds and time available for scholarly work**, and assistant professors scored higher on **support for securing grants**.⁴⁰

³⁹ For the analysis by rank, we grouped respondents into 4 categories: (a) Professor, (b) Associate Professor, (c) Assistant Professor, and (d) Other. Instructors and lecturers were included in the “Other” category, and for brevity, we used “instructors” to refer to the respondents in the “Other” category.

⁴⁰ 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 nonclinical instructors indicated dissatisfaction in three areas: (a) availability of nearby parking (40%), (b) time available for scholarly work (42%), and (c) salary (62%).

- ◆ In comparison to their corresponding 2005 respondents, Duke full, associate, and assistant professors in 2015 indicated higher satisfaction with **classroom space, space for postdocs and graduate/professional students, library resources, clerical and administrative staff, and technical and research staff.** ⁴¹ In addition, Duke associate and assistant professors in 2015 indicated higher satisfaction with **benefits package** than did the corresponding 2005 respondents; and Duke full professors in 2015 indicated higher satisfaction with **benefits package** than the corresponding 2010 respondents.
- B. Workload.** Of all Duke nonclinical faculty, instructors were most likely to indicate that their overall workload was about right, while associate professors were least likely to indicate so (Other 74%, Professor 61%, Assistant Professor 55%, & Associate Professor 54%). In comparison to the 2010 respondents, the proportion of instructors who indicated that their overall workload was about right showed a double increase, up from 35% in 2010 to 74% in 2015.⁴²
- ◆ 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, and to indicate that their **undergraduate classes were close to their research interests**, and to serve as **advisors** to undergraduate and informal students.
 - ◆ As can be expected, among Duke nonclinical faculty, full and associate professors were more likely than assistant professors and instructors to serve on **external committees** or boards related to their discipline. Also, full and associate professors were more likely than assistant professors to serve on **university/school/division committees**. In addition, 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.
 - ◆ Duke nonclinical full 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 **book chapters** for review in the past 12 months. In addition, assistant, associate, and full professors were more likely than instructors to indicate having submitted **grant proposals** in the past 12 months, while instructors were more likely to indicate having submitted **other scholarly or creative works** for review.
 - ◆ With respect to time use, among Duke nonclinical faculty, assistant, associate, and full professors were more likely than instructors to report spending **hours working in a typical week** (Assistant Professor 57, Associate Professor 55, Professor 56, & Other 48). Sub-analyses showed that in comparison to assistant, associate, and full professors, instructors

⁴¹ Duke nonclinical instructors in 2015 also indicated higher satisfaction with library resources than did the corresponding 2005 respondents. On a negative note, in comparison to the corresponding 2005 respondents, Duke nonclinical full professors in 2015 indicated lower satisfaction with advising responsibilities.

⁴² As the number of instructors was relatively small, this finding should be interpreted with caution.

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 services** and **fulfilling administrative responsibilities**, assistant professors were more likely to spend time on **scholarship or conducting research**.

- ◆ With respect to time on other responsibilities and activities, Duke nonclinical associate professors in 2015 were more likely than full and assistant professors to indicate spending time on **domestic responsibilities**. Also, they were more likely than full professors to spend time with their **family** and more likely than assistant professors to devote time to **community work/activities**.
- ◆ In terms of work-related stress, Duke nonclinical assistant 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.
- ◆ With regard to **overall workload and responsibilities**, sub-analyses showed that Duke nonclinical assistant 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.”**

C. Departmental Atmosphere. In general, Duke nonclinical full professors viewed their departmental atmosphere more favorably than other faculty members in most areas. Notably, 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.

- ◆ Among Duke nonclinical faculty, full professors were most likely to indicate agreement to 3 positive statements: (a) **“I have a voice in the decision-making that affects the direction of my department/unit.”** (b) **“I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member.”** And (c) **“My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling departmental/unit obligations.”** Meanwhile, they were least likely to agree to 3 negatively worded statements: (a) **“I feel excluded from an informal network in my department/unit.”** (b) **“I have to work harder than some of my colleagues to be perceived as a legitimate scholar.”** And (c) **“Women faculty with family responsibilities**

are viewed or treated differently than men faculty with family responsibilities in my academic unit.”

- ◆ Also, in comparison to associate professors, assistant professors were more likely to agree that **“My chair/director/dean helps me obtain the resources I need”** and that **“The academic leadership is effective (chair, associate chair, executive officer).”** Moreover, in comparison to associate professors and instructors, full professors were more likely to agree that **“I feel that the climate and opportunities for female faculty in my department/unit are at least as good as those for male faculty.”** (b) **“I feel that the climate and opportunities for minority faculty in my department/unit are at least as good as those for nonminority faculty.”** In addition, they were more likely than associate professors to agree that **“Commitment to diversity is demonstrated.”**
- ◆ Of all ranks, Duke nonclinical instructors were least likely to agree that **“My colleagues value my research/scholarship”** but most likely to agree that **“I have to work harder than some of my colleagues to be perceived as a legitimate scholar.”**
- D. **Mentoring.** Of all Duke nonclinical faculty, full professors were most likely to indicate having served as mentors to other faculty members (Professor 89%, Associate Professor 73%, Other 44%, & Assistant Professor 27%); assistant professors were most likely to indicate having had one or more formal mentors (Assistant Professor 48%, Other 28%, Associate Professor 23%, & Professor 14%) and informal mentors (Assistant Professor 90%, Associate Professor 78%, Other 78%, & Professor 59%) and that they had received adequate mentoring while at Duke (Assistant Professor 65%, Professor 50%, Associate Professor 44%, & Other 33%). In comparison to the 2010 survey results, a larger proportion of Duke assistant, full professors, and instructors in 2015 indicated having received adequate mentoring while at Duke.
- ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on 6 aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that among Duke nonclinical faculty, Duke assistant professors were most likely to indicate having sought mentoring on **obtaining needed resources for research** (Assistant Professor 83%, Associate Professor 65%, Other 50%, & Professor 41%), **earning promotion and tenure** (Assistant Professor 81%, Associate Professor 81%, Professor 42%, & Other 41%), **publishing scholarly work** (Assistant Professor 78%, Associate Professor 57%, Professor 32%, & Other 29%), and **allocating time among work-related activities** (Assistant Professor 57%, Other 44%, Associate Professor 41%, & Professor 16%). Also, they found the mentoring they received in those areas to be helpful. Of all ranks, instructors were most likely to seek mentoring on **teaching** (Other 79%, Assistant Professor 68%, Associate Professor 65%, & Professor 40%) and **navigating department or disciplinary politics** (Other 72%, Assistant Professor 66%, Associate Professor 60%, & Professor 45%) and to perceive the mentoring they received in those areas to be helpful.

- ◆ In general, Duke nonclinical professors at all rank levels 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.** Among Duke nonclinical faculty, full professors appeared more likely than other faculty members to agree that the criteria for promotion (Professor 66%, Associate Professor 39%, & Assistant Professor 37%) and tenure (Professor 78%, Associate Professor 61%, & Assistant Professor 53%) were clearly communicated. Among key items considered in the promotion process, assistant, associate, and full professors were more likely than instructors to indicate that research was highly valued, 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 for promotion. Among key items considered in the tenure process, professors at all rank levels were similarly likely to indicate that research was more highly valued than teaching, service, and mentoring, while associate professors were more likely than full professors to indicate that teaching, service, and mentoring were more undervalued than valued appropriately for tenure.

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

- F. Hiring/Retention.** Among Duke nonclinical faculty, associate professors were most likely to indicate having received an outside job offer (Professor 24%, Associate Professor 29%, Assistant Professor 17%, & Other 22%), which resulted noticeably in adjustments to salary for full and associate professors. In comparison to full professors, Duke faculty at all other rank levels, especially assistant professors, showed lower likelihood to stay.

- ◆ When asked how likely they would **leave** their institution in the next three years, roughly 59% of Duke nonclinical full professors, 50% of associate professors, 48% of assistant professors, and 50% 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 17%, Associate Professor 29%, Professor 24%, & Other 22%).⁴³ Among those

⁴³ In comparison to the 2010 survey results, the 2015 survey results showed that a larger proportion of Duke nonclinical assistant professors (17% vs. 12%) and associate professors (29% vs. 26%) indicated they were likely to

who indicated they were likely to leave, Duke assistant and associate professors and instructors were more likely than full professors to indicate **improving their prospects for tenure** and **reducing stress**, but less likely than full professors to indicate **retirement**, as their reasons to leave. In addition, associate professors were more likely than full professors to cite **increasing their salary** and **finding a more supportive environment** as their reasons to leave.⁴⁴ Of all ranks, instructors were most likely to cite **pursuing a nonacademic job** and **addressing child-related issues** as their reasons to leave.

- ◆ Of all ranks, Duke nonclinical assistant professors were most likely to indicate that they met with their **academic supervisor** (e.g., department chair, division head, and director) at least once per year to discuss their job performance and satisfaction (Assistant Professor 79%, Associate Professor 58%, Other 50%, & Professor 46%), while faculty at all rank levels were similarly likely to indicate the feedback from their supervisor was fair and useful (Professor 88%, Associate Professor 84%, Assistant Professor 85%, & Other 88%).

G. Life outside the Institution. Among Duke nonclinical faculty, assistant and associate 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, full and associate professors were more likely to indicate taking care of sick relatives as one of the sources of stress in their life outside the institution. In addition, associate professors and instructors were more likely than full professors to cite coping with personal daily financial responsibilities as one of their sources of stress.

- ◆ Of Duke nonclinical faculty, associate professors were most likely to indicate that they had a **spouse or domestic partner**, while instructors were least likely to indicate so (Associate Professor 93%, Professor 90%, Assistant Professor 82%, & Other 65%). For those who had a spouse or partner, instructors were most likely to indicate their spouse or partner was **currently employed** (Other 92%, Associate Professor 79%, Assistant Professor 76%, & Professor 60%).
- ◆ Among Duke nonclinical faculty, instructors were most likely to indicate that they had a **commuting relationship** with their spouse or partner (Other 30%, Associate Professor 18%, Assistant Professor 14%, & Professor 14%). Duke instructors and assistant professors were more likely than full and associate professors to indicate that their spouse or partner had problems **finding a job in the area** (Other 40%, Assistant Professors 39%, Associate Professor 28%, & Professor 25%). Among Duke nonclinical professors, assistant professors were least likely to indicate that their spouse/partner was satisfied with their **employment situation** (Assistant Professor 40%, Professor 61%, Other 62%, & Associate

leave Duke in the next three years, while the proportion of full professors who indicated so remained unchanged at 24% and the proportion of instructors who indicated so decreased by 11 percentage points (22% vs. 33%).

⁴⁴ Duke nonclinical instructors were also more likely than full professors to cite increasing their salary as one of their reasons to leave.

Professor 63%) and **spouse/partner benefits** (Assistant Professor 52%, Associate Professor 63%, Professor 75%, & Other 80%).

- ◆ 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. Compared with assistant professors, a larger proportion of Duke associate and full professors and instructors indicated that they were currently **caring for sick relatives** (Professor 20%, Associate Professor 20%, Assistant Professor 12%, & Other 22%).
- ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, among Duke nonclinical faculty, full professors were most likely to indicate they were somewhat or very satisfied, while assistant professors were least likely to indicate so (Professor 76%, Other 67%, Associate Professor 64%, & Assistant Professor 62%). Also, full professors were most likely to indicate they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke, while instructors were least likely to choose to do so (Professor 81%, Assistant Professor 71%, Associate Professor 67%, & Other 56%).

Conclusion

Overall, Duke nonclinical faculty in 2015 evaluated their daily experiences very positively. Our trend analysis showed that Duke had made notable improvements in many areas and also revealed areas that needed further improvement, as outlined in this Summary of Key Findings.

Next step. As with other institutional surveys, the analysis of the Faculty Survey is an ongoing process. The data we have collected over the years are a rich source of information and can be utilized to help address the institution's inquiries and self-improvement activities. We will conduct sub-analyses of the survey data by school and/or department, which may also lead to interesting findings and provide us a nuanced understanding of the survey.

2015 Clinical Faculty Survey Highlights

909 of 1889 Duke clinical faculty participated in the 2015 Faculty Survey, with a response rate of roughly 48%. 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 2015 Faculty Survey			
	Survey #	Survey %	Actual %
Gender			
Male	504	55.4%	61.0%
Female	405	44.6%	39.0%
Race/Ethnicity			
Asian	144	15.8%	15.8%
Black	37	4.1%	4.4%
Hispanic	13	1.4%	1.6%
White	715	78.7%	78.1%
Rank			
Professor	231	25.4%	22.6%
Associate Professor	222	24.4%	24.7%
Assistant Professor	383	42.1%	45.1%
Other Regular Rank	73	8.0%	7.7%

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 full professors responded to the survey, a slightly smaller proportion of men 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 the questions that were included in the 2005 and 2010 versions of the Faculty Survey. As the 2005 survey instrument was dramatically different from those of the 2010 and 2015 survey instruments, only a few items from many parts of the 2005 survey were available for comparison. For this reason, our historical comparisons focused on the 2010 and 2015 survey results. We also conducted analyses by subgroups of interest (i.e., by gender, race/ethnicity, and rank) for a nuanced understanding of the survey results.

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 to gauge statistically significant findings.⁴⁵ 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.

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

I. Key Findings-All Respondents

A. Satisfaction. A set of 26 questions in the 2015 Clinical 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 comparison to the 2005 and 2010 results, Duke clinical faculty in 2015 indicated lower satisfaction with being a faculty member at Duke (2015 = 70% somewhat or very satisfied, 2010 = 76%, & 2005 = 77%). Also, they (and the 2010 respondents as well) indicated higher levels of satisfaction with the resources for their research and scholarship than did the 2005 respondents (2015 = 52%, 2010 = 53%, & 2005 = 41%). As for the resources for teaching, Duke clinical faculty in 2015 indicated similarly high levels of satisfaction as did the 2005 and 2010 respondents (2015 = 39%, 2010 = 43%, & 2005 = 42%).

- ◆ With regard to specific aspects of their professional and intellectual life, Duke clinical faculty in 2015 compared favorably with the 2005 and 2010 respondents in most areas. Notably, in comparison to the 2005 and 2010 respondents, Duke clinical faculty in 2015 indicated higher satisfaction with **space for postdocs and graduate /professional students** and **library resources**. Also, they indicated higher satisfaction with **office space, clerical and administrative staff**, and **technical and research staff** than did the 2005 respondents, and higher satisfaction with **committee/administrative responsibilities, opportunities to collaborate with undergraduates in research**, and **other resources for research** than did the 2010 respondents.
- ◆ Of the specific aspects, on a negative note, Duke clinical faculty in 2015 indicated lower satisfaction in a few areas than did the 2005 and/or 2010 respondents. Notably, they appeared to be less satisfied with (a) **advising responsibilities** than did the 2005 and 2010 respondents, (b) **committee/administrative responsibilities** than did the 2005

⁴⁵ 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.

respondents, and (c) **teaching responsibilities, office space, and availability of nearby parking** than did the 2010 respondents.

B. Workload. Approximately 50% of Duke clinical faculty in 2015 considered their workload was about right, and roughly 49% of them perceived their workload to be too heavy. The responses were approximately the same as in 2010.

- ◆ When asked how many advisees they had, Duke clinical faculty in 2015 reported on average approximately 2 **postdoctoral associates or fellows**, 1 **medical student**, 2 **residents**, and 4 **informal advisees**. In comparison to the 2010 respondents, they appeared to have more informal advisees and postdoctoral associates or fellows. Also, they were more likely than the 2010 respondents to spend time **working** with medical students, residents, and postdoctoral associates or fellows.
- ◆ With respect to service on committees, Duke clinical faculty in 2015 appeared most likely to serve on **departmental committees** and **external committees or boards** related to their disciplines, while least likely to serve on **school committees** or **institute or center committees**.
- ◆ Duke clinical faculty in 2015 were equally likely as the 2010 respondents to indicate having served as **chair of department/unit** and in **other administrative capacities** and having received protected time in exchange for taking on the administrative responsibilities; no significant changes were noted in either regard.
- ◆ A new question in the 2015 survey asked respondents to indicate how willing they were to **assume leadership positions**, if asked to serve. Approximately 76% of Duke clinical faculty indicated they were somewhat or very willing to serve.
- ◆ Duke clinical faculty indicated similarly high engagement in **research and scholarly activities** as the 2010 respondents; no significant difference was noted. In general, they spent a large proportion of their work week on **scholarship or conducting research** (29%) and **clinical work** (36%).
- ◆ With respect to work-related stress, Duke clinical faculty members tended to consider **securing funding for research** and **scholarship productivity** highly stressful and perceived **teaching, advising, and assuming mentoring duties** to be relatively not so stressful.
- ◆ Over the years, Duke clinical faculty were similarly likely to agree that their **workload was the same** as other faculty of their rank in their department or unit and that they **had enough time** to manage both their responsibilities as a faculty member and their personal/family responsibilities. When asked whether they **would be happier at an institution with a lower level of stress** due to time conflicts between work and personal/family responsibilities, however, an increasing proportion of Duke clinical faculty indicated agreement (2005 = 30%, 2010 = 33%, & 2015 = 43%).

- ◆ In comparison to the 2010 respondents, Duke clinical faculty in 2015 indicated spending slightly more time working in a typical work week (59 hours vs. 58), but they spent noticeably less **time with their families** (18 hours vs. 23) and **assuming domestic responsibilities** (15 hours vs. 17).
- C. Departmental Atmosphere.** In general, Duke clinical faculty viewed their departmental atmosphere quite favorably. Notably, they had more favorable perceptions of their departmental atmosphere with respect to scheduling department/unit obligations, departmental leadership, and social places than did the 2005 and/or 2010 respondents.
- ◆ In the 2015 Clinical Faculty Survey, respondents were asked to indicate their agreement to a set of 28 statements concerning the atmosphere of their department or unit. Of these 28 statements, Duke clinical faculty were most likely to agree that **they were proud to tell people that they worked at Duke**. In comparison to the 2005 respondents, they (and the 2010 respondents as well) 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.”** In comparison to the 2010 respondents, they were more likely to agree that **“My chair /director/dean helps me obtain the resources I need”** and that **“There are plenty of places to meet informally and network with my colleagues.”**
 - ◆ On a negative note, Duke clinical faculty in 2015 were less likely than the 2005 respondents to agree that **“My colleagues value my research/scholarship”** (70% vs. 79%) but more likely to indicate that they **had to work harder than some of their colleagues to be perceived as a legitimate scholar** (32% vs. 24%). Also, they were more likely than the 2010 respondents to indicate that **women faculty with family responsibilities** were viewed or treated differently than men faculty with family responsibilities in their academic unit (34% vs. 26%) and that they felt **excluded from an informal network** in their department/unit (28% vs. 22%).
- D. Mentoring.** Roughly 46% of Duke clinical faculty in 2015 indicated that they had received adequate mentoring while working at Duke, compared to 44% of the 2010 respondents who indicated so. Roughly 30% of Duke clinical faculty in 2015 reported having had formal mentoring, while 81% of them indicated having had informal mentoring.⁴⁶

⁴⁶ In comparison to the 2010 survey results with respect to formal and informal mentoring, the proportion of Duke clinical faculty in 2015 reporting having had formal mentoring decreased by 9 percentage points (30% vs. 39%), while the proportion of them indicating having had informal mentoring showed an increase of 5 percentage points (81% vs. 76%).

- ◆ Roughly 66% of Duke clinical faculty in 2015 indicated that they had **served as mentors** to other faculty members, compared to 64% in 2010.
 - ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on 7 aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that approximately 72% of Duke clinical faculty indicated having sought mentoring on **obtaining needed resources for research**; 69% on **earning promotion and tenure**; 67% on **publishing scholarly work**, 59% on **navigating department or disciplinary politics**; 52% on **allocating time among work-related activities**; 48% on **developing reputation outside Duke**; and 43% on **teaching**. Of the 7 areas, those who sought mentoring found the mentoring they received on publishing scholarly work most helpful and teaching not so helpful.
 - ◆ Another new question in the 2015 survey asked respondents to indicate the number of faculty and administrators with whom they had established formal or informal mentoring relationships while at Duke. On average, Duke clinical faculty indicated having established mentoring relationships with roughly 3 people.
 - ◆ Approximately 70% of Duke clinical faculty in 2015 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 81% of Duke clinical faculty in 2015 indicated that they had one or more **informal mentors** both inside and outside Duke, and a large proportion of them indicated that the informal mentoring from the mentors outside Duke was more helpful than the informal mentoring from the mentors inside Duke.
- E. Promotion/Tenure.** Approximately 50% of Duke clinical faculty in 2015 agreed that the criteria for tenure were clearly communicated, while roughly 44% indicated so for the criteria for promotion. Among key items considered in the tenure and promotion processes, Duke clinical faculty perceived that research was highly valued and that teaching, service, mentoring, and clinical work were more undervalued than valued appropriately. Their perceptions in these regards remained virtually unchanged over the years. When asked what changes should be made to improve the promotion and tenure processes, notably more than one-fifth (21%) of clinical faculty suggested improving clarity and communication, and 20% suggested rewarding service.⁴⁷
- ◆ In comparison to the 2005 and 2010 respondents, a larger proportion of Duke clinical faculty in 2015 indicated that the **criteria for tenure** were clearly communicated (2015 = 50%, 2010 = 42%, 2005 = 45%). Also, compared with the 2010 results, a larger

⁴⁷ In comparison to the 2010 results, a smaller proportion of clinical faculty in 2015 suggested improving clarity and communication (21% vs. 36%), but a larger proportion of clinical faculty in 2015 suggested rewarding service (20% vs. 10%).

proportion of Duke clinical faculty in 2015 indicated **research was valued appropriately** in the tenure process (69% vs. 60%). As for the **criteria for promotion**, a smaller proportion of Duke clinical faculty indicated they were clearly communicated (2015 = 44%, 2010 = 54%, 2005 = 47%).

- ◆ As for Duke policies on **flexible work arrangements, parental leave, and tenure clock extensions**, Duke clinical faculty appeared to be more aware of the last two than the first one. In comparison to the 2010 survey results, a notably larger proportion of Duke clinical faculty in 2015 indicated awareness of **flexible work arrangements** and **tenure clock extensions**. 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. Hiring/Retention. When asked how likely they would **leave** their institution in the next three years, roughly 43% of Duke clinical faculty indicated they were unlikely to leave, compared with 49% of the 2010 clinical respondents who indicated so. Approximately 35% of Duke clinical faculty indicated they were likely to leave, while 28% of the 2010 respondents indicated so. Among those who were likely to leave, Duke clinical faculty in 2015, like the 2010 respondents, cited 3 top reasons for leaving: (a) enhancing career in other ways, (b) finding a more supportive work environment, and (c) increasing salary.⁴⁸

- ◆ Roughly 21% of Duke clinical faculty in 2015 indicated having received a formal or informal **job offer** that they took to their department/unit chair/dean in the last 5 years, and the outside job offer resulted notably in adjustments to salary.
- ◆ Approximately 81% of Duke clinical faculty indicated that they met with their academic supervisor (e.g., department chair, division head, and director) at least once per year to discuss their job performance and satisfaction, and 81% of them indicated the feedback from their supervisor was fair and useful.

G. Life outside the Institution. In comparison to the 2005 respondents, Duke clinical faculty in 2015 were less likely to indicate taking care of sick relatives, their own health, personal daily financial responsibilities, and planning/saving for retirement as their sources of stress outside the institution. Also, they were less likely than the 2010 respondents to indicate the last two aforementioned items as their sources of stress outside the institution.

- ◆ Roughly 91% of Duke clinical faculty in 2015 indicated they had a **spouse or partner**, and roughly 70% of them reported that their spouse or partner was **currently employed**.

⁴⁸ To identify factors that were likely to affect faculty likelihood of leaving, we conducted multiple regression analysis, using faculty 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 committee work, but negatively correlated with effectiveness of leadership.

Approximately 63% of them indicated their spouse or partner was **not an academic**, and 26% of them reported their spouse or partner was **working or studying at Duke**.

- ◆ Approximately 66% of Duke clinical faculty in 2015 indicated that their spouses/domestic partners were satisfied with their **employment situation**, compared to 60% of the 2010 respondents who indicated so. Also, 73% of Duke clinical faculty in 2015 indicated that they were satisfied with **spouse or domestic partner benefits**, compared to 67% of the 2010 respondents.
- ◆ Approximately 24% of Duke clinical faculty in 2015 indicated that their spouse/domestic partner **had problems finding an appropriate job** in the area, compared with 26% of the 2010 respondents who indicated so. Roughly 83% of Duke clinical faculty in 2015 reported having **children**, while 86% of the 2010 respondents indicated so.
- ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, roughly 54% of clinical faculty indicated they were somewhat or very satisfied. Also, 63% of them indicated they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke.⁴⁹

II. Key Findings by Gender

A. Satisfaction. Among Duke clinical faculty, women and men in 2015 were similarly highly satisfied with most aspects of their professional and intellectual life, and they differed from each other in their perceptions in 3 areas: In comparison to men, women in 2015 indicated lower satisfaction with their salary, but higher satisfaction with gathering spaces and quality of dining options. Trend analysis showed that in comparison to the corresponding 2005 respondents, women in 2015 indicated lower satisfaction with advising responsibilities, committee and administrative responsibilities, and computing resources, but higher satisfaction with clerical and administrative staff as well as technical and research staff. In comparison to the corresponding 2010 respondents, women in 2015 indicated higher satisfaction with space for postdocs and graduate/professional students and library resources.⁵⁰

⁴⁹ To identify factors that were likely to affect faculty likelihood of endorsement, we conducted multiple regression analysis, using overall satisfaction, faculty workload (i.e., 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 endorsement was strongly, positively related to effectiveness of leadership and sense of community, but negatively correlated with perceived legitimacy and demonstrated diversity.

⁵⁰ Trend analysis showed that in comparison to the corresponding 2005 and 2010 respondents, Duke clinical men in 2015 indicated lower satisfaction with being a faculty member at Duke and advising responsibilities, but higher satisfaction with the resources for research and scholarship. In comparison to the corresponding 2005 respondents, Duke clinical men indicated lower satisfaction with committee and administrative responsibilities, but higher satisfaction with office space, space for postdocs and graduate/professional students, library resources, clerical and administrative staff, and technical and research staff.

- ◆ When checking the proportion of respondents who indicated dissatisfaction with various aspects of their professional and intellectual life at Duke, we found that a notably larger proportion of Duke clinical women in 2015 indicated dissatisfaction with **salary** than did clinical men (39% vs. 30%).
- ◆ **B. Workload.** Roughly 47% of Duke clinical women in 2015 indicated that their overall workload was about right, compared to 53% of clinical men who indicated so.⁵¹ Sub-analyses showed a few significant differences with respect to advising, committee services, scholarly activities, and sources of work-related stress.
- ◆ Over the years, Duke clinical women and men were similarly likely to agree that “**My workload is the same as other faculty of my rank in my department or unit**” and that “**I would be happier at an institution with a lower level of stress due to time conflicts between work and personal/family responsibilities.**” On a negative note, Duke clinical women were less likely than clinical men to agree that “**I have enough time to manage both my responsibilities as a faculty member and my personal/family responsibilities.**”
- ◆ With regard to advising and service, Duke clinical women in 2015 appeared more likely to serve as advisors to **postdoctoral associates or fellows** and to serve on **external committees or boards related to their discipline**. Although statistically significant, the differences were very small.
- ◆ A new question in the 2015 survey asked respondents to indicate how willing they were to **assume leadership positions**, if asked to serve. Duke clinical women and men were similarly likely to indicate that they were somewhat or very willing to serve (76% for both).
- ◆ With respect to scholarly activities, Duke clinical women and men had similar responses in 4 areas; they differed from each other only in 3 areas: In comparison to clinical men, clinical women were less likely to indicate having submitted **papers** for publication or presentation and **other scholarly or creative works** for review in the past 12 months.
- ◆ In a typical work week, Duke clinical women in 2015 reported spending 57 hours **on work**, compared to 60 hours for clinical men who indicated so. With respect to work-related activities, both women and men spent a large proportion of their time **conducting research** (28% vs. 29%) and **doing clinical work** (37% vs. 34%). Also, they spent a similar amount of time working with **medical students** and **residents**, but women were more likely to spend time working with **postdoctoral associates or fellows**. In addition, they were more likely to spend time handling **domestic responsibilities** (16 hours vs. 13), while their amount of time **spent with their families** (18 hours vs. 17), **socializing** (5 hours

⁵¹ The 2015 results by gender were similar to those of 2010 (49% for women and 50% for men).

vs. 6), and **performing community work** (4 hours for both) was about the same as that of clinical men.

- ◆ Among Duke clinical faculty, women appeared more likely to indicate a wide range of sources of stress than did men. Notably, they were more likely to find **timing of departmental meetings and functions, teaching, review/promotion process, and departmental or campus politics** highly stressful. Their stress level on the last two items remained pretty much unchanged over the years.

C. Departmental Atmosphere. Among Duke clinical faculty, women and men viewed their departmental atmosphere similarly favorably in 11 of 28 areas, while they differed from each other in their perception of the rest of areas.

- ◆ In comparison to Duke clinical men, Duke clinical women in 2015 were less likely to agree to 14 positive statements on collegiality, collaboration, and diversity: (a) **“My colleagues value my research/scholarship”** (65% vs. 74%). (b) **“I am satisfied with opportunities to collaborate with faculty in my primary department/unit”** (63% vs. 71%). (c) **“I am satisfied with opportunities to collaborate with faculty in other units at my institution”** (62% vs. 72%). (d) **“My chair/director/dean creates a collegial and supportive environment”** (56% vs. 63%). (e) **“I have a voice in the decision-making that affects the direction of my department/unit”** (39% vs. 48%). (f) **“I feel that the climate and opportunities for female faculty in my department/unit are at least as good as those for male faculty”** (45% vs. 69%). (g) **“I feel that the climate and opportunities for minority faculty in my department/unit are at least as good as those for nonminority faculty”** (44% vs. 65%). (h) **“The chair is effective”** (55% vs. 63%). (i) **“Commitment to diversity is demonstrated in my department”** (56% vs. 68%). (j) **“Commitment to diversity is demonstrated in my division”** (58% vs. 68%). (k) **“Commitment to diversity is demonstrated in my center/institute”** (55% vs. 66%). (l) **“Commitment to diversity is demonstrated in my school”** (60% vs. 69%). (m) **“I feel a strong sense of belonging to a community of faculty”** (43% vs. 52%). And (n) **“I am proud to tell people that I work at Duke”** (76% vs. 87%). In addition, clinical women were more likely than clinical men to indicate agreement to 3 negatively worded statements: (a) **“I feel excluded from an informal network in my department/unit”** (31% vs. 25%). (b) **“I have to work harder than some of my colleagues to be perceived as a legitimate scholar”** (38% vs. 26%). And (c) **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit”** (46% vs. 23%).
- ◆ On a positive note, in comparison to clinical women in 2010, Duke clinical women in 2015 were more likely to indicate agree that **“I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member”** (71% vs. 66%). Also, they were more likely to agree that **“They are plenty of places to meet informally and network with my colleagues”** (41% vs. 32%). On a negative note, in comparison to clinical women in 2010, Duke clinical women in 2015 were more likely to agree that **“Women faculty with family responsibilities are viewed or treated differently than men faculty with**

family responsibilities in my academic unit” (46% vs. 34%) and that that “I feel excluded from an informal network in my department/unit” (31% vs. 25%). Also, they were less likely to agree that “My department is a place where individual faculty may comfortably raise personal and/or family responsibilities” (57% vs. 63%).

- ◆ When checking the proportion of respondents who indicated disagreement to the statements on various aspects of their departmental atmosphere, we found that Duke clinical women in 2015 were more likely than clinical men to indicate disagreement to three positive statements: (a) **“I have a voice in the decision-making that affects the direction of my department/unit” (46% vs. 35%).** (b) **“I feel that the climate and opportunities for female faculty in my department/unit are at least as good as those for male faculty” (36% vs. 14%).** And (c) **“I feel a strong sense of belonging to a community of faculty” (37% vs. 30%).** Also, they were more likely to agree that **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit” (46% vs. 23%)** and less likely to agree that **“I feel that the climate and opportunities for minority faculty in my department/unit are at least as good as those for nonminority faculty” (44% vs. 65%).**

- D. Mentoring.** Among Duke clinical respondents, roughly 34% of women and 27% of men in 2015 indicated having had one or more formal mentors, compared to 48% of women and 32% of men in 2010 who indicated so. Also, approximately 85% of women and 78% of men in 2015 indicated having had one or more informal mentors, compared to 83% of women and 71% of men in 2010 who indicated so. When asked whether they had had adequate mentoring while at Duke, roughly 44% of women and 48% of men in 2015 indicated a positive response, compared to 45% of women and 44% of men in 2010 who indicated so.

- ◆ Roughly 61% of Duke clinical women in 2015 indicated having **served as mentors** to other faculty members, compared with 65% of clinical men who indicated so.

- ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on 7 aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that a larger proportion of Duke clinical women indicated having sought mentoring in all areas except one: (a) **allocating time among work-related activities (57% vs. 47%),** (b) **obtaining needed resources for research (74% vs. 69%),** (c) **publishing scholarly work (71% vs. 64%),** (d) **teaching (45% vs. 41%),** (e) **earning promotion and tenure (72% vs. 67%),** (f) **navigating department or disciplinary politics (62% vs. 56%),** and **developing reputation outside Duke (46% vs. 51%).** Of the 7 areas, those who sought mentoring found the mentoring they received on publishing scholarly work most helpful, and teaching not so helpful.

- ◆ Both Duke clinical women and men 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 clinical women and men were similarly likely to perceive that the criteria for promotion (42% vs. 45%) and tenure (53% vs. 48%) were clearly communicated.⁵² Among key items considered in the promotion and tenure processes, both Duke clinical women and men 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 clinical women in 2015 were similarly likely as men to be aware of the first (45% vs. 42%) and third policies (55% vs. 48%) but more likely than men to be aware of parental leave (70% vs. 59%). Also, they were significantly more likely than men to stress the importance of all three policies.
- ◆ In comparison to clinical men, Duke clinical women in 2015 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 (40% vs. 22%). Also, they were more likely to indicate having had their **tenure clock slowed or stopped** for personal reasons since they started working at Duke (7% vs. 1%).

F. Hiring/Retention. Among Duke clinical faculty, roughly 19% of women in 2015 indicated having received a formal or informal job offer that they took to their department/unit chair/dean in the last 5 years, while 23% of men indicated so, and the outside job offer resulted notably in adjustments to salary.⁵³ In comparison to clinical men, Duke clinical women showed lower likelihood of staying at Duke.

- ◆ When asked how likely they would leave their institution in the next three years, roughly 38% of Duke clinical women in 2015 indicated they were **unlikely to leave**, compared with 47% of clinical men who indicated so. While roughly 31% of Duke clinical men indicated that they were likely to leave, 38% of Duke clinical women reported so. In comparison to the 2010 results, a larger proportion of clinical women in 2015 were likely to leave (38% vs. 27%), while the corresponding proportion of clinical men in 2015 was about the same as in 2010 (31% vs. 29%).

⁵² In comparison to the corresponding 2010 respondents, a smaller proportion of clinical women and men in 2015 indicated the criteria for promotion were clearly communicated (Female: 42% vs. 56%. Male: 45% vs. 52%). On a positive note, a larger proportion of clinical women and men in 2015 indicated the criteria for tenure were clearly communicated (Female: 53% vs. 41%. Male: 48% vs. 43%).

⁵³ In comparison to the 2010 clinical female faculty, a larger proportion of Duke clinical women indicated they had received a formal or informal job offer in the last 5 years (19% vs. 14%), while a smaller proportion of clinical men in 2015 indicated so in comparison to the 2010 clinical men (23% vs. 27%).

- ◆ In comparison to Duke clinical men, Duke clinical women in 2015 were more likely to indicate **improving their prospects for tenure, reducing stress, and addressing child-related issues** as their major reasons to leave.
 - ◆ Approximately 82% of Duke clinical women indicated that they met with their **academic supervisor** (e.g., department chair, division head, and director) at least once per year to discuss their job performance and satisfaction, compared to 80% of clinical men who indicated so. Also, 80% of women indicated the feedback from their supervisor was fair and useful, compared to 82% of men who indicated so.
- G. Life outside the Institution.** Among Duke clinical faculty, women were more likely than men to indicate managing household responsibilities, childcare, and personal daily financial responsibilities as their major sources of stress in their life outside the institution.
- ◆ Roughly 86% of Duke clinical women in 2015 indicated having a **spouse or domestic partner**, compared to 94% of clinical men who indicated so. For those who indicated having a spouse or domestic partner, Duke clinical women were more likely to report that their spouse or domestic partner was currently **employed** (82% vs. 61%) and was a **faculty member** (27% vs. 21%). Clinical women and men were similarly likely to indicate their spouse or partner were **working or studying at Duke** (26% vs. 27%).
 - ◆ Approximately 14% of Duke clinical women and 6% of clinical men indicated having a **commuting relationship** with their spouse or partner. Both clinical women and men were, however, similarly likely to indicate that their spouse or partner had **problems finding an appropriate job** in the area (25% vs. 24%). Also, they were similarly likely to indicate that their spouses/domestic partners were satisfied with their **employment situation** (69% vs. 63%) and **spouse or domestic partner benefits** (73% vs. 74%).
 - ◆ Among Duke clinical faculty, women were in general less likely than men to report having **kids** (75% vs. 90%) or having kids who were **13 years old or older**. Roughly 23% of Duke clinical women indicated they were currently **caring for sick relatives**, while 18% of clinical men indicated so.
 - ◆ Among Duke clinical faculty, women were less likely than men to be **full professors** (16% vs. 32%) and **associate professors** (22% vs. 26%), but more likely to be **assistant professors** (51% vs. 37%) and **instructors** (12% vs. 6%).
 - ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, roughly 53% of clinical women indicated they were somewhat or very satisfied, compared to 56% of clinical men who indicated so. Approximately 59% of clinical women indicated they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke, compared to 66% of clinical men who indicated so.

III. Key Findings by Race/Ethnicity

A. Satisfaction. Duke clinical faculty from each racial/ethnic group were similarly highly satisfied with most aspects of their professional and intellectual life. Of 26 satisfaction items, only a few significant differences were found. In comparison to White faculty, Asian faculty in 2015 indicated lower satisfaction with salary, benefits package, and office space. Hispanic faculty indicated lower satisfaction with committee and administrative responsibilities than did White faculty, and lower satisfaction with the quality of undergraduate students than did Black faculty. Among clinical racial/ethnic groups, Hispanic faculty in 2015 scored lowest on satisfaction with intellectual stimulation of work.

- ◆ Trend analysis showed that in comparison to the corresponding 2010 respondents, clinical Asian faculty in 2015 indicated lower satisfaction with **office space, teaching responsibilities, and availability of nearby parking**, but higher satisfaction with **library resources**; Black faculty in 2015 indicated higher satisfaction with **time available for scholarly work, intellectual stimulation of work, and other resources for research**; Hispanic faculty in 2015 indicated lower satisfaction with **being a faculty member at Duke**; and White faculty in 2015 indicated lower satisfaction with **advising responsibilities, availability of nearby parking**, higher satisfaction with **committee and administrative responsibilities, support for securing funds, office space, library resources, and gathering space**. Also, in comparison to the corresponding 2005 respondents, White faculty in 2015 indicated lower satisfaction with **being a faculty member at Duke, advising responsibilities, committee and administrative responsibilities**, higher satisfaction with the **resources for research and scholarship, office space, lab or research space, clerical and administrative staff, and technical and research staff**.
 - ◆ When checking the proportion of respondents in 2015 who indicated dissatisfaction with various aspects of their professional and intellectual life at Duke, we found that a notably larger proportion of clinical Hispanic faculty indicated dissatisfaction with **start-up funds** (Hispanic 78%, Asian 51%, White 47%, & Black 46%), **support for securing grants** (Hispanic 56%, White 28%, Black 28%, & Asian 25%), **time available for scholarly work** (Hispanic 64%, White 37%, Black 36%, & Asian 34%), **committee and administrative responsibilities** (Hispanic 55%, Black 16%, Asian 15%, & White 12%), and lab or research space (Hispanic 44%, Asian 30%, White 18%, & Black 13%).
- B. Workload.** Of all clinical racial/ethnic groups, Black faculty in 2015 were most likely to indicate that their overall workload was about right, while Hispanic faculty were least likely to indicate so (Black 56%, Asian 53%, White 50%, & Hispanic 38%). In comparison to the 2010 results, the proportion of Black faculty in 2015 who perceived their overall workload was too heavy decreased by 25 percentage points, while the

proportion of Hispanic faculty in 2015 who indicated so increased by 24 percentage points.⁵⁴

- ◆ Of all clinical racial/ethnic groups, Duke Hispanic faculty were least likely to agree that **“My workload is the same as other faculty of my rank in my department or unit”** (Hispanic 33%, Black 40%, White 43%, & Asian 46%) and that **“I have enough time to manage both my responsibilities as a faculty member and my personal/family responsibilities”** (Hispanic 22%, Asian 32%, White 34%, & Black 47%), while they were most 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”** (Hispanic 56%, Asian 44%, White 43%, & Black 35%).
 - ◆ 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 advising, Hispanic faculty were most likely to have **informal advisees** and serve as advisors to **residents**. With respect to scholarly activities, each racial/ethnic group were similarly likely to engage in many activities. Of 8 given areas, only one significant difference was found: Duke Black faculty appeared less likely than Asian and White faculty to indicate having submitted **papers** for publication in the past 12 months.
 - ◆ In a typical work week, Duke clinical White faculty in 2015 were most likely to indicate spending time **on work** (White 59 hours, Black 58, Hispanic 55, & Asian 55). With respect to work-related activities, Black faculty in 2015 were most likely to spend a large proportion of their work week on **clinical work** (Black 41%, White 36%, Asian 33%, & Hispanic 33%) but least likely to spend a large proportion of their work week on **scholarship or research** (Black 24%, White 27%, Hispanic 36%, & Asian 37%). In comparison to Asian and Black faculty, Duke Hispanic and White faculty appeared more likely to spend time on **administrative responsibilities and university service** (Hispanic 16%, White 14%, Asian 9%, & Black 8%). Of all clinical racial/ethnic groups, Black faculty were most likely to spend time on **community work/activities** in a typical week outside of work (Black 7 hours, White 4, Asian 4, & Hispanic 3).
 - ◆ With respect to sources of work-related stress, no significant difference was found among Duke clinical racial/ethnic groups, but Hispanic faculty appeared to have a wide range of sources. Notably, they were most likely to indicate **managing a research group, securing funding for research, and scholarly productivity** highly stressful.
- C. Departmental Atmosphere.** In general, Duke clinical faculty from each racial/ethnic group in 2015 viewed their departmental atmosphere quite favorably in many areas, and only a few significant differences were found. In comparison to Hispanic and White faculty, Asian faculty were more likely to agree that “I have to work harder than some of my colleagues to be perceived as a legitimate scholar.” In comparison to

⁵⁴ As the number of Black and Hispanic respondents was small, these findings should be interpreted with caution.

Hispanic faculty, Black faculty were less likely to agree that “I feel that the climate and opportunities for female faculty in my department/unit are at least as good as those for male faculty.” Also, in comparison to Asian and White faculty, Black faculty were less likely to agree that “I feel that the climate and opportunities for minority faculty in my department/unit are at least as good as those for nonminority faculty” and that “Commitment to diversity is demonstrated” in the department, division, and center/institute. On a positive note, Black faculty were more likely than White faculty to agree that “The Dean is effective.”

- ◆ Trend analysis showed improvements in an array of areas. Notably, in comparison to the corresponding Black faculty in 2010, Duke clinical Black faculty in 2015 were noticeably more likely to indicate agreement to 10 positive statements: (a) **“My colleagues value my research/scholarship”** (76% vs. 62%). (b) **“Interdisciplinary research is recognized and rewarded by my department/unit”** (56% vs. 43%). (c) **“My chair/director/dean creates a collegial and supportive environment”** (64% vs. 46%). (d) **“My chair/director/dean helps me obtain the resources I need”** (58% vs. 39%). (e) **“I have a voice in the decision-making that affects the direction of my department”** (35% vs. 7%). (f) **“I can navigate the unwritten rules concerning how one is to conduct oneself as a faculty member”** (76% vs. 57%). (g) **“My department is a good fit for me”** (72% vs. 57%). (h) **“My department/unit is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling departmental/unit obligations”** (67% vs. 57%). (i) **“There are plenty of places to meet informally and network with my colleagues”** (46% vs. 21%). And (j) **“I am proud to tell people that I work at Duke”** (82% vs. 64%). On a negative note, they were more likely to agree to one negatively worded statement **“I feel excluded from an informal network in my department/unit”** (43% vs. 23%).
- ◆ In comparison to clinical Hispanic faculty in 2010, Duke Hispanic faculty in 2015 were noticeably more likely to agree that **“There are plenty of places to meet informally and network with my colleagues”** (50% vs. 30%) but less likely to agree that **“I feel a strong sense of belonging to a community of faculty”** (38% vs. 70%).
- ◆ Over the years, a decreasingly smaller proportion of Duke clinical Black and Hispanic faculty indicated agreement to the statement **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities”** (Black: 2005 = 75%, 2010 = 43%, & 2015 = 29%. Hispanic: 2005 = 75%, 2010 = 30%, & 2015 = 13%). On a negative note, Duke Hispanic faculty in 2015 were less likely than the corresponding 2010 respondents to agree that **“My department is a good fit for me”** (38% vs. 82%).⁵⁵
- ◆ In comparison to the corresponding 2005 respondents, Duke clinical White faculty in 2015 were less likely to agree that **“My colleagues value my research/scholarly”** (69% vs.

⁵⁵ As the number of Hispanic respondents was small, this finding should be interpreted with caution.

79%), but more likely to agree that “**My department is a place where individual faculty may comfortably raise personal and/or family responsibilities**” (57% vs. 49%). On a negative note, in comparison to the corresponding 2010 respondents, Duke clinical White faculty in 2015 (and in 2005 as well) were more likely to agree that “**Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities**” (2005 = 42%, 2010 = 25%, & 2015 = 34%).

D. Mentoring. Duke clinical faculty from each racial/ethnic group tended to indicate having had more informal mentoring than formal mentoring. In general, Duke clinical White faculty were most likely to report having had informal mentoring while Hispanic faculty were least likely to indicate so (White 82%, Asian 78%, Black 75%, & Hispanic 67%). When asked whether they had had adequate mentoring while at Duke, Asian faculty were most likely to indicate so, while Black faculty were least likely to report so (Asian 51%, Hispanic 50%, White 45%, & Black 43%).

- ◆ Among Duke clinical faculty in 2015, Hispanic faculty were most likely to indicate that they had **served as mentors** to other faculty members while at Duke, while Black faculty were least likely to indicate so (Hispanic 83%, White 66%, Asian 56%, & Black 36%).
- ◆ Of Duke clinical faculty in 2015, Black faculty were most likely to indicate having had one or more **formal mentors** (Black 47%, Asian 39%, White 28%, & Hispanic 17%), while Hispanic faculty were least likely to indicate having had **informal mentors** (Hispanic 67%, Black 75%, Asian 78%, & White 82%). When asked whether they felt as though they had received **adequate mentoring** while at Duke, Duke clinical faculty from each racial/ethnic group were similarly likely to indicate that they had received adequate mentoring (Asian 51%, Black 43%, Hispanic 46%, & White 45%); no significant difference was found.
- ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on 7 aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that Duke clinical Asian faculty were most likely to indicate having sought mentoring on **obtaining needed resources for research**; and Duke clinical Hispanic faculty were most likely to indicate having sought mentoring in 6 areas (i.e., **allocating time among work-related activities, publishing scholarly work, teaching, earning promotion and tenure, navigating department or disciplinary politics, & developing reputation outside Duke**). Also, Hispanic faculty who sought mentoring found the mentoring they received on **publishing scholarly work, teaching, and earning promotion and tenure** most helpful, and the mentoring they received on **navigating department or disciplinary politics** least helpful.

E. Promotion/Tenure. Among Duke clinical racial/ethnic groups, Hispanic faculty in 2015 were most likely to agree that the criteria for tenure were clearly communicated (Hispanic 67%, Asian 57%, Black 50%, & White 48%), while Black faculty were least likely to agree that the criteria for promotion were clearly communicated (Asian 50%, Hispanic 44%, White 43%, & Black 35%). Among key items considered in the tenure

- and promotion processes, Duke clinical faculty from each racial group in 2015 perceived that research was highly valued for both tenure and promotion, while Black faculty were most likely to indicate that service and mentoring were undervalued for promotion, and Hispanic faculty were most likely to indicate that teaching was undervalued for tenure. In comparison to Asian and White faculty, Black faculty appeared more likely to perceive that mentoring and clinical work were undervalued for tenure.
- ◆ With respect to Duke policies on **flexible work arrangements, parental leave, and tenure clock extensions**, Duke clinical Hispanic faculty were least likely to indicate that they were aware of the first policy, while Duke Black faculty appeared less likely to be aware of the second and third policies. Of Duke clinical racial/ethnic groups, Hispanic faculty were most likely to emphasize the importance of flexible work arrangements and parental leave.
 - F. Hiring/Retention.** Duke clinical Hispanic faculty in 2015 appeared more likely than all other peers to indicate having received an outside offer in the last five years (Hispanic 50%, Asian 29%), White 20%, & Black 14%). The outside offer resulted notably in adjustments to salary and administrative responsibilities for Hispanic faculty. Among Duke clinical racial/ethnic groups, Hispanic faculty seemed most likely, but statistically insignificantly, to indicate they would leave Duke in the next 3 years, while Asian and White faculty were least likely to indicate so (Hispanic 50%, Black 47%, White 34%, & Asian 34%).
 - ◆ Of Duke clinical faculty, Asian faculty in 2015 were significantly more likely than White faculty to indicate **improving their prospects for tenure** as one of their reasons to leave (Asian 53%, Hispanic 43%, Black 38%, & White 29%). While no significant difference was found, Hispanic faculty appeared most likely to indicate **enhancing their career in other ways** (Hispanic 100%, Black 85%, Asian 81%, & White 79%), **finding a more supportive work environment** (Hispanic 75%, Asian 68%, White 68%, & Black 54%), and **other factors** (Hispanic 100%, White 47%, Asian 27%, & Black 20%) as their reasons to leave. An examination of the recent two survey results showed that the proportion of Duke Hispanic faculty in 2015 indicating **enhancing their career in other ways** increased noticeably in comparison to the corresponding 2010 respondents (100% vs. 75%).
 - ◆ Of all clinical racial/ethnic groups, Hispanic faculty were most likely to indicate that they met with their **academic supervisor** (e.g., department chair, division head, and director) at least once per year to discuss their job performance and satisfaction (Hispanic 100%, Black 92%, Asian 84%, & White 79%), while least likely to indicate the **feedback** from their supervisor was fair and useful (Hispanic 60%, White 80%, Black 81%, & Asian 86%).

G. Life outside the Institution. Duke clinical faculty from each racial/ethnic group indicated similar sources of stress in their life outside the institution; of 7 given areas, only two significant differences were found: (a) Black faculty were more likely than White faculty to perceive managing personal daily financial responsibilities to be stressful; and (b) Hispanic faculty were more likely than Asian and White faculty to indicate planning/saving for retirement as a source of stress.

- ◆ Among Duke clinical racial/ethnic groups, Black and Hispanic faculty appeared less likely than Asian and White faculty to indicate having a **spouse/domestic partner** (Black 78%, Hispanic 60%, Asian 92%, & White 91%). Also, they were less likely to indicate that their spouses were currently **employed** (Black 41%, Hispanic 50%, White 71%, & Asian 74%). It is of interest to note that among Duke clinical racial/ethnic groups, Black faculty were most likely to indicate that their spouses/partners were satisfied with their **employment situation**, while Hispanic faculty were least likely to indicate so (Black 72%, White 66%, Asian 64%, & Hispanic 50%). Also, Black faculty were most likely to indicate satisfaction with **spouse/partner benefits** (Black 92%, White 73%, Asian 73%, & Hispanic 67%).
- ◆ While no clinical Hispanic faculty reported that they had a **commuting relationship** with their spouse/partner, approximately 22% of Asian faculty, 14% of Black faculty, and 7% of White faculty indicated so. Also, no clinical Hispanic faculty indicated that their spouse/domestic partner had **problems finding an appropriate job** in the area, while 33% of Asian faculty, 31% of Black faculty, and 23% of White faculty indicated so. Compared with other racial/ethnic groups, Black faculty appeared less likely to indicate that they were currently **caring for sick relatives** (Black 12%, Hispanic 20%, Asian 21%, & White 21%).
- ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, among clinical racial/ethnic groups, Black faculty were most likely to indicate that they were somewhat or very satisfied, while Hispanic faculty were least likely to indicate so (Black 71%, White 55%, Asian 48%, & Hispanic 40%). With respect to endorsement, all clinical racial/ethnic groups were similarly likely to indicate they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke (Black 68%, Asian 67%, White 62%, & Hispanic 60%); no significant difference was found.

IV. Key Findings by Rank⁵⁶

A. Satisfaction. In general, Duke clinical faculty from each rank in 2015 viewed most aspects of their professional and intellectual life very favorably, and only a few significant differences were noted.

⁵⁶ For the analysis by rank, we grouped respondents into 4 categories: (a) Professor, (b) Associate Professor, (c) Assistant Professor, and (d) Other. Instructors and lecturers were included in the “Other” category, and for brevity, we used “medical instructors” to refer to the faculty in the “Other” category.

- ◆ In comparison to associate professors, assistant professors in 2015 indicated higher satisfaction **with the resources for research and scholarship, the resources for teaching, start-up funds, support for securing grants, time available for scholarly work, and other resources for research.** Also, assistant professors and medical instructors indicated higher satisfaction with **computing resources** than did full professors. On a negative note, assistant and associate professors indicated lower satisfaction with **salary** than did full professors. Of all ranks, medical instructors in 2015 scored lowest on satisfaction with **availability of nearby parking** but highest on satisfaction with **computing support staff.**
- ◆ When checking the proportion of respondents who indicated dissatisfaction with various aspects of their professional and intellectual life at Duke, we found a few significant differences. First, nearly two-fifths of Duke clinical assistant professors and medical instructors in 2015 indicated dissatisfaction with **salary** (Other 40%, Assistant Professor 38%, Associate 33%, & Professor 27%). Second, close to three-fifths of associate professors and medical instructors indicated dissatisfaction with **start-up funds** (Other 58%, Associate 57%, Professor 45%, & Assistant Professor 42%). Third, two-fifths of medical instructors indicated dissatisfaction with **availability of parking** (Other 41%, Professor 17%, Assistant Professor 17%, & Associate Professor 16%) and **quality of dining options** (Other 42%, Professor 32%, Assistant Professor 32%, & Associate Professor 31%).
- ◆ Trend analysis showed a notable pattern: Duke clinical faculty at all rank levels in 2015 indicated higher satisfaction with **library resources, clerical and administrative staff** and **technical and research staff** than did the 2005 respondents, but lower satisfaction with **availability of nearby parking** than did the 2010 respondents.
- ◆ Additionally, in comparison to the corresponding 2005 and 2010 respondents, Duke clinical full professors in 2015 indicated lower satisfaction with **being a faculty member at Duke, advising responsibilities,** and **committee and administrative responsibilities.** In comparison to the corresponding 2005 respondents, they indicated higher satisfaction with **the resources for research and scholarship,** and **office space,** but lower satisfaction with **opportunities to collaborate with undergraduates** in research. In comparison to the corresponding 2010 respondents, they indicated higher satisfaction with **benefits package,** but lower satisfaction with **teaching responsibilities.**
- ◆ In comparison to the corresponding 2005 respondents, Duke clinical associate professors in 2015 indicated lower satisfaction with **being a faculty member at Duke, advising responsibilities,⁵⁷** and **committee and administrative responsibilities,** but higher satisfaction with **office space.** Moreover, in comparison to the corresponding 2005 respondents, Duke clinical assistant professors in 2015 indicated higher satisfaction with

⁵⁷ Duke clinical associate professors also indicated lower satisfaction with advising responsibilities than did the corresponding 2010 respondents.

the **resources for research and scholarship, support for securing grants, and quality of graduate/professional students.**

B. Workload. Of all Duke clinical faculty, medical instructors were most likely to indicate that their overall workload was about right, while associate professors were least likely to indicate so (Other 63%, Assistant Professor 56%, Professor 46%, Associate Professor 43%). In comparison to the 2010 respondents, the proportion of Duke medical instructors who indicated that their overall workload was about right increased by 14 percentage points, up from 49% in 2010 to 63% in 2015.

- ◆ With regard to **advising**, Duke clinical full professors were most likely to indicate serving advisors to **postdoctoral associates or fellows**. Also, they were more likely than assistant and associate professors to have **informal advisees**, while less likely than assistant professors to have **medical students**.
- ◆ As can be expected, of all rank levels, Duke clinical full professors were most likely to serve on **departmental committees, school committees, and external committees** or boards related to their discipline. Also, Duke clinical full professors were more likely than assistant professors and medical instructors to serve on **divisional committees** and **university/school/division committees**. In addition, Duke clinical full professors were most likely to **serve as chair** of department or unit and in **other administrative capacities** and to have received **protected time** for their services in these regards.
- ◆ Duke clinical full professors were most actively engaged in scholarly activities; they were especially likely to indicate having submitted **papers** for publication or presentation, **edited books, book chapters, and other scholarly or creative works** for review in the past 12 months. Also, they were more likely than assistant and medical instructors to indicate having submitted **grant proposals** in the past 12 months.
- ◆ With respect to time use, Duke clinical full professors were more likely than assistant professors to report spending **hours working in a typical week** (Professor 61, Associate Professor 59, Other 58, & Assistant Professor 57). Sub-analyses showed that in comparison to assistant professors, full professors were more likely to spend time **meeting or communicating with students outside of class**, while they were least likely of all to report devoting time to **clinical work**. With respect to time on other responsibilities and activities, Duke clinical assistant professors in 2015 were more likely than full professors to indicate spending time on **domestic responsibilities** and devoting time to their **family**.
- ◆ In terms of work-related stress, in comparison to medical instructors, Duke clinical full professors were more likely to indicate **managing a research group**, and associate professors were more likely to indicate **securing funding for research** as sources of stress. In comparison to full professors, assistant and associate professors were more likely to indicate **scholarly productivity, teaching responsibilities, and review/promotion**

process as sources of stress. In addition, assistant professors were more likely than full professors to find **clinical responsibilities** stressful.

- ◆ With regard to **overall workload and responsibilities**, sub-analyses showed that Duke medical instructors were more likely than clinical assistant, associate, and full professors to agree that **“My workload is the same as other faculty of my rank in my department/unit.”** Also, full professors and medical instructors were more likely than associate professors to agree that **“I have enough time to manage responsibilities as a faculty member and my personal/family responsibilities.”** In comparison to full professors, associate professors 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.”**

C. Departmental Atmosphere. In general, Duke clinical full professors viewed their departmental atmosphere more favorably than other faculty members in most areas. Notably, Duke clinical full professors were more likely than assistant and associate professors to indicate agreement to items concerning faculty collegiality and collaboration, and assistant professors were more likely than other faculty members to indicate agreement to items on leadership.

- ◆ In comparison to clinical assistant and associate professors, full professors in 2015 were more likely to indicate agreement to 3 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.”** As could be expected, full professors were less likely than assistant and associate professors and medical instructors to agree that **“I have to work harder than some of my colleagues to be perceived as a legitimate scholar.”** In addition, full professors were more likely than associate professors to agree that **“Commitment to diversity is demonstrated in my department.”**
- ◆ In comparison to clinical associate and full professors, assistant professors were more likely to indicate that **“My chair /director/dean helps me obtain the resources I need”** and that **“The Dean is effective.”** Also, assistant professors were more likely than associate professors to agree that **“My chair/director/dean creates a collegial and supportive environment”** and that **“My department is a good fit for me.”**
- ◆ Trend analysis showed a few notable, significant differences. First, in comparison to the corresponding 2005 respondents, Duke associate professors in 2015 were more likely to agree that **“I have to work harder than some of my colleagues to be perceived as a legitimate scholar,”** but less likely to agree that **“My colleagues value my research/scholarship.”** Second, in comparison to the corresponding 2005 respondents, assistant professors in 2015 were more likely to agree that **“My department is a place where individual faculty may comfortably raise personal and/or family responsibilities.”** In comparison to the corresponding 2010 respondents, assistant

professors in 2015 were more likely to indicate agreement to 3 positive statements [i.e., (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.”**] and one negative statement (i.e., **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit.”**). Third, in comparison to the 2010 respondents, Duke medical instructors were less likely to agree that **“My department is a place where individual faculty may comfortably raise personal and/or family responsibilities,”** but more likely to agree that **“Women faculty with family responsibilities are viewed or treated differently than men faculty with family responsibilities in my academic unit.”** Fourth, in comparison to the 2010 respondents, Duke clinical assistant, associate, and full professors in 2015 were more likely to agree that **“There are plenty of places to meet informally and network with my colleagues.”**

D. Mentoring. Of all Duke clinical faculty members, full professors were most likely to indicate having served as mentors to other faculty members (98%, Associate Professor 79%, Assistant Professor 38%, & Other 12%). In comparison to full professors, assistant professors and medical instructors were more likely to indicate having had one or more formal mentors (Other 43%, Assistant Professor 39%, Associate Professor 24%, & Professor 17%), but they were similarly likely to indicate having had one or more informal mentors (Other 82%, Assistant Professor 81%, Associate Professor 81%, & Professor 80%). When asked whether they had received adequate mentoring while at Duke, medical instructors were most likely to indicate so (Other 57%, Assistant Professor 54%, Professor 49%, Associate Professor 40%). In comparison to the 2010 survey results, a larger proportion of medical instructors in 2015 indicated having received adequate mentoring while at Duke.

- ◆ A new question in the 2015 survey asked respondents to indicate whether they had sought mentoring on 7 aspects of the faculty role while at Duke and how helpful the mentoring had been. The responses showed that Duke medical instructors were most likely to indicate having sought mentoring **allocating time among work-related activities** (Other 67%, Assistant Professor 62%, Associate Professor 51%, Professor 34%), **obtaining needed resources for research** (Other 80%, Assistant Professor 72%, Associate Professor 72%, & Professor 69%), **publishing scholarly work** (Other 82%, Assistant Professor 69%, Associate Professor 69%, & Professor 58%), and **teaching** (Other 66%, Assistant Professor 45%, Associate Professor 42%, & Professor 34%), while full professors were least likely to indicate having sought mentoring in these areas. In addition, associate professors were most likely to indicate having sought mentoring on **earning promotion and tenure** (Associate Professor 80%, Other 70%, Assistant Professor 67%, & Professor 62%), while assistant professors were most likely to indicate having sought mentoring on **developing reputation outside Duke** (Assistant Professors 55%, Associate Professors 45%, Professors 46%, & Other 34%). Among clinical faculty who sought mentoring,

assistant professors found the mentoring they received obtaining needed resources for research, publishing scholarly work, earning promotion and tenure, and navigating department or disciplinary politics helpful, while medical instructors found the mentoring they received on obtaining needed resources for research and publishing scholarly work to be helpful.

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

E. Promotion/Tenure. In comparison to other faculty members, Duke clinical full professors appeared more likely to agree that the criteria for promotion (Professor 56%, Associate Professor 43%, Assistant Professor 37%, & Other 39%) and tenure (Professor 55%, Associate Professor 41%, & Assistant Professor 45%) were clearly communicated. Among key items considered in the promotion process, clinical professors at all rank levels were similarly likely to indicate that research was highly valued, while assistant, associate, and full professors were more likely than medical instructors to indicate that teaching and service were highly valued. Also, faculty at all ranks levels, especially medical instructors, perceived that teaching, service, and mentoring were more undervalued than valued appropriately for promotion. Among key items considered in the tenure process, clinical professors at all rank levels were similarly likely to indicate that research was more highly valued than teaching, service, mentoring, and clinical work, while assistant and associate professors were considerably more likely than full professors to indicate that research was overvalued and that clinical work was more undervalued than valued appropriately for tenure.

- ◆ In general, Duke clinical full professors were notably more likely than medical instructors to be aware of Duke policies on **flexible arrangements, parental leave, and tenure extensions**, while medical instructors and assistant professors were more likely than full professors to stress the **importance** of these policies.
- ◆ In comparison to other faculty members, Duke clinical assistant professors were more likely to indicate that they had received **relief from teaching** or other workload duties for personal reasons, and medical instructors were more likely to indicate that their department/unit was **supportive** concerning relief from teaching or other workload duties.

F. Hiring/Retention. Among Duke clinical faculty, full professors were most likely to indicate having received an outside job offer (Professor 33%, Associate Professor 22%, Assistant Professor 15%, & Other 13%), which resulted noticeably in adjustments to salary for full professors. In comparison to assistant professors, Duke medical instructors showed lower likelihood to stay.

- ◆ When asked how likely they would **leave** their institution in the next three years, roughly 38% of Duke clinical full professors, 43% of associate professors, 47% of assistant professors, and 38% of medical instructors indicated that they would choose to remain at Duke; roughly one-third to two-fifths of the respondents at all rank levels indicated they would leave Duke in the next three years (Assistant Professor 32%, Associate Professor 33%, Professor 39%, & Other 44%).⁵⁸ Among those who indicated they were likely to leave, Duke assistant and associate professors and medical instructors were more likely than full professors to indicate **improving their prospects for tenure**, but less likely than full professors to indicate **retirement**, as their reasons to leave. In addition, assistant professors and medical instructors were more likely than full professors to cite addressing **child-related issues** and **other family-related issues** as their reasons to leave. In comparison to full professors, assistant professors were more likely to indicate **increasing their salary, finding a more supportive environment, pursuing a nonacademic job, reducing stress, and improving the employment situation of their spouse/partner** as their reasons to leave. Of all ranks, medical instructors were most likely to cite **pursuing a nonacademic job** and **addressing child-related issues** as their reasons to leave.
 - ◆ Among Duke clinical faculty, assistant professors and medical instructors appeared more likely than full and associate professors to indicate that they met with their **academic supervisor** (e.g., department chair, division head, and director) at least once per year to discuss their job performance and satisfaction (Assistant Professor 85%, Other 84%, Professor 77%, & Associate Professor 76%), while faculty at all rank levels were similarly likely to indicate that the feedback from their supervisor was fair and useful (Professor 79%, Associate Professor 78%, Assistant Professor 84%, & Other 82%).
- G. Life outside the Institution.** In comparison to clinical full professors, Duke clinical assistant and associate professors and medical instructors seemed more likely to find it stressful to handle childcare, the cost of living, and planning/saving for retirement. Also, Duke clinical assistant professors and medical instructors appeared more likely to cite managing household responsibilities and personal daily financial responsibilities, while less likely to indicate taking care of sick relatives as sources of stress in their life outside the institution.
- ◆ 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 97%, Associate Professor 94%, Assistant Professor 87%, & Other 77%). For those who had a spouse or partner, Duke medical instructors were most likely to indicate their spouse or partner was **currently employed**, while full professors were least likely to indicate so (Other 76%, Associate Professor 74%, Assistant Professor 73%, & Professor 62%).

⁵⁸ In comparison to the 2010 survey results, the 2015 survey results showed that a larger proportion of Duke clinical full professors (39% vs. 29%), associate professors (33% vs. 28%), assistant professors (32% vs. 29%), and medical instructors (44% vs. 19%) indicated they were likely to leave Duke in the next three years.

- ◆ Among Duke clinical faculty, full professors were most likely to report that their spouse/partner was **working or studying at Duke** (Professor 34%, Associate Professor 26%, Assistant Professor 22%, & Instructor 22%), while assistant professors were most likely to indicate that they had a **commuting relationship** with their spouse or partner (Assistant Professor 19%, Other 15%, Associate Professor 10%, & Professor 8%). Also, Duke medical instructors were most likely to indicate that their spouse or partner had problems **finding a job in the area** (Other 31%, Assistant Professors 27%, Associate Professor 26%, & Professor 16%). Duke clinical professors from each rank appeared similarly likely to indicate that their spouse/partner was satisfied with their **employment situation** (Professor 69%, Associate Professor 62%, Assistant Professor 66%, & Other 72%) and that they were satisfied with the **spouse/partner benefits** (Professor 76%, Associate Professor 73%, Assistant Professor 73%, & Other 65%).
- ◆ In comparison to clinical 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 were 18 or older. Compared with clinical faculty at other rank levels, a considerably large proportion of full professors indicated that they were currently **caring for sick relatives** (Professor 37%, Associate Professor 14%, Assistant Professor 15%, & Other 17%).
- ◆ When asked how satisfied they were with the ways in which **their role as a faculty member at Duke and their life outside of Duke** fit together, Duke clinical full professors were most likely to indicate they were somewhat or very satisfied, while clinical associate professors were least likely to indicate so (Professor 60%, Other 60%, Assistant Professor 53%, & Associate Professor 49%). Also, clinical full professors were most likely to indicate they **would choose to come to Duke** if they could decide all over again whether to be a faculty member at Duke, while medical instructors were least likely to choose to do so (Professor 68%, Assistant Professor 62%, Associate Professor 60%, & Other 57%).

Conclusion

Overall, Duke clinical faculty in 2015 evaluated their daily experiences very positively. Our trend analysis showed that Duke had made notable improvements in many areas and also revealed areas that needed further improvement, as outlined in this Summary of Key Findings.

Next step. As with other institutional surveys, the analysis of the Faculty Survey is an ongoing process. The data we have collected over the years are a rich source of information and can be utilized to help address the institution's inquiries and self-improvement activities. We will conduct sub-analyses of the survey data by division and/or department, which may also lead to interesting findings and provide us a nuanced understanding of the survey.