

# 2022 DCEG Survey - WSA

## Introduction

DCEGers, please take ~10-15 minutes to complete this survey on the successes and challenges now that we have returned to our DCEG offices and laboratories. Responses are anonymized. Analysis will be directed by the Woman Scientist Advisors. Summary data will be presented so that individuals are not identifiable. We acknowledge that DCEG staff receive numerous surveys. The WSA survey is different because it aims to capture general sentiments about our current modes of working and impact on mentorship. Your valuable feedback will be used to help evaluate the DCEG work environment.

The survey will be opened for 2 weeks.

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1. Have you spent at least two days (per pay period) working in the DCEG offices/labs since the directive to return to work? \*

- ☐ Yes  
☐ No

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0%

## DCEG Office/Lab Days

2. How many days per week are you currently working in the DCEG offices/labs? \*

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 or 5 days

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## DCEG Office/Lab Experience

3. Is this too many, too few or the right amount of days in the DCEG offices/labs?

- ☐ Too many
- ☐ Too few
- ☐ Just right

4. How do you feel about working in person in the DCEG offices/labs?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very Dissatisfied     | Dissatisfied          | Neutral               | Satisfied             | Very Satisfied        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Do you feel that you are more productive working in the DCEG offices/labs compared to working remotely?

- ☐ More productive in the office/lab
- ☐ More productive at home
- ☐ About the same

6. How satisfied are you with your ability to interact with co-workers while in the DCEG office/lab?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very Dissatisfied     | Dissatisfied          | Neutral               | Satisfied             | Very Satisfied        |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please elaborate on your positive experiences or challenges (optional)

7. How satisfied are you with the number of in-person interactions you have while in the DCEG office/lab?

Very Dissatisfied

☐

Dissatisfied

☐

Neutral

☐

Satisfied

☐

Very Satisfied

☐

Please elaborate on your positive experiences or challenges (optional)

8. How satisfied are you with your morale/feelings of connectedness as a result of being back in the office/lab?

Very Dissatisfied

☐

Dissatisfied

☐

Neutral

☐

Satisfied

☐

Very Satisfied

☐

Please elaborate on your positive experiences or challenges (optional)

9. Overall, please rate your satisfaction with virtual meetings.

Very Dissatisfied

☐

Dissatisfied

☐

Neutral

☐

Satisfied

☐

Very Satisfied

☐

Please elaborate on your positive experiences or challenges (optional)

10. While you are in the DCEG office/lab, what proportion of your meetings are virtual?

☐ <25%

☐ 25%-49%

☐ 50%-74%

☐ >75%

11. While you are in the DCEG office/lab, have you had hybrid meetings?

☐ Yes

☐ No

12. What, if any, are the benefits of working remotely that are not available on-site?

13. What, if any, are the benefits of returning to the DCEG physical workspace that you have experienced so far?

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## Adequacy of Resources

Now we're going to ask about adequacy of resources and potential challenges you may experience in successfully returning to the DCEG office/lab.

14. Do you have adequate access to childcare?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Please elaborate (optional)

15. Do you have adequate access to elder or other family care?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Please elaborate (optional)

16. Do you have convenient transportation to and from the DCEG office/lab?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Please elaborate on resources that are needed to support you getting into the office (optional)

17. Please elaborate on any other challenges in returning to the DCEG office/lab that were not mentioned above.

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# DCEG Office/Lab Space

Please think about your physical space when you are in the DCEG office/lab and rate how the following factors impact your work productivity.

18. Do you have access to functional technology and equipment as required for your work (docking stations, monitors, laptops, desks/chairs, laboratory equipment)?

- ☐ Always
- ☐ Most times
- ☐ Sometimes
- ☐ Never

19. How does your access to in-office technology and equipment impact your work productivity compared to what you have available when you work remotely?

- |                        |                                 |                       |                                 |                        |
|------------------------|---------------------------------|-----------------------|---------------------------------|------------------------|
| Decreases productivity | Somewhat decreases productivity | Neutral               | Somewhat increases productivity | Increases productivity |
| <input type="radio"/>  | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/>  |

20. What best describes your current DCEG office/lab space when you are working on site?

- ☐ I have an open bench and/or desk space in the lab
- ☐ I have a closed-door office space that is not shared with anyone else
- ☐ I have a closed-door office space that is shared with other people
- ☐ Other - Write In (Required)

19. How does your access to in-office technology and equipment impact your work productivity compared to what you have available when you work remotely?

- |                        |                                 |                       |                                 |                        |
|------------------------|---------------------------------|-----------------------|---------------------------------|------------------------|
| Decreases productivity | Somewhat decreases productivity | Neutral               | Somewhat increases productivity | Increases productivity |
| <input type="radio"/>  | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/>  |

20. What best describes your current DCEG office/lab space when you are working on site?

- ☐ I have an open bench and/or desk space in the lab
- ☐ I have a closed-door office space that is not shared with anyone else
- ☐ I have a closed-door office space that is shared with other people
- ☐ Other - Write In (Required)

21. How does your DCEG physical workspace impact your work productivity?

- |                        |                                 |                       |                                 |                        |
|------------------------|---------------------------------|-----------------------|---------------------------------|------------------------|
| Decreases productivity | Somewhat decreases productivity | Neutral               | Somewhat increases productivity | Increases productivity |
| <input type="radio"/>  | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/>  |

22. Are you able to schedule your in-office days on days that are most amenable to your productivity?

- ☐ Always
- ☐ Most times
- ☐ Sometimes
- ☐ Never

23. Are you able to schedule your in-office days on days where you can meet with your collaborators?

- ☐ Always
- ☐ Most times
- ☐ Sometimes
- ☐ Never

## COVID-19 Safety

Now we are going to ask about your attitudes about COVID-19 related safety precautions in the DCEG office/lab.

24. In your opinion, in your DCEG office/lab setting, are staff encouraged to mask the right amount, not enough, too much?

- ☐ Just right
- ☐ Too much
- ☐ Not enough

Please elaborate (optional)

25. How satisfied have you been with other COVID-19 safety measures (physical distancing, hand sanitizers, surface sanitizers)?

Very Dissatisfied

☐

Dissatisfied

☐

Neutral

☐

Satisfied

☐

Very Satisfied

☐

Please elaborate (optional)

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38%

## Mentorship/Mentor Experience

This section is about your mentoring experience during the pandemic, including being a mentor and being mentored.

26. Are you, or have you been, a primary mentor to fellows, tenure-track investigators, pre-docs, staff scientists, summer interns, etc during the pandemic? \*

- ☐ Yes
- ☐ No

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46%

## Mentorship/Mentor Experience - Continued

27. What, if any, challenges have you faced mentoring during the pandemic?

28. Are there aspects of mentoring you have found easier during the pandemic?

- ☐ Yes
- ☐ No

Please elaborate (optional)

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54%

# Primary Mentor

The following questions pertain to your primary DCEG mentor.

29. Do you have a formal mentor? \*

- ☐ Yes
- ☐ No

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## Primary Mentor - Continued

30. On average, how often have you met with your mentor (either virtually or in person) during the pandemic?

- ☐ At least once per week
- ☐ Once every other week
- ☐ Once per month
- ☐ Less than once per month
- ☐ Prefer not to answer

31. Is this the same, more or less often than prior to the pandemic? (n/a if onboarded during pandemic)

- ☐ Same as before the pandemic
- ☐ More often than before the pandemic
- ☐ Less often than before the pandemic
- ☐ N/A (I onboarded during the pandemic)

32. On average, are you satisfied with the frequency of interactions with your mentor during the pandemic?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied

33. Rate your satisfaction with the quality of mentoring you received both prior to and during the pandemic in the following domains:

	During Pandemic	Prior to Pandemic
Scientific Mentorship	-- Please Select --	-- Please Select --
Career Development	-- Please Select --	-- Please Select --
Facilitated Networking	-- Please Select --	-- Please Select --

34. Please elaborate on any relevant details about your experiences being mentored during the pandemic.

35. Please indicate if your mentor is the same gender as you.

- ☐ We are the same gender
- ☐ We are different genders
- ☐ Prefer not to answer

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Communications

36. How satisfied have you been with NIH Coronavirus guidelines for those with COVID-19 exposures, positive tests, and symptoms?

Very Dissatisfied  
☐

Dissatisfied  
☐

Neutral  
☐

Satisfied  
☐

Very Satisfied  
☐

Please elaborate (optional)

37. Please rate your satisfaction with communications on the changing COVID-19 safety policies for in-office return to work.

How satisfied are you with information shared by **your branch**?

Very Dissatisfied  
☐

Dissatisfied  
☐

Neutral  
☐

Satisfied  
☐

Very Satisfied  
☐

Please elaborate (optional)

How satisfied are you with information shared by **DCEG**?

Very Dissatisfied  
☐

Dissatisfied  
☐

Neutral  
☐

Satisfied  
☐

Very Satisfied  
☐

Please elaborate (optional)

How satisfied are you with information shared by **NCI/NIH**?

Very Dissatisfied  
☐

Dissatisfied  
☐

Neutral  
☐

Satisfied  
☐

Very Satisfied  
☐

Please elaborate (optional)

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Additional Feedback

38. What, if any, concerns do you have about working in the DCEG office/ lab (select all that apply)?

- ☐ No concerns
- ☐ Acquiring COVID-19 in the office
- ☐ Acquiring COVID-19 through commuting
- ☐ Logistical Issues related to configurations of the physical workspace (e.g., cubicles spaces, office sharing, IT support)
- ☐ Sufficient bench/desk space to keep physically distanced
- ☐ Logistical Issues related to commuting to work (e.g., commute is too long, NIH shuttle schedule)
- ☐ Less time at home for non-work or personal issues
- ☐ Uncertainty about in-person work during future COVID-19 surges
- ☐ Other - Write In (Required)  \*

39. Please share any other thoughts about returning to the office.

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85%

Demographics

40. Do you describe yourself as:

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ Prefer not to answer

41. Professional Designation

- ☐ ARC/Administrative
- ☐ Postbac (Master or Bachelor-level), Predoc
- ☐ Postdoctoral fellow, Research Fellow, Clinical Fellow
- ☐ Tenure track investigator
- ☐ Senior Staff Scientist/ Staff Scientist/ Staff Clinical
- ☐ Senior Investigator
- ☐ Contractor/other staff

42. Time of onboarding

- ☐ Before March 2020
- ☐ Between March 2020 and April 2022
- ☐ After April 2022

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Thank You!

Thank you for taking our survey. Your response is very important to us.

