RANKIN CLIMATE

The University of Michigan Climate Survey Related to Campus Culture and Community

Key Findings from Michigan Medicine

October 2026



Table of Contents

Letter from University of Michigan Leaders....1

National Context....2

Introduction....4

Methodology....5

Survey Instrument....5

Survey Administration....6

Design Limitations....6

Data Management & Analysis....6

Key Definitions....9

Executive Summary....11

Participant Characteristics....15

Position....15

Gender Identity....15

Racial and Ethnic Identity....16

Religious or Spiritual Affiliation....16

Culture/Ethnicity....17

Primary Language....18

Campus Climate at Michigan Medicine....19

Overall Climate....20

Climate in Department or Work Unit....23

Climate in the Classroom....26

Workplace Climate....29

Freedom of Expression & Institutional Trust....31

Harassment and Discrimination....48

Experiences with or Observations of Discrimination and Harassment....48

Considerations of Leaving Michigan Medicine....55

Sense of Belonging....61

Faculty Sense of Belonging....61

Staff Sense of Belonging....62

Reporting & Institutional Processes....64

Reporting Title VI Incidents....64

Institutional Processes for Education of Title VI..... 66
Sense of Safety & Bystander Confidence..... 69
Safety on Campus.....69
Bystander Response.....71
References..... 73
Appendix A - Factor Analysis..... 76
Introduction.....76
Methodology.....76
Appendix B - Qualitative Methodology..... 78
Introduction.....78
Analysis Strategy.....78

Letter from University of Michigan Leaders

Dear University of Michigan Community Members,

This survey represents an important effort to strengthen our commitment to a safe, respectful, and inclusive University of Michigan community. Rankin Climate—an independent firm specializing in campus climate research—facilitated the Climate Survey Related to Campus Culture and Community across our Ann Arbor, Dearborn, Flint, and Michigan Medicine campuses in the Spring of 2026.

The survey was offered to a representative sample of students, faculty, and staff across the three campuses and Michigan Medicine with the goal of measuring perceptions and experiences related to discrimination or harassment.

The insights our community members provided are essential to understanding the experiences of our community and guiding our ongoing work to foster safety, respect, and inclusion. Thank you for your engagement in helping shape the future of our university.

Sincerely,

Domenico Grasso

President, University of Michigan

National Context

Discrimination and harassment based on race, color, and national origin—including actual or perceived shared ancestry—have been the subject of intense national attention at U.S. institutions of higher education in recent years. Longstanding concerns about the experiences of students, faculty, and staff of color are now combined with concerns about anti-Jewish and Islamophobic conduct on campus, particularly following the October 2023 conflict escalation in the Middle East and the waves of protest and counter-protest that followed on campuses across the country. Colleges and universities have found themselves at the center of a polarized national discourse: they are being asked to simultaneously protect community members from identity-based harassment, safeguard free expression and academic freedom, and maintain community trust.

The legal foundation for institutional obligations in this area is Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, or national origin in any program or activity receiving federal financial assistance (42 U.S.C. § 2000d). The U.S. Department of Education's Office for Civil Rights (OCR) has repeatedly clarified that these protections extend to discrimination based on actual or perceived shared ancestry or ethnic characteristics—including antisemitism, Islamophobia, and bias against Israeli, Arab, Palestinian, South Asian, and Sikh community members, among others (U.S. Department of Education, Office for Civil Rights, 2023, 2024). In its November 2023 Dear Colleague Letter, issued amid a nationwide rise in reported hate incidents, OCR reminded US colleges and universities of their "legal obligation under Title VI to address prohibited discrimination against students and others" on their campuses and detailed schools' obligations to respond promptly and effectively to hostile environments based on shared ancestry (U.S. Department of Education, Office for Civil Rights, 2023). Complaints filed with OCR alleging shared-ancestry discrimination have risen dramatically since late 2023 (Li & Shouhayib, 2025), putting US colleges and universities on notice that understanding and addressing campus climate related to race, religion, and shared ancestry remains critical.

This shift on US campuses mirrors trends of the larger communities and society they are situated within. **In 2024, the Federal Bureau of Investigation recorded the second-highest number of hate crime incidents since national reporting began in 1991, with bias related to race, ethnicity, or ancestry remaining the most common motivation, accounting for more than half of all victims.** Anti-Jewish incidents reached the highest level ever recorded (Federal Bureau of Investigation, 2025). **Approximately one in ten reported hate crimes occurs at schools, and incidents at colleges and**

universities rose substantially in the most recent years analyzed (Federal Bureau of Investigation, 2024). Public perception has shifted in parallel: the share of Americans who say Muslims and Jews face "a lot" of discrimination rose sharply between 2021 and 2024 (Pew Research Center, 2024).

Campus-based research suggests these national trends are keenly felt by students. A survey of Muslim students at California colleges and universities found that nearly half experienced harassment or discrimination during the 2023–2024 academic year, a marked increase from 2020 (CAIR California & Center for the Prevention of Hate and Bullying, 2024). In a national survey fielded in fall 2024, 83% of Jewish college students indicated that they experienced or witnessed antisemitism since October 2023, 41% felt the need to hide their Jewish identity, and approximately nine in ten who experienced or witnessed an incident did not report it to campus authorities (Anti-Defamation League & Hillel International, 2025). These recent findings add to decades of scholarship documenting that students, faculty, and staff from historically marginalized racial and ethnic groups experience campus climates as less welcoming than their peers, with consequences for belonging, persistence, and success (Harper & Hurtado, 2007; Hurtado et al., 1998). Comparatively little national research examines faculty and staff experiences with race-, religion-, or ancestry-based harassment specifically, yet employees both shape and are shaped by the same campus climate, and their experiences carry direct consequences for retention, productivity, and the environments they create for students (Rankin & Reason, 2008).

A systematic climate assessment is the established mechanism by which an institution can name these issues and know their extent within its own community. Aggregate national statistics cannot tell a university where its community members feel safe or unsafe, which groups carry disproportionate burdens, whether community members trust institutional reporting processes, or how perceptions differ across campuses and roles. Individualized campus climate assessment provides this local information, enabling institutions to direct resources, education, and policy where they are most needed and to measure change over time (Rankin & Reason, 2008).

Introduction

In conceptualizing campus climate, this presentation of key findings draws on a practical application of Bronfenbrenner's (1977) socio-ecological model developed by Hurtado and colleagues, which understands climate as the product of interrelated dimensions: an institution's historical legacy of inclusion or exclusion; its compositional diversity; the psychological dimension of community members' perceptions, attitudes, and sense of belonging; the behavioral dimension of intergroup interactions and experiences, including harassment and discrimination; and the organizational dimension of structures, policies, and practices (Hurtado et al., 1998; Milem et al., 2005).

No single dimension explains the climate of a campus: a community member's sense of safety reflects what they have personally experienced, what they have observed, what they believe their institution values, and how they expect it to respond. The 2026 University of Michigan *Climate Survey Related to Campus Culture and Community* was designed with this framework in mind, and this summary is structured accordingly—moving from the psychological dimension (perceptions of and comfort with the climate, freedom of expression, institutional trust, and sense of belonging), through the behavioral dimension (experiences with and observations of harassment and discrimination based on race, color, national origin, and shared ancestry), to the organizational dimension (knowledge and perceptions of the University's Title VI reporting processes, resources, and institutional responses).

Representative samples of students, faculty, and staff across the University of Michigan's Ann Arbor, Dearborn, Flint, and Michigan Medicine campuses were invited to participate in the survey. Each summary in this series presents findings for one campus and population, so the distinct experiences of each community are visible to the campus communities. The findings that follow are offered in that spirit: as a detailed, community-specific evidence base for the University's continuing efforts to ensure that every member of its community can live, learn, and work free from discrimination and harassment.

Methodology

The 2026 University of Michigan *Climate Survey Related to Campus Culture and Community* was distributed to a randomly-selected sample of University of Michigan students, faculty, and staff. The survey opened on March 11, 2026, and data collection concluded on April 15, 2026[1]. Participation was entirely voluntary, and all Michigan community members invited to participate were 18 years of age or older. All participants provided informed consent before beginning the survey. Participants were allowed to skip any survey items they wished, except a few initial questions regarding their role at Michigan (e.g., undergraduate student, graduate student, faculty, or staff). All responses were anonymous and confidential; no individual information was collected in the climate survey; and all findings are presented in aggregate. All U-M employees who completed the survey received a $15 Visa gift card incentive.

Survey Instrument

The survey instrument was constructed from Rankin Climate's extensive climate assessment item library, with the assistance of a University of Michigan Climate Study Advisory Group. The advisory group reviewed the proposed survey instrument and thoroughly vetted all questions to ensure they were contextually appropriate for the University. The final employee survey—offered online—contained 36 core questions. The survey presented participants with the opportunity to provide information about their personal experiences on campus, their perceptions of the campus climate, and their perceptions of the University of Michigan's institutional actions, including administrative policies and academic initiatives regarding harassment and discrimination based on race, color, or national origin, as well as community members' experiences reporting related issues and concerns to the University of Michigan. All harassment and discrimination items were constructed to assess experiences in the past year. This survey module also contained follow-up items displayed to employees who experienced harassment or discrimination to further assess the context of those experiences.

[1] **A note on survey timing:** In May 2026, after survey data collection concluded, U-M launched training on harassment and discrimination protections, reporting options, and institutional response mechanisms. The survey findings therefore represent a pre-training baseline and should not be interpreted as measuring awareness or understanding following the training's launch.

Survey Administration

The University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board (IRB) reviewed the project proposal, including the survey instrument, and assigned it a "Not Regulated" determination, which means the IRB determined the survey did not constitute human subjects research. Therefore, no IRB approval or oversight was required. The IRB considered the survey to be "Not Regulated" because it is a quality assurance and quality improvement activity with the intent of improving university services or programs.

Prospective participants who were part of a randomized representative sample of the University population (10%) received an invitation directly from Rankin Climate, which contained a specific URL link for each sample member. The online survey included a detailed introduction that explained the purpose of the project, assured anonymity of responses, and detailed the participant incentive. Prospective participants were informed that they were not required to respond to all survey items and that they could withdraw from the survey at any time.

Survey responses were stored into a secure database during data collection, then exported to a separate secure database for data management and analysis. Participants' comments were also separated from identifying information at submission, so comments could not be attributed to any individual demographic characteristics.

Design Limitations

A potential limitation of this self-report survey study was that participants "self-selected" to participate in the study. Self-selection bias, therefore, was possible. This type of bias can occur because an individual's decision to participate may be correlated with traits that affect the study, which could make the sample non-representative. For example, people with strong opinions or substantial knowledge regarding climate issues on campus may have been more apt to participate in the study.

Data Management & Analysis

After data collection concluded, all data were thoroughly reviewed and cleaned to remove responses identified as inauthentic, made in bad faith, or duplicate submissions from the dataset. Participants who completed at least one survey question (not including consent or role at the University of Michigan) were included in the final dataset for analysis. Results are only presented for groups of 5 or more individuals to eliminate the potential for identification based on demographic information.

Survey data were analyzed via IBM® SPSS® Statistics software to compare various groups' responses (in raw numbers and percentages). Missing data analyses were conducted, and descriptive statistics were calculated by salient group memberships (for example: racial/ethnic identity, cultural identity) to provide additional information regarding participant responses. Throughout much of this document, including the narrative and data tables within the narrative, information is presented using the percentage of valid responses. Chi-square tests provide only omnibus results, meaning they identify if significant differences exist between groups or categories in the data table, but chi-square tests do not identify which specific groups are different from one another. Therefore, these analyses included post-hoc investigations of statistically significant findings by conducting *z*-tests between column proportions for each row in the chi-square contingency table, with a Bonferroni adjustment, which accounted for the number of comparisons conducted for larger contingency tables. This approach is useful because it compares individual cells to each other to determine if they are statistically different (Sharpe, 2015). Thus, the data may be interpreted more precisely by showing the source of the greatest discrepancies. Statistically-significant distinctions between groups are noted whenever applicable throughout this document. Note that the percentages printed in this document are rounded.

In summarizing the quantitative results, Rankin Climate used the following guidelines. For Likert scale questions, responses of "strongly agree" and "agree" were combined. For example, "Sixty percent (n = 50) of participants 'strongly agreed' or 'agreed' that…." If the responses for either "strongly agree" or "agree" resulted in $n < 5$, then the combination of "strongly disagree" and "disagree" may have been used instead. When at least one statistically-significant difference emerged between groups, only one category of the Likert-type metric was indicated, indicating the specific significant difference. For example, "A higher percentage of White participants (40%, n = 10), compared with participants of Color (20%, n = 5), 'disagreed' that…." If more than one significant difference existed, Rankin Climate offered multiple sentences to describe the results for that survey item.

Post-Stratification Weighting

To ensure the sample was representative of the University population with regard to gender, post-stratification survey weights were applied to the data; these weights were calculated separately for each academic campus and Michigan Medicine. The racial/ethnic composition of each sample was also reviewed against corresponding 2026 University enrollment and HR data and found to be broadly consistent, with the caveat that the identity categories included in the survey and included in this summary (e.g., separate South Asian and Middle Eastern/North African categories, and a multiracial classification based on

selecting more than one identity) differ from those used in public U-M reporting. No additional weighting was applied. All percentages and counts (*n*) presented in this report reflect the weighted data, with weighted counts rounded to whole numbers. As a result, subgroup counts may not sum exactly to aggregate totals, and percentages may differ slightly from those calculated directly from the printed counts.

Means Testing Methodology

Means were computed for validated scales included in the survey instrument only after confirming unidimensionality via factor analyses of the survey data. The aim was to determine whether the factor scores differed based on personal experience with harassment and discrimination in the past year.

When only two categories existed for the specified demographic variable, a *t*-test was used to test differences between means. Any moderate-to-large effects are noted. When the specific variable of interest had more than two categories, a one-way Analysis of Variance (ANOVA) was run to determine whether any differences existed. Similar to chi-square tests, the ANOVA is an omnibus test that indicates if there is a big enough difference between groups to be statistically significant—it does not identify which groups are different from each other. If the ANOVA was significant, post-hoc tests were run to determine which differences between pairs of means were significant. When multiple factors could influence a potential outcome (for example, harassment or discrimination experience), an Analysis of Covariance (ANCOVA) was run to account for shared variance between predictors and reduce the likelihood of a false-positive result (Type I error).

Key Definitions

The following terms appear throughout this report and are defined as follows:

Barrier	A rule, law, or policy that makes it difficult or impossible for something to happen or be achieved.
Climate	The current attitudes and behaviors of faculty, staff, administrators, and students, as well as institutional policies and procedures, which influence the level of respect for individual needs, abilities, and potential.
Discrimination	Inequitable treatment or barriers (e.g., denying admission, restricting services, providing fewer resources, or enforcing policies that disproportionately disadvantage people of a certain race, color, or national origin).
Ethnicity	A socially constructed category about a group of people based on their shared culture. This can be reflected in language, religion, material culture, such as clothing and cuisine, and cultural products such as music and art.
Gender Expansive	Individuals who identified as Agender, Genderqueer, Genderfluid, Gender Non-binary, Gender Non-conforming, Transgender, or listed another gender that does not fall within the gender binary.
Gender Identity	A person's inner sense of being a man, woman, both, or neither. Gender identity may or may not be expressed outwardly and may or may not correspond to one's physical characteristics.
Harassment	Unwelcome behavior (e.g., slurs, intimidation, repeated derogatory comments) that creates an environment so offensive it interferes with a person's ability to participate in or benefit from a program.
National Origin	Refers to a person's (or their ancestors') place of birth, heritage, ancestry, culture, or linguistic characteristics.
Racial Identity	A socially-constructed category about a group of people based on generalized physical features such as skin color, hair type, shape of eyes, physique, etc.
Shared Ancestry	Refers to national origin, including actual or perceived ancestry or

	ethnic characteristics. A Title VI incident related to shared ancestry could include discrimination based on ethnic characteristics; physical, cultural, and linguistic traits; or customs and traditions linked to ancestral backgrounds.
Title VI	A federal law that protects people from discrimination based on race, color, or national origin (including actual or perceived ancestry) in any program or activity that receives federal funding.
University of Michigan	Throughout the survey and this report, "University of Michigan", "U-M", and Michigan Medicine all refer to the University of Michigan – Michigan Medicine as an institution and a campus, including off-site locations controlled by the University (not including UM-Ann Arbor, UM-Dearborn and UM-Flint campuses, which are identified uniquely).

Executive Summary

In March 2026, the University of Michigan partnered with Rankin Climate (now Interwoven Insights) to conduct the *Climate Survey Related to Campus Culture and Community*. The survey was administered from March 11 through April 15, 2026,[2] to a randomly selected, representative sample of students, faculty, and staff across the Ann Arbor, Dearborn, and Flint campuses and Michigan Medicine. It asked community members about their experiences with and observations of harassment and discrimination based on race, color, or national origin, including actual or perceived shared ancestry, as well as the campus climate, freedom of expression, sense of belonging and safety, and awareness of University reporting processes and resources.

Many of the findings align with national trends in institutional climate studies and with experiences documented in the literature on historically underrepresented and underserved populations. Nationally, concerns about freedom of speech and external influences on institutional policies, procedures, and responses are common themes in higher education climate assessments. At the same time, the survey results highlight unique findings specific to the University of Michigan community.

This summary presents the key findings for **Michigan Medicine employees**.[3] Nearly one thousand Michigan Medicine employees in the randomized sample responded to the survey (*n* = 980 participants), including 23% of the Faculty (*n* = 113 participants) and 22% of the Staff (*n* = 867 participants) invited to participate. Responses were statistically weighted to ensure the sample reflects the gender composition of the University's workforce. The sample's racial and ethnic composition was reviewed against University human resources data and found to be broadly consistent. Throughout this summary, percentages describe employees who answered each question. Findings are reported in aggregate, and no results are shown for groups of fewer than five employees.

Michigan Medicine employees generally feel comfortable with the climate, safe from harassment and discrimination, and valued by the colleagues they work with directly. Opportunities to strengthen the climate include advancing equitable experiences across

[2] A note on survey timing: In May 2026, after survey data collection concluded, U-M launched training on harassment and discrimination protections, reporting options, and institutional response mechanisms. The survey findings therefore represent a pre-training baseline and should not be interpreted as measuring awareness or understanding following the training's launch.

[3] This executive summary intentionally avoids technical language and results, which can be found elsewhere in this report.

employee groups, supporting constructive expression and dialogue, increasing awareness of Title VI reporting processes and resources, building confidence in institutional responsiveness and transparency, and improving retention through supportive workplace conditions.

A summary of top-line findings from the Michigan Medicine employee sample includes:

Most employees are comfortable and feel safe from harassment and discrimination at Michigan Medicine. However, climate perspectives vary across identities.

- Overall, almost three quarters of the employees reported feeling comfortable with Michigan Medicine's climate, and more than seven in ten felt safe from harassment or discrimination based on race, skin color, national origin, or shared ancestry.
- By racial identity, most Asian/South Asian employees were comfortable with the overall climate, whereas just over half of Black employees were comfortable.
- By religious identity, about three quarters of Christian/Catholic, Jewish, and Non-Religious employees reported similar comfort with the overall climate, while two thirds of Muslim employees were comfortable.

Harassment and discrimination affect a minority of employees, are concentrated among particular groups, and are usually not reported to Michigan Medicine.

- Ten percent of employees reported personally experiencing conduct in the past year that interfered with their work, and 8% observed it.
- Rates were highest among employees with Another Racial Identity[4], Middle Eastern or North African (MENA) employees, and Hispanic employees, and among Muslim employees by religious affiliation. Employees whose primary language is not English experienced this conduct at twice the rate of employees whose primary language is English (18% vs. 9%).
- Ethnicity, racial identity, and gender/gender identity were the top perceived bases of the conduct.

[4] Many racial/ethnic categories were combined for analysis to eliminate the potential for identification based on demographic information.

- Seven in ten employees who experienced harassment or discrimination indicated it occurred while working at Michigan Medicine. The most common source of the conduct was a coworker or colleague, followed by a Staff member or a supervisor/manager.

- Nearly three quarters of employees who experienced this conduct did not disclose it to a Michigan Medicine office or official. Following an incident, employees most often avoided the person or venue, told a friend or family member, or contacted a Michigan Medicine resource; one-quarter chose no further action.

Employees are willing to intervene and believe Michigan Medicine will take reports seriously, but fewer than half know where to report or what happens after a report.

- Employees generally reported high confidence in intervening as bystanders. Most felt confident they would check in with someone who may have experienced harassment or discrimination, intervene if someone was harassing or discriminating against another person based on their identity, and speak up against racist or culturally insensitive jokes.

- Slightly less than half of employees would know where to go to report a Title VI violation, understood what happens when someone reports one, and were familiar with Michigan Medicine's Title VI policies.

- Three quarters believed Michigan Medicine would take a Title VI report seriously, and more than three in five believed the institution would support the person making the report, believed it would take action to address the factors that led to the conduct, and expected it would handle the report fairly. A slim majority believed Michigan Medicine would provide supportive measures to the person making the report.

Employees feel valued by the people they work with, and most would recommend Michigan Medicine as a good place to work; institutional responsiveness and transparency are opportunities for growth.

- Local work relationships were highlighted as an important strength at Michigan Medicine. Four in five Faculty felt valued by other faculty members and three quarters by faculty in their department or program. Four in five Staff felt valued by

coworkers in their work unit, and three quarters felt valued by their supervisor or manager.

- Employees felt relatively less valued by senior administrators and indicated concerns with institutional transparency. Written comments linked these concerns to institutional decisions related to diversity, equity, and inclusion programming and the discontinuation of gender-affirming care.
- Three quarters of the employees would recommend Michigan Medicine as a good place to work.

Employees generally feel safe expressing their identities, but are less comfortable sharing personal or political views.

- Although approximately three in four Michigan Medicine employees felt safe expressing their identity, about half felt free to express personal views without fear of professional or social consequence, and just over one-quarter felt free to express political views.
- Black and Hispanic employees were least likely to feel free to express personal views by racial identity, and Spiritual[5] employees were least likely by religious affiliation.

[5] **"Spiritual"** was offered as a response option for the question "What is your religious or spiritual identity?" Spirituality is a 'travelling concept' without shared meaning in religious or spirituality studies (Bal, 2002). Within the context of this assessment, self-identification as spiritual may be understood as an orientation toward existential questioning, meaning-making, and connection to the transcendent, which can be facilitated by institutional religion, but is not bound by it.

Participant Characteristics

Nearly one thousand Michigan Medicine Employees included in the randomized sample responded to the survey (*n* = 980), including 23% of the Faculty (*n* = 113) and 22% of the Staff (*n* = 867) invited to participate. Additional details on survey participants are presented below, broken down by position (i.e., faculty, staff), gender identity, racial identity, religious or spiritual affiliation, culture/ethnicity, and language status.

Position

The majority of the employees were Staff (88%, *n* = 867), while 12% (*n* = 113) were Faculty (see Figure 1).

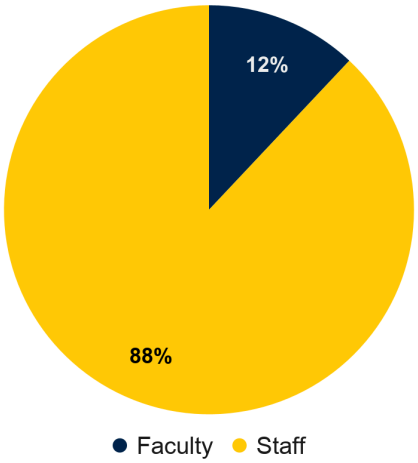


Figure 1. Survey Participants by Employee Position

Gender Identity

Nearly three-quarters of participants identified as Women (73%, *n* = 692), while 26% (*n* = 241) identified as Men. The remaining 2% (*n* = 14) identified as Gender Expansive (see Figure 2).

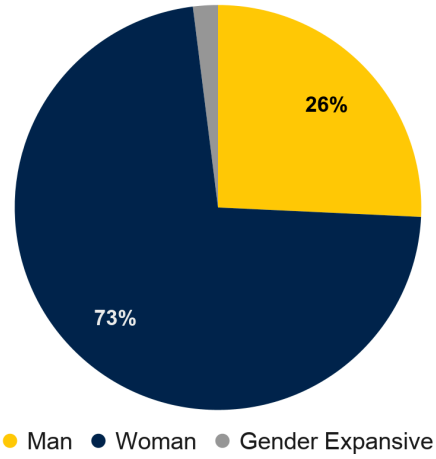


Figure 2. Survey Participants by Gender Identity

Racial and Ethnic Identity

Employee racial/ethnic identity is detailed in Figure 3. Nearly three-quarters of participants identified as White (73%, *n* = 621), while one out of every ten (10%, *n* = 85) identified as Asian/South Asian. Smaller percentages of Faculty and Staff identified as Black (6%, *n* = 47), Hispanic (2%, *n* = 20), MENA (2%, *n* = 17), Another Racial Identity[6] (1%, *n* = 10), or Multiracial (6%, *n* = 48).

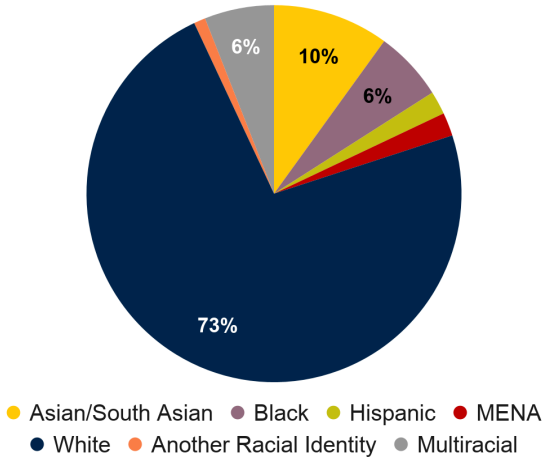


Figure 3. Survey Participants by Racial Identity

Religious or Spiritual Affiliation

Employee religious/spiritual identity is detailed in Figure 4. Half of Faculty and Staff (51%, *n* = 456) indicated that they were Christian/Catholic. Smaller percentages of participants indicated that they were Jewish (3%, *n* = 23), Muslim (3%, *n* = 26), Spiritual[7] (3%, *n* = 27), or Another or Multiple Affiliations[8] (12%, *n* = 104). Three out of every ten (30%, *n* = 267) indicated they were Non-religious.

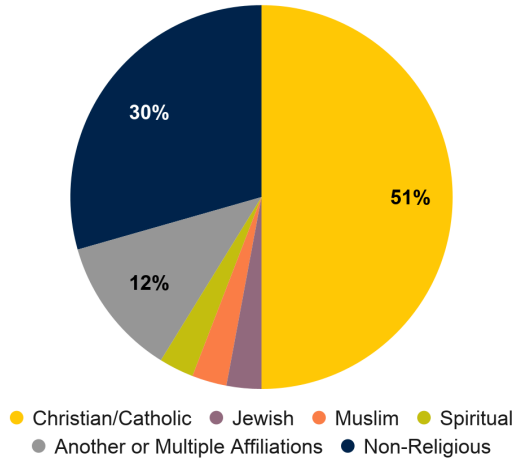


Figure 4. Survey Participants by Religious or Spiritual Affiliation

[6] "Another Racial Identity" includes participants who identified as American Indian/Native American/Indigenous, Pacific Islander, or indicated "another identity not listed."

[7] **"Spiritual"** was offered as a response option for the question "What is your religious or spiritual identity?" Spirituality is a 'travelling concept' without shared meaning in religious or spirituality studies (Bal, 2002). Within the context of this assessment, self-identification as spiritual may be understood as an orientation toward existential questioning, meaning-making, and connection to the transcendent, which can be facilitated by institutional religion, but is not bound by it.

[8] "Another or Multiple Affiliations" includes participants who identified as Baha'i, Buddhist, Hindu, Pagan, Quaker, Sikh, Taoist, Unitarian Universalist, indicated "an affiliation not listed," or selected more than one religious affiliation.

Culture/Ethnicity

To ensure comprehensive measurement of identities most relevant to this survey topic, participants were asked additional questions on their cultural background. Responses to these items were combined with racial/ethnic and religion/spirituality responses to form a more complete categorization of employees with Jewish and Muslim or Arab identities. Three percent (3%, *n* = 26) of participants identified as either culturally or spiritually Jewish, whereas the remainder either did not identify as Jewish or their identity was unknown (97%, *n* = 954) (see Figure 5).

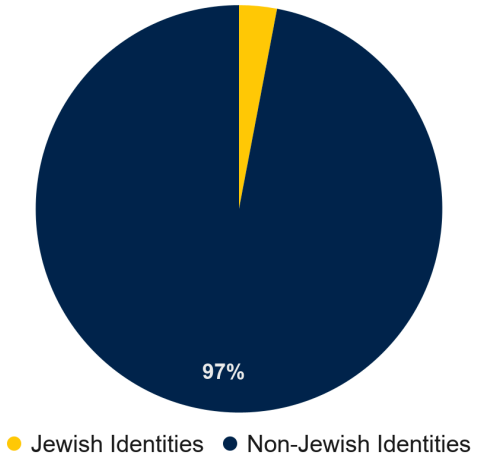


Figure 5. Survey Participants by Jewish Identity

Additionally, 3% (*n* = 29) of employees identified as culturally or spiritually Muslim or Arab and not Jewish, while the majority (97%, *n* = 951) either did not identify as culturally or spiritually Muslim or Arab, identified as Jewish, or had an identity that is unknown (see Figure 6).

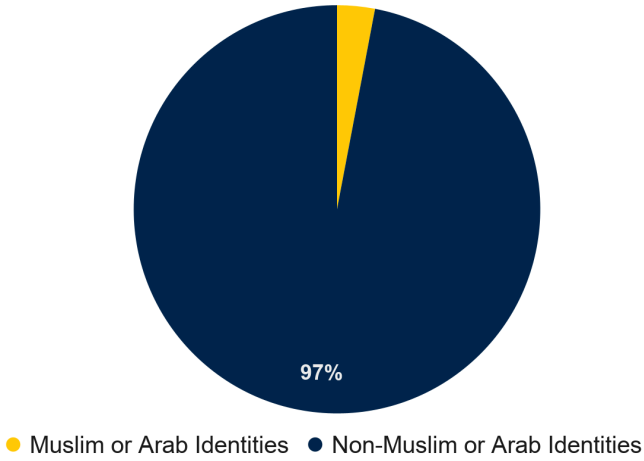


Figure 6. Survey Participants by Muslim or Arab Identity

Primary Language

Figure 7 illustrates that a large majority of employees indicated their primary language was English (87%, *n* = 848), while the remainder indicated that their primary language is a language other than English (13%, *n* = 122).

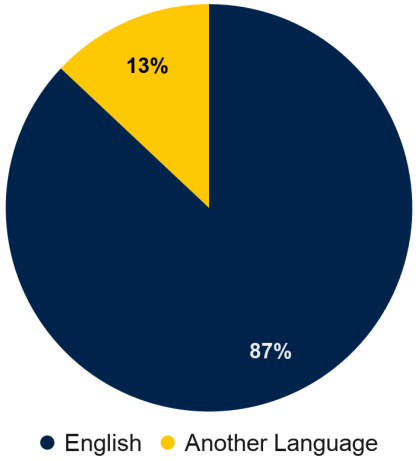


Figure 7. Survey Participants by Primary Language

Campus Climate at Michigan Medicine

The climate assessment portion of the survey opened with a brief series of general questions about employees' level of comfort at the Michigan Medicine campus: overall, in their work units, and in their classes (for faculty and instructional staff). Faculty and Staff generally indicated they were comfortable with the climate across the settings assessed, although specific groups of employees were not as comfortable compared with their peers.

Seventy-two percent (72%, *n* = 702) of Faculty and Staff participants were comfortable (i.e., either 'very comfortable' or 'comfortable') with the overall climate at Michigan Medicine. Three-quarters of participants (75%, *n* = 730) indicated feeling comfortable with the climate in their workplace; an equal percentage of Faculty and Staff Instructors (75%, *n* = 78) indicated they were comfortable with the climate in their classes at Michigan Medicine (see Table 1).

	Very comfortable or comfortable	Neither comfortable nor uncomfortable	Uncomfortable or very uncomfortable
Overall, how comfortable are you with the climate at the University of Michigan?	**72%** (*n* = 702)	**18%** (*n* = 170)	**10%** (*n* = 97)
Overall, how comfortable are you with the climate in your department/program or work unit at the University of Michigan?	**75%** (*n* = 730)	**15%** (*n* = 140)	**10%** (*n* = 98)
Overall, how comfortable are you with the climate in your classes at the University of Michigan?*	**75%** (*n* = 78)	**22%** (*n* = 23)	**3%** (*n* = 3)

Note: Missing data are excluded from percentage calculations. Percentages may not sum to 100 due to rounding.
*Participants who are "Instructional," regardless of Faculty or Staff position, were shown this survey item.

Table 1. Employee Comfort with Climate Overall, in Classes, and in Work Units at Michigan Medicine

Overall Climate

Again, seven out of every ten (72%, *n* = 702) of Michigan Medicine Employees indicated that they were comfortable with the overall climate at the University. Examining Employee Position Status (see Figure 8), relatively similar percentages of Faculty (74%, *n* = 83) and Staff (72%, *n* = 619) indicated feeling comfortable overall.

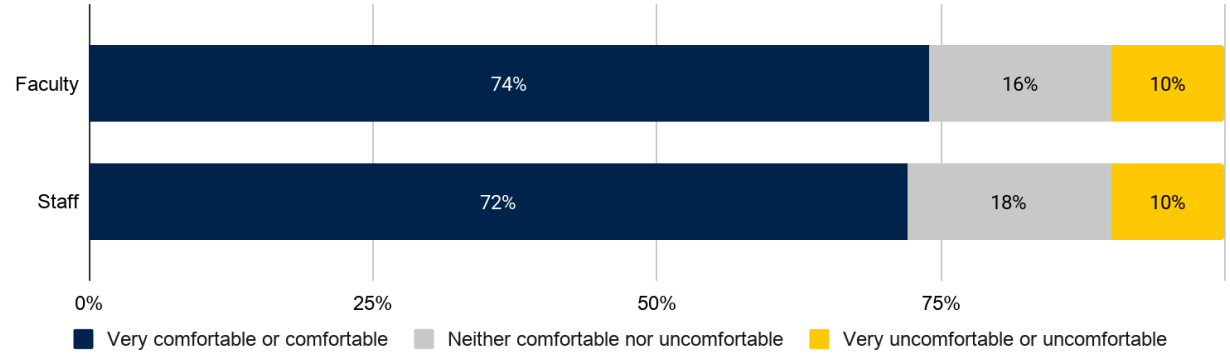


Figure 8. Comfort with Overall Climate, by Employee Position Status

Racial Identity. Asian/South Asian employees were most likely to be comfortable with the overall climate (86%, *n* = 73), followed by Employees with Another Racial Identity (80%, *n* = 8). Roughly three-quarters of Multiracial (77%, *n* = 36) and White (74%, *n* = 459) participants indicated that they were comfortable, while approximately two-thirds of Hispanic (68%, *n* = 13) and MENA (65%, *n* = 11) participants indicated comfort. Employees who identified as Black were least likely to be comfortable with the overall climate; just over half (54%, *n* = 25) of Black employees indicated they were comfortable with the overall climate, while one out of every five (20%, *n*= 9) shared they were "very uncomfortable" or "uncomfortable" (see Figure 9).

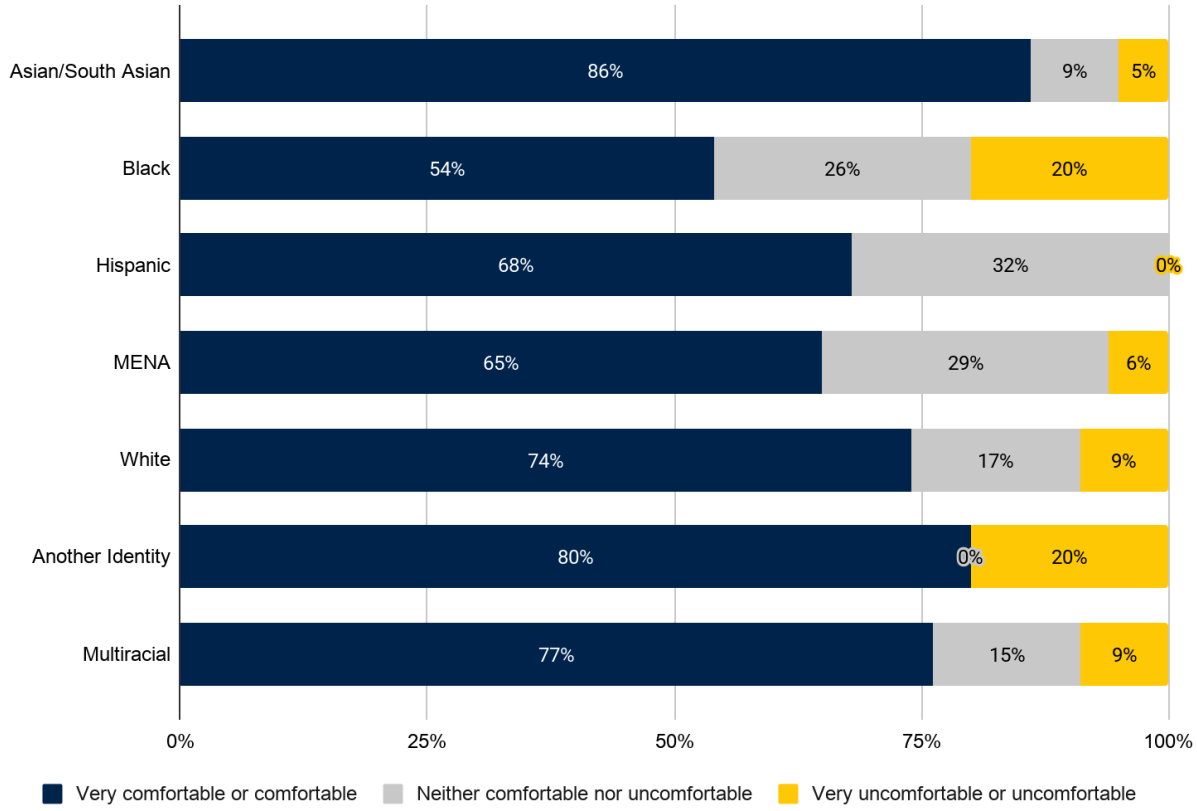


Figure 9. Comfort with Overall Climate, by Racial Identity

Religious Affiliation. When considering comfort with campus climate by religious affiliation, nearly three-quarters of Christian/Catholic employees (74%, *n* = 335), Jewish employees (74%, *n* = 17), and Non-religious employees (74%, *n* = 197) indicated that they were comfortable with the overall climate. Over two-thirds of employees with Another or Multiple Religious Affiliations and Spiritual employees indicated feeling comfortable (70%, *n* = 73 and 68%, *n* = 17, respectively). Participants who identified as Muslim were the least comfortable with the overall climate, where 64% (*n* = 16) indicated feeling comfortable and over one-quarter (28%, *n* = 7) were "neither comfortable nor uncomfortable" (see Figure 10).

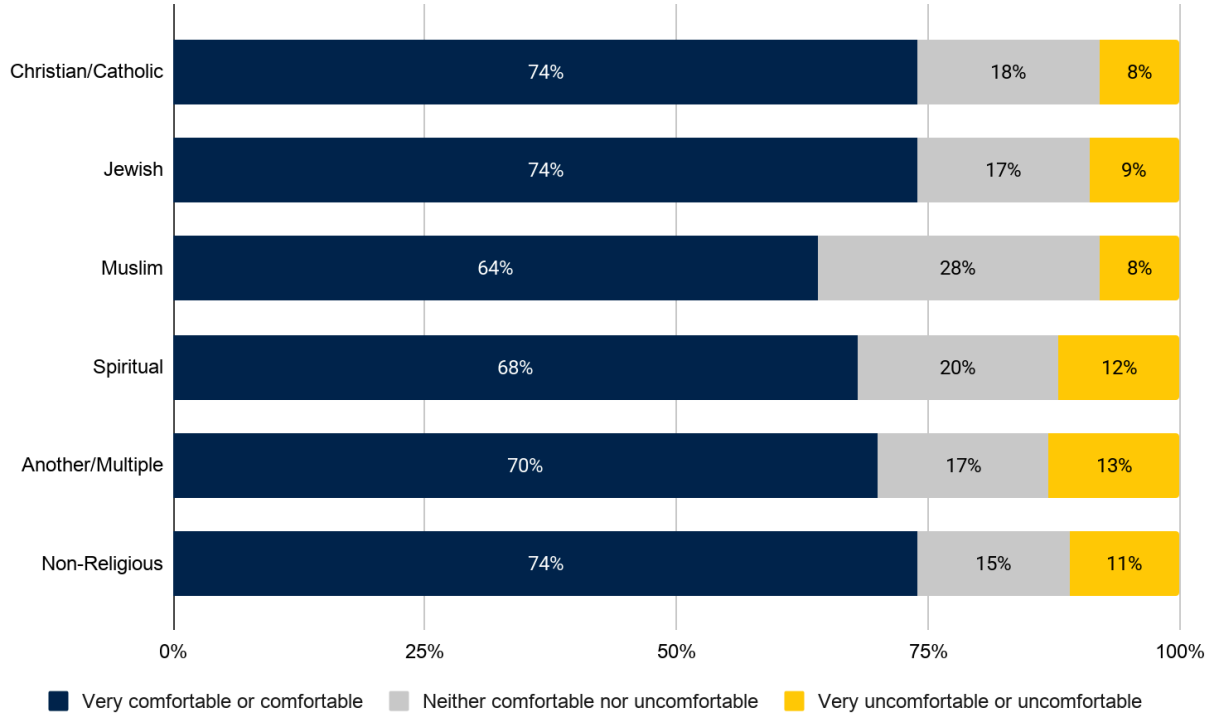


Figure 10. Comfort with Overall Climate, by Religious Affiliation

Jewish Identity. Relatively equal percentages of employees who identify as religiously or culturally Jewish (73%, *n* = 19) and those who do not (72%, *n* = 683) indicated feeling comfortable with the overall climate at Michigan Medicine (see Figure 11).

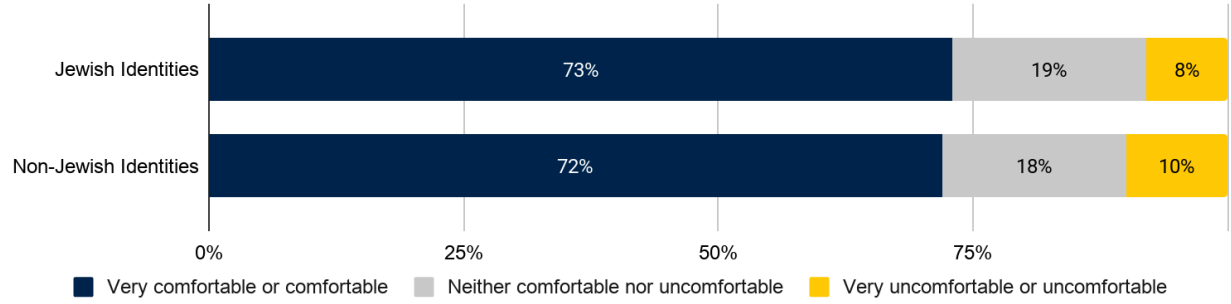


Figure 11. Comfort with Overall Climate, by Jewish Identity

Muslim or Arab Identity. Approximately three-quarters of employees who do not identify as religiously or culturally Muslim or Arab, or whose religious or cultural identity is unknown (73%, *n* = 683) shared that they were comfortable overall. Of employees who identify as religiously or culturally Muslim or Arab, two-thirds (66%, *n* = 19) indicated feeling comfortable, with one out of every ten (10%, *n* = 3) indicating they were uncomfortable (see Figure 12).

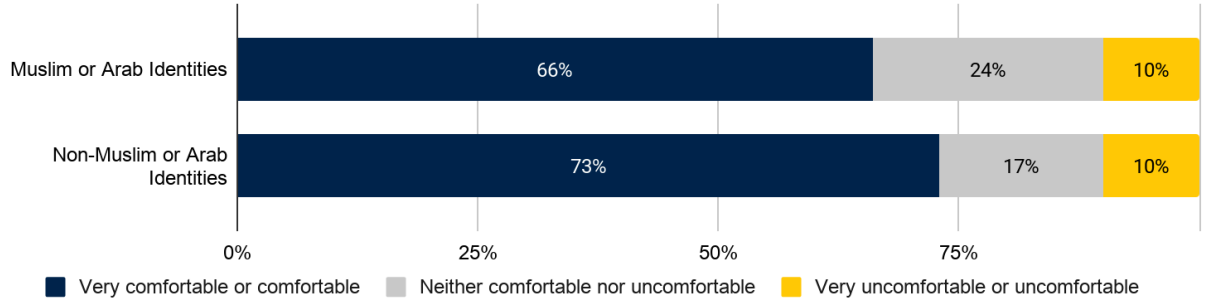


Figure 12. Comfort with Overall Climate, by Muslim/Arab Identity

Primary Language. Eight out of every ten employees who indicated their primary language is not English (80%, *n* = 98) shared that they felt comfortable with the overall climate at Michigan Medicine, while seven out of every ten (71%, *n* = 603) employees whose primary language is English indicated feeling comfortable (see Figure 13).[9]

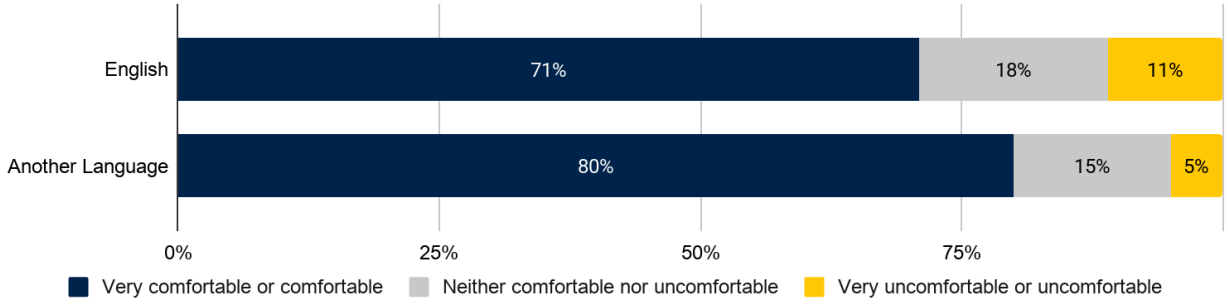


Figure 13. Comfort with Overall Climate, by Primary Language

Climate in Department or Work Unit

Three-quarters (75%, *n* = 730) of Michigan Medicine employees indicated that they were comfortable with the climate in their department or work unit, including 76% (*n* = 646) of Staff participants and 75% (*n* = 84) of Faculty participants (see Figure 14).

[9] *t*-test results revealed a statistically significant difference in comfort with climate by Primary Language, where Employees with another primary language indicated significantly higher levels of comfort than those whose primary language is English; $t(180.37) = -2.059$, $p = .041$.

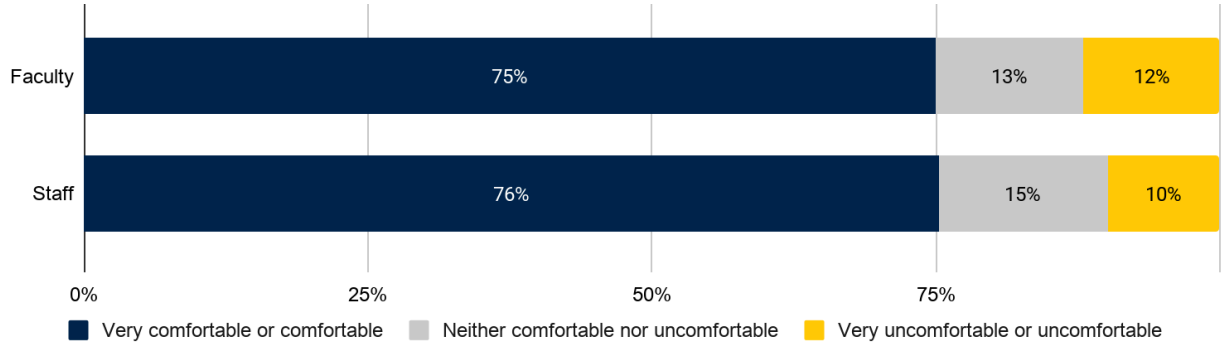


Figure 14. Comfort with Department/Work Unit Climate, by Employee Position Status

Racial Identity. Asian/South Asian employees indicated the highest level of comfort with their department/work unit climate (87%, *n* = 74), followed by MENA employees (82%, *n* = 14). Additionally, approximately three-quarters of each White employees (77%, *n* = 476), Multiracial employees (75%, *n* = 35), and Hispanic employees (74%, *n* = 14) shared that they were comfortable with their department/work unit climate, along with two-thirds (66%, *n* = 31) of Black employees. Participants with Another Racial Identity indicated the lowest levels of comfort, where six out of every ten (60%, *n* = 6) felt comfortable (see Figure 15).

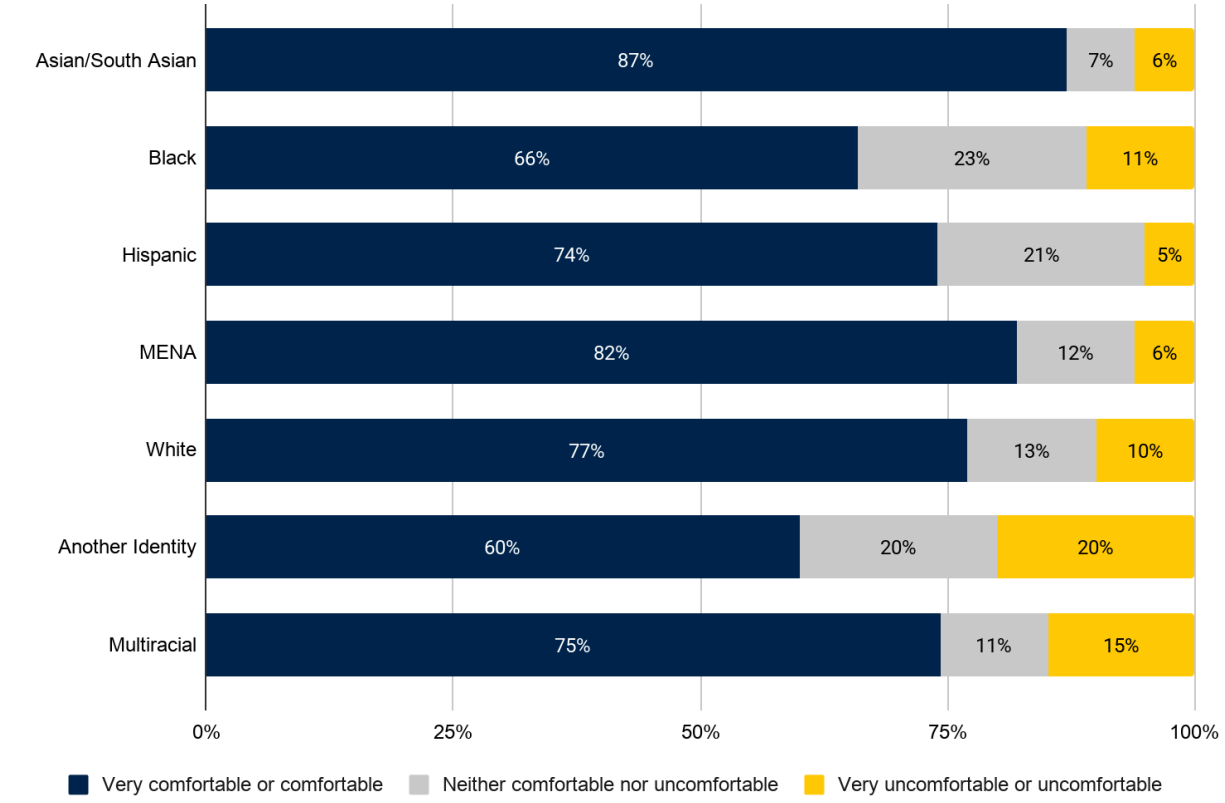


Figure 15. Comfort with Department/Work Unit Climate, by Racial Identity

Religious Affiliation. Over three-quarters of Christian/Catholic employees (79%, *n* = 357), Jewish employees (78%, *n* = 18), and Non-religious employees (78%, *n* = 209) indicated feeling comfortable with the climate in their department or work unit, along with over two-thirds (68%, *n* = 17) of Spiritual employees. Both employees with Another or Multiple Religious Affiliations and Muslim employees indicated the lowest levels of comfort (63%, *n* = 65 and 60%, *n* = 15, respectively, see Figure 16).

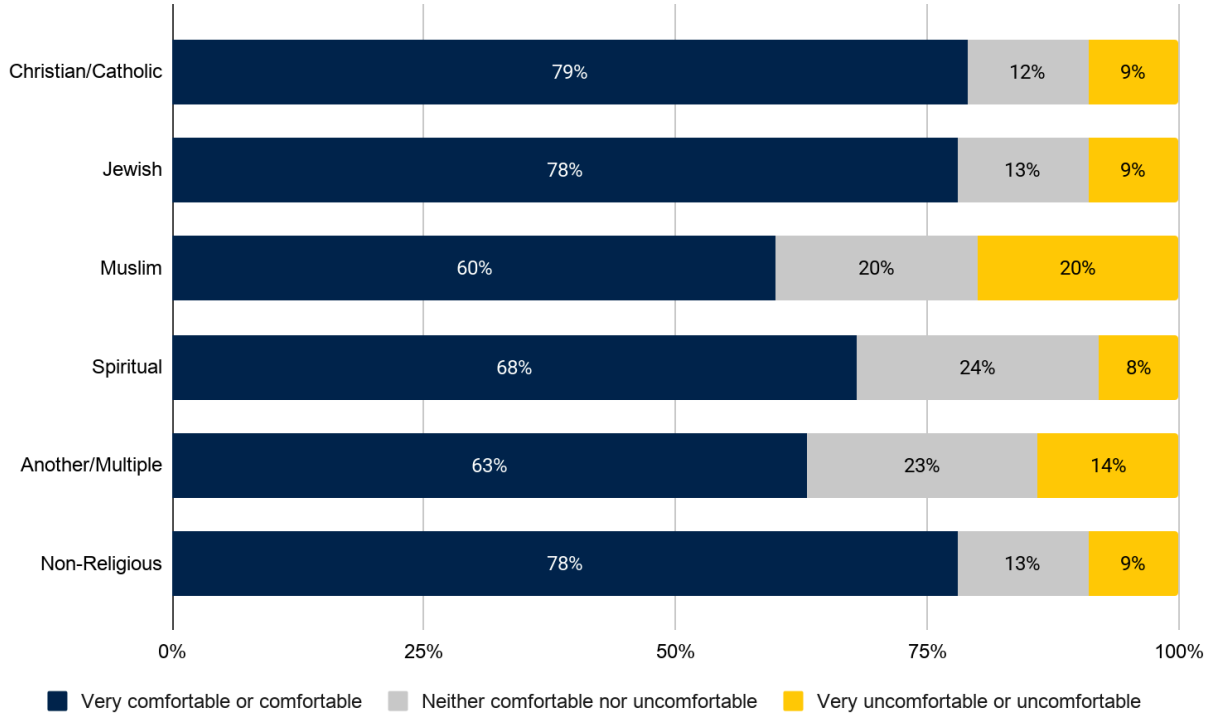


Figure 16. Comfort with Department/Work Unit Climate, by Religious Affiliation

Jewish Identity. Three-quarters or more of employees who are not religiously or culturally Jewish (75%, *n* = 711) and those who are religiously or culturally Jewish (77%, *n* = 20) indicated feeling comfortable with the climate in their department or work unit (see Figure 17).

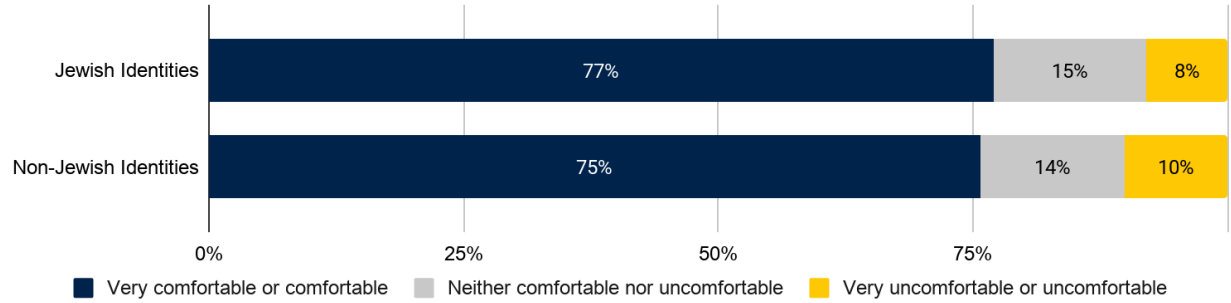


Figure 17. Comfort with Department/Work Unit Climate, by Jewish Identity

Muslim or Arab Identity. Just over three-quarters (76%, *n* = 712) of employees who are not religiously or culturally Muslim or Arab shared that they were comfortable with their department/work unit climate, while 62% (*n* = 18) of those who are religiously or culturally Muslim or Arab shared this same sentiment (see Figure 18).

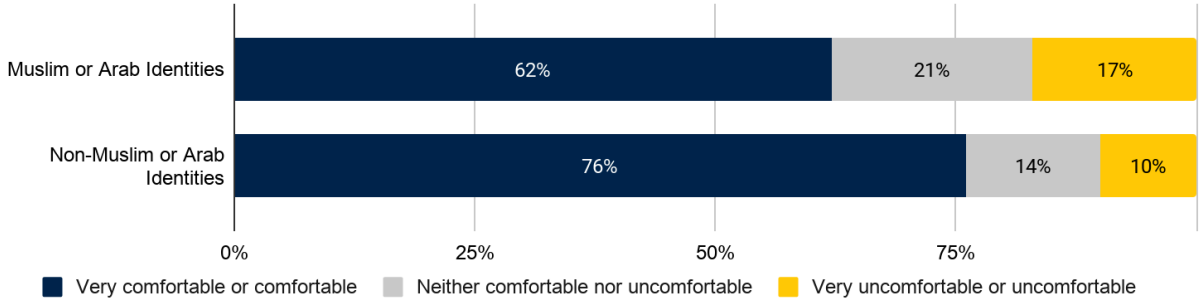


Figure 18. Comfort with Department/Work Unit Climate, by Muslim or Arab Identity

Primary Language. Nearly eight out of every ten (79%, *n* = 96) of employees whose primary language is not English indicated they were comfortable with their department/work unit climate; three-quarters (75%, *n* = 633) of those whose primary language is English shared this sentiment (see Figure 19).

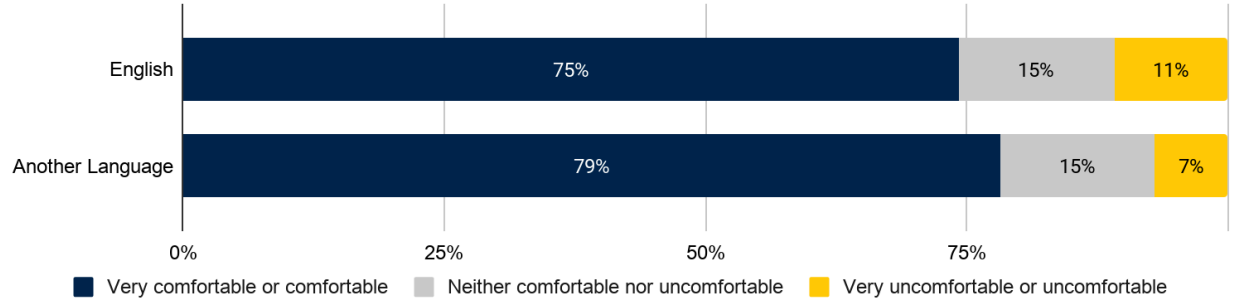


Figure 19. Comfort with Department/Work Unit Climate, by Primary Language

Climate in the Classroom

Three-quarters of Faculty and Staff with roles that involve classroom instruction at Michigan Medicine indicated feeling comfortable with the climate in their classes (75%, *n* = 78). Nearly nine out of every ten Faculty Instructors (90%, *n* = 33) indicated that they were comfortable with the classroom climate; and while two-thirds of Staff Instructors (67%, *n* = 45) shared this sentiment, three out of every ten (30%, *n* = 20) shared that they were "neither comfortable nor uncomfortable" (see Figure 20).

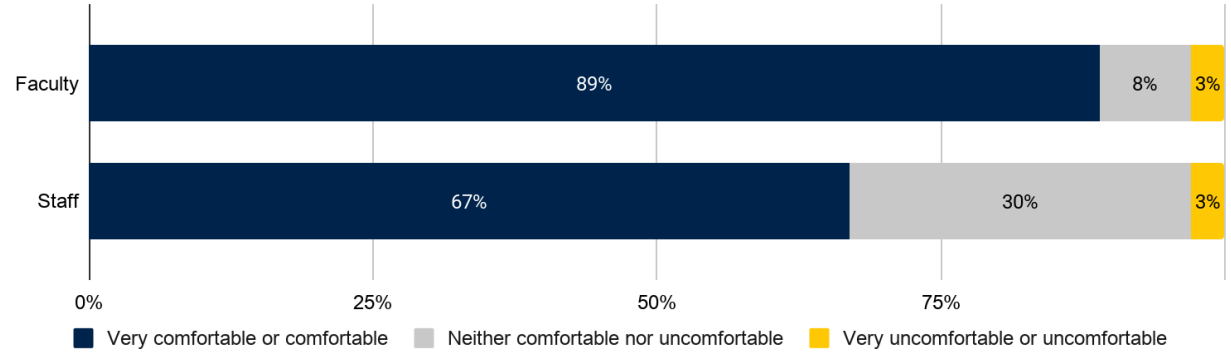


Figure 20. Comfort with Classroom Climate, by Employee Position Status

Racial Identity. Black Instructors indicated the highest level of comfort with the climate in their classes (86%, *n* = 6), followed by White instructors (81%, *n* = 50) and Asian/South Asian Instructors (78%, *n* = 7). Multiracial Instructors felt the least comfortable with the class climate, where equal percentages indicated feeling comfortable, neutral, or uncomfortable (33%, *n* = 2 each, see Figure 21).[10]

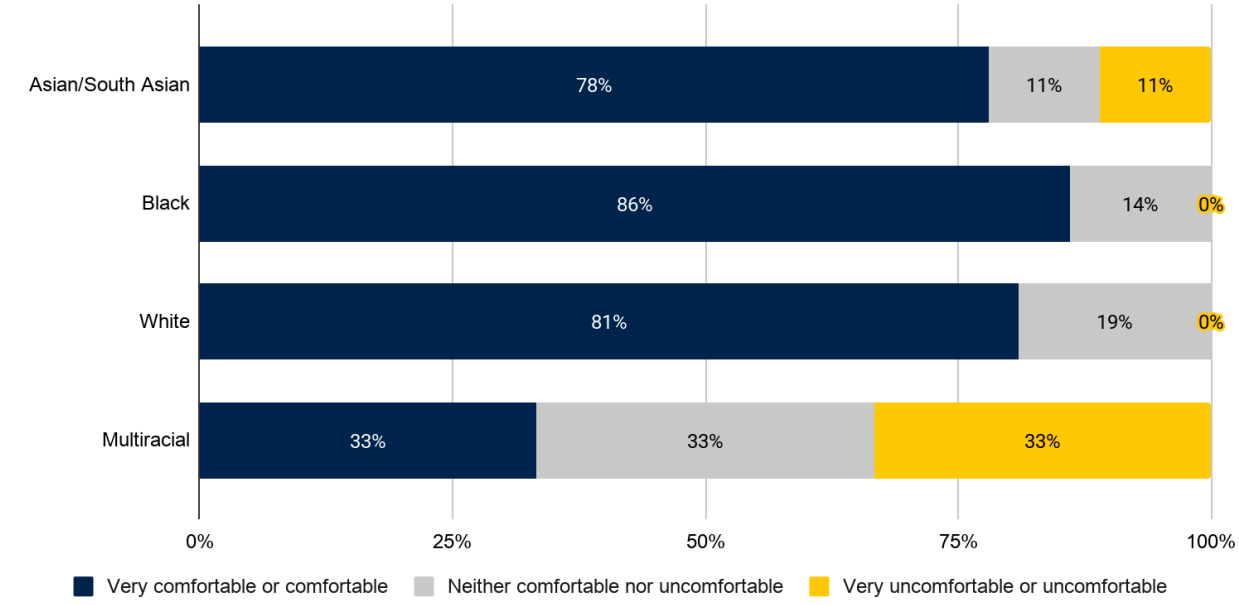


Figure 21. Comfort with Classroom Climate, by Racial Identity

Religious Affiliation. All Jewish Instructors (100%, *n* = 5) shared that they were comfortable with the climate in their classes, along with 87% (*n* = 26) of Non-Religious

[10] MENA Instructors and Instructors with Another Racial Identity are not included here due to small sample sizes (*n* < 5).

Instructors. Approximately three-quarters (76%, *n* = 37) of Christian/Catholic Instructors shared this sentiment (see Figure 22).[11]

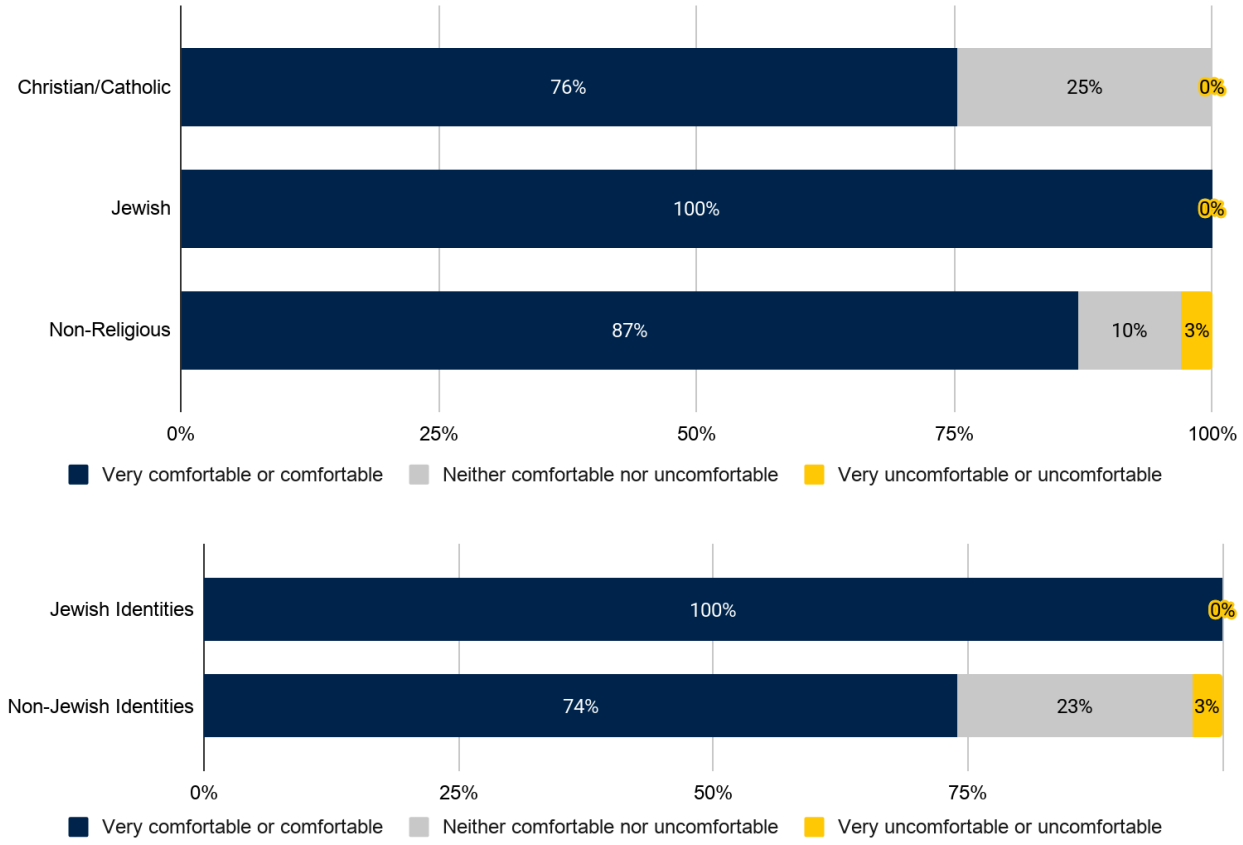


Figure 22. Comfort with Classroom Climate, by Religious Affiliation

Jewish Identity. Instructors who identify as religiously or culturally Jewish indicated high levels of comfort with the climate in their classes, where all (100%, *n* = 5) shared that they were comfortable. Nearly three-quarters (74%, *n* = 73) of Instructors who do not identify as religiously or culturally Jewish or whose religious and cultural identity are unknown felt comfortable in the classroom (see Figure 23).

Figure 23. Comfort with Class Climate, by Jewish Identity

Muslim or Arab Identity. Just over three-quarters (76%, *n* = 75) of Instructors who do not identify as religiously or culturally Muslim or Arab, or whose identity is unknown, shared that they were comfortable with the climate in their classes at Michigan Medicine, while six out

[11] Muslim Instructors, Spiritual Instructors, and Instructors with Another or Multiple Religious Affiliations are not included here due to small sample sizes (*n* < 5).

of every ten (60%, *n* = 3) of participants who do identify as religiously or culturally Muslim or Arab shared this sentiment (see Figure 24).

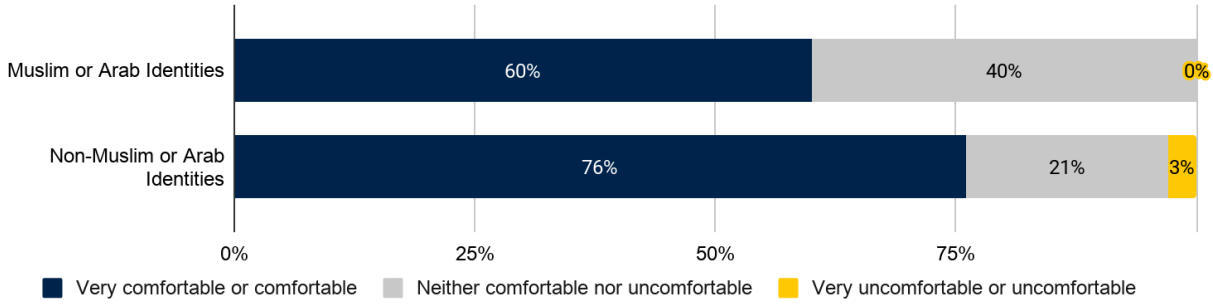


Figure 24. Comfort with Class Climate, by Muslim/Arab Identity

Primary Language. Eighty-six percent (86%, *n* = 12) of Instructors whose primary language is not English indicated that they were comfortable with the climate in their classroom, while 74% (*n* = 65) of Instructors whose primary language is English shared the same (see Figure 25).

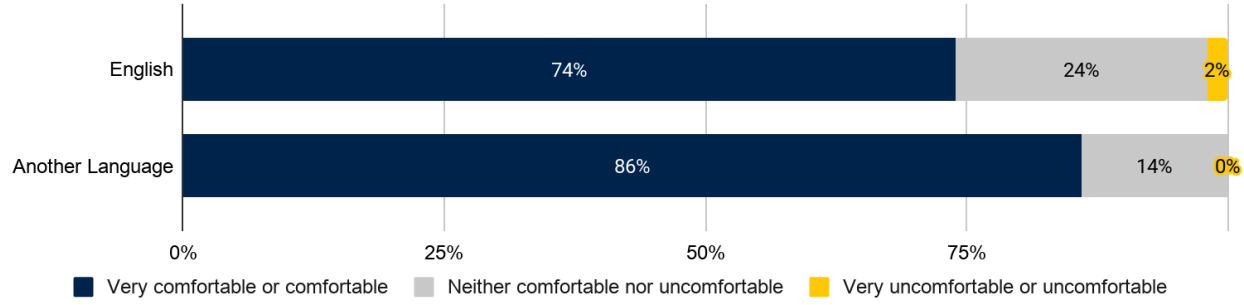


Figure 25. Comfort with Class Climate, by Primary Language

Workplace Climate

Faculty and Staff were asked a series of questions to assess their experiences with the workplace climate at U-M, including their responsibilities, work-life balance, and career opportunities (see Table 2).

Nearly seven out of every ten (69%, *n* = 653) employees agrees that Michigan Medicine *provides [them] with resources to pursue professional development*, while closer to six out of every ten (61%, *n* = 582) employees indicated that they are *included in opportunities that will help [their] career as much as others in similar positions*. Sixty-three percent (63%, *n* = 594) specifically indicated that their *colleagues include [them] in opportunities that will help [their] career as much as they do others in [their] position*.

One-quarter of participants (25%, *n* = 233) indicated that they *feel burdened by service responsibilities beyond those of [their] colleagues with similar performance expectations*, where Faculty agreed significantly more than Staff (30%, *n* = 34 and 24%, *n* = 199, respectively). Additionally, six out of every ten (60%, *n* = 569) employees agreed that Michigan Medicine *provides adequate resources to help [them] manage work-life balance*; while close to two-thirds (63%, *n* = 529) of Staff agreed, significantly fewer Faculty agreed (36%, *n* = 40). Six out of every ten (61%, *n* = 579) participants indicated that they *feel positive about [their] career opportunities*, while 72% (*n* = 690) agreed that they *have job security*. Overall, just over three-quarters (76%, *n* = 723) of Faculty and Staff would recommend Michigan Medicine *as a good place to work*.

	Participants who strongly agree or agree		
	Faculty	Staff	Overall
I feel burdened by service responsibilities beyond those of my colleagues with similar performance expectations.[12]	**30%** (*n* = 34)	**24%** (*n* = 199)	**25%** (*n* = 233)
The University of Michigan provides adequate resources to help me manage work-life balance.[13]	**36%** (*n* = 40)	**63%** (*n* = 529)	**60%** (*n* = 569)
The University of Michigan provides me with resources to pursue professional development.	**75%** (*n* = 83)	**68%** (*n* = 570)	**69%** (*n* = 653)
My colleagues include me in opportunities that will help my career as much as they do others in my position.	**65%** (*n* = 72)	**62%** (*n* = 522)	**63%** (*n* = 594)
I feel positive about my career opportunities at the University of Michigan.	**62%** (*n* = 69)	**61%** (*n* = 510)	**61%** (*n* = 579)
I would recommend the University of Michigan as a good place to work.	**73%** (*n* = 81)	**76%** (*n* = 642)	**76%** (*n* = 723)
I have job security.	**77%** (*n* = 85)	**72%** (*n* = 605)	**72%** (*n* = 690)

[12] *t*-test results revealed a statistically significant difference in agreement by Employee Status where Faculty agreed more than Staff; t(940)= - 2.148, $p = .032$.

[13] *t*-test results revealed a statistically significant difference in agreement by Employee Status where Staff agreed more than Faculty; t(949)= -4.599, $p < .001$.

	Participants who strongly agree or agree		
	Faculty	Staff	Overall
I am included in opportunities that will help my career as much as others in similar positions.	**62%** (*n* = 69)	**61%** (*n* = 513)	**61%** (*n* = 582)

Note: Missing data are excluded from percentage calculations.

Table 2. Employee Workplace Climate Experiences

Freedom of Expression & Institutional Trust

A climate that supports open dialogue is a key component of a healthy and productive campus community. In this section, Michigan Medicine employee participants were asked the extent to which they feel free to express their personal and political views without fear of social or professional consequences, as well as the extent to which their work has changed due to geopolitical events and they can freely complete their work.

Employees were presented with a series of items related to their perceived freedom to express views on campus (see Table 3), perceived freedom to express their identity and beliefs (see Table 4), and trust in the University regarding the protection of student, faculty, and staff rights and identities (see Table 5).

Over half (55%, *n* = 511) indicated that they *can have discussions in meetings without fear of backlash or misinterpretation*, while a smaller percentage of Faculty and Staff Instructors felt the same about *discussions in classes* (37%, *n* = 38). Nearly one-third (32%, *n* = 301) of employees agreed that they *have changed how [they] engage in [their] work because of significant geopolitical events that impacted the campus community*. Two-thirds (67%, *n* = 624) of employees indicated they *can complete [their] work without it being affected by influences from outside the University*. Half of participants (50%, *n* = 464) agreed that they *feel free to express [their] personal views without fear of professional or social consequences*, while approximately one-quarter (28%, *n* = 264) indicated the same about their *political views* (see Table 3).

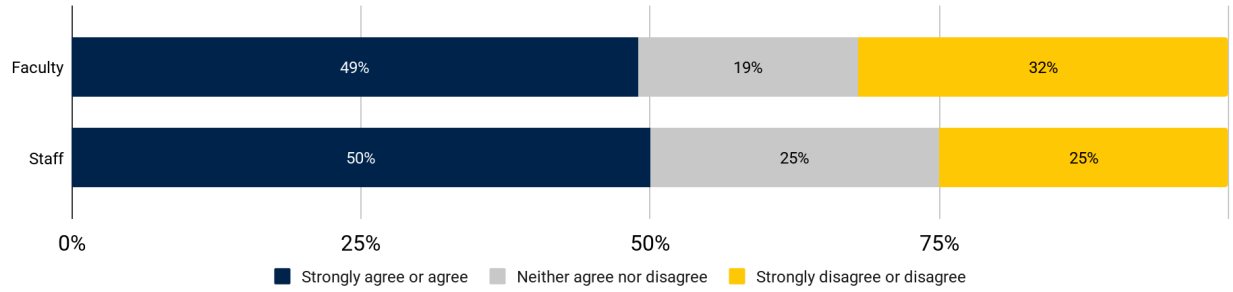


Figure 26. Perceptions on Expression of Personal Views, by Employee Status

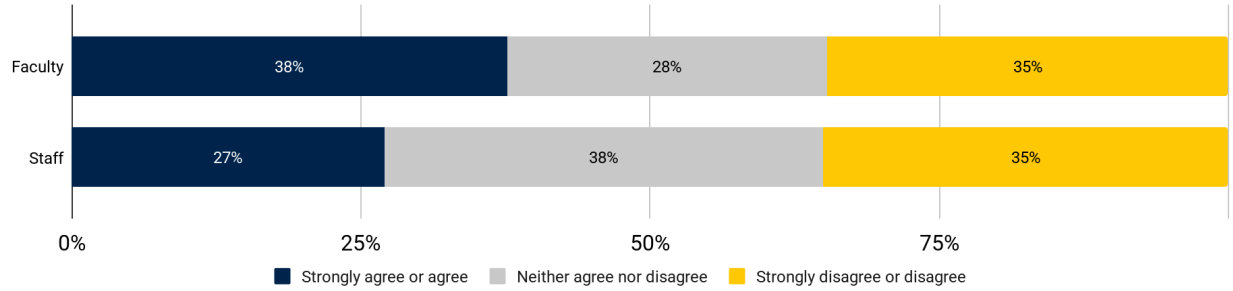


Figure 27. Perceptions on Expression of Political Views, by Employee Status

	Participants who strongly agree or agree		
	Faculty	Staff	Overall
I feel free to express my **personal views** at Michigan Medicine without fear of professional or social consequences.	**49%** (*n* = 54)	**50%** (*n* = 410)	**50%** (*n* = 464)
I feel free to express my **political views** at Michigan Medicine without fear of professional or social consequences.	**38%** (*n* = 42)	**27%** (*n* = 222)	**28%** (*n* = 264)
I can have discussions **in meetings** without fear of backlash or misinterpretation.	**62%** (*n* = 69)	**54%** (*n* = 442)	**55%** (*n* = 511)
I can have discussions **in classes** without fear of backlash or misinterpretation.*	**32%** (*n* = 12)	**40%** (*n* = 26)	**37%** (*n* = 38)
I have changed how I engage in my work because of significant geopolitical events that impacted the campus community.	**44%** (*n* = 49)	**31%** (*n* = 252)	**32%** (*n* = 301)

	Participants who strongly agree or agree		
	Faculty	Staff	Overall
I can complete my work **WITHOUT** it being affected by influences from outside the University.[14]	**54%** (*n* = 60)	**69%** (*n* = 564)	**67%** (*n* = 624)

Note: Missing data are excluded from percentage calculations.
*Participants who are "Instructional," regardless of Faculty or Staff position, were shown this survey item.

Table 3. Employee Perceptions on Expression of Personal and Political Views

Racial Identity. When considering racial and ethnic identity, MENA employees indicated the highest level of agreement with *feeling free to express their personal views on campus without fear of professional or social consequences* (64%, *n* = 9), followed by Asian/South Asian employees (58%, *n* = 49), employees with Another Racial Identity (56%, *n* = 5), and White employees (52%, *n* = 310). Black, Hispanic, and Multiracial employees agreed the least compared to their counterparts. Less than half of Black (38%, *n* = 16) and Hispanic (33%, *n* = 6) employees indicated agreement, while approximately one-quarter of each disagreed (i.e., "strongly disagree" or "disagree") that they feel they can express their *personal views* (24%, *n* = 10 and 28%, *n* = 5, respectively). Forty-four percent (44%, *n* = 20) of Multiracial employees agreed that they feel free to express their *personal views*, while one-third (33%, *n* = 15) disagreed. Regarding *feeling free to express their political views on campus without fear of professional or social consequences*, both MENA (43%, *n* = 6) and Asian/South Asian (41%, *n* = 35) employees indicated the most agreement, followed by Multiracial (33%, *n* = 15) and White (29%, *n* = 175) employees. Similar to expressing personal views, both Hispanic employees (17% *n* = 3) and Black employees (14%, *n* = 6) had less agreement that they feel free to express their *political views* compared to their counterparts. Participants with Another Racial Identity indicated the lowest agreement, where the majority (67%, *n* = 6) disagreed that they feel free to express their *political views*.

[14] *t*-test results revealed a statistically significant difference in agreement by Employee Status, where Staff indicated significantly higher levels of agreement than Faculty; $t(132.28) = 3.510$, $p < .001$.

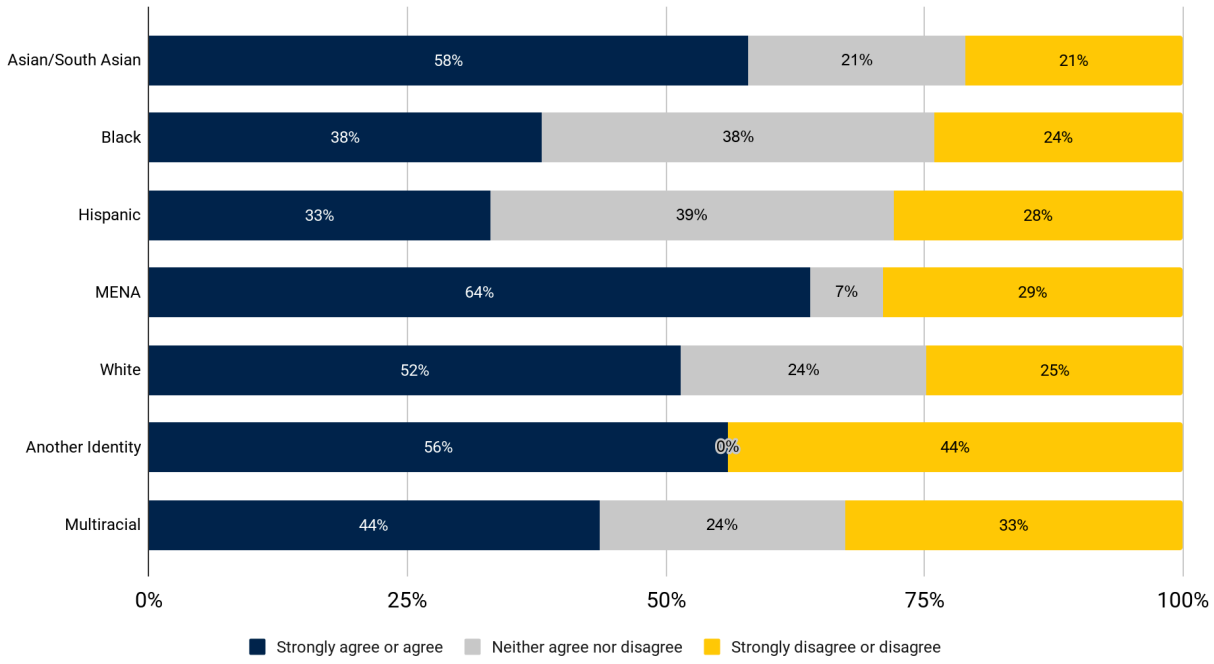


Figure 28. Perceptions on Expression of Personal Views, by Racial Identity

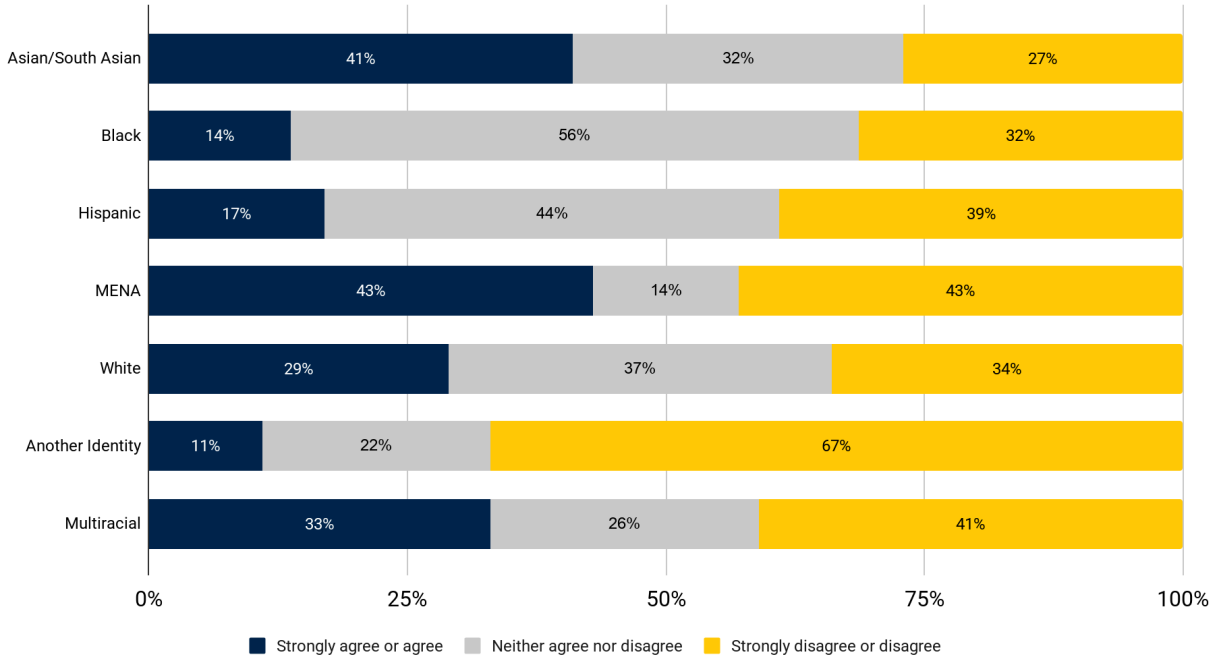


Figure 29. Perceptions on Expression of Political Views, by Racial Identity

Religious Affiliation. When considering religious affiliation, over half of Non-religious employees (58%, *n* = 149), Jewish employees (57%, *n* = 13), and employees with Another

or Multiple Affiliations (53%, *n* = 54) agreed that they *feel free to express their personal views on campus without fear of professional or social consequences* (see Figure 30). Nearly half (47%, *n* = 201) of Christian/Catholic employees and four out of every ten (41%, *n* = 9) Muslim employees also shared agreement. Spiritual employees were least likely to agree, where one-third (32%, *n* = 8) indicated they felt comfortable expressing their *personal views*. Both Jewish and Non-religious employees indicated the highest agreement that they *feel free to express their political views on campus without fear of professional or social consequences* (48%, *n* = 11 and 40%, *n* = 103, respectively). One-third of each employee with Another or Multiple Affiliations (33%, *n* = 34) and Muslim employees (32%, *n* = 7) also expressed agreement. Both Christian/Catholic employees and Spiritual employees indicated the lowest level of agreement that they feel free to express their *political views*, where less than one-quarter of each agreed (22%, *n* = 97 and 20%, *n* = 5, respectively, see Figure 31).[15]

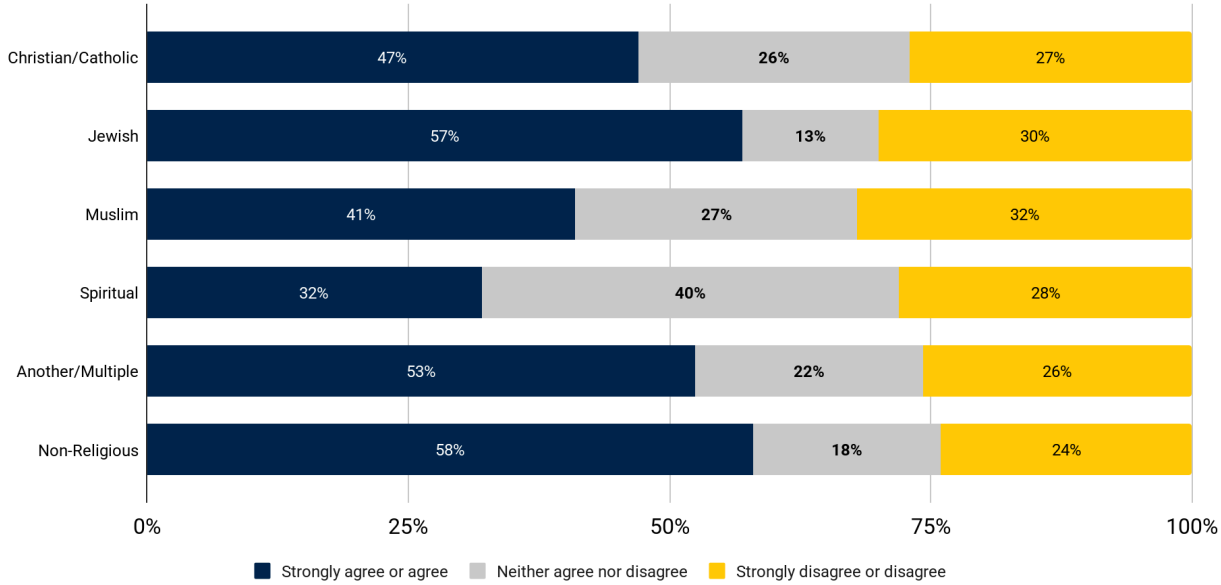


Figure 30. Perceptions on Expression of Personal Views, by Religious Affiliation

[15] ANOVA test revealed a statistically significant difference in feeling free to express *political views* across religious/spiritual affiliations, F(5, 857) = 3.812, p = .002. Post-hoc comparisons indicated that Non-religious employees indicated significantly higher levels of agreement than Christian/Catholic employees ($p < .001$).

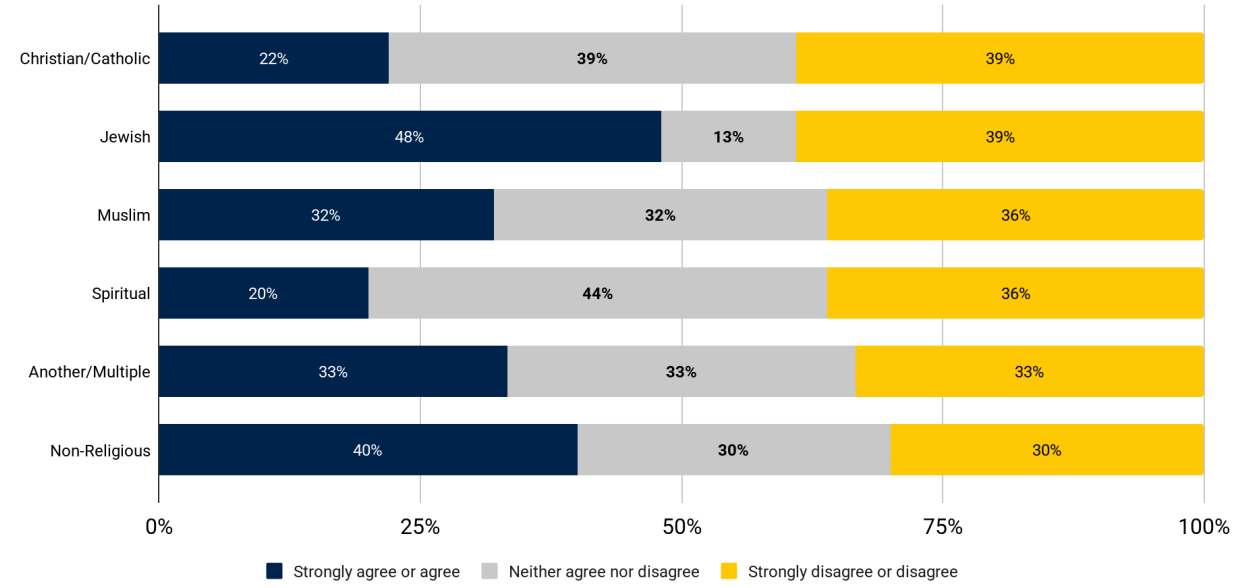


Figure 31. Perceptions on Expression of Political Views, by Religious Affiliation

Jewish Identity. Nearly six out of every ten (58%, *n* = 15) employees who identify as religiously or culturally Jewish agreed that they *feel free to express their personal views on campus without fear of professional or social consequences*, while half (50%, *n* = 449) of those who do not identify as religiously or culturally Jewish, or whose identities are unknown, shared this sentiment (see Figure 32). Forty-six percent (46%, *n* = 12) of employees who identify as religiously or culturally Jewish indicated they feel free to express their *political views*, and just over one-quarter (28%, *n* = 252) of those who are not shared the same (see Figure 33).

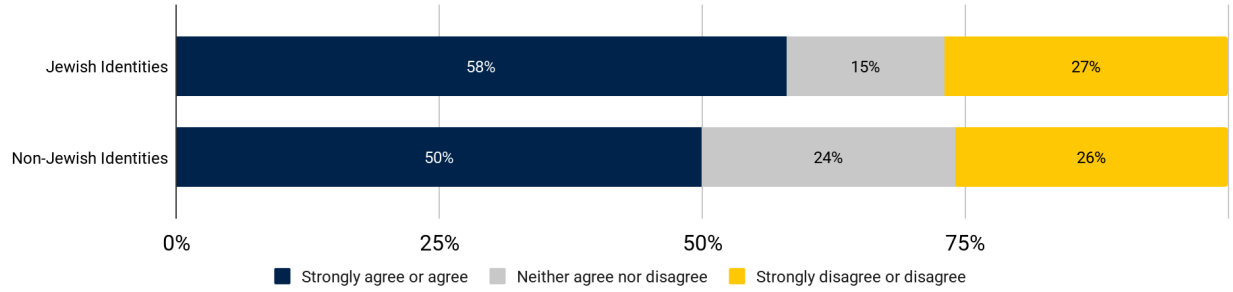


Figure 32. Perceptions on Expression of Personal Views, by Jewish Identity

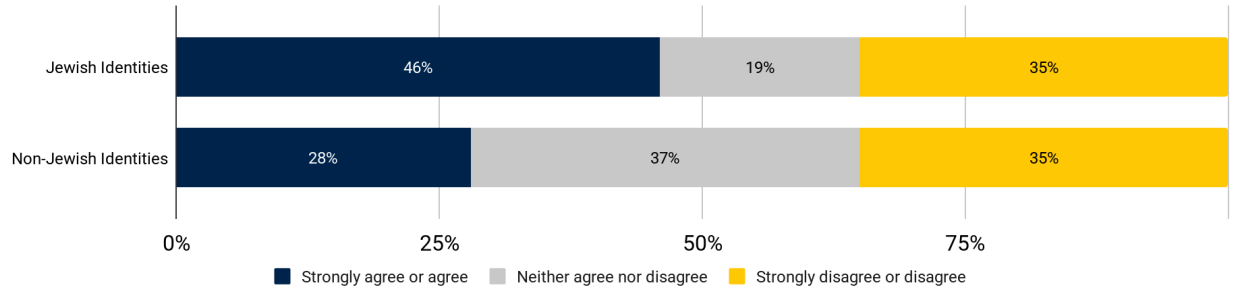


Figure 33. Perceptions on Expression of Political Views, by Jewish Identity

Muslim or Arab Identity. Half (50%, *n* = 453) of employees who identify as neither religiously or spiritually Muslim or Arab, or whose identities are unknown, shared that they *feel free to express their personal views on campus without fear of professional or social consequences* (see Figure 34), while 42% (*n* = 11) of those who are religiously or culturally Muslim or Arab felt the same. Just over one-third (35%, *n* = 9), of participants who identify as religiously or spiritually Muslim or Arab agreed that they feel free to express their *political views*, compared to 28% (*n* = 255) of those who are not (see Figure 35).

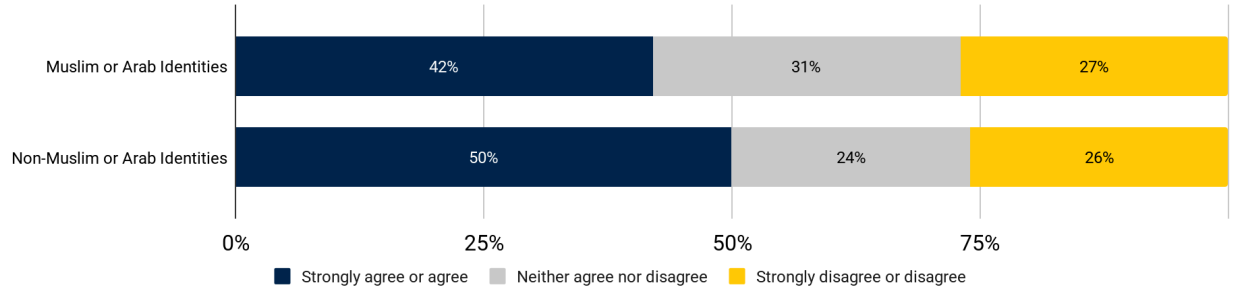


Figure 34. Perceptions on Expression of Personal Views, by Muslim or Arab Identity

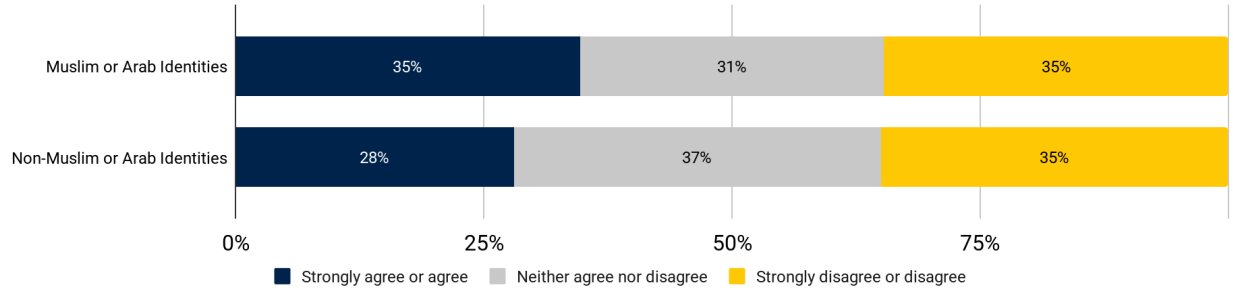


Figure 35. Perceptions on Expression of Political Views, by Muslim or Arab Identity

Primary Language. Participants' level of agreement with these statements is relatively similar when considering primary language. Specifically, just under half of employees whose primary language is English (49%, *n* = 399) and just over half of employees whose

primary language is not English (54%, *n* = 64) agreed that they *feel free to express their personal views on campus without fear of professional or social consequences* (see Figure 36). Approximately one-third (35%, *n* = 42) of those whose primary language is not English and approximately one-quarter (27%, *n* = 222) of those whose primary language is English agreed that they *feel free to express their political views on campus* (see Figure 37).[16]

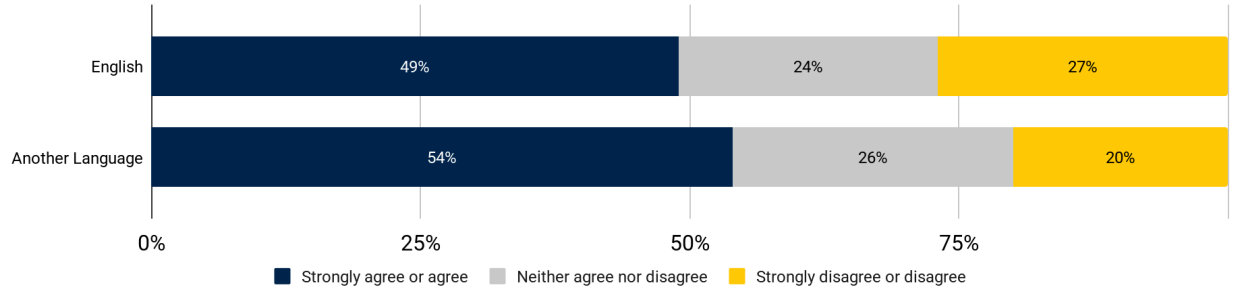


Figure 36. Perceptions on Expression of Personal Views, by Primary Language

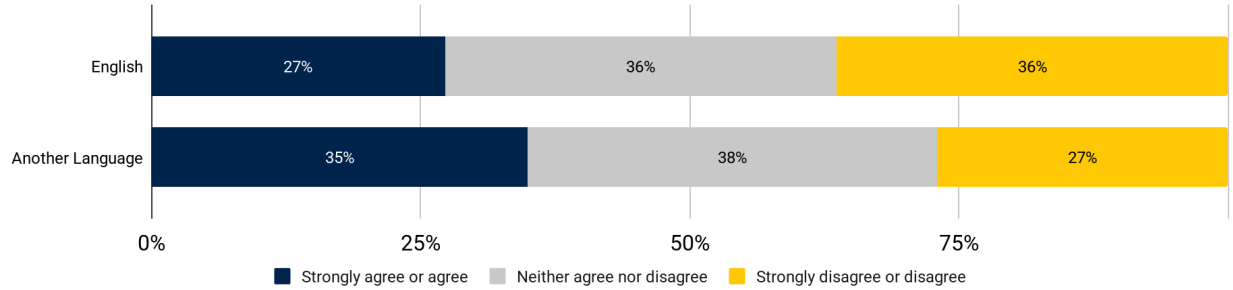


Figure 37. Perceptions on Expression of Political Views, by Primary Language

Roughly one-third of participants indicated that *keeping your cards close to your chest is the best way to get ahead* at Michigan Medicine. Additionally, approximately four out of every ten employees (39%, *n* = 363) agreed that *there is pressure to align with widely held beliefs* at Michigan Medicine, where Faculty were significantly more likely to agree than Staff (51%, *n* = 57 and 37%, *n* = 306, respectively). Nearly seven out of every ten employees (69%, *n* = 643) agreed that *it is safe for [them] to make suggestions*, while almost three-quarters (74%, *n* = 687) felt that *it is safe for [them] to express [their] identity*.

[16] *t*-test results revealed a statistically significant difference in feeling free to express *political views* by primary language, where employees whose primary language is not English indicated significantly higher levels of agreement than employees whose primary language is English; t(931) = 2.877, *p* = .004.

	Participants who strongly agree or agree		
	Faculty	Staff	Overall
It is safe for me to express my identity at Michigan Medicine.	**72%** (*n* = 81)	**74%** (*n* = 606)	**74%** (*n* = 687)
Keeping your cards close to your chest is the best way to get ahead at Michigan Medicine.	**34%** (*n* = 38)	**34%** (*n* = 282)	**34%** (*n* = 320)
It is safe for me to make suggestions at Michigan Medicine.	**67%** (*n* = 75)	**69%** (*n* = 568)	**69%** (*n* = 643)
There is pressure to align with widely held beliefs at Michigan Medicine.[17]	**51%** (*n* = 57)	**37%** (*n* = 306)	**39%** (*n* = 363)

Note: Missing data are excluded from percentage calculations. Percentages may not sum to 100 due to rounding.

Table 4. Employee Perceptions on Freedom of Expression

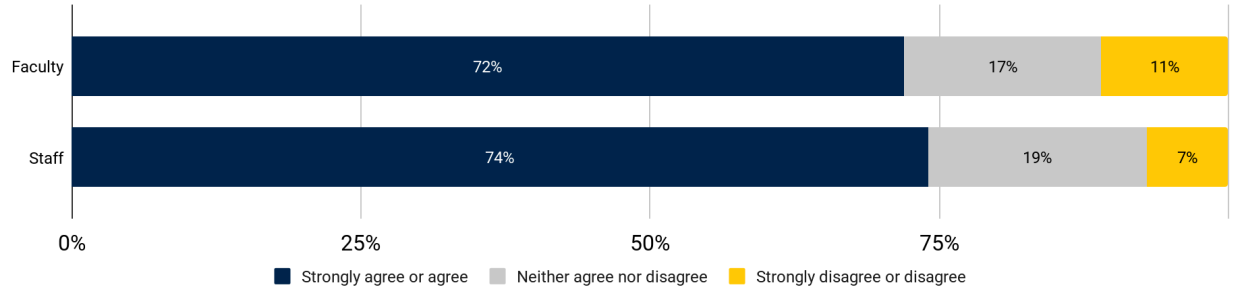


Figure 38. Perceptions on Expression of Identity at Michigan Medicine, by Employee Status

Racial Identity. Among racial identity groups, Asian/South Asian employees (79%, *n* = 67) and MENA employees (79%, *n* = 11) were most likely to agree that *it is safe for [them] to express their identity…*, followed by White employees (78%, *n* = 464) and Hispanic employees (73%, *n* = 13). Seven out of every ten Multiracial employees (70%, *n* = 32) agreed with the statement, along with six out of every ten Black employees (60%, *n* = 25). Employees with Another Racial Identity were least likely to agree compared to other racial groups (56%, *n* = 5, see Figure 39).

[17] *t*-test results revealed a statistically significant difference in agreement by Employee Status, where Faculty indicated significantly higher levels of agreement than Staff; $t(930) = -2.398$, $p = .017$.

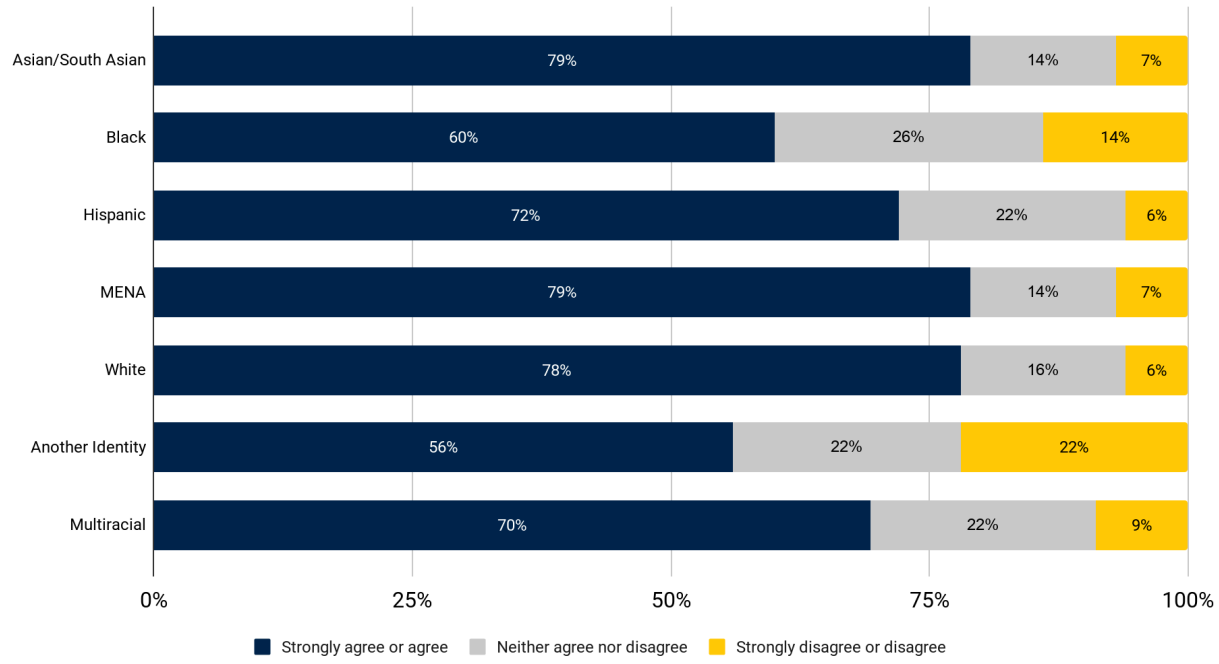


Figure 39. Perceptions on Expression of Identity at Michigan Medicine, by Racial Identity

Religious Affiliation. Examining religious affiliation, nearly eight out of every ten Non-religious employees (79%, *n* = 204) agreed that *it is safe for them to express [their] identity…*, while three-quarters (75%, *n* = 321) of Christian/Catholic employees and 73% (*n* = 74) of employees with Another or Multiple Religious Affiliations shared this sentiment. Roughly equal percentages of Jewish employees (70%, *n* = 16) and Muslim employees (68%, *n* = 15) agreed that *it is safe for them to express [their] identity*. Spiritual employees agreed less than their counterparts, where less than two-thirds (64%, *n* = 16) expressed agreement (see Figure 40).

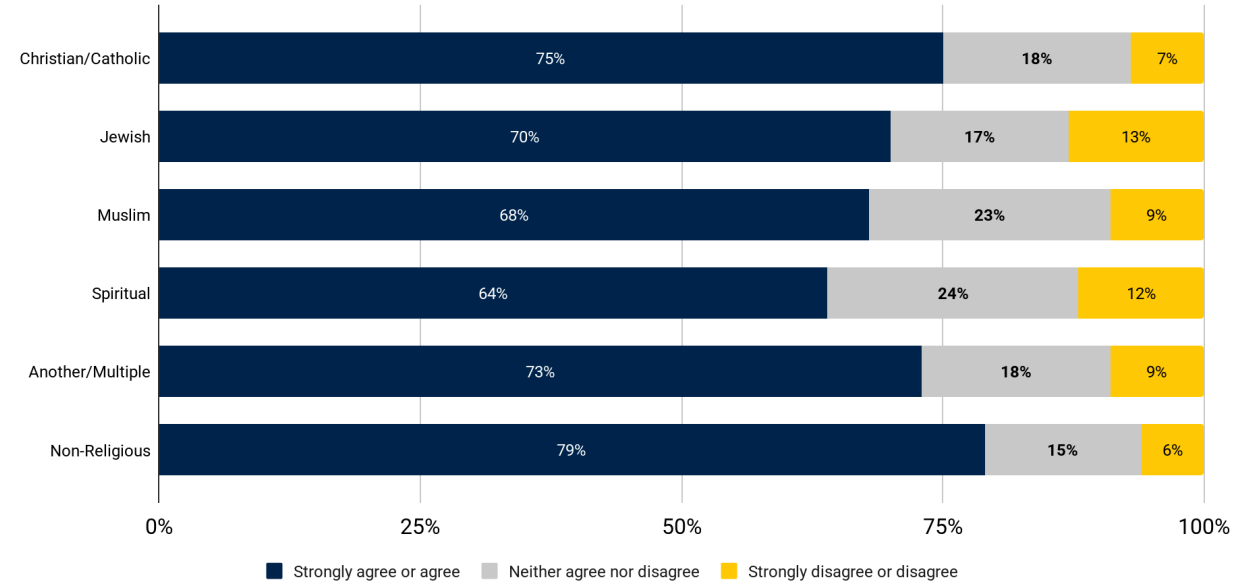


Figure 40. Perceptions on Expression of Identity at Michigan Medicine, by Religious Affiliation

Jewish Identity. As seen in Figure 41, similar percentages of employees who identify as religiously or culturally Jewish (73%, *n* = 19) and those who do not (74%, *n* = 668) indicated agreement that *it is safe for them to express [their] identity…*

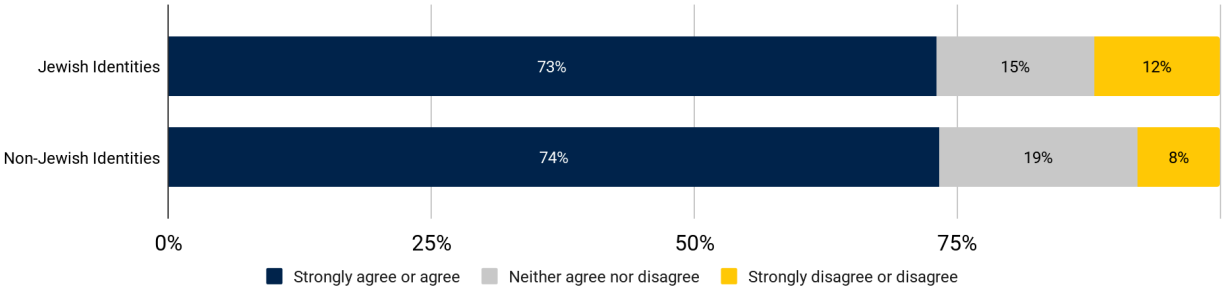


Figure 41. Perceptions on Expression of Identity at Michigan Medicine, by Jewish Identity

Muslim or Arab Identity. Nearly seven out of every ten (69%, *n* = 18) employees who identify as religiously or culturally Muslim or Arab agreed that *it is safe for them to express [their] identity…*, while 74% (*n* = 669) of employees who do not identify as religiously or culturally Muslim or Arab, or whose identity is unknown, agreed (see Figure 42).

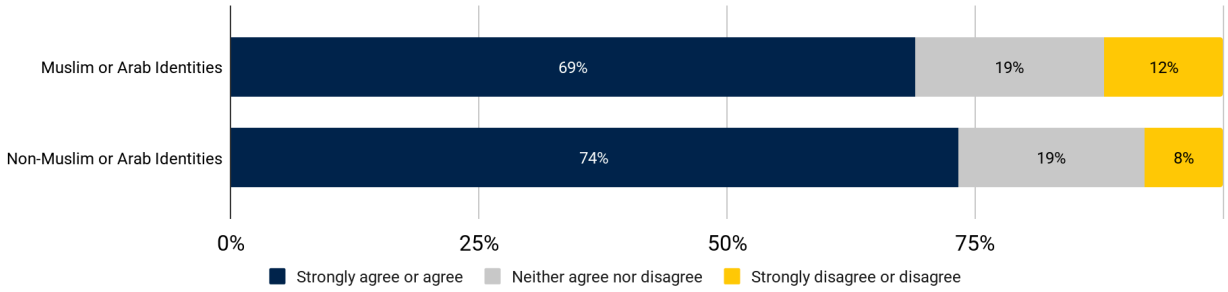


Figure 42. Perceptions on Expression of Identity at Michigan Medicine, by Muslim or Arab Identity

Primary Language. By primary language, level of agreement is relatively similar regarding it being *safe for them to express [their] identity…*; 73% (*n* = 90) of employees whose primary language is not English and 76% (*n* = 595) of those whose primary language is English indicated agreement with this statement (see Figure 43).

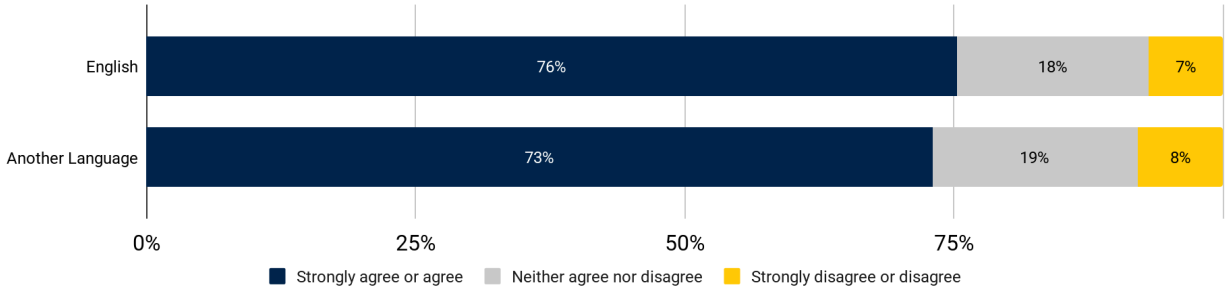


Figure 43. Perceptions on Expression of Identity at Michigan Medicine, by Primary Language

As seen in Table 5, approximately six out of every ten participants (61%, *n* = 565) agree that Michigan Medicine *protects the rights of all students, faculty, and staff*. Similar percentages of employees indicated that Michigan Medicine *adheres to its mission and values when responding to significant topics that impact the campus community* (59%, *n* = 545) and that they *transparently respond to significant topics that affect the campus community* (58%, *n* = 538).

Fifty-six percent of employees (56%, *n* = 518) indicated that *administration is responsive to campus climate needs related to significant topics that impact the campus community*, where Staff agreed significantly more than Faculty (57%, *n* = 465 and 47%, *n* = 53, respectively). Additionally, half (50%, *n* = 464) agree that Michigan Medicine *maintains hiring practices free of influence from outside the University* (see Table 5).

	Participants who strongly agree or agree		
	Faculty	Staff	Overall
Michigan Medicine transparently responds to significant topics that affect the campus community.	**54%** (*n* = 60)	**59%** (*n* = 478)	**58%** (*n* = 538)
Michigan Medicine administration is responsive to campus climate needs related to significant topics that impact the campus community.[18]	**47%** (*n* = 53)	**57%** (*n* = 465)	**56%** (*n* = 518)
Michigan Medicine protects the rights of all students, faculty, and staff.	**65%** (*n* = 73)	**61%** (*n* = 492)	**61%** (*n* = 565)
Michigan Medicine adheres to its mission and values when responding to significant topics that impact the campus community.	**60%** (*n* = 67)	**59%** (*n* = 478)	**59%** (*n* = 545)
Michigan Medicine maintains hiring practices free of influence from outside the University.	**56%** (*n* = 63)	**49%** (*n* = 401)	**50%** (*n* = 464)

Note: Missing data are excluded from percentage calculations. Percentages may not sum to 100 due to rounding.

Table 5. Employee Perceptions on Institutional Trust

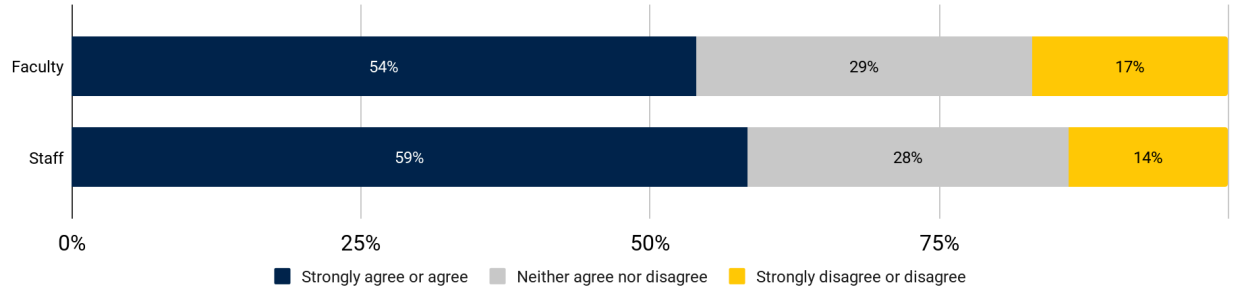


Figure 44. Perceptions on Michigan Medicine's Response to Significant Topics, by Employee Status

Racial Identity. Three-quarters or more of Asian/South Asian employees (75%, *n* = 64) and employees with Another Racial Identity (78%, *n* = 7) agreed that Michigan Medicine *transparently responds to significant topics that affect the campus community.* Additionally, approximately six out of every ten White employees (59%, *n* = 354) and Multiracial employees (63%, *n* = 29) shared this sentiment, while closer to half of Hispanic employees

[18] *t*-test results revealed a statistically significant difference in agreement by Employee Status, where Staff indicated significantly higher levels of agreement than Faculty; $t(921) = 2.102$, $p = .036$.

(53%, *n* = 9) and MENA employees (50%, *n* = 7) agreed. Black employees were least likely to agree compared to their counterparts, where less than half (44%, *n* = 19) agreed that Michigan Medicine *transparently responds to significant topics that affect the campus community* (see Figure 45).

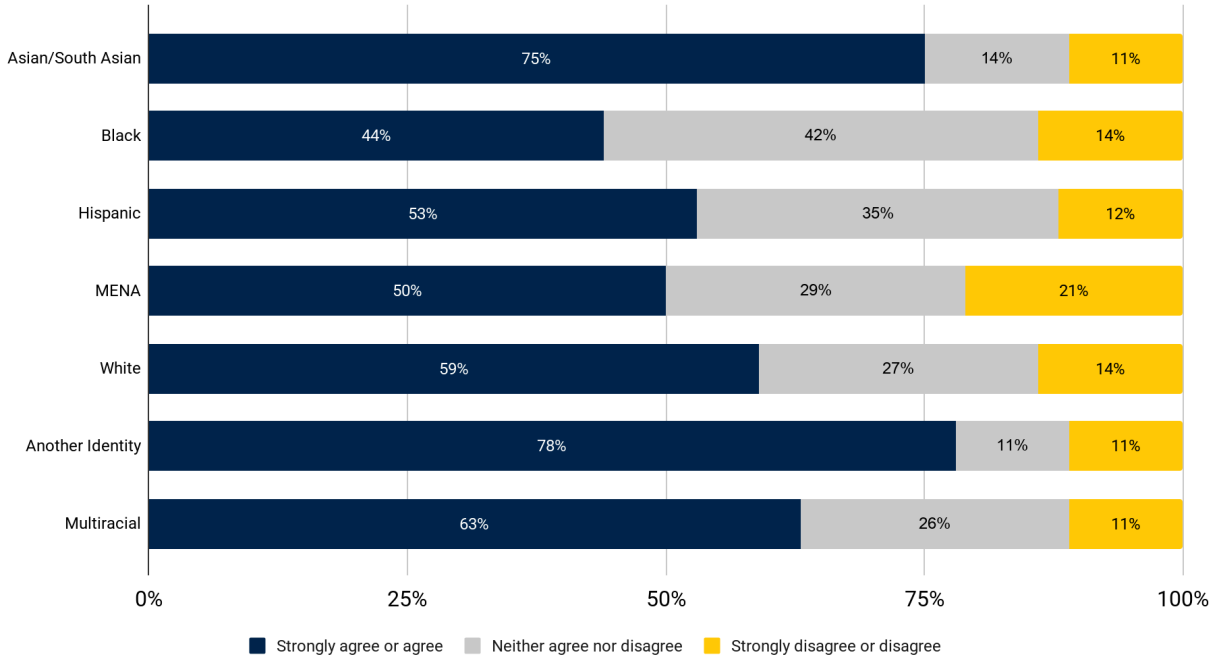


Figure 45. Perceptions on Michigan Medicine's Response to Significant Topics, by Racial Identity

Religious Affiliation. Spiritual employees were most likely to agree that Michigan Medicine *transparently responds to significant topics that affect the campus community* (64%, *n* = 16), followed by Christian/Catholic employees (61%, *n* = 260) and Non-religious employees (60%, *n* = 152). Over half of employees with Another or Multiple Religious Affiliations (53%, *n* = 53) and Jewish employees (57%, *n* = 13) also shared agreement, while 46% (*n* = 10) of Muslim employees agreed (see Figure 46).

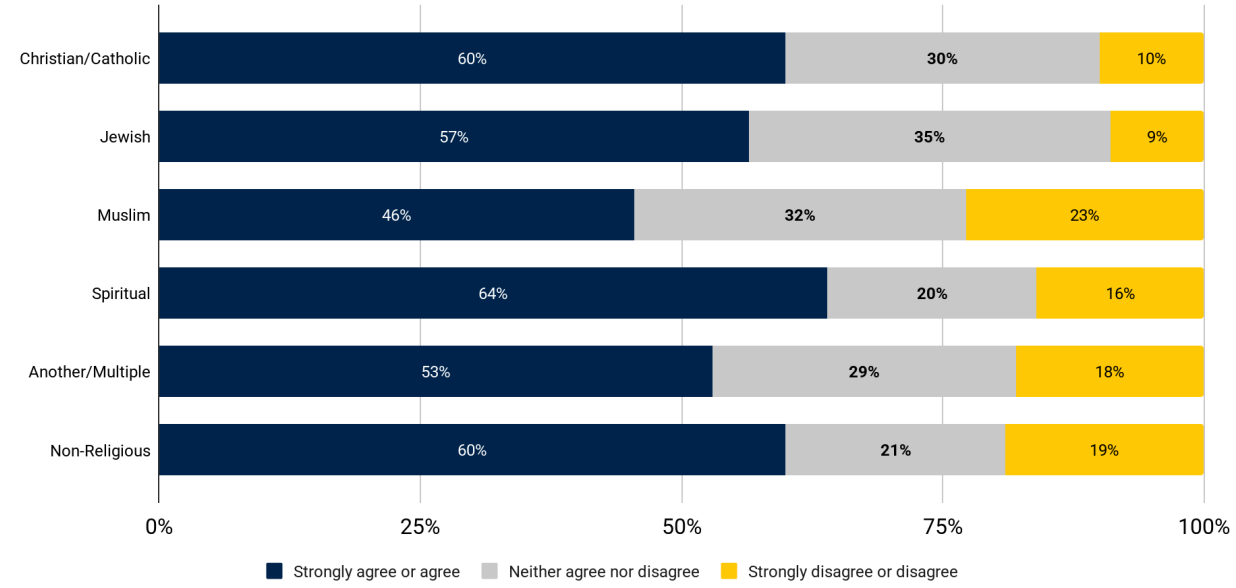


Figure 46. Perceptions on Michigan Medicine's Response to Significant Topics, by Religious Affiliation

Jewish Identity. As seen in Figure 47, relatively similar percentages of employees who identify as religiously or culturally Jewish (54%, *n* = 14) and those who are neither religiously nor spiritually Jewish or whose identity is unknown (58%, *n* = 524) agreed that Michigan Medicine *transparently responds to significant topics that affect the campus community.*

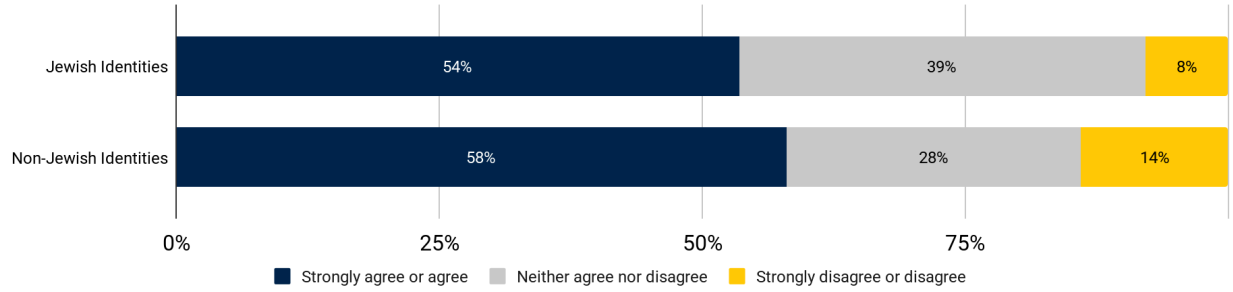


Figure 47. Perceptions on Michigan Medicine's Response to Significant Topics, by Jewish Identity

Muslim or Arab Identity. As seen in Figure 48, over half (58%, *n* = 527) of employees who are not religiously or culturally Muslim or Arab or whose identity is unknown agreed that Michigan Medicine *transparently responds to significant topics that affect the campus community*, while employees who are religiously or culturally Muslim or Arab were less likely to agree (46%, *n* = 12).

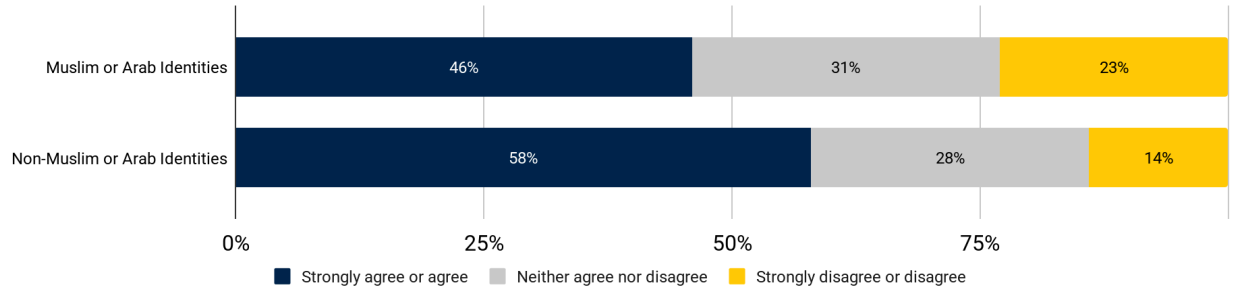


Figure 48. Perceptions on Michigan Medicine's Response to Significant Topics, by Muslim or Arab Identity

Primary Language. When examining primary language, a larger proportion of employees whose primary language is a language other than English than employees whose primary language is English agreed that Michigan Medicine *transparently responds to significant topics that affect the campus community* (68%, *n* = 79 and 57%, *n* = 458, respectively, see Figure 49).[19]

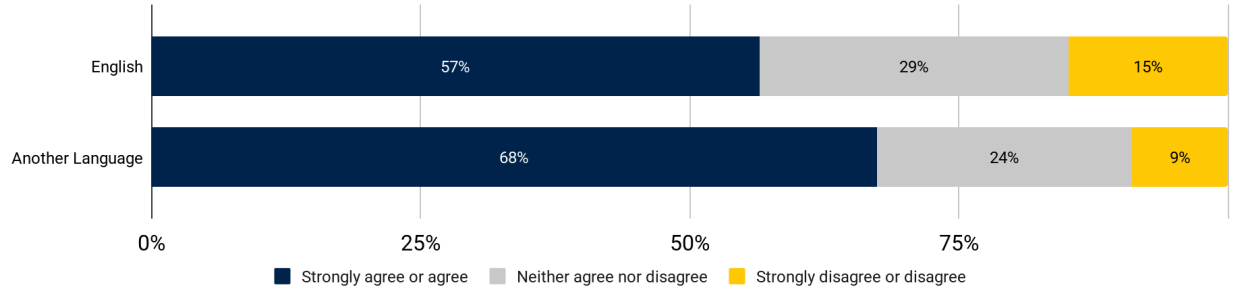


Figure 49. Perceptions on Michigan Medicine's Response to Significant Topics, by Primary Language

Qualitative Findings

Employees shared their perspectives on freedom of expression, institutional trust, and related issues, largely focused on U-m's removal of diversity, equity, and inclusion initiatives and programs.

Removal of DEI initiatives, programs, and offices. Some employees felt that "DEI programs should never have been discontinued." As one participant explained, "Having had the DEI programs pulled due to government/political pressure, in my opinion, was not

[19] *t*-test results revealed a statistically significant difference in agreement by primary language, where employees whose primary language is not English indicated significantly higher levels of agreement than those whose primary language is English; $t(922) = 2.976$, $p = .003$.

standing up for our values. I understand there would have been consequences, but our values would dictate that we fight back using legal means." Another noted, "I feel that since Trump has come into office, Michigan Medicine and the University have bowed to many of his demands. While Harvard stood up to him, U of M did not." Another shared, "I have begun to lose my faith that UM is willing to fight for the rights of the vulnerable and stand up for our beliefs. If UM has rolled over on these issues without much pushback, what else is the institution willing to give up on at the first sign of external pressure?"

Discontinuation of gender-affirming care. One participant wrote, "I am extremely disappointed and angry with Michigan Medicine's decision to stop transgender healthcare for youth. People of all ages need gender-affirming care." Other participants described losing trust in Michigan Medicine as a result of this decision. One participant stated, "I am extremely disappointed that MM reversed care to trans youth without any pushback and in a move that was complying in advance to threats that had not yet formed and were not legal… I worry about the care our patients can get here as well. It lowers the trust that leadership will follow the science of treatment and leave many patients without care." Regarding losing trust from the community outside Michigan Medicine, a participant stated, "Michigan Medicine will not re-establish its trust with the LGBTQ community until it undoes and apologizes for its cowardly kowtowing (sic.) to political pressure and abandoning its responsibility to evidence-based care for all patients, especially those underserved and at risk, specifically evidence-based gender affirming care for minors and young adults. Children will die because of that decision."

Harassment and Discrimination

Faculty and Staff were asked a series of questions regarding their personal experiences with harassment or discrimination based on race, color, national origin, or actual or perceived shared ancestry at Michigan Medicine, including both experiences with and observations of discrimination and harassment.

Experiences with or Observations of Discrimination and Harassment

Research underscores the relationship between hostile workplace climates and subsequent productivity.[20] Employee survey participants were asked if, in the past year, they had personally experienced or observed any discriminating or harassing conduct that has interfered with their ability to learn, live, or work at Michigan Medicine. Employees who experienced or observed harassment or discrimination were asked a series of follow-up questions about the incident(s). Details of direct personal experiences and indirect observations were assessed using separate lines of questioning.

In the past year, 10% (*n* = 96) of employees indicated that they had experienced harassment or discrimination that interfered with their ability to work at Michigan Medicine, including 12% (*n* = 13) of Faculty and 10% (*n* = 83) of Staff. Overall, 8% (*n* = 73) of employees shared that they observed some type of discrimination or harassment (see Figure 50).

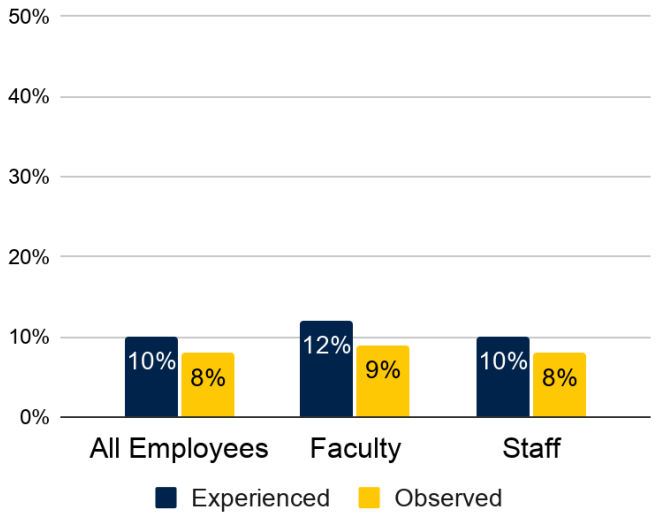


Figure 50. Experiences With and Observations of Discrimination or Harassment, by Employee Position

[20] Bilimoria & Stewart (2009); Dade et al. (2015); Eagan & Garvey (2015); Hirshfield & Joseph (2012); Rankin et al. (2010); Silverschanz et al. (2008).

Racial Identity. Employees with Another Racial Identity indicated the highest rate of experiencing discrimination or harassment (30%, *n* = 3), followed by MENA employees (27%, *n* = 4) and Hispanic employees (22%, *n* = 4). Smaller percentages of Multiracial (17%, *n* = 8), Black (14%, *n*= 6), and Asian/South Asian (13%, *n* = 11) employees indicated that they experienced an incident of discrimination or harassment in the past year. White participants indicated the fewest incidents of discrimination or harassment (7%, *n* = 42, see Figure 51).

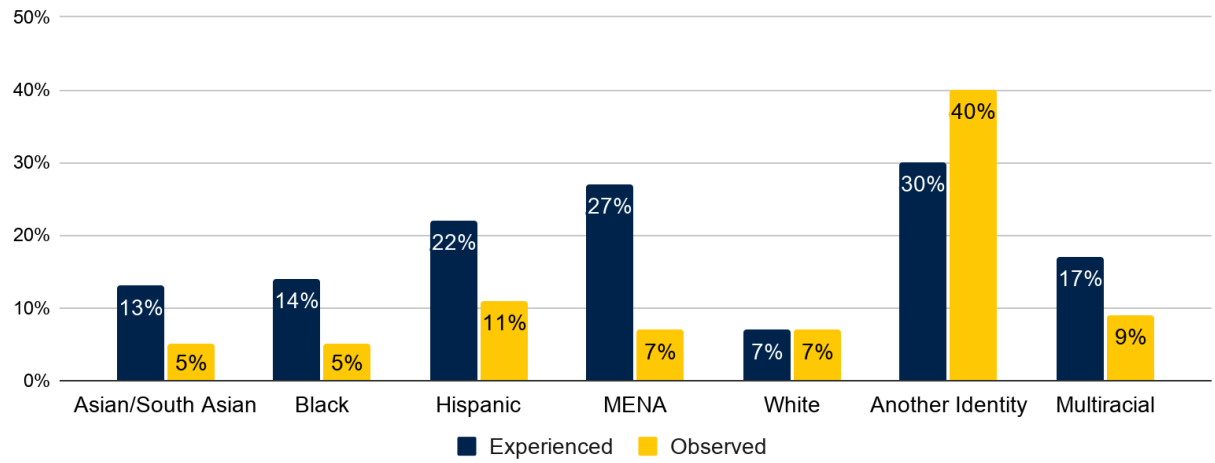


Figure 51. Personal Experiences with Discrimination or Harassment, by Racial Identity

Religious Affiliation. As seen in Figure 52, one out of every four (25%, *n* = 6) Muslim employees indicated that they had experienced at least one incident of discrimination or harassment in the past year. Smaller percentages of Spiritual employees (12%, *n* = 3), Non-religious employees (10%, *n* = 27), and employees with Another or Multiple Religious Affiliations (10%, *n* = 10) also shared that they experienced this type of conduct. Both Christian/Catholic and Jewish participants indicated the fewest incidents of discrimination or harassment (9%, *n* = 40 and 9%, *n* = 2, respectively).

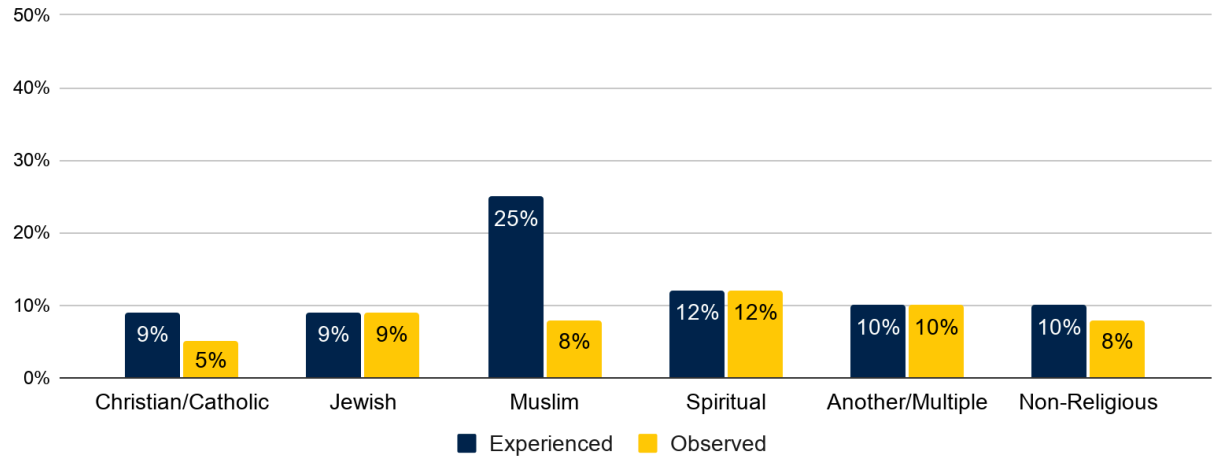


Figure 52. Personal Experiences with Discrimination or Harassment, by Religious Affiliation

Jewish Identity. Eight percent (8%, *n* = 2) of employees who are religiously or culturally Jewish indicated experiencing discrimination or harassment, while 10% (*n* = 94) of those who are not Jewish or whose identity is unknown experienced an incident (see Figure 53).

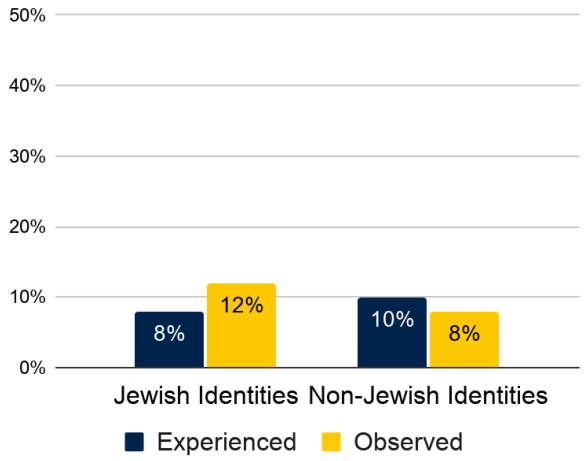


Figure 53. Personal Experiences with Discrimination or Harassment, by Jewish Identity

Muslim or Arab Identity. One-quarter (25%, *n* = 7) of employees who are religiously or culturally Muslim or Arab indicated experiencing discrimination or harassment in the past year, while 10% (*n* = 89) of those who are not religiously or culturally as Muslim or Arab experienced an incident (see Figure 54).

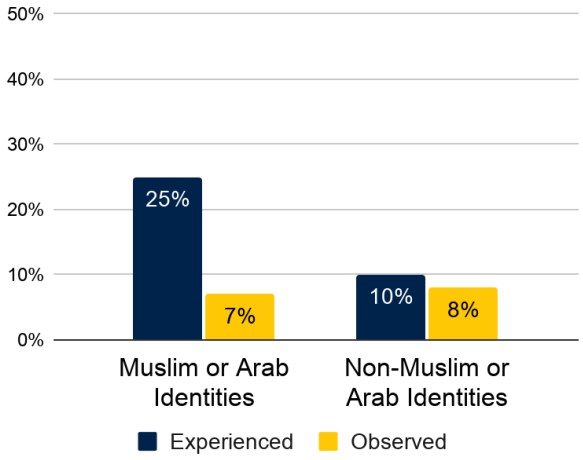


Figure 54. Personal Experiences with Discrimination or Harassment, by Muslim/Arab Identity

Primary Language. Eighteen percent (18%, *n* = 21) of employees whose primary language is not English shared that they experienced at least one incident of discrimination or harassment in the past year, significantly more than those whose primary language is English (9%, *n* = 73, see Figure 55).[21]

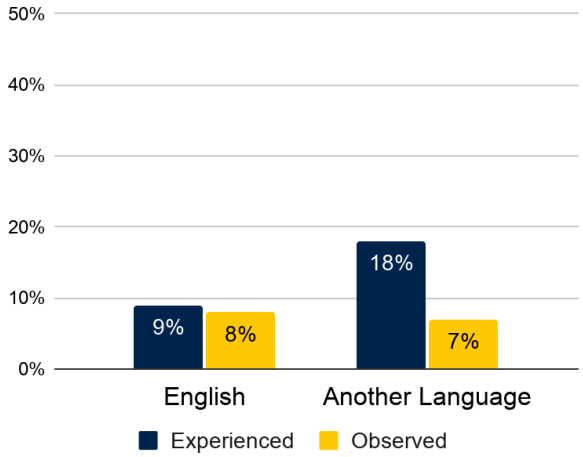


Figure 55. Personal Experiences with Discrimination or Harassment, by Primary Language

Employees who indicated that they had personally experienced harassment or discrimination in the past year were asked a series of additional follow-up questions regarding their experience, including what they believe to be the basis of the conduct, the source of the conduct, where the incident(s) happened, what their response to the incident(s) was, if they formally reported the conduct, and the impact of the incident(s).[22]

Employees who indicated that they had personally experienced harassment or discrimination were asked to identify what they believe to be the basis of the conduct; both Faculty and Staff indicated many of the same top perceived bases of the conduct (see Table 6). Over one-third of Faculty (38%, *n* = 5) and one-fifth (20%, *n* = 17) of Staff highlighted *ethnicity* as among the top bases for the discrimination or harassment. Employees also highlighted their racial identity (38% of Faculty and 20% of Staff), and Staff indicated their skin tone and length of service at Michigan Medicine as bases, as well (17%, *n* = 14 each). Both Faculty and Staff also indicated that their gender/gender identity was a factor (38%, *n* = 5 and 24%, *n* = 20, respectively), along with their position (23%, *n* = 3 and 36%, *n* = 30, respectively).

[21] $\chi^2(1, N = 949) = 8.879$, $p = .003$

[22] Findings for the follow-up questions related to personal experiences of discrimination and harassment are presented as total percentages. The denominator for each follow-up question is the total number of Faculty (*n* = 13) and Staff (*n* = 83) who indicated they had experienced such an incident (combined *n* = 96), regardless of whether every respondent who experienced conduct answered the given follow-up question.

In addition to these bases, Faculty participants also shared that their national origin and philosophical views were bases for the conduct (23%, *n* = 3 each).

Position Status	Experienced Discrimination or Harassment	Top Bases of Conduct
Faculty	12% (*n* = 13)	• Ethnicity (38%, *n* = 5) • Gender/gender identity (38%, *n* = 5) • Racial identity (38%, *n* = 5) • National origin (23%, *n* = 3) • Philosophical views (23%, *n* = 3) • Position (23%, *n* = 3)
Staff	10% (*n* = 83)	• Position (36%, *n* = 30) • Gender/gender identity (24%, *n* = 20) • Ethnicity (20%, *n* = 17) • Racial identity (20%, *n* = 17) • Skin tone (17%, *n* = 14) • Length of service at Michigan Medicine (17%, *n* = 14)

Table 6. Top Bases of Discrimination and Harassment

Seven out of every ten employees who experienced discrimination or harassment indicated that this happened while working at Michigan Medicine (71%, *n* = 68). Nearly one-third (30%, *n* = 29) highlighted Michigan Medicine Main Campus as the location of the incident. For some, the incident(s) happened in a virtual or in-person meeting with one other person (13%, *n* = 12) or with a group of people (13%, *n* = 12)

Nearly half of employees (43%, *n* = 41) indicated that a coworker or colleague was the source of the discrimination or harassment, while approximately one-third each indicated the source as a Staff member (29%, *n* = 28) or their supervisor/manager (29%, *n* = 28). Fourteen percent (14%, *n* = 13) highlighted a patient as the source of the conduct, and 13% (*n* = 12) indicated it was a Faculty member or other instructional staff.

Following the incident, nearly one-third of employees indicated they avoided the person or venue (31%, *n* = 30). Approximately one out of every three shared that they told a friend (29%, *n* = 28) or a family member (28%, *n* = 27), and 27% (*n* = 26) contacted a Michigan Medicine resource. One-quarter (25%, *n* = 24) indicated that they did not do anything.[23]

[23] If an employee selected "I contacted a UM resource," they were prompted to specify who they contacted. Employees commonly specified that they contacted their chair, manager, or direct supervisor; Human Resources, or the Ombuds Office.

Over one-quarter of employees who experienced discrimination or harassment indicated they disclosed some or all of their experiences to a Michigan Medicine official or office (28%, *n* = 27). Employees who did disclose their experience most commonly contacted the Equity, Civil Rights, and Title IX Office (26%, *n* = 7) or another office (81%, *n* = 22). Two-thirds of the employees who formally reported the experience were "dissatisfied" or "very dissatisfied" with the outcome of their report (67%, *n* = 18), while 18% (*n* = 5) were "neither satisfied nor dissatisfied." One of these 27 individuals (4%, *n* = 1) shared that they were "satisfied" with the outcome, and 3 (11%) shared that the investigation is still ongoing.

Employees were also asked to share the impact of their experience(s), where one out of every five (20%, *n* = 19) Faculty and Staff who experienced an incident of discrimination or harassment indicated they took time off work. Additionally, 18% (*n* = 17) indicated they sought counseling services and 16% (*n* = 15) shared that they changed their pattern of movement around campus. See Figure 56 for additional ways that employees indicated the incident(s) impacted them.

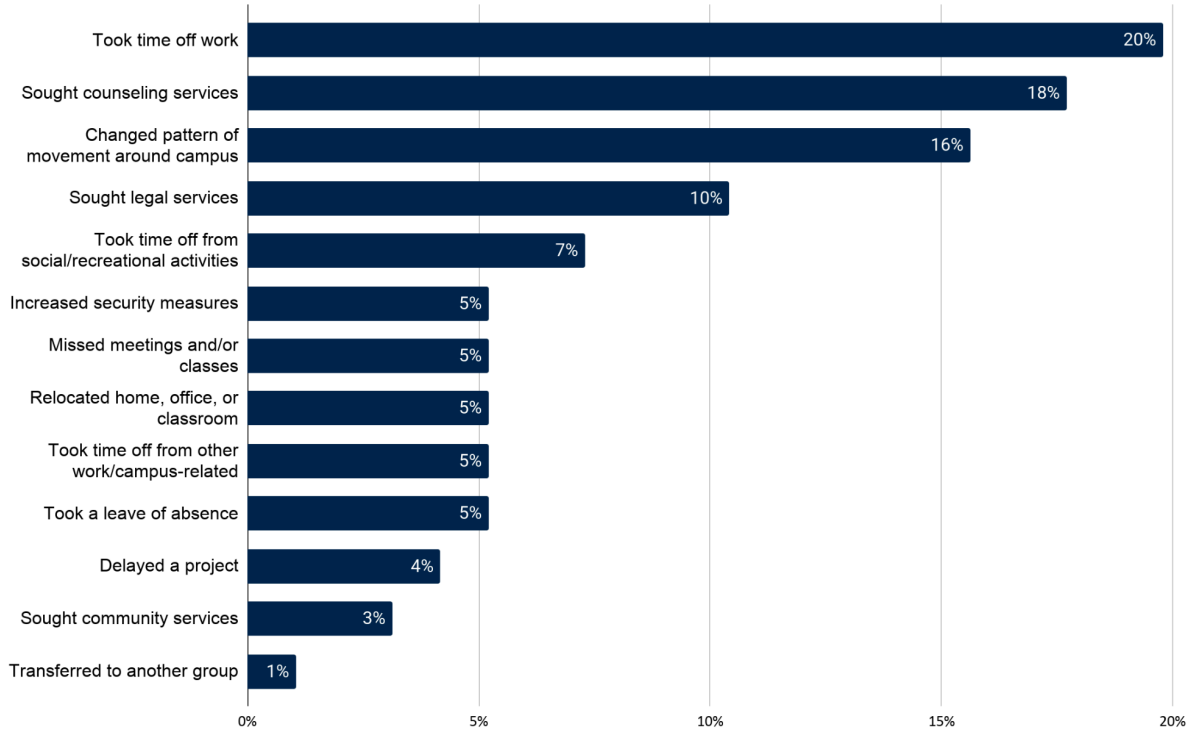


Figure 56. Impact of Discrimination or Harassment

Qualitative Findings

Employee participants were asked to describe the discriminatory or harassing conduct that they experienced. Michigan Medicine Faculty and Staff highlighted their experiences with gender and race-based bias.

Gender-based bias. Participants shared experiences of gender-based bias when describing discrimination and harassment. One participant wrote, "Disrespect because I am a female. Disrespect because I am only a medical assistant." Another Participant stated, "Experienced criticism for being a female scientist, with assumptions that women (especially women with children) are less capable than men." One participant spoke about a gender bias against men by noting, "I have been targeted by other workers because I am an older male working in a field dominated primarily by younger women." Another participant shared a similar experience: "Multiple times, my experience and viewpoints have been dismissed due to being a white male."

Race-based bias. One participant shared, "Several instances where I was micromanaged and questioned for things my coworkers in the same role were not. A coworker mislabeled me as Muslim because of my dress or appearance and stated that I should go back to where I came from. Several coworkers being mean and gossiping behind my back." Another participant wrote, "A few nurses were having a conversation about sharing hair products and it was said that they do not include me because my hair and skin are so different from there's there have been lots of instances where my skin color or hair are brought up as the only dark skinned person in my area." One participant also described their experience by commenting, "There have been several incidents where my race has been tested …"

Considerations of Leaving Michigan Medicine

Forty-three percent (43%, *n* = 407) of employees indicated that they had seriously considered leaving Michigan Medicine, where Faculty considered leaving at a significantly higher rate than Staff (55%, *n* = 61 and 41%, *n* = 346, respectively).[24]

Identity. When looking at racial identity, White employees had the highest rate of considerations of leaving (45%, *n* = 269), followed by Hispanic employees (39%, *n* = 7), Black employees (39%, *n* = 17), Multiracial employees (38%, *n* = 18), and MENA employees (36%, *n* = 5). One-third of Asian/South Asian employees (33%, *n* = 28) and employees with Another Racial Identity (33%, *n* = 3) indicated that they considered leaving.

Religious Affiliation. Six out of every ten Spiritual employees (60%, *n* = 15) shared that they had seriously considered leaving Michigan Medicine, making them the group with the highest rate of considerations of leaving, followed by Non-religious employees (47%, *n* = 122). Forty-four percent (44%) of each Jewish employees (*n* = 10) and employees with Another or Multiple Religious Affiliations (*n* = 45) also indicated that they had considered leaving, along with nearly four out of every ten (39%, *n* = 171) Christian/Catholic employees. Just over one-third (35%, *n* = 8) of Muslim employees indicated that they seriously considered leaving Michigan Medicine.

Jewish Identity. Relatively equal percentages of employees who identified as religiously or culturally Jewish (42%, *n* = 11) and those who did not (43%, *n* = 396) indicated that they had seriously considered leaving Michigan Medicine.

Muslim or Arab Identity. While one-third (33%, *n* = 9) of employees who religiously or culturally identified as Muslim or Arab indicated that they had seriously considered leaving, a higher percentage of those who are neither religiously nor culturally Muslim or Arab, or whose identity is unknown, shared that they had considered leaving (43%, *n* = 399).

Primary Language. Employee participants whose primary language is English indicated considerations of leaving at a significantly higher rate than those employees whose primary language is a language other than English (44%, *n* = 364 and 34%, *n* = 41, respectively).[25]

Faculty and Staff who indicated that they had seriously considered leaving the University were asked to share why they had seriously considered leaving, as well as why they decided

[24] $\chi^2(1, N = 947) = 6.839, p = .009$

[25] $\chi^2(1, N = 944) = 4.283, p = .038$

to stay (see Table 7). Nearly half of Faculty participants who seriously considered leaving Michigan Medicine indicated it was due to feeling unvalued because of low salary/pay rate (47%, *n* = 29). Nearly four out of every ten highlighted that they were recruited or offered a position at another institution/organization (39%, *n* = 24), while roughly one-third pointed to increased workload (35%, *n* = 21). Over one-quarter indicated tension with their supervisor/manager (28%, *n* = 17), and roughly one-quarter cited a lack of a sense of belonging (23%, *n* = 14).

Participants Who Seriously Considered Leaving Michigan Medicine	
Faculty (55%, *n* = 61)	
Reasons for Wanting to Leave	• Feel unvalued because of low salary/pay rate (47%, *n* = 29) • Recruited or offered a position at another institution/organization (39%, *n* = 24) • Increased workload (35%, *n* = 21) • Tension with supervisor/manager (28%, *n* = 17) • Lack of a sense of belonging (23%, *n* = 14)
Reasons for Staying	• Connections to colleagues (35%, *n* = 21) • Personal reasons (33%, *n* = 20) • Fulfilling/satisfying work (23%, *n* = 14) • Opportunities to make a positive contribution (23%, *n* = 14) • Benefits (21%, *n* = 13)
Staff (41%, *n* = 346)	
Reasons for Wanting to Leave	• Feel unvalued because of low salary/pay rate (39%, *n* = 136) • Increased workload (39%, *n* = 134) • Limited advancement opportunities (35%, *n* = 120) • Tension with supervisor/manager (31%, *n* = 106) • Financial difficulties because of low salary/pay rate (28%, *n* = 96) • Lack of a sense of belonging (25%, *n* = 85)
Reasons for Staying	• Benefits (43%, *n* = 148) • Remote work options (25%, *n* = 85) • Flexibility of work schedule (24%, *n* = 82) • Salary/pay rate (20%, *n* = 67) • Connection to colleagues (19%, *n* = 63) • Fulfilling/satisfying work (18%, *n* = 61)

Table 7. Participants Who Seriously Considered Leaving Michigan Medicine

Like Faculty, Staff who considered leaving also highlighted salary/pay rate and workload. Nearly four out of every ten point to feeling unvalued because of low salary/pay rate (39%, *n* = 136) and increased workload (39%, *n* = 134), while roughly one-third indicated limited advancement opportunities (35%, *n* = 120). Additionally, nearly one-third of Staff who

considered leaving indicated it was because of tension with their supervisor or manager (31%, *n* = 106) and financial difficulties because of low salary/pay rate (28%, *n* = 96). One-quarter (25%, *n* = 85) indicated a lack of a sense of belonging at Michigan Medicine.

In addition to sharing why they had seriously considered leaving, employees also shared why they decided to stay at Michigan Medicine. Roughly one-third of Faculty participants who considered leaving shared that they stay because of connections to colleagues (35%, *n* = 21), while one-third indicated personal reasons (33%, *n* = 20). Nearly one-quarter of Faculty who considered leaving indicated that their work is fulfilling/satisfying (23%, *n* = 14) or that they have opportunities to make a positive contribution (23%, *n* = 14). One out of every five (21%, *n* = 13) highlighted that they stay because of benefits. Of note, however, 40% (*n* = 24) of Faculty who have seriously considered leaving indicated that they are still considering leaving Michigan Medicine.

Just over four out of every ten Staff who considered leaving indicated they have stayed because of benefits (43%, *n* = 148), while one-quarter highlighted remote work options (25%, *n* = 85) and flexibility of work schedule (24%, *n* = 82). One-fifth indicated they stay because of salary/pay rate (20%, *n* = 67), while roughly one out of every five pointed to connection to colleagues (19%, *n* = 63) or feeling their work is fulfilling/satisfying (18%, *n* = 61). Of Staff who have seriously considered leaving, 32% (*n* = 108) indicated that they are still considering leaving.

Qualitative Findings

Reasons Employees Considered Leaving Michigan Medicine

Participants were asked to elaborate on why they seriously considered leaving Michigan Medicine. Some referenced experiences of bias or discrimination or organizational communication issues as key factors in their considerations. Employees also referenced factors outside the scope of this assessment, including issues with leadership, supervisors, or coworkers, feeling undervalued or overworked, compensation issues, and a lack of work-life balance.

Identity-based negative conduct. One participant stated, "There is a culture that promotes silence, status quo, (and fear of retaliation) over accountability. Not blatant or overt, yet there is always a feeling that people of color and sometimes women should not be taken seriously in positions of leadership and certainly should not be openly recognized or promoted into key roles." Another participant shared, "Perceived age discrimination when applying for different roles in the organization for which I am extremely well qualified.

However, age discrimination it is ubiquitous and other options outside MM are severely limited." One participant commented, "The department I work in seems to be reverting to what can only be considered a 'good old boys network' where only men are recognized and respected. We also experienced several years of toxic leadership that went unaddressed."

Communication Issues. Participants shared how they perceived unfair organizational processes at the institution, which informed their desire to leave. One participant stated, "Changes to the workload and dynamics of the team with little to no input from the team members. Disorganization and lack of communication from management and lack of support with a significant problem in understaffing contribute and continue to contribute to consideration of leaving." Another participant similarly wrote, "Changes were made to my teams org chart which were just sprung on us with no notice and very little explanation. As a manager, I would have liked to be consulted or communicated with." A participant also commented on hiring processes by noting, "This pattern has led me to question the fairness of the promotion and hiring process. It often appears that favoritism toward internal candidates within certain departments plays a role, and that the interview process may serve primarily as a formality to confirm a candidate who has already been informally chosen, regardless of whether other applicants may be more qualified.

Reasons Why Employees Chose to Stay at Michigan Medicine

Additionally, Michigan Medicine employees were asked to share why they ended up staying at the institution despite considering leaving, highlighting an appreciation for the role, being close to retirement, difficulty in leaving, flexibility at work, compensation and benefits, issue has been resolved, making a positive impact, positive relationships at the institution, and still considering leaving.

Appreciation for the role. Participants commented on how they had a strong appreciation for the role they were in as one reason they stayed. One participant shared their reason for staying by writing, "As much as there is hesitation to recognize it, I am an excellent physician, and I am proud of what I do at Michigan Medicine. My incentives are my satisfaction from what I do on a day-to-day basis, and the patients' satisfaction from the care that they are getting from me." Another participant commented, "I absolutely love my work and I feel appreciated by so many people. The employee I had the issues with, we do not speak. I don't know if he was ever addressed on this matter." One participant wrote, "I enjoy the patients I take care of and value their well being."

Being close to retirement. Being close to retirement was a main reason that participants stayed after considering leaving. One participant shared, "I have a lot of years in, and I would like to retire from the university. I also received a title change and a bump in pay." Another participant commented, "I only have 6 years left to retire from Michigan Medicine and then I will probably leave and work somewhere else if the climate here doesn't change." One participant discussed their situation by writing, "I stayed due to the fact that (I could have retired last year) but MM does not release medical benefits to eligible retirement employees until they reach the age of 62 yrs old."

Difficulty in leaving. Participants shared how they thought leaving would be difficult, which led them to stay. Responses included, "Current financial climate of the country," "I am only here because I cannot find a replacement position elsewhere that doesn't require a significant pay cut," and "Job market right now is very rough. I still cannot find another job." One participant commented, "Currently, I have been unable to find another position that pays this well. And I am weighing the options of just quitting altogether and basically doing an early retirement." Another participant stated, "I can't find a job making what I am making now and also have good benefits'. I feel like I am stuck here and can't go anywhere else until. If/when I can find a job that fits me and pays well and gives great benefits I will leave. Not that I want to but mentally it is draining and I get no support from leadership or even acknowledgment as I walk down the hall."

Flexibility at work. Having a flexible work arrangement was another reason that participants stayed at the institution. One participant wrote, "Flexible work schedule and remote options." Another participant stated, "I do enjoy the work, job flexibility, and my coworkers." One participant stated, "I value the research I do. I am open to staying to see a future salary increase. My hours are flexible." A participant also elaborated on their reason for staying in the following way: "I also sincerely appreciate Michigan Medicine's flexible and understanding work environment, which has allowed me to balance professional responsibilities with other aspects of my life. These factors have played a significant role in my decision to stay and continue contributing to the research mission, even when there are aspects of the broader institutional culture that can feel challenging."

Compensation and Benefits. Participants shared how having good benefits was a reason they stayed after considering leaving the institution. Responses included, "Benefits are good, and I am not the sort of person who is open to uncertainty," "Benefits, current job security, Union contract and protections, ability to involve myself through our Union to fight for a more equitable and fair workplace," and "Benefits. There is no other reason to be here." One participant elaborated on their experience, writing, "Benefits. I have chronic

health conditions and I hold all of my family's medical dental and vision benefits, our health and dependent care FSA, my retirement account and life insurance…."

The perception of having good pay was another reason participants shared led them to stay. One participant wrote, "I decided to stay because of pay and benefits, I like my coworkers, and the relaxed atmosphere at work." Another participant similarly stated, "I have not yet found a different position. The benefits and pay are difficult to find elsewhere." A participant also shared their perspective by commenting, "Pay elsewhere was not comparable at the time and I was able to drop my appointment fraction."

The issue has been resolved. After considering leaving, participants stated that having the issue resolved led them to stay. Responses included, "Found a new job within the institution," "I changed areas/department," " I received an opportunity to change positions/managers in my department that I felt better fit some of my goals.." One participant described, "A new manager was hired. The work environment didn't change immediately but she has been very progressive in building a solid team with respect for her employees and each other." Another participant stated, "Some resources were made available when I threatened to leave that supported the department sufficiently so we could carry on."

Making a positive impact. Participants believed they were making a positive impact in their roles, which led them to stay. One participant stated, "I love my coworkers, I believe in the mission of Michigan Medicine, and I want to be part of the upcoming organizational change because I think I can add value." Another participant wrote, "I stay because I still feel this is the best opportunity I have to serve the community in a meaningful way." One participant also wrote, "I ultimately believe in the work we are doing, even if it is not for me, so I am looking for an opportunity that is equally rewarding both personally and universally."

Positive relationships at the institution. Having developed positive relationships at the institution was another reason that participants stayed at the institution. One participant shared, "Even though my workload is very difficult to manage, I have very understanding leadership. I feel very supported in my role. I am also lucky to work with a fantastic group of physicians, nurses and staff. I love the culture that we have built together and many of them look to me to keep steering the ship. I feel valued by those that I lead and by my direct leadership. I can't abandon the work family that we have built just because things get hard sometimes." Another participant commented, "I like the majority of the team I have, and we've recently had [a] change in senior leadership and I'm curious if that will bring about improvements." One participant also wrote, "My coworker and direct manager are the best

team I could ever ask for. They really lifted me up and vouched for me when I was at an all-time low with my employment and mental health."

Still considering leaving. Participants also shared that they were still considering leaving the institution. One participant stated, "I am still considering leaving. BUT, I stayed because I love my colleagues." Another participant wrote a similar comment: "I am still debating leaving honestly, but my coworkers are outstanding. I believe Michigan Medicine can turn it around with some focus on the department." One participant commented, "I am still looking at other opportunities."

Sense of Belonging

Campus climate influences individuals' sense of belonging within social and academic institutional environments. Sense of Belonging can be defined as one's perceived social support on campus, feeling or sensation of connectedness, and experience of mattering or importance to the campus community or others on campus.

Faculty Sense of Belonging

Eight out of every ten Faculty participants (80%, *n* = 86) agree (i.e., "strongly agree" or "agree") that they *feel valued by other faculty* at Michigan Medicine, while three-quarters (75%, *n* = 80) indicated the same about *faculty in [their] department/program*. A smaller percentage of Faculty indicated that they *feel valued by [their] department/program chair* (62%, *n* = 66), and just over one-third (36%, *n* = 39) shared that they *feel valued by senior administrators*. Furthermore, approximately four out of every ten (42%, *n* = 45) Faculty agrees that the *Michigan Medicine climate encourages open discussion of difficult topics*.

	Strongly agree or agree	Neither agree nor disagree	Strongly disagree or disagree
I feel valued by faculty in my department/program.	**75%** (*n* = 80)	**11%** (*n* = 12)	**14%** (*n* = 15)
I feel valued by my department/program chair.	**62%** (*n* = 66)	**20%** (*n* = 22)	**18%** (*n* = 19)
I feel valued by other faculty at Michigan Medicine.	**80%** (*n* = 86)	**10%** (*n* = 11)	**9%** (*n* = 10)
I feel valued by University of Michigan senior administrators.	**36%** (*n* = 39)	**40%** (*n* = 43)	**23%** (*n* = 25)

	Strongly agree or agree	Neither agree nor disagree	Strongly disagree or disagree
I feel that Michigan Medicine climate encourages open discussion of difficult topics.	**42%** (*n* = 45)	**35%** (*n* = 37)	**23%** (*n* = 25)
I feel that Michigan Medicine values my research/scholarship.	**63%** (*n* = 67)	**25%** (*n* = 27)	**12%** (*n* = 13)
I feel that Michigan Medicine values my teaching.	**44%** (*n* = 46)	**38%** (*n* = 40)	**18%** (*n* = 19)
I feel that Michigan Medicine values my service.	**54%** (*n* = 58)	**27%** (*n* = 29)	**19%** (*n* = 20)

Note: Missing data are excluded from percentage calculations. Percentages may not sum to 100 due to rounding.

Table 8. Faculty Sense of Belonging

Nearly two-thirds (63%, *n* = 67) of Faculty participants agree that Michigan Medicine values their *research/scholarship*, while just over half (54%, *n* = 58) indicated the same about their *service contributions*. Forty-four percent (44%, *n* = 46) of Faculty indicated that Michigan medicine values their *teaching* (see Table 8).[26]

Staff Sense of Belonging

Eight out of every ten Staff participants (82%, *n* = 639) agreed that they *feel valued by coworkers in [their] work unit*, while seven out of every ten (69%, *n* = 534) *feel valued by coworkers outside [their] work unit*. Three-quarters (75%, *n* = 586) of Staff shared that they *feel valued by [their] supervisor or manager*, while smaller percentages indicated that they feel valued by *students* (37%, *n* = 275), *faculty* (59%, *n* = 457), and *senior administrators* (30%, *n* = 229).

	Strongly agree or agree	Neither agree nor disagree	Strongly disagree or disagree
I feel valued by coworkers in my work unit.	**82%** (*n* = 639)	**11%** (*n* = 89)	**7%** (*n* = 53)
I feel valued by coworkers outside my work unit.	**69%** (*n* = 534)	**23%** (*n* = 180)	**8%** (*n* = 59)
I feel valued by my supervisor/manager.	**75%** (*n* = 586)	**13%** (*n* = 102)	**12%** (*n* = 90)

[26] No significant differences in *Faculty Sense of Belonging* factor scores emerged by racial identity, religious affiliation, Jewish identity, Muslim/Arab identity, or primary language.

	Strongly agree or agree	Neither agree nor disagree	Strongly disagree or disagree
I feel valued by University of Michigan students.	**37%** (*n* = 275)	**59%** (*n* = 440)	**4%** (*n* = 33)
I feel valued by University of Michigan faculty.	**59%** (*n* = 457)	**33%** (*n* = 255)	**8%** (*n* = 61)
I feel valued by University of Michigan senior administrators.	**30%** (*n* = 229)	**51%** (*n* = 391)	**19%** (*n* = 143)
I feel that the Michigan Medicine climate encourages open discussion of difficult topics.	**41%** (*n* = 319)	**38%** (*n* = 295)	**21%** (*n* = 159)
I feel that Michigan Medicine values my skills.	**62%** (*n* = 479)	**22%** (*n* = 174)	**16%** (*n* = 125)
I feel that Michigan Medicine values my work.	**62%** (*n* = 481)	**22%** (*n* = 173)	**16%** (*n* = 123)

Note: Missing data are excluded from percentage calculations. Percentages may not sum to 100 due to rounding.

Table 9. Staff Sense of Belonging

Four out of every ten (41%, *n* = 319) Staff agree that the Michigan Medicine *climate encourages open discussion of difficult topics*. Furthermore, equal percentages of Staff agree that Michigan medicine *values their skills* (62%, *n* = 479) and *their work* (62%, *n* = 481, see Table 9).[27]

[27] No significant differences in *Staff Sense of Belonging* factor scores emerged by racial identity, religious affiliation, Jewish identity, Muslim/Arab identity, or primary language.

Reporting & Institutional Processes

Employees were asked various questions regarding reporting Title VI incidents to Michigan Medicine, including participants' feelings on UM taking the report seriously, support from the university, and actions taken to address the incident(s).

For the purpose of this survey, a **Title VI incident** was defined as "an incident of harassment or discrimination based on a person's race, color, national origin, including actual or perceived shared ancestry or ethnic characteristics."

Reporting Title VI Incidents

Table 10 below describes how employees feel the University would handle the report of a Title VI incident, including taking the report seriously and fairly, as well as their interactions with the individual making the report.

Three-quarters of employees (75%, *n* = 682) indicated that it was likely (i.e., "likely" or "very likely") that *Michigan Medicine would take the report seriously*. Seven out of every ten employees (71%, *n* = 647) thought it was likely that *Michigan Medicine would maintain the privacy of the person making the report*, where Faculty agreed significantly more than Staff (78%, *n* = 84 and 70%, *n* = 563, respectively). Additionally, two-thirds of employees (66%, *n* = 597) indicated it was likely that *Michigan Medicine would do its best to honor the request of the person about how to go forward with the case*, while 68% (*n* = 611) thought it was likely they *would take steps to protect the safety of the person making the report*.

Approximately six out of every ten (62%, *n* = 558) employees indicated it was likely that *Michigan Medicine would support the person making the report*, while five out of every ten (52%, *n* = 467) indicated that it was likely they *would provide supportive measures to support the person*. Three out of every five participants (60%, *n* = 536) thought it was likely that *Michigan Medicine would handle the report fairly*, and an additional 62% (*n* = 561) shared it was likely that *Michigan Medicine would take action to address factors that may have led to the harassment or discrimination*.

Small percentages of Faculty and Staff participants indicated it was likely that *Michigan Medicine would label the person making the report a troublemaker* (16%, *n* = 143), would *have a hard time supporting the person who made the report* (15%, *n* = 134), or would *punish the person who made the report* (11%, *n* = 99, see Table 10).

	Participants who indicated very likely or likely		
	Faculty	Staff	Overall
Michigan Medicine would take the report seriously.	**78%** (*n* = 85)	**75%** (*n* = 597)	**75%** (*n* = 682)
Michigan Medicine would maintain the privacy of the person making the report.[28]	**78%** (*n* = 84)	**70%** (*n* = 563)	**71%** (*n* = 647)
Michigan Medicine would do its best to honor the request of the person about how to go forward with the case.	**67%** (*n* = 72)	**66%** (*n* = 525)	**66%** (*n* = 597)
Michigan Medicine would take steps to protect the safety of the person making the report.	**72%** (*n* = 78)	**67%** (*n* = 533)	**68%** (*n* = 611)
Michigan Medicine would support the person making the report.	**66%** (*n* = 71)	**62%** (*n* = 487)	**62%** (*n* = 558)
Michigan Medicine would provide supportive measures to support the person.	**49%** (*n* = 52)	**52%** (*n* = 415)	**52%** (*n* = 467)
Michigan Medicine would take action to address factors that may have led to the harassment or discrimination.	**61%** (*n* = 65)	**63%** (*n* = 496)	**62%** (*n* = 561)
Michigan Medicine would handle the report fairly.	**63%** (*n* = 67)	**59%** (*n* = 469)	**60%** (*n* = 536)
Michigan Medicine would label the person making the report a troublemaker.	**13%** (*n* = 14)	**16%** (*n* = 129)	**16%** (*n* = 143)
Michigan Medicine would have a hard time supporting the person who made the report.	**12%** (*n* = 13)	**15%** (*n* = 121)	**15%** (*n* = 134)
Michigan Medicine would punish the person who made the report.	**9%** (*n* = 10)	**11%** (*n* = 89)	**11%** (*n* = 99)

Note: Missing data are excluded from percentage calculations. Percentages may not sum to 100 due to rounding.

Table 10. Perceptions on Reporting a Title VI Incident to Michigan Medicine

[28] *t*-test results revealed a statistically significant difference in agreement by Employee Status, where Faculty indicated significantly higher levels of agreement than Staff; $t(906) = 2.127$, $p = .034$.

Less than half of employees shared that they *are familiar with Michigan Medicine's Title VI policies* (42%, *n* = 382) or that they *would know where to go to report a Title VI violation* (43%, *n* = 392). An additional 43% (*n* = 396) agreed they *understand what happens when someone reports a Title VI violation at Michigan Medicine* (see Table 11).

	Participants who strongly agree or agree		
	Faculty	Staff	Overall
I understand what happens when someone reports a Title VI violation at Michigan Medicine.	**41%** (*n* = 45)	**44%** (*n* = 351)	**43%** (*n* = 396)
I would know where to go to report a Title VI violation.	**46%** (*n* = 50)	**42%** (*n* = 342)	**43%** (*n* = 392)
I am familiar with Michigan Medicine's Title VI policies.	**39%** (*n* = 43)	**42%** (*n* = 339)	**42%** (*n* = 382)

Note: Missing data are excluded from percentage calculations. Percentages may not sum to 100 due to rounding.

Table 11. Knowledge of Title VI Reporting and Institutional Policies

Institutional Processes for Education of Title VI

U-M employees were asked a number of questions related to the institutional processes surrounding Title VI, including educating the community via written and verbal means, as well as knowledge of resources on campus that are available to address Title VI concerns.

Roughly one-quarter of Faculty and Staff participants indicated that, since starting at Michigan Medicine, they have attended a public educational or civic engagement event related to anti-Semitism, Islamophobia, geopolitical conflict, racism, or national origin-based discrimination, including 36% (*n* = 39) of Faculty and 23% (*n* = 183) of Staff. Seven out of every ten employees (70%, *n* = 635) indicated they have not attended such an event.[29]

Approximately half of employee participants indicated that, since coming to Michigan Medicine, they have received written or verbal information regarding *the definitions of race-based or national origin discrimination under Title VI* (51%, *n* = 270), and 42% (*n* = 225) indicated they received information on *Title VI protections against race-based or national origin discrimination in educational programs*.

[29] Six percent (6%, *n* = 52) selected "Prefer not to say."

Over two-thirds of Faculty and Staff (68%, *n* = 360) shared that they have received written or verbal information about *where to get help if someone [they] know experiences race-based or national origin discrimination*, and six out of every ten (61%, *n* = 325) indicated they received information about *how to report an incident of race-based or national origin discrimination or Title VI violation*. Nearly two-thirds (64%, *n* = 338) indicated that they received information about *how to help prevent race-based or national origin discrimination on campus*. The figure below (Figure 57) breaks down these percentages by Faculty and Staff.

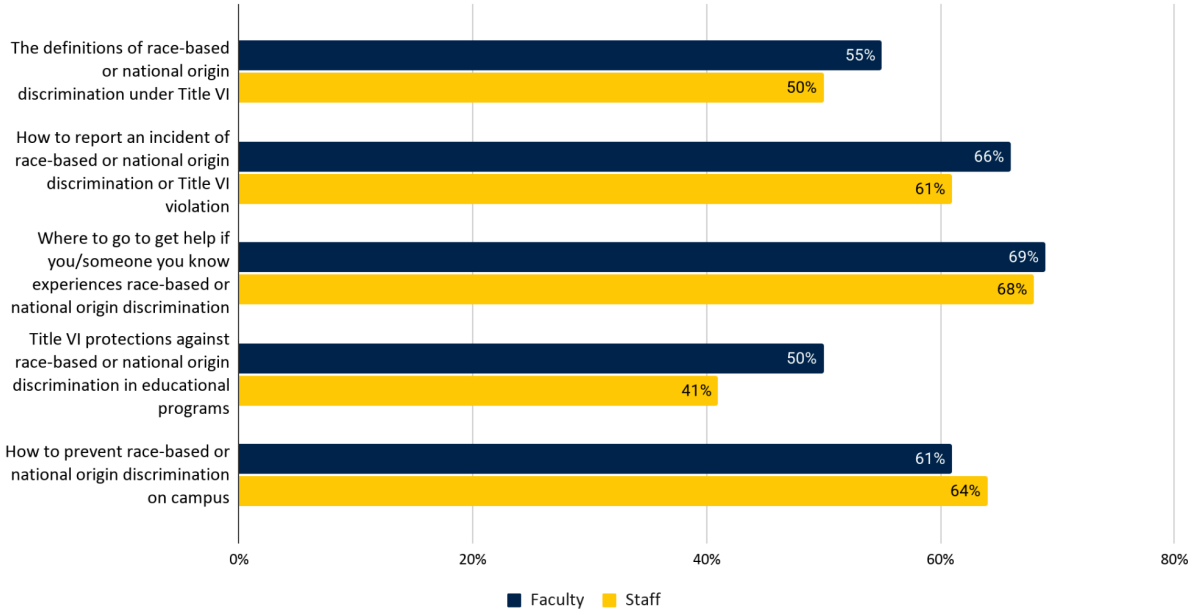


Figure 57. Percent of Faculty and Staff Who Received Written or Verbal Information on Various Title VI-related Topics

Over half of Michigan Medicine Faculty and Staff indicated they were aware of ("extremely aware" or "aware") the Division of Public Safety and Security (58%, n = 521). Nearly four out of every ten (39%, *n* = 351) shared that they were aware of the Office of Counseling and Workplace Resilience. Much smaller percentages of employees indicated that they were familiar with the Equity, Civil Rights, and Title IX Office (19%, *n* = 169); the Dean of Students Office (18%, *n* = 159), the COMPASS Peer Support Network (17%, *n* = 150), and the University/Student Ombuds (17%, *n* = 152). Among Residents at Michigan Medicine, over three-quarters of Staff Residents (77%, *n* = 13) indicated being aware of the House Officers Association, while no (*n* = 0) Faculty Residents were aware.

	Participants who are extremely or very aware		
	Faculty	Staff	Overall
Equity, Civil Rights and Title IX Office (ECRT)	**21%** (*n* = 23)	**19%** (*n* = 146)	**19%** (*n* = 169)
Dean of Students Office/Office of the Dean of Students	**32%** (*n* = 35)	**16%** (*n* = 124)	**18%** (*n* = 159)
Division of Public Safety & Security (DPSS)	**62%** (*n* = 67)	**58%** (*n* = 454)	**58%** (*n* = 521)
Faculty and Staff Counseling and Consultation Office (FASCCO)	**23%** (*n* = 25)	**28%** (*n* = 217)	**27%** (*n* = 242)
Office of Counseling and Workplace Resilience (OCWR)	**32%** (*n* = 35)	**40%** (*n* = 316)	**39%** (*n* = 351)
House Officers Association	—	**77%** (*n* = 13)	**72%** (*n* = 13)
COMPASS Peer Support Network	**22%** (*n* = 24)	**16%** (*n* = 126)	**17%** (*n* = 150)
University/Student Ombuds	**29%** (*n* = 32)	**15%** (*n* = 120)	**17%** (*n* = 152)

Note: Missing data are excluded from percentage calculations. Percentages may not sum to 100 due to rounding.

Table 12. Awareness of Campus Resources Related to Title VI Response

Sense of Safety & Bystander Confidence

Safety on Campus

Table 13 shares Faculty and Staff feelings of safety from harassment or discrimination based on race, skin color, national origin, and ancestry, as well as their perceptions of Title VI incidents as an issue on campus.

	Participants who strongly agree or agree		
	Faculty	Staff	Overall
On or around Michigan Medicine, I feel safe from harassment and discrimination based on my race.	**78%** (*n* = 84)	**83%** (*n* = 658)	**83%** (*n* = 742)
On or around Michigan Medicine, I feel safe from harassment and discrimination based on my skin color.	**80%** (*n* = 86)	**84%** (*n* = 662)	**83%** (*n* = 748)
On or around Michigan Medicine, I feel safe from harassment and discrimination based on my national origin.	**80%** (*n* = 86)	**85%** (*n* = 668)	**84%** (*n* = 754)
On or around Michigan Medicine, I feel safe from harassment and discrimination based on my actual or perceived shared ancestry.	**77%** (*n* = 83)	**83%** (*n* = 653)	**82%** (*n* = 736)
I don't think harassment or discrimination based on race, color, national origin, or shared ancestry is a problem at Michigan Medicine.	**35%** (*n* = 38)	**39%** (*n* = 306)	**38%** (*n* = 344)
I don't think there is much I can do about harassment or discrimination based on race, color, national origin, or shared ancestry at Michigan Medicine.	**21%** (*n* = 22)	**21%** (*n* = 161)	**21%** (*n* = 183)
There isn't much need for me to think about harassment or discrimination based on race, color, national origin, or shared ancestry while at Michigan Medicine.	**12%** (*n* = 13)	**22%** (*n* = 168)	**20%** (*n* = 181)

Note: Missing data are excluded from percentage calculations. Percentages may not sum to 100 due to rounding.

Table 13. Employee Level of Agreement with Feeling Safe on Campus

Approximately eight out of every ten employee participants agreed that, on or around Michigan Medicine, they feel safe from harassment and discrimination based on their *race* (83%, *n* = 742), *skin color* (83%, *n* = 748), *national origin* (84%, *n* = 754), and actual or perceived ancestry (82%, *n* = 736).

One out of every five (20%, *n* = 181) Faculty and Staff agreed that there isn't much need for [them] to think about harassment or discrimination based on race, color, national origin, or shared ancestry while at Michigan Medicine. Thirty-eight percent (38%, *n* = 344) agreed that *[they] don't think harassment or discrimination based on race, color, national origin, or shared ancestry is a problem at Michigan Medicine*, while 21% (*n* = 183) agreed that *[they] don't think there is much [they] can do about harassment or discrimination based on race, color, national origin, or shared ancestry at Michigan Medicine*.

Qualitative Findings

When asked to share where they feel safe and supported on campus, Faculty and Staff highlighted both spaces and people that contribute to their sense of safety: all spaces, work units, department, coworkers and team.

All spaces. Participants indicated that they felt safe and supported in all spaces at Michigan Medicine. Participants mentioned that they felt safe and supported "anywhere on campus" and in "all spaces." One participant explained, "I generally feel safe anywhere at Michigan Medicine," while another offered, "There isn't anywhere I don't feel safe and/or supported." One participant who also identified as an alum stated that they felt "very comfortable on campus" and that "there has never been a time when I didn't, even when I was an undergrad."

Work units. Participants reported feeling safe and supported within their direct work units. One Michigan Medicine Staff participant explained, "I am most comfortable within my working unit. The staff is supportive, willing to listen, and open to new ideas." Another participant stated, "I generally feel personally supported by individuals in my unit, including my division chief and individuals with whom I share learner supervision." In addition to openness and support from those in their units, others indicated they felt safe and supported because they could talk to their "supervisors and feel heard." Although they felt safe and supported in their work units, participants also cautioned that they did not always feel safe and supported at the institution as a whole. As one participant indicated, "At the institution, I am made to feel like I am just a number, like I am just a replaceable employee, not a valued member of a collaborative team."

Department. Participants described feeling "safe and supported" in their department for various reasons. One Michigan Medicine Staff participant explained, "My department has a great culture of reciprocal support; our colleagues help each other out." Others echoed these sentiments, stating that their department had a "true team approach" where "everyone can be heard" and supported. Another participant felt supported in their department because they felt it was "safe to discuss topics that are important" and "to have difficult conversations with co-workers that would help workflows run smoother throughout the day." This ability to "openly discuss topics without being judged" was important to many participants.

Coworkers and team. Participants described feeling "safe and supported" with their coworkers and on their team. Participants indicated that they felt "valued" by "close colleagues" and "supported by my immediate team of coworkers." One participant explained, "I feel safe and supported with my clinic colleagues, and mostly with those who also serve advisory roles as physicians," while another participant added, "In my small group of nurses with whom I work, I feel safe and supported. Outside of this, it's a toss-up." Regarding their team, participants added, "Within my research team, I feel supported in my work," and "I feel supported by my immediate team and my direct supervisor." Another participant offered, "I feel safe and supported by my direct supervisor and my work team. They are respectful and non-reactive. We have a very diverse team, and each member is treated well. There is a clear display of appreciation for the work we do."

Bystander Response

Participants were also asked about their level of confidence to intervene as a prosocial bystander if they were to witness an incident of harassment or discrimination (see Table 14).

When asked, most employees indicated that they feel confident that they would intervene as a prosocial bystander. Eighty-four percent (84%, *n* = 747) of Faculty and Staff agreed that they *would intervene if someone suggests or implies that individuals of one race, national origin, or shared ancestry don't have to meet the same intellectual standards as others to get into/be hired at Michigan Medicine*. Additionally, 85% each indicated that they *would intervene if someone were harassing* (*n* = 762) or *discriminating against* (*n* = 759) *another person based on their identity*. Closer to eight out of every ten (82%, *n* = 733) shared that they feel confident they *would speak up against someone telling racist or culturally insensitive jokes*, while 87% (*n* = 779) *would check in with someone [they] suspected of being the target of harassment or discrimination*.

	Participants who strongly agree or agree		
I feel confident that I would...	Faculty	Staff	Overall
Intervene if someone were harassing another person based on their identity.	**87%** (*n* = 92)	**85%** (*n* = 670)	**85%** (*n* = 762)
Intervene if someone was discriminating against another person based on their identity.	**89%** (*n* = 94)	**84%** (*n* = 665)	**85%** (*n* = 759)
Speak up against someone telling racist or culturally insensitive jokes.	**83%** (*n* = 88)	**82%** (*n* = 645)	**82%** (*n* = 733)
Check in with someone I suspected of being the target of harassment or discrimination.	**86%** (*n* = 91)	**87%** (*n* = 688)	**87%** (*n* = 779)
Intervene if someone suggests or implies that individuals of one race, national origin, or shared ancestry don't have to meet the same intellectual standards as others to get into/be hired at Michigan Medicine.	**91%** (*n* = 96)	**83%** (*n* = 651)	**84%** (*n* = 747)

Note: Missing data are excluded from percentage calculations. Percentages may not sum to 100 due to rounding.

Table 14. Employee Bystander Response

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Appendix A - Factor Analysis

Introduction

The survey contained a series of questions that measured *Sense of Belonging*. The *Sense of Belonging* items were informed by Strayhorn's qualitative examination of students' sense of belonging.[30] Rankin Climate developed survey questions to quantitatively measure the sense of belonging for both Faculty and Staff.

Methodology

The questions were answered on a Likert metric from "strongly agree" to "strongly disagree" (scored 5 for "strongly agree" and 1 for "strongly disagree"). For the purposes of analysis, only participants who answered all scale sub-questions were included in the analyses.

The factor score for *Sense of Belonging* was created by taking the average of the scores for the sub-questions in each factor. Each response for individuals who answered all the questions included was assigned a score on a five-point scale. The items were coded such that higher scores on factors suggested an individual or constituent group had a higher *Sense of Belonging* at U-M. The items included in the factor are detailed below.

Faculty *Sense of Belonging*[31]	
ITEMS	**Rescaled Factor**
I feel valued by faculty in my department/program.	.642
I feel valued by my department/program chair.	.653
I feel valued by other faculty at Michigan Medicine.	.711
I feel valued by University of Michigan senior administrators (e.g., dean, vice president, provost).	.692
I feel that Michigan Medicine climate encourages open discussion of difficult topics.	.546
I feel that Michigan Medicine values my research/scholarship.	.760
I feel that Michigan Medicine values my teaching.	.701
I feel that Michigan Medicine values my service.	.826

[30] Strayhorn (2012).

[31] α = .877, n = 105

Staff *Sense of Belonging*[32]	
ITEMS	**Rescaled Factor**
I feel valued by coworkers in my work unit.	.594
I feel valued by coworkers outside my work unit.	.615
I feel valued by my supervisor/manager.	.619
I feel valued by University of Michigan students.	.597
I feel valued by University of Michigan faculty.	.724
I feel valued by University of Michigan senior administrators (e.g., dean, vice president, provost).	.755
I feel that Michigan Medicine climate encourages open discussion of difficult topics.	.675
Michigan Medicine values my skills.	.878
Michigan Medicine values my work.	.862

[32] α = .898, *n* = 737

Appendix B - Qualitative Methodology

Introduction

This qualitative summary provides an overview of the findings from 5 open-ended questions included in University of Michigan's 2026 *Climate Survey Related to Campus Culture and Community*. Full summaries for each question will be provided to the Equity, Civil Rights, and Title IX Office as a part of the complete dataset. Many of the findings align with trends observed in climate studies at other institutions and reflect experiences commonly documented in the literature on historically underrepresented and underserved populations. However, the results also highlight unique differences that are specific to the University of Michigan community. As examples, employees at many of the U.S. institutions we have recently partnered with to conduct climate assessments have expressed concerns about freedom of speech and outside influences on institutional policies, procedures, and responses. However, the results highlight attributes that are specific to the University of Michigan community. The wide array of places on the Michigan Medicine campus where employees feel safe and supported—inside and out—is unique and is one of many community strengths to build upon.

Analysis Strategy

The Rankin Climate (now Interwoven Insights) team reviewed participant comments using qualitative thematic analysis.[33] Thematic analysis is used to systematically identify, analyze, and interpret recurring patterns within textual data, aligned with the study objectives. Thematic analysis goes beyond merely counting words to intensely examine language for the purpose of classifying large amounts of text into an efficient number of categories that represent similar meanings (e.g., themes).[34] It is one of numerous research methods used to analyze text data and focuses on the characteristics of language as communication with attention to the content or contextual meaning of the text.[35] The themes can represent either explicit communication or inferred communication.

The data analysis process commenced with Rankin Climate researchers familiarizing themselves with the dataset through repeated readings, ensuring a comprehensive grasp of the content. Initial codes were generated to capture meaningful segments directly related to

[33] Krippendorff, K. (2018).
[34] Luttrell (2010).
[35] Gläser-Zikuda et al. (2020).

the study. These codes were then grouped into themes that highlighted overarching patterns and connections within the data. The themes underwent a rigorous review and refinement process to enhance their accuracy and reflect the content faithfully. Each theme was then distinctly defined and given descriptive names to encapsulate its essence.

Findings from the thematic analysis are described using a narrative approach, complemented by a relevant quotation to illustrate the identified themes. Ethical considerations such as maintaining participant anonymity and confidentiality, were strictly adhered to throughout the data collection and analysis process. Additionally, the research team acknowledged the potential influence of personal biases and preconceptions and actively worked to minimize their impact on the analysis.

It is important to note that the thematic analysis method has inherent limitations, including the subjectivity associated with qualitative research and constraints related to sample size. However, despite these limitations, thematic analysis is a valuable tool for gaining profound insights into the study objectives, providing a solid foundation for further discussion and potential strategic actions. Also, important to note, this methodology does not reflect a comprehensive qualitative study. Comments were not used to develop grounded hypotheses independent of the quantitative data. Participants were "primed" by the quantitative questions that preceded the open-ended text boxes.