British Society for Neuroendocrinology

A Spotlight on Equality/ Equity, diversity and inclusion practices within the BSN

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'*Like society as a whole, the research community is not immune to biases against people because of their race, gender, religion, disability, or any other aspects of identity. **Inclusive knowledge that reflects the world's best thinking is our greatest hope for solving the problems we face. Diverse perspectives lead to more ideas, new avenues of discovery, and more solutions that we might never have seen** if everyone involved with research thought the same way and experienced the world in the same way. But despite some progress, research isn't as diverse or inclusive as it needs to be....*' (excerpt from: Mia Ricci A Report on Diversity, Equity, and Inclusion: Why Wiley? Why Research Publishing? February 2021)

In July 2020, the BSN Board of Trustees began a process of review into the organization's EDI practices and activities (see BSN EDI report by Sue Thorn, July 2020). This initial report assessed the information the BSN already had, and leveraged 4 underlying principles guided by the Royal Society of Chemistry which focused on commitment of the BSN Trustees board to: **1) Understand the BSN research community, 2) Reflect the diversity of the BSN community, 3) Share success to achieve impact and 4) Set minimum standards on which to build.**

Focusing on the first 2 criteria, the report noted balanced gender distribution among membership; however, given data protection limitations, results on ethnicity were not available. The report further highlighted that, although there was good female representation on the Committee overall, there was a lack of female representation among the Officers (this has been corrected as of September 2020, in that two of the three Officers are now female). There is also a lack of female representation among the senior JNE board members, as well as underrepresentation of racial minority groups in the grants panel and JNE board. A need for reviewing EDI practices among organization functions such as grant awards, speaker selection and accepted publications was highlighted. Strategies to address these disparities including the additional criteria noted were discussed and an EDI lead appointed – Dr Chi Udeh-Momoh.

An EDI strategy was developed that aimed to incorporate a proactive approach towards ascertaining, fostering and improving EDI practices in BSN, that would be beneficial for ALL members, including those from underrepresented and disadvantaged groups.

Three goals were defined for 2021/2022 that included:

- **Surveying the BSN membership community to understand member diversity and perceptions relating to EDI**
- **Synthesise response and provide feedback to committee and members**
- **Identify appropriate follow-up actions and implement in a timely manner**

To address the first goal, a member-wide survey was developed and completed in May 2021. The survey sought to evaluate the make-up of membership (including diversity), examine perception of EDI within BSN and also explore comparisons of BSN's EDI practices with that of other societies.

The EDI survey was an anonymised questionnaire comprising of 8 brief questions that included demographic information (Role/Position/Affiliation; Gender; Ethnicity; Year of PhD completion; Full or Part-time in research), general perception of EDI practices within the BSN; perception of EDI in BSN relative to

other societies, as well as comments requested on suggested actions to propagate and/or improve diversity and inclusion practices in the BSN.

Survey Results:

A) Characteristics of the responders
- A total of 136 members responded to and fully completed the survey.
- Of these, 25% were Senior academics, 19% Junior academics, 35% Postdoctoral, 15% Students and 4% Professional/Technical services.
- About half of the responders gained, or expected to gain, their PhD from 2000 onwards.
- Gender – 55% were female and 45% male. These figures corresponded well with the BSN membership which is ~ 56% female.
- Ethnicity – 76% white, 13% Asian/Arab, 8% mixed, 2% black/African/Caribbean. Per the 2011 UK census: 86% white, 8.5% Asian/Arab, 3.3% Black, 2.2% mixed; therefore, the membership population seems quite representative of the general population.
- Full time/part time –More people were in full time employment compared to part-time: 82% versus 18%
- Perception of BSN's EDI practices – ~50% opined that the BSN was excellent or good in relation to EDI, 46% had no opinion, and only 2% reported that it was bad.
- Perception relative to other societies – ~62% opined that the BSN is better than, or the same as, other societies, 38% had no opinion, <1% reported that the BSN's EDI practices were worse than other societies.
- Significant distributional differences were noted among the gender groups in relation to roles/positions (p=0.018), with a higher proportion of males in the senior academic category compared to females (23 versus 11) (see Figure 1). Conversely, no gender differences were noted among ethnic groups, which were otherwise well-balanced in relation to gender.
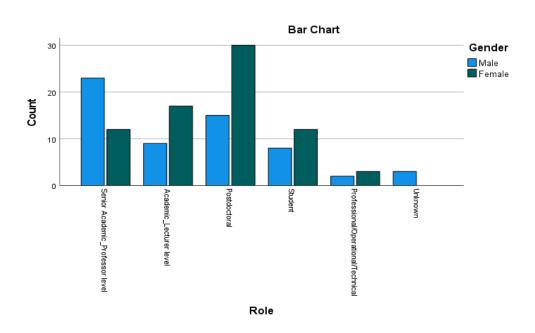-

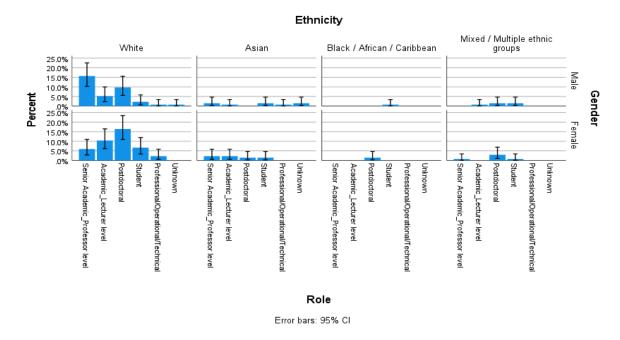**Figure 1:** Comparison of role categories by gender groups

Figure 2: Overall summary of responders by gender, ethnicity and role/position

B) Perception of BSN's EDI practices

- Perception of BSN EDI practices by gender: More males than females responded that the BSN's EDI practices were 'excellent' or 'acceptable' (60% of males compared to 45% of females).
- Also, more Senior academics compared to any other role groups opined that EDI within the BSN was 'excellent' or 'acceptable' (Figure 3).
- Interestingly, more Asians thought the BSN excellent or acceptable than whites; 56% vs 47%, and almost half the members had no opinion.
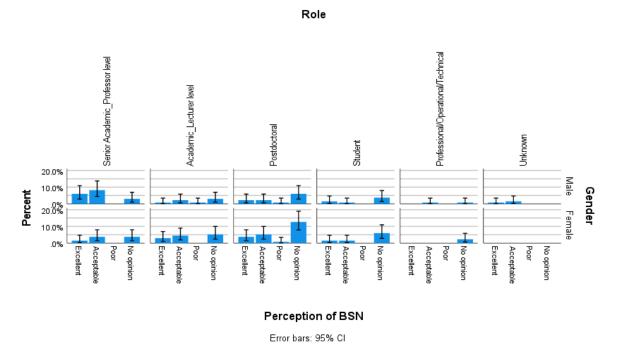

Figure 3: Overall summary of EDI Perception within BSN by gender and role/position

C) Perceptions of BSN's EDI practices in relation to other societies

- In relation to perceptions on EDI practices within the BSN compared to other societies, more males than females responded that the BSN was 'better' or 'the same' compared to females - 63% of males vs 58% of females. This trend, especially for responses alluding to 'better' performance by BSN, was noted in the Senior academic/Professor level role when compared to any of the other positions (see Figure 4).
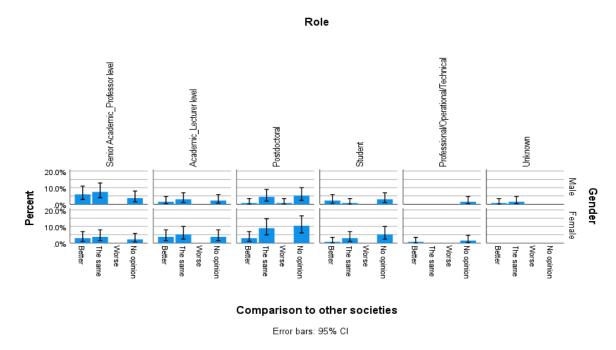

Figure 4: Summary of BSN's EDI practices in comparison with other societies by gender and role/position

D) Excerpts from survey responses

Highlights

- In the role category 'Senior Academics', there were twice as many males as females, yet in all the other categories, there were more females than males, suggestive of (previous or current) career impediments for females.
- The percentage of non-white respondents decreased as the role categories became more senior.
- Though more male responders gained PhDs earlier than females, potentially younger males achieved Senior Academic status compared to females (67% versus 15% with over 20 years post-PhD (to adjust for this factor in subsequent analyses). Further work is required to understand the origin of these biases (Institutional or Membership)?
- There were nil significant differences in work pattern across distinct roles, and no significant differences in ethnicity by gender.
- The perception of EDI practices in the BSN as well as responses pertaining to comparisons with other societies differed across gender groups. Specifically, more males than females were of the opinion that EDI practices within the BSN were 'excellent' or 'acceptable' and fared 'better' compared to other societies. Of note, more Asians thought the BSN excellent or acceptable, and better than other societies, than whites (56% vs 47%). Further, for both perception-related questions, members who opined the BSN was poor, or worse than other societies, were white.
- Since the survey report, the grants panel are reviewing and streamlining the grant selection criteria to ensure an equitable review system that will be fair both for minority and non-minority groups, without underscoring those from disadvantaged populations.

Summary

Despite the Society's efforts to address gaps and issues identified pertaining to EDI, under representation among specific groups still exists. We conducted a member-wide survey taking an honest look into EDI within the BSN, and importantly sought the perspectives of our members on current practices and strategies for improvement. Our finding of gender and racial disparities among the demographics of our membership, as well as pertaining to roles and positions, highlights the need for strategic methods to tackle the issue of diversity, inclusiveness and equitable practices in the society. It will not simply be enough to promote diversity and increase representation from minority groups within the Society and committees. We must initiate strategies to foster an inclusive environment for such groups, while ensuring equity considerations are at the fore-front of our operations, even if this means re-thinking and re-structuring systems in place that may not allow for equitable practices for ALL groups.

We are keen to take the necessary steps required to improve on EDI within the BSN in the immediate term.

In the first instance, we will invite members from the BSN to volunteer to join an EDI Sub-committee whose primary objective will be to identify barriers to inclusiveness (including representation and retention of members from under-represented groups) and equity, understand whether any notable biases are societal or institutional, and develop optimal strategies to tackle these. The Committee will synthesise the responses provided by BSN members and provide a platform to implement some of the urgent EDI solutions highlighted by the survey responders, e.g. broader minority representation within the BSN, optimising the grant award system to ensure equity for all member groups as well as strategic mentoring for members from disadvantaged backgrounds, and proactive engagement with individuals from such groups. The Committee will also strategize on how best to support the Society to foster optimal EDI practices, while also sharing lessons learned with other societies and institutions.