

Member Opinion Survey: Summary Findings



Member survey conducted in May 2022

BHBIA



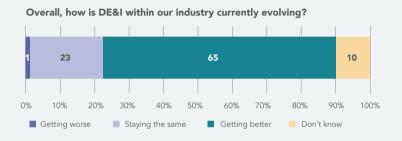
17% pharma 5% personal members 78% agency /consultancy

81% based in the U.K



Are we heading in the right direction?

2/3 of the membership feel DE&I is positively evolving within our industry



However, we still have work to do to create a diverse, equitable and inclusive industry for all



Opportunities to improve - where do we currently fall short?



LACK OF SENIOR BUY-IN

Paying lip service to DE&I, not being open to feedback and/or tokenism in upper management are all cited.



FAILURE TO ATTRACT DIFFERENTLY ABLED TALENT

or ensure that our workspaces, practices and events are truly accessible.



LACK OF ETHNIC DIVERSITY

Barriers to building more diverse workforces are somewhat unclear, but may be due to poor recruitment practice.



LACK OF NON-DEGREE ENTRY ROUTES INTO THE

INDUSTRY and lack of equity in progression for non-degree educated colleagues.



LACK OF DIVERSITY IN UPPER MANAGEMENT despite

increasing diversity in junior levels. Lack of flexibility or policies regarding e.g. childcare, menopause or fertility are cited as reasons women cannot grow their careers at the same pace as men.

I see a **lack of diversity in upper management** within this industry. The majority of management seem to be straight white men.

I have rarely to never come across anyone who was **disabled or neurodivergent** in the industry at all. We are no better than other industries at accommodating women's needs in the workplace so they can grow their careers at the same pace as men.



People perceive their own workplaces to be more equitable and inclusive than the industry as a whole, but recognize scope for areater diversity

Members who feel their own workplace is diverse, equitable or inclusive feel the drive for DE&I top-down within their organization, with **continuous** programmes supporting this



- includes leadership
- vendor selection
- cultures & communities
- Staff with dedicated DE&I responsibility
- Blinded CVs
- Pronoun opt in practices & training
- Social & HR practices which actively consider minority cultures
- Employee councils
- Providing platforms for sharing experiences

that ask for the voice of people from different **groups...** Further, the listen and learn.



STAFFING & RECRUITMENT

PUT THE HARD WORK IN DE&I driven from the top

STRUCTURED APPROACH

place, with standards applied

Detailed programmes,

processes and training in

down in organizations

committed to making

positive changes.

Inclusive recruitment & on-boarding and visibly diverse staff base



OPENNESS

An open, listening approach - encouraging and responsive to employee needs and feedback.

ACHIEVED BY:

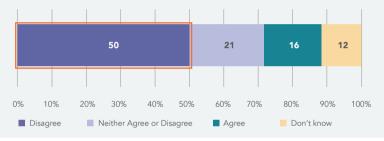
- Diverse leadership teams
- Vocal support for DE&I from management
- Investment in growth and development for ALL
- DE&I training which
- DE&I policies included in
- Sharing of news from all
- internally & externally.



How successful are we in achieving DE&I in our MR study designs?

Less than 1 in 5 of our members agree we are successful currently

"Our industry is successful in terms of achieving DE&I in our market research samples and study design"



It seems there is a significant opportunity to better integrate DE&I into everyday processes



HOWEVER, THERE IS ALSO SIGNIFICANT CONCERN / APPREHENSION AMONG THE MEMBERSHIP AS TO HOW PRACTICAL/FEASIBLE THIS IS

What is preventing DE&I from being considered more often in MR study design?

HOW IMPORTANT IS THIS ANYWAY?

- Feeling that other primary inclusion criteria should take precedence or...
- Natural fall out should cover it.

2 WHAT QUOTAS ARE APPROPRIATE?

3 FEASIBILITY & REACH

Demographic information is not always known for the second seco

- for the researched population meaning it is hard to know what a 'representative' sample should look like.
- We risk introducing unwanted bias through quota implementation.
- Panel composition is not fully diverse → need to use multiple recruitment avenues
- Patient recruitment is typically already challenging without these quotas in place.

LACK OF DRIVE / PUSH FOR DE&I

- Clients are not asking agencies to consider this in sample composition.
- Timelines and investment considered more important.

Healthcare research often faces specific obstacles to diversity as the primary inclusion criteria are often about already difficult-torecruit conditions. The recruitment agency on a recent study were not happy with our request to get a mixture of class, ethnicity, and gender, feeling it restrictive.

Often clients and agencies are **more** concerned with fielding quickly than achieving DE&I in samples.

Promoting diversity, equality and inclusion in our organizations

By creating space for the conversations. Including DE&I training and awareness programmes, through regular experience sharing sessions from outside of the business, and by examples from leadership.

By doing rather than saying.

British Healthcare Business Intelligence Association

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