COVID-19 Survey of NIH and Extramural Staff – Preliminary Findings

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Presentation Overview

- 1. Background
- 2. NIH Workforce COVID-19 Impact Survey Topline Results
- 3. Extramural COVID-19 Impact Surveys Progress Update
- 4. Mitigating Impact of COVID-19 on Diversity, Equity, & Inclusion: WGD Suggestions
- 5. Questions & Discussion



COVID-19 Substantially Affects our Workforce

- COVID-19 has changed the landscape of our work environment, within and outside of NIH
 - Remote work and/or physical distance may affect research productivity or trainee career development
 - Unanticipated burden of caretaking, particularly among women, may inhibit productivity
 - Added burden of mental health challenges, stress, and trauma, particularly among underrepresented groups (URGs)
- SWD was tasked with recommending data-driven approaches to:
 - Support the NIH workforce
 - Protect crucial advances in scientific workforce diversity made in recent decades

NIH Workforce COVID-19 Impact Survey

TOPLINE RESULTS

NIH Survey Overview

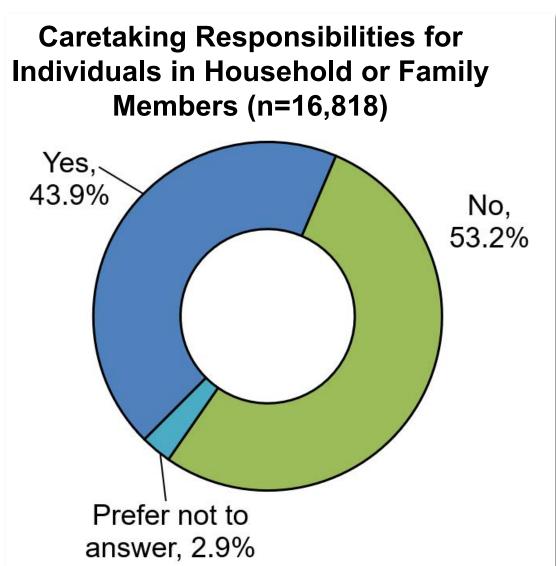
- Administered July 14 to July 28, 2020
- NIH federal staff, students and trainees, postdoctoral researchers, volunteers, and contractors
- 16,892 valid responses (51.2% response rate)
- Executive Summary released November 19, 2020

Survey Goals

- 1. Understand impact of COVID-19 on the NIH workforce
- 2. Identify groups that may be newly vulnerable due to factors related to COVID-19
- 3. Assess impact of COVID-19 on URGs
- 4. Enable NIH to implement interventions to mitigate the impact of COVID-19 on its workforce

Key Finding 1: Caretaking is Common in the NIH Workforce

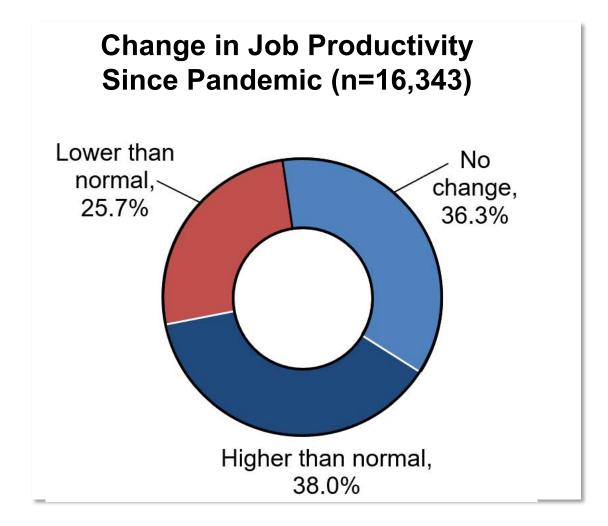
- 43.9% had caretaking responsibilities for individuals who live in their household or family members who do not live with them
- One in five indicated that caretaking responsibilities have made work responsibilities substantially more difficult to complete
 - 15.7% among extramural respondents
 - 23.3% among intramural respondents



Key Finding 2: COVID-19 Has Impacted Job Productivity

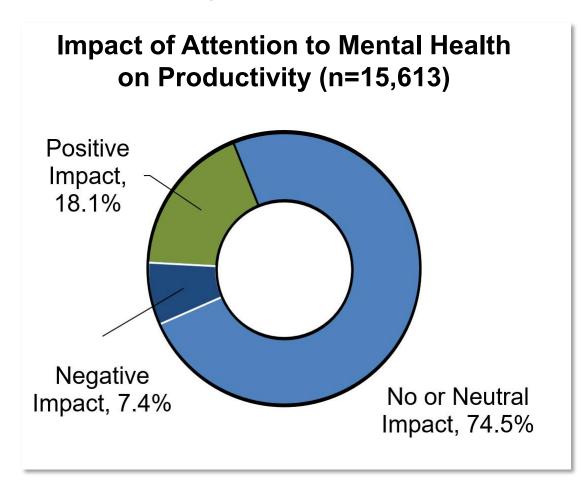
Among all respondents, one in four experienced lower productivity

- 69.4% among trainees
- 40.3% among intramural respondents (relative to 8.7% among extramural)



Key Finding 3: Attention to Mental Health May Positively Impact Productivity

- 18.1% indicated awareness/attention to mental health positively impacted productivity
- Among all respondents, 79.5% did not use NIH resources to cope with stress and mental health (e.g., Employee Wellness Workshops, Employee Assistance Program)

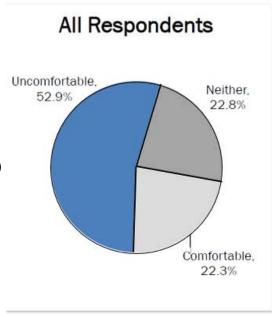


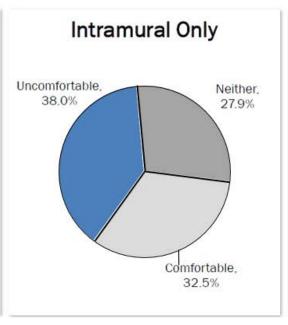
Key Finding 4: Over Half Uncomfortable Returning Onsite

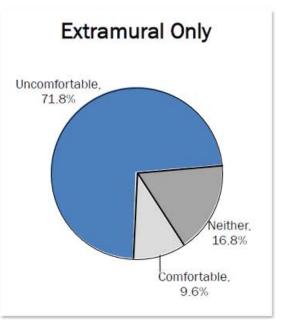
- 52.9% uncomfortable with returning onsite (n=16,255)
- Extramural respondents were more likely than intramural respondents to be uncomfortable (71.8% vs. 38.0%)

Top concerns:

- 69.2% AcquiringCOVID-19 infection
- 59.6% Transmitting
 COVID-19 infection to
 household members
- 52.7% Ability to maintain physical distancing







Note: Percentages do not add to 100 due to removal of response groups of five or less for privacy

Extramural COVID-19 Impact Surveys

PROGRESS UPDATE

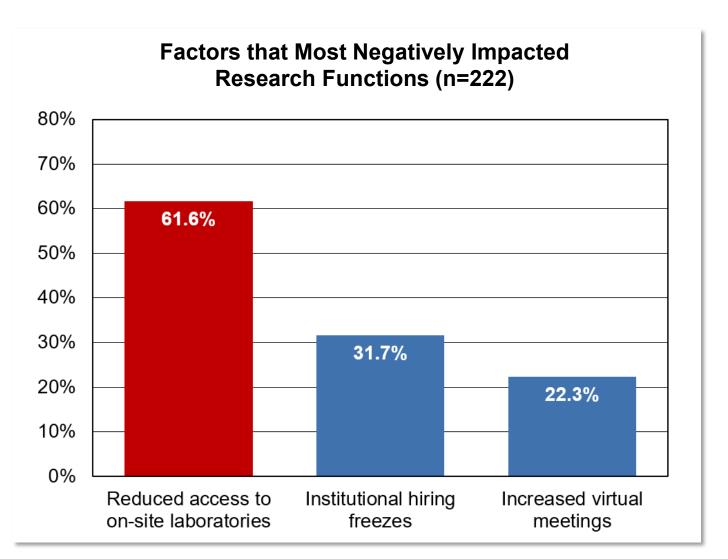
Extramural Surveys Overview

- NIH and SWD developed and fielded two surveys:
 - 1) Institutions Survey: > 200 research leaders
 - 2) Researchers Survey: 45,000 scientists who have been designated as personnel on NIH applications and/or awards
- Data collection concluded November 13, 2020

Institutions Survey: Preliminary Findings

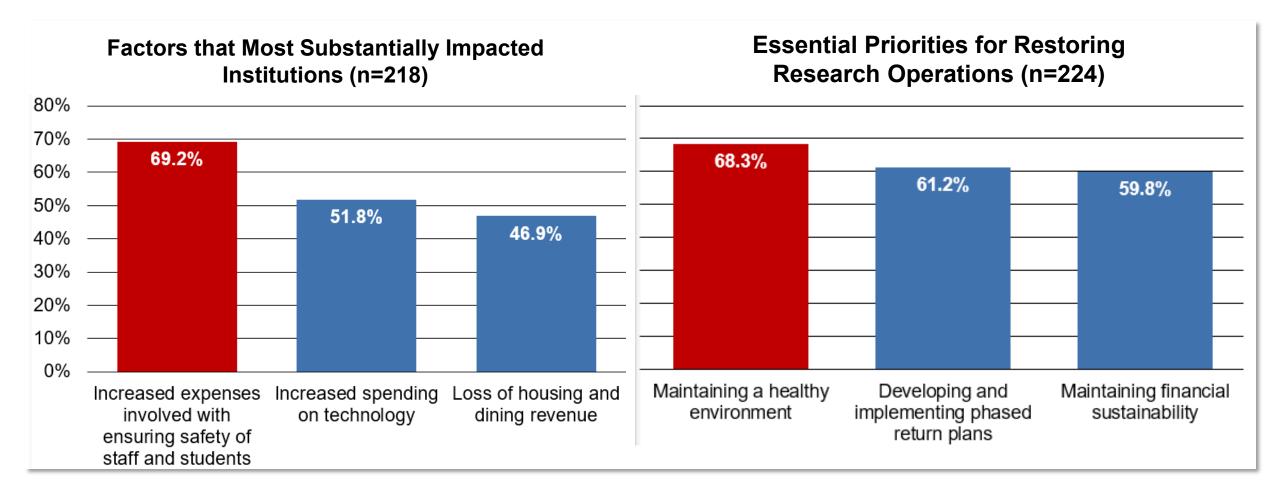
Response Data

- 32% response rate
- 67% at a Doctorate Granting University
- Minority Serving Institutions accounted for 12% of institutions invited to participate, and 18% of total responses received



Institutions Survey: Preliminary Findings (cont'd)

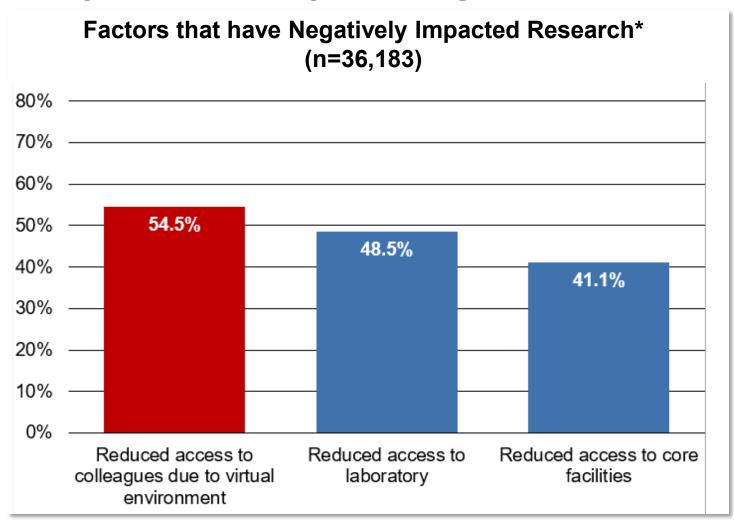
Increased expenses involved in ensuring safety had the most substantial impact;
 maintaining a healthy environment was priority for restoring research operations.



Researchers Survey: Preliminary Findings

Response Data

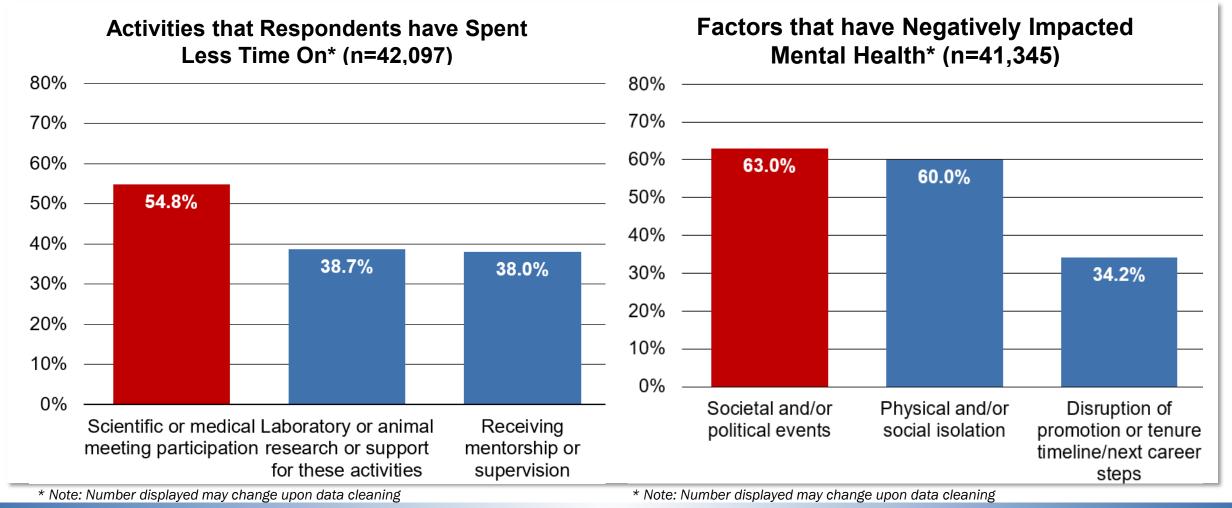
- 19% response rate
- 77% at academic institutions
- 53% faculty members



^{*} Note: Number displayed may change upon data cleaning

Researchers Survey: Preliminary Findings (cont'd)

 Scientific/medical meeting participation was the top activity respondents spent less time; societal and/or political events most negatively impacted mental health



Mitigating Impact of COVID-19 on DEI

ACD WGD SUGGESTIONS

Mitigating Impact of COVID-19 on DEI

LEVERAGE NIH RESOURCES

- 1. Collect data on COVID-19 impacts (focus on URGs)
- 2. Reformat current funding mechanisms to address financial strains and workforce issues
- 3. Expand existing programs/trainings (e.g., Distinguished Scholars Program, Diversity Program Consortium, MOSAIC)
- 4. Promote visibility of successful NIH researchers from URGs

DEVELOP NEW INITIATIVES

- 1. Promote elevated inclusive excellence during times of crisis
- 2. Create better standards for hiring diverse faculty and staff
- 3. Provide trainings, resources, and support (e.g., mentoring guidance, career development)
- 4. Consider long-term impacts of the pandemic on the future biomedical workforce



Great Minds Think Differently.

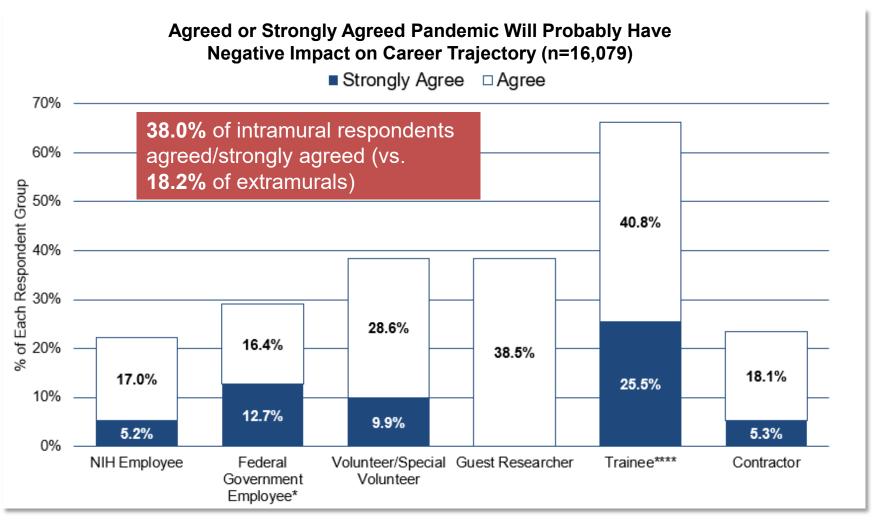




NIH Workforce COVID-19 Impact Survey

DATA APPENDIX

Perceived Career Impacts Vary by Employment Type



^{*}Excludes NIH employees

^{**}Includes postbac, special volunteer, predoctoral student, postdoctoral researchers, research fellow, and clinical fellows

Groups Highly Impacted by COVID-19

Respondents in the following categories reported **higher-than average responses** to questions indicating negative impacts of COVID-19:

- Respondents who perform research
- Early career researchers
- Respondents involved in clinical care
- Respondents who care for young children
- Men in caretaker roles
- Trainees on visas



Objective 2. Identify Newly Vulnerable Groups due to COVID-19 Factors

Respondents who perform research or clinical care and early career researchers reported higher-than average responses to questions indicating negative impacts of COVID-19

	Proportion Reporting That									
Hypothesized Group, proportion of respondents out of whole	Job Productivity is Lower	Pandemic Will Have Negative Impact on Career Trajectory	Job Satisfaction is Lower	They Are Uncomfortable Physically Returning to Work	Caretaking Has Made it Substantially More Difficult to be Productive	Being Separated from Co-Workers Has Negatively Impacted Workdays	Attention to Mental Health has Negative Impact on Productivity			
All Respondents, 100%	25.7%	28.5%	18.0%	52.9%	19.4%	26.5%	7.4%			
Respondents working on site, 8.5%	26.2%	28.3%	15.6%	18.2%	14.6%	24.5%	8.3%			
Tenure-track researchers, and early career researchers, 28.1%	44.8% (ACI) 65.7% (TTI) 69.8% (Trainee)	42.9% (ACI) 74.6% (TTI) 66.5% (Trainee)	24.1% (ACI) 31.9% (TTI) 36.5% (Trainee)	41.4% (ACI) 25.9% (TTI) 24.8% (Trainee)	40.9% (ACI) 57.4% (TTI) 38.0% (Trainee)	48.3% (ACI) 69.0% (TTI) 50.6% (Trainee)	n/a (ACI) 7.1% (TTI) 11.2% (Trainee)			
Respondents whose work involves research, 36.9%	50.2%	45.9%	27.1%	33.4%	29.1%	40.8%	8.2%			
Respondents whose work involves clinical care, 7.7%	28.4%	29.6%	23.9%	29.7%	21.1%	31.9%	6.5%			
Respondents whose work involves infrastructure support, 1.6%	15.3%	17.4%	14.2%	48.3%	13.2%	16.0%	5.3%			

Note: ACI = assistant clinical investigators; TTI = tenure-track investigators

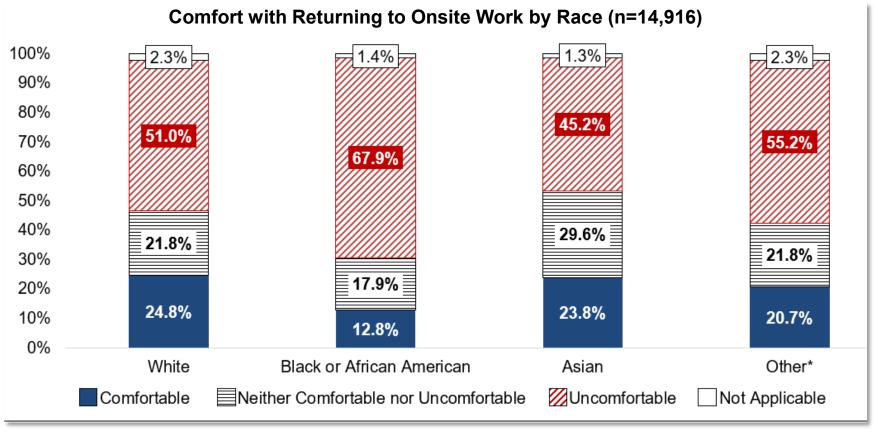
Objective 2. Identify Newly Vulnerable Groups due to COVID-19 Factors

Respondents who care for young children (0-12), men in caretaker roles, and trainees on visas reported **higher-than average responses** to questions indicating negative impacts of COVID-19

	Proportion Reporting That								
Hypothesized Group, proportion of respondents out of whole	Job Productivity is Lower	Pandemic Will Have Negative Impact on Career Trajectory	Job Satisfaction is Lower	They Are Uncomfortable Physically Returning to Work	Caretaking Has Made it Substantially More Difficult to be Productive	Being Separated from Co-Workers Has Negatively Impacted Workdays	Attention to Mental Health has Negative Impact on Productivity		
All Respondents, 100%	25.7%	28.5%	18.0%	52.9%	19.4%	26.5%	7.4%		
Older respondents (65+), 7.8%	21.2% (65-74) 30.1% (75+)	17.2% (65-74) 22.8% (75+)	16.8% (65-74) 17.1% (75+)	51.7% (65-74) 46.9% (75+)	6.7% (65-74) n/a (75+)	29.3% (65-74) 42.7% (75+)	3.7% (65-74) n/a (75+)		
Caretaker, men, 14.0%	31.6%	36.1%	20.3%	50.1%	19.6%	31.5%	5.9%		
Caretaker, women, 27.9%	21.9%	25.3%	16.3%	64.0%	19.3%	21.5%	7.3%		
Caretakers with young children (0-12), 25.4%	37.3% (under 5) 27.3% (5-12)	38.3% (under 5) 30.1% (5-12)	22.2% (under 5) 18.7% (5-12)	56.5% (under 5) 57.8% (5-12)	38.8% (under 5) 26.4% (5-12)	28.4 (under 5) 26.4% (5-12)	7.5% (under 5) 6.8% (5-12)		
Trainee on visa, 5.3%	69.5%	76.0%	38.6%	19.0%	33.1%	44.1%	8.4%		
Individuals at increased COVID-19 risk, 42.5%	18.8%	24.9%	15.5%	66.0%	15.3%	22.2%	7.2%		

Disparities in Comfort with Return to Onsite Work

52.9% of respondents said they are not comfortable returning to the workforce, with respondents who have a disability and Black or African American respondents reporting the highest levels of discomfort.

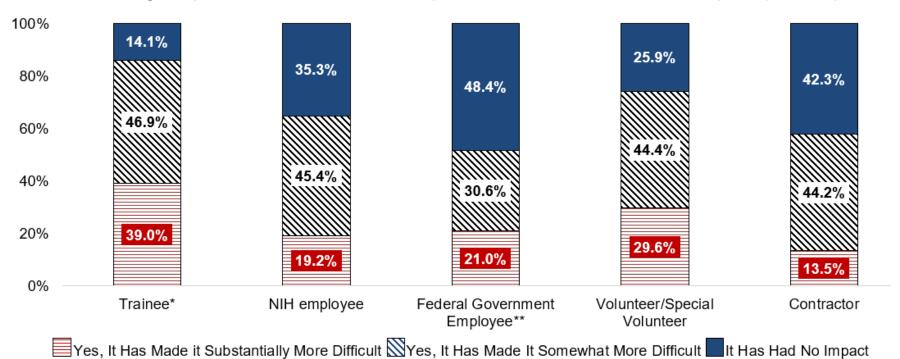


^{*}Contains American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Other

Caretaking Inhibited Work, Particularly Among Vulnerable Groups

64.5% of respondents reported that caretaking responsibilities have made it more difficult to complete work responsibilities, with **trainees**, **other gender identities**, and **bisexual respondents** reporting the greatest impact.





^{*} Includes postbac, special volunteer, predoctoral student, postdoctoral researchers, research fellow, and clinical fellows

^{**}Excludes NIH employees

Certain Groups Experienced Heightened Productivity

Respondents who have disabilities and Black/African-American respondents were more likely to indicate higher than normal productivity since the pandemic began.

