Impact of COVID-19 on UT Southwestern Faculty Survey

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INTRODUCTION

The COVID-19 pandemic has greatly affected our society at large, as well as our academic medical centers. UT Southwestern leadership has skillfully navigated the pandemic and has avoided layoffs, furloughs, and cuts in benefits. Nevertheless, during this time of uncertainty, it is important to examine how the pandemic has impacted our faculty's personal and professional lives. This survey's findings will help our Institution create and adapt programs to create a supportive and inclusive culture that promotes our faculty's well-being and success during the pandemic and post-pandemic era.

The Faculty Affairs' Offices of Women's Careers and Faculty Wellness collaborated to design a faculty survey in September 2020. This anonymous survey assessed the impact of COVID-19 on our faculty's sense of work-life balance, well-being, and professional fulfillment. It was designed to obtain both *quantitative* and *qualitative* responses. We also conducted follow-up focus groups and individual interviews to obtain more nuanced qualitative insights. One thousand eighty-six responses were received, representing 38% of the entire UT Southwestern faculty workforce. The survey respondents are representative of our overall faculty in terms of academic tracks, ranks, and departmental affiliation (basic science versus clinical) (**APPENDIX Table 1**). There was a slight overrepresentation of women (55% of survey respondents vs. 44% of our faculty) and underrepresentation of Asians (22% of survey respondents vs. 31% of our faculty).

Our survey assessed perceived stress by asking about intention to leave, consideration of decreasing work effort by going part-time, or turning down leadership opportunities due to work-life balance issues. Prior research shows that those who expressed an intention to leave within 2 years had a 3-fold higher rate of actually leaving compared to those who did not express an intention to leave on survey data (25% vs 8%). (BMC Health Serv Res 18, 851 (2018)). Expressing an intention to leave is highly correlated with burnout and therefore system-level interventions that impact burnout, enhance engagement, and provide autonomy and flexibility decrease the likelihood of considering decreasing work effort or leaving.

Our Survey revealed that the COVID-19 pandemic has impacted our faculty's sense of well-being, work-life balance, professional achievement and job satisfaction. Our data also showed that the impact is greater for junior and mid-career faculty than senior faculty, and is greatest for working parents. We conclude that there is a need to increase the work-life balance of <u>all</u> faculty and support working parents, particularly women. The proposed approaches include steps to provide empathetic and appreciative communications, restructuring work policies to increase job flexibility/autonomy, and launching new programs. These will help our faculty survive and thrive through the pandemic and beyond.

RESULTS

Survey demographics and responses to selected questions are shown in the **APPENDIX** section below.

All Faculty:

Since COVID-19:

- More faculty have considered leaving UT Southwestern because of work-life balance/childcare stresses (before COVID-19: 14% vs. since COVID-19: 23%, p<0.0001). All tracks are impacted, including research and tenure-accruing faculty. The ranks most affected are assistant and associate professors (APPENDIX Table 2). In comparison, in the recent comprehensive 2019 AAMC Faculty Standpoint Survey, 24% of UT Southwestern respondents stated they were likely or highly likely to leave the medical school within two years. This is slightly higher than seen in the COVID-19 survey as the AAMC Faculty Standpoint survey captured leaving for any reason and over the span of 2 years, while the current survey was limited to leaving due to work-life balance issues without specifying timeframe of leaving.</p>
- More faculty have considered decreasing their professional efforts by going part-time (before COVID-19: 22% vs since COVID-19: 29%, p<0.0001, APPENDIX Table 3).
- 39% reported decreased research productivity, 29% delayed manuscript submissions, 23% declined teaching or speaking opportunities; 22% increased their clinical workload with a perceived detrimental

effect on their academic productivity. <u>There was no statistically significant difference in any of these negative effects by gender.</u> These trends were consistent across academic track and ranks (**APPENDIX Tables 2-4**).

Conclusion: The COVID-19 pandemic has been a major stressor for most of our faculty.

Working Parents:

Fifty-five percent of our survey respondents have children under 18 years of age. Among these faculty, 72% have children doing at least 50% of their schooling online. Sixty-two percent of our faculty are either personally or with their spouse assisting their children with virtual learning on top of their own professional responsibilities.

Faculty with children compared to those without children were:

- 3 times more likely to turn down leadership opportunities due to childcare or work-life balance issues both *before* (33% vs 9%, p<0.0001) and *since* COVID-19 (34% vs. 10%, p < 0.0001).
- More likely to consider or already be part-time both before (24% vs 18%, p=0.02) and since COVID-19 (40% vs. 16%, p<0.0001). Furthermore, faculty with children were 1.6 times more likely to consider or already be part-time since COVID-19 compared to before COVID-19 (since COVID-19: 40% vs. before COVID-19: 24%, p<0.0001).
- More likely to consider leaving UT Southwestern both before (17% vs. 9%, p=0.002) and since COVID-19 (29% vs. 16%, p<0.0001).

<u>Conclusion:</u> Working parents with young children, regardless of gender, are more likely to encounter work-life balance issues that make them consider leaving UT Southwestern, decreasing their work effort, and turning down leadership opportunities both *before* and *since* COVID-19. COVID-19 heightened these issues significantly.

Gender Effects:

When comparing faculty women to faculty men, women:

- Report that COVID-19 has worsened their work-life balance (41% vs. 33%, p=0.007).
- Were nearly twice as likely to have considered leaving UT Southwestern both before (17% vs. 9%, p=0.0011) and since COVID-19 (28% vs. 14%, p<0.0001).
- Have considered or already are part-time both before (30% vs 13%, p<0.0001) and since COVID-19 (30% vs. 13%, p< 0.0001).
- Were more likely to turn down leadership opportunities due to work-life balance issues *before* (29% vs. 13%, p< 0.0001) and *since* COVID-19 (28% vs. 14%, p<0.0001).

Faculty women with children < 18 years of age:

- Were more likely than faculty women without children to consider leaving UT Southwestern both *before* (21% vs. 11%, p=0.002) and *since* COVID-19 (35% vs. 17%, p< 0.0001).
- Were more likely to have considered being, or already are, part-time both *before* (35% vs. 19%, p<0.0001) and *since* COVID-19 (54% vs. 19%, p< 0.0001).

Faculty men with children < 18 years of age:

- Were more likely than faculty men without children to consider leaving UT Southwestern before COVID-19 (12% vs. 6%, p=0.031), but were **not** statistically more likely to leave since COVID-19 (17% vs. 12%, p=0.21).
- Were <u>less</u> likely than faculty men without children to consider or be part-time pre-COVID-19 (8% vs 16%, p=0.009). However, COVID-19 did not statistically change the difference between men with or without children considering or being part-time since COVID-19 (15% vs. 10%, p=0.33).

<u>Conclusion</u>: Both faculty men and women have felt the stresses of trying to balance work and life. Parenthood itself has an impact regardless of gender in considering leaving UT Southwestern, going part-time, and turning

down leadership opportunities. However, the stressors associated with work-life balance are higher in women than men and highest in women with children, and have been heightened by COVID-19. This double impact of gender and parenting may disproportionately decrease long-term retention and promotion of junior and midcareer women faculty.

Support for Formalized Flexible Work Policies:

The majority of our faculty respondents <u>strongly</u> endorsed continuation of flexible and individualized work policies post-pandemic. Among respondents:

- 79% agreed that flexible work policies would improve their work-life balance.
- 75% agreed that flexible work policies would allow them to maintain or improve their job performance.
- 62% agreed that flexible work policies would decrease their likelihood of decreasing their professional effort or leaving UT Southwestern.

Suggested Steps to Better Support Our Faculty:

From the survey and subsequent focus groups, our faculty strongly endorse the need for increased institutional, departmental/divisional, and local (medical directors of service lines, scientific lab directors) actions to promote work-life balance and professional fulfillment. Some of these ideas align with those already proposed in the 2019 *AAMC Standpoint Faculty Engagement Survey*.

Institutional/System Ideas:

- 1. <u>Improve incentive plans and reward systems</u> to reflect impact of COVID-19 and the realities of UT Southwestern's rapid expansion of clinical practices.
 - a. Faculty want reassurance that COVID's impact on academic productivity will be acknowledged and considered when assessing professional progress and achievement.
 - Many faculty in focus group and qualitative comments felt that entry-level and mid-career level leadership opportunities are not currently transparently and equitably available to all qualified faculty.
 - c. Focus group and qualitative comments suggest that many clinical faculty (mostly those in the clinician educator track) were concerned about an over-emphasis of RVUs and clinical productivity in the current clinical incentive plans.
- 2. <u>Create a flexible work policy</u> that values faculty autonomy and professionalism. It should provide "wide guardrails and a thin rule book" so that faculty, who are at the frontline, can optimize their success leading clinical, educational, and research endeavors.
 - a. Faculty members want to work with their local leadership to construct an appropriate balance of remote and in-person work. The policy should have an explicit statement about the ability to adjust workload temporarily according to personal/family needs.

3. Improve support of working parents.

- a. Through qualitative comments and focus group feedback, many faculty of preschool or younger aged children commented on being unable to get into Callier and having to find reliable childcare outside of UT Southwestern options. Many faculty endorse wanting improved options for childcare that are on par with the Callier Center. Many faculty want options for drop-in well-childcare, summer and school holiday daycare, expansion of sick care options, and consideration of childcare facilities in locations near our satellite clinics (Frisco, Richardson, Fort Worth, Las Colinas) so that high quality childcare support is near all our clinical sites of practice.
- b. Explore collaborating with the local non-profit, *Mommies in Need*, to create drop-in childcare for healthcare providers, including emergency childcare during the COVID-19 crisis. Dr. Kimberly Kho worked with this group to open a drop-in daycare for Parkland patients called "Annie's Place." *Mommies in Need* has expressed interest in collaborating with UT Southwestern to better support our working parents.
- Extend Bright Horizons back-up care benefits and Callier waitlist priority for non-UT
 Southwestern paid faculty (e.g. direct pay at the VAMC) who contribute significantly to the UT

- Southwestern mission (e.g. as program directors or assistant program directors of student/resident/fellowship programs).
- d. Consider contracting with a vetting/nanny finding service as a recruitment incentive for faculty and support of new parents.
- e. Include improved parental leave policies at the system and state level as part of our 6-year strategic plan. <u>All top 10</u> *US News and World Report* Research Intensive Medical Schools offer paid parental leave. These programs are funded either because their states mandate it, or from alternative institutional funding.

4. <u>Support transparent and consistent professional time-accounting, as well as clear policies for boundary setting.</u>

- a. Credit weekend work, night work, and other time outside of normal business hours appropriately and transparently in clinical effort calculations.
- b. Create consistent and transparent information and rules around "extra shift" versus part of percent effort calculations for night and weekend work.
- c. Change time reporting so that weekend work and night work can be reported as time worked and be banked into floating holiday leave time if the time is not paid independently (i.e., not extra shift work).
- d. Create clear messaging from the administration about setting boundaries around work-life including timing of meetings, expectations of meeting attendance during vacations, and response expectations to emails and phone calls after work hours. This will help with the perception of 24/7 availability which many of our faculty expressed.
- e. Consider a leave for <u>wellness incentive policy</u> like used at UT San Antonio to encourage faculty to take care of their personal health and well-being.

5. Encourage open communications and support faculty development.

- a. Ask, "How can UT Southwestern/Department/Division better support your professional well-being?" in the faculty annual evaluation. This will facilitate open and safe conversations about faculty well-being and need for resources or flexibility.
- b. Review promotion and tenure requirements to ensure they align with actual clinical, research, and educational responsibilities.
- c. Advertise to our faculty announcements for openings in leadership positions so all interested faculty have the opportunity to apply.
- d. Consider imposing term limits for selected key leadership positions.

Potential Departmental/Divisional Actions:

1. Increase opportunities for flexibility and personalization of scheduling for faculty.

- a. Ideas: Flexible clinic scheduling distribution (7AM to 7PM clinic day instead of three 4-hour clinic days, one-week intensive ambulatory care, next week less intensive, add Saturday hours with the ability to then have weekday hours off, consideration of a 4- day work week model, cumulative time instead of number of clinic blocks when accounting for clinical FTE).
- **Establish and communicate clear expectations** about faculty workload and openly discuss methods for temporarily adjusting workload according to personal/family needs. Faculty value transparent, frequent communication about faculty expectations, clinic and administrative policies, and feedback about their contributions to daily operations and missions.

3. Acknowledge the faculty members as individuals and empathize with the stress they are experiencing.

- a. Review the findings of this COVID-19 Survey and the 2019 AAMC Standpoint Faculty Engagement Survey with the departmental/divisional faculty. Discuss departmental/divisional specific data openly and strategize together to manage faculty stress and improve the work environment.
- b. Consider creating a check-in chain. Faculty members explicitly asked for their immediate leadership to personally contact them just to ask how they are doing and show appreciation; some

departments have created a buddy system or pay it forward system to ensure all faculty have support and community.

- **4.** Explicitly acknowledge each faculty's value to UT Southwestern. Faculty want the frontline COVID19 providers as well as those who do "normal" work acknowledged since everyone is contributing to the tripartite mission of UT Southwestern.
 - a. Value part-time faculty. Consider them for potential leadership opportunities and allow them to compete for internal and extramural grants by removing current restrictions that exclude part-time faculty. Create open lines of communication to ensure they feel heard and addressed.
 - b. Provide implicit bias training as part of on-boarding to all leadership positions to ensure that reward, succession, and promotion processes are unbiased and equitable.
 - c. Consider modifying departmental/divisional incentive pay to be able to be converted to funds to be used for professional expenses (equipment for a lab, statistical support, extra CME) instead of extra income. Same consideration for group incentive money: use it to enhance a service for all faculty like statistical support, even more CME, or investment in faculty development.

5. Create clear work-life boundary expectations.

- a. Create guidelines around expectations for responding to after-hours emails, attending virtual meetings during vacations or weekends, as well as limit before 8AM and after 5PM meetings.
- b. Role-model and support appropriate wellness activities, setting work-life boundaries, and communication etiquette.
- c. Engage faculty to use allotted vacation time proactively to increase their wellbeing. Discuss with faculty if quarterly reporting of remaining vacation time (like many divisions/departments do on RVU productivity) would be helpful.
- d. Create pathways for intentional protected time for career-building scholarly/administrative activity.

Potential Medical Director and Laboratory Director (local, direct report leadership) Actions:

- 1. <u>Provide clear and transparent communication</u> about work changes and policies and personal communications that are appreciative and empathetic. Survey qualitative comments indicated a desire for clear, concise messaging by leadership to faculty acknowledging work achievements and challenges, valuing faculty members as individuals during these times, and expressing active interest in faculty input into local operations. This sense of belonging is a key driver for faculty engagement.
- 2. <u>Solicit faculty input and welcome their involvement</u> in process and workflow improvement within their immediate clinical and laboratory environments.
 - a. Suggestion: Block time and account for effort spent with MyChart and telehealth.
- 3. Ensure adequate support staff, Most faculty work in teams with non-faculty staff. The faculty want the staff to be adequately supported and, when necessary, to hire and proactively plan back-up support staff to account for potential absences due to COVID-19. They also propose allowing support staff to work remotely (when appropriate) to ensure the staff can stay well. Faculty would like some discretion and input into setting support staff expectations for those who work directly with them.

APPENDIX

COVID-19 Survey results are presented graphically in this link: <u>All Faculty, Working Parent, and Gender Graphical Results</u>. Selected results are summarized in **Tables 1-4**.

Table 1. Demographics All Faculty Compared to Survey Respondents						
Respondent Category	All Faculty (n=3108)	Survey Respondents (n=1186)				
Gender						
Female	44%	55%				
Male	56%	40%				
Prefer Not to Say	0%	5%				
	Ethnicity					
Black/African American	4%	3%				
Hispanic/LatinX	4%	5%				
Asian	31%	22%				
White	54%	58%				
Prefer Not to Say	7%	13%				
Faculty Rank						
Instructor	4%	3%				
Assistant Professor	49%	45%				
Associate Professor	20%	22%				
Professor	21%	22%				
Faculty Associate	4%	4%				
Other/Prefer Not to Say	2%	4%				
A	cademic Track					
Clinical Scholar	9%	10%				
Clinician Educator	62%	59%				
Research	9%	9%				
Tenure-Accruing	12%	14%				
Other/Prefer Not to Say	6%	8%				
Depa	Department Affiliation					
Basic Science Dept./Ctr.	13%	14%				
Clinical Department	85%	81%				
School of Health Professions	2%	3%				
Library	0%	0.5%				
Prefer Not to Say	N/A	1%				

Table 2. Consideration of Leaving UT Southwestern due to Work-Life Balance Issues					
Respondent Category	Before COVID-19	Since COVID-19	Fold Increase since COVID-19	p-value	
All Faculty (n=966)	14%	23%	1.64x	<0.0001	
Academic Track					
Clinical Scholar (n=92)	17%	24%	1.41x	0.05	
Clinician Educator (n=584)	17%	27%	1.59x	<0.0001	
Research (n=89)	8%	21%	2.63x	0.0005	
Tenure-Accruing/Tenured	3%	9%	3.0x	0.0067	
(n=140)					
Faculty Rank					
Instructor (n=31)	6%	19%	3.17x	0.05	
Assistant Professor (n=426)	18%	30%	1.67x	< 0.0001	
Associate Professor (n=222)	15%	26%	1.73x	0.0001	
Full Professor (n=219)	7%	9%	1.29x	0.20	
Parenthood					
Faculty with Children (n=548)	17%	29%	1.71x	< 0.0001	
Faculty without Children (n=418)	9%	16%	1.78x	0.0001	
Men with Children (n=202)	12%	17%	1.42x	0.05	
Men without Children (n=171)	6%	12%	2.00x	0.0009	
Women with Children (n=324)	21%	35%	1.67x	<0.0001	
Women without Children (n=227)	11%	17%	1.55x	0.01	

Table 3. Consideration of Going or Already Part-time due to Work-Life Balance Issues						
Respondent Category	Before	Since	Fold Increase	p-value		
	COVID-19	COVID-19	since COVID-19			
Academic Track						
Clinical Scholar (n=94)	18%	22%	1.22x	0.31		
Clinician Educator (n=574)	28%	37%	1.32x	< 0.0001		
Research (n=87)	11%	22%	2.00x	0.04		
Tenure-Accruing/Tenured (n=136)	4%	11%	2.75x	0.01		
Faculty Rank						
Instructor (n=31)	16%	16%	1.0x	1.0		
Assistant Professor (n=419)	23%	36%	1.57x	<0.00001		
Associate Professor (n=222)	25%	34%	1.36x	0.04		
Full Professor (n=214)	16%	18%	1.13x	0.61		
Parenthood						
Faculty with Children (n=535)	24%	40%	1.67x	< 0.0001		
Faculty without Children (n=418)	18%	16%	0.89x	0.28		
Men with Children (n=196)	8%	15%	1.88x	0.003		
Men without Children (n=171)	16%	11%	0.69x	0.005		
Women with Children (n=318)	19%	19%	1.00x	1.0		
Women without Children (n=221)	11%	17%	1.55x	0.01		

Table 4. Turning Down Leadership Opportunities due to Work-Life Balance Issues						
Respondent Category	Before COVID-19	Since COVID-19	p-value			
All Faculty (n=928)	22%	23%	0.45			
Academic Track						
Clinical Scholar (n=92)	18%	16%	0.33			
Clinician Educator (n=574)	27%	27%	0.83			
Research (n=82)	21%	20%	0.80			
Tenure-Accruing/Tenured (n=136)	9%	13%	0.25			
Faculty Rank						
Instructor (n=30)	10%	13%	0.65			
Assistant. Professor (n=404)	26%	31%	0.02			
Associate Professor (n=218)	29%	32%	0.37			
Full Professor (n=214)	10%	6%	0.05			
Parenthood						
Men with Children (n=194)	21%	22%	0.69			
Men without Children (n=170)	4%	5%	0.37			
Women with Children (n=310)	39%	41%	0.65			
Women without Children (n=217)	12%	10%	0.22			

RECOMMENDED RESOURCES

AAMC Standpoint Faculty Survey UT Southwestern Report:

https://www.utsouthwestern.net/intranet/education/faculty/aamc-executive-survey-results.pdf

Childcare Resources:

- Bright Horizons Back-up Care
- <u>WE CARE</u>: Childcare-networking service currently at UT Southwestern. Tutoring networking services will be coming soon
- <u>Flexible Spending Account</u>: Flexible spending (pre-tax) accounts for childcare for children < 13 years old
- Childcare toolkit with HR resources

Wellness Resources:

- The Office of Faculty Wellness Faculty Wellness Program
 - Contact: FacultyWellness@UTSouthwestern.edu
 - o Faculty Wellness Program Liaison: Jaime Harry, LCSW (Jaime.Harry@UTSouthwestern.edu)
- Employee Assistance Program
- Virtual Faculty Communities:
 - o <u>Virtual Faculty Women's Networking Lunch</u> (Tuesdays monthly at noon)
 - o The Faculty Lounge (Mondays weekly at noon):
 - o Online communities:
 - FACEBOOK: UTSW Faculty Wellness and UTSW Faculty Women Physicians Group
 - TWITTER: @UtswWellness
- Professional Wellness Coaching
- Group Peer Support Options:
 - Parkland: Supporting PARKland Staff (SPARKS): All employees, supervisors and colleagues are encouraged to contact the SPARKS team after any traumatic patient event. It is critical to get timely support after such events. Peer support gives employees a safe space to talk about troubling situations. Recipients report that such support reduced feelings of anxiety and blame and helped them recuperate more quickly. The SPARKS team can also help identify other available resources. Call (214) 590-1878 or page SPARKS through Parkland web on-call
 - Children's: Resileince, Integrated Ethics, Staff Support, Engagement (RISE) Program: Offers consults for UTSW faculty and students affiliated with Children's Health for team member moral distress, clinical conflict, or caregiver grief, facilitated group sessions centered on COVID-19, racism, and social justice, mindfulness sessions, conflict transformation training, and other offerings. RISE@childrens.com
 - UT Southwestern: (NoMMaD): NoMMaD provides a safe forum to help alleviate the harmful effects of morally distressing clinical situations in the pursuit of a healthy work environment for UT Southwestern employees. This initiative is intended to help minimize burnout, increase staff retention, and improve job satisfaction and the quality of patient care.
 NoMMad@UTSouthwestern.edu
- Concerns about Impaired Physicians: Committee on Physician Peer Review and Assistance.

Leadership and Team Resources:

- Harvard Business Review of Best practices for setting boundaries on time, expectations for meeting attendance
- Understand if your team are integrators or separators and how to best support them
- <u>Tips from Harvard Business Review for Helping Those You Lead</u>: Importance of transparency, conversations about career goals and interests, and periodic reporting back of what new skills they have learned and how they are using them.

Resources for Combatting Platform Fatigue:

- Harvard Business Review Tips for Combating Platform Fatigue: Avoid multitasking. Build in breaks.
 Reduce onscreen stimuli. Make virtual social events opt-in. Switch to phone calls or email. For external calls, avoid defaulting to video
- <u>Mindful.org:</u> Take a few moments before clicking "start" to ground your attention. Greet everyone in the room with your full attention. Choose speaker view. Remind yourself periodically that this is a new place between presence and absence.

Resources for Women in Academics:

- Forbes 6 Tips to Mitigate the Impact of the Pandemic on Women's Careers
- AAMC Covid-19 and Women's Careers
- Women in the Workplace 2020 Lean in Report
- JAMA Women Physicians and COVID 19
- Effects of COVID-19 on Scientists