



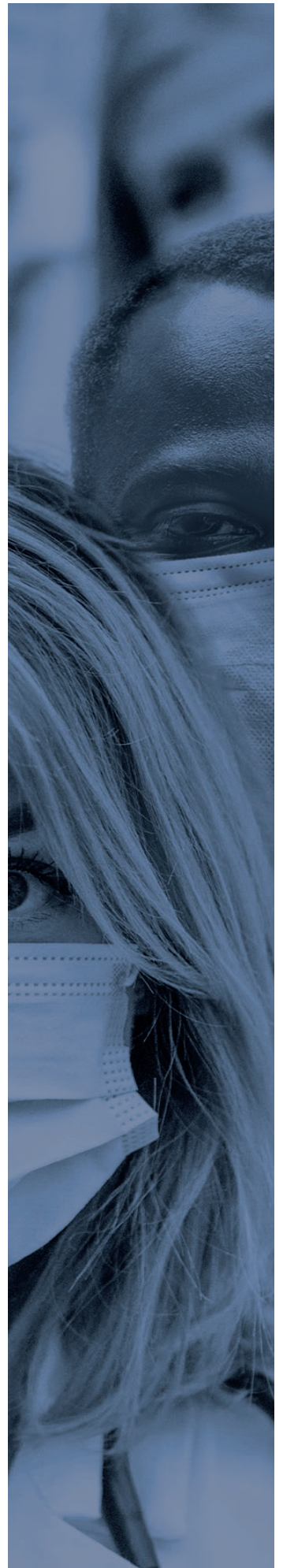
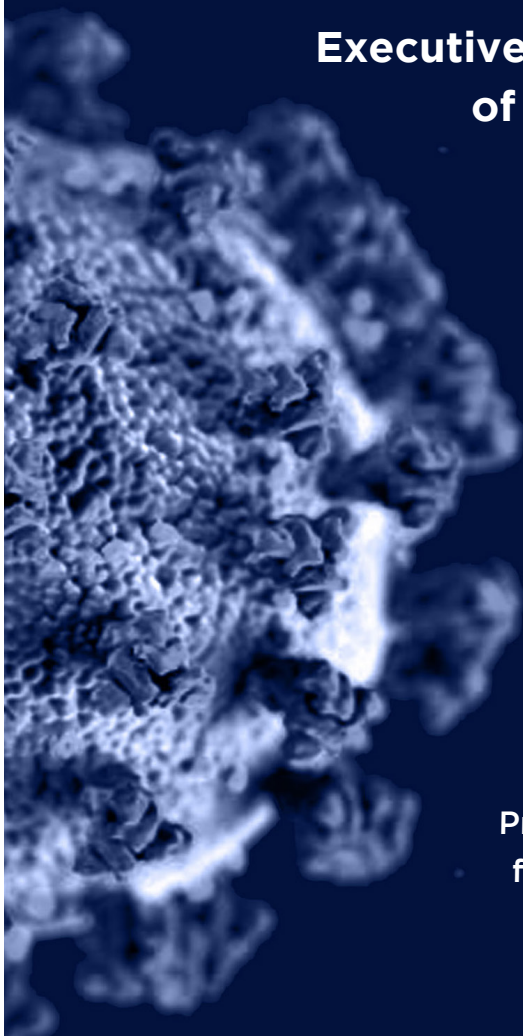
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NIH WORKFORCE COVID-19 IMPACT SURVEY

**Executive Summary of the Impact
of the COVID-19 Pandemic
on the NIH Workforce**

NOVEMBER 2020

Prepared for the NIH Chief Officer
for Scientific Workforce Diversity
Prepared by ICF Next



NIH WORKFORCE COVID-19 IMPACT SURVEY

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BACKGROUND

The global outbreak of severe acute respiratory syndrome coronavirus 2, which causes coronavirus disease (COVID-19), has substantially altered daily life for individuals in the United States and around the world. As with many industries worldwide, both the pandemic and the measures to mitigate its impact have greatly affected the scientific workforce. At the National Institutes of Health (NIH), members of the workforce have experienced a transition to virtual workspaces, unanticipated caretaking responsibilities, social distancing restrictions on biomedical labs, and other potential disruptions.

With these unprecedented changes comes a stark reminder that stressful situations often disproportionately affect groups underrepresented in the U.S. scientific workforce. Scientists have observed heightened COVID-19 infection and mortality rates among certain racial or ethnic groups, including African Americans, Hispanics/Latinos, and American Indians/Alaska Natives (CDC, 2020; Egbert, 2020; Garg et al., 2020). The literature demonstrates that these health disparities may have far-reaching consequences beyond health and can impact other aspects of work and family life. Evidence also suggests that the pandemic may have negative effects on the productivity and professional trajectories of women, due to unanticipated and intensive child and elder care responsibilities (Flaherty, 2020), and of individuals with disabilities, due to intermittent lack of access to necessary medical care or supports (Pulrang, 2020).

To assess the impact of the COVID-19 pandemic on the NIH workforce across Institutes, Centers, and Offices (ICOs) and to identify potential implications on diverse groups in the scientific workforce, the NIH Scientific Workforce Diversity (SWD) Office fielded the [NIH Workforce COVID-19 Impact Survey](#) in July 2020.

Methodology

SWD contracted the consulting firm Deloitte to develop, field, and analyze the survey. The NIH Survey Development Group and a team from Deloitte's Survey Research and Analytics Center developed the survey measures.



DATA COLLECTION PERIOD: The survey was administered from July 14 to July 28, 2020.



POPULATION: Invitations were sent to NIH federal staff, students and trainees, postdoctoral researchers, volunteers, and contractors (if given permission by their individual entities to participate).



MEDIUM: The 15- to 20-minute online survey was administered via a unique email link. Individuals responded to the survey using a smartphone, tablet, or computer.



DATA PROTECTION: Deloitte removed personally identifying information after data collection was completed. NIH received aggregated and de-identified analyses from Deloitte following the survey to prevent possible re-identification of respondents. Respondents could skip any question on the survey.



RESPONSE RATE: The Deloitte survey team sent 33,013 email invitations to eligible members of the NIH workforce. Of those, 51.2 percent completed the survey (n = 16,892).

Survey Objectives

1. Understand the impact of COVID-19 on the NIH workforce (*Note: Objective 1 is the focus of this Executive Summary*)
2. Assess the impact of COVID-19 on populations underrepresented in the scientific workforce
3. Identify groups that may be newly vulnerable due to factors related to COVID-19
4. Enable NIH to implement interventions to mitigate the impact of COVID-19 on its workforce

RESULTS

This section features key findings from the NIH Workforce COVID-19 Impact Survey. Unless stated otherwise, percentages refer to all individuals responding to a question, excluding those who skipped the question entirely. Question-level sample size (n) is depicted for each figure, denoting the number of respondents who answered the question.

Respondent Characteristics

Demographic characteristics for survey respondents are provided in appendix A. With regard to work characteristics, 62.4 percent of survey respondents were NIH employees, 22.8 percent were contractors, and 13.4 percent were trainees (see figure 1). Half of respondents (54.3%) identified their program area as intramural (see figure 2), and 48.0 percent were located on the main NIH campus in Bethesda, Maryland (see figure 3).

Figure 1. Employment Mechanism at NIH (n = 16,868)

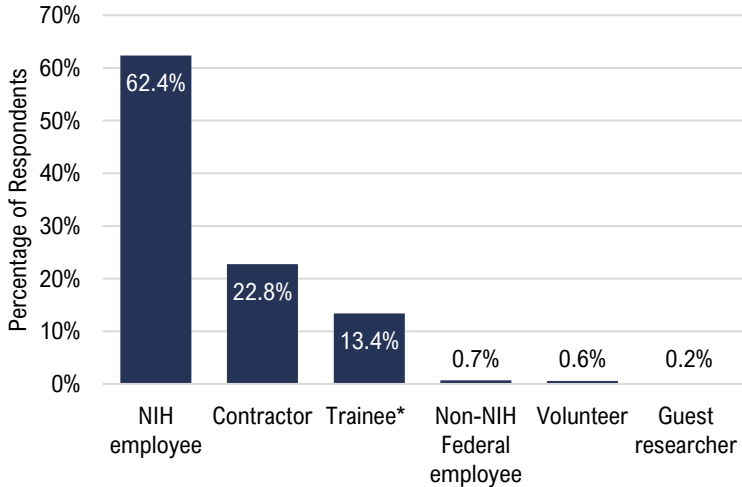
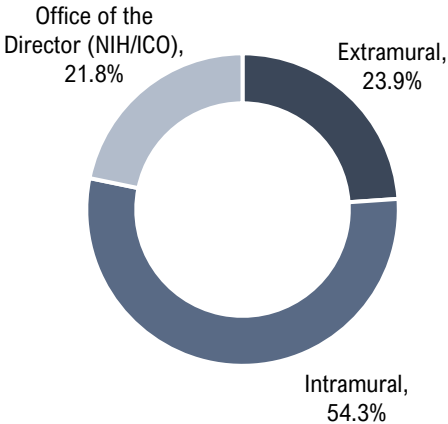
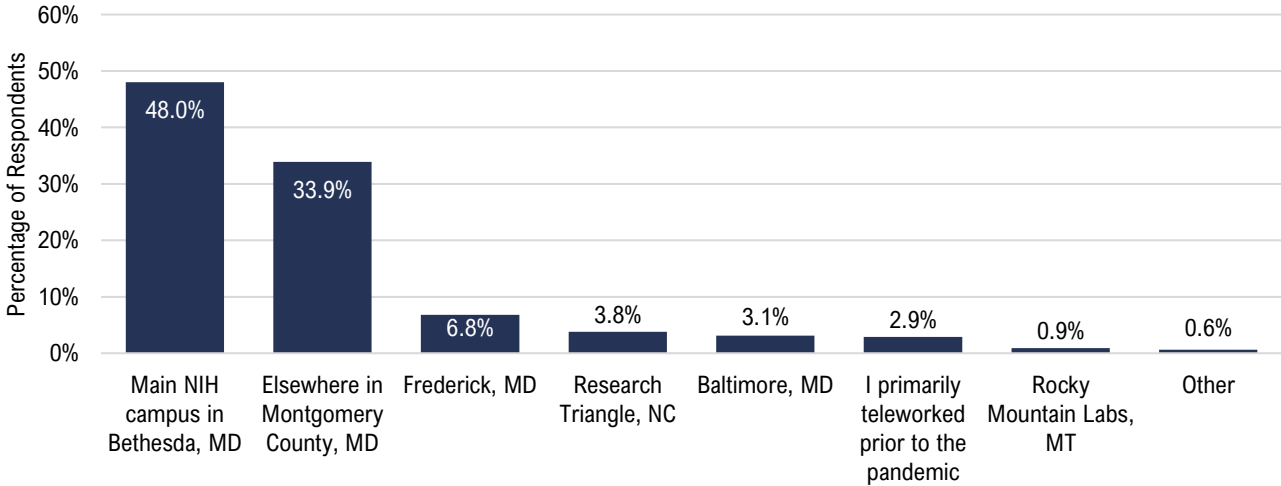


Figure 2. NIH Program Area (n = 16,435)



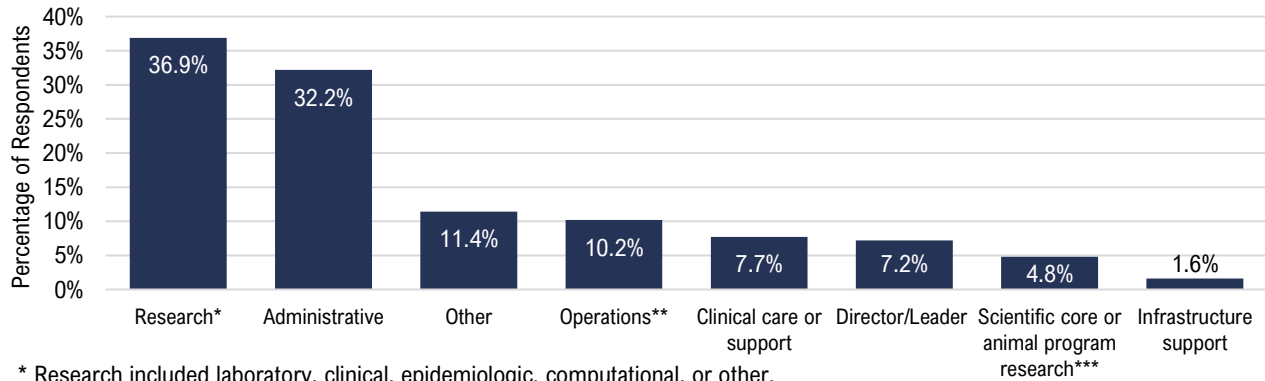
* Trainees include post-baccalaureate students, special volunteers, predoctoral students, postdoctoral researchers, research fellows, and clinical fellows.

Figure 3. Location of Primary NIH Workplace (n = 16,249)



Respondents answered questions regarding the type of work they perform at NIH. They could select more than one option, so response percentages may exceed 100 (see figure 4). Of those who responded, most indicated they perform research (36.9%), followed by administrative work (32.2%).

Figure 4. Type of Work Performed at NIH (n = 16,760)



* Research included laboratory, clinical, epidemiologic, computational, or other.

** Operations included finance, personnel, acquisitions, or safety.

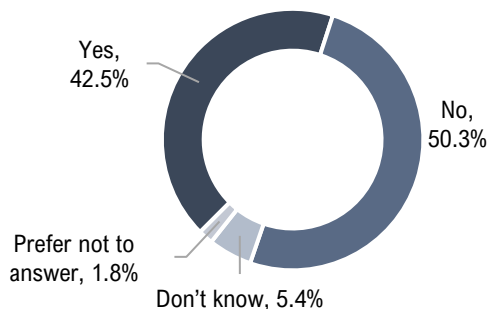
*** Scientific core or animal program research support included flow cytometry, sequencing, proteomics, animal care, or other.

Caretaking and Household Risk

Regarding caretaking, 43.9 percent (n = 7,385) of respondents indicated having caretaking responsibilities for individuals who live in their household or family members who do not live with them. One in five respondents with caretaking responsibilities indicated their caretaking responsibilities have made their work responsibilities *substantially more difficult* to complete. Among respondents with caretaking responsibilities, 40.6 percent provide care for children ages 5 to 12, 29.7 percent provide care for older adults,¹ and 6.0 percent provide care for disabled individuals (respondents could select more than one option).

Regarding risk for COVID-19, 42.5 percent (n = 7,143) indicated that someone in their household, including themselves, is considered at increased risk for severe illness due to COVID-19 (see figure 5).

Figure 5. Anyone in Household at Risk for Severe COVID-19 Illness (n = 16,807)



¹ The survey instrument assessed whether respondents provided care for “elderly individuals.”

NIH Cares about Caretaking

Caretaking responsibilities were a crucial component of the *NIH COVID-19 Impact Survey*. Here’s why:

- With schools, childcare, and daycare centers temporarily closed or at limited capacity, individuals had to assume **unexpected, full-time childcare** in addition to work.
- Older adults may be at higher risk for serious COVID-19 infection and may therefore require more **intensive caretaking** (e.g., buying groceries) or **care during illness**.
- Individuals who assumed intensive caretaking responsibilities due to COVID-19 could experience **reduced work productivity** and **negative career implications**.

Intramural and Extramural Programs: Caretaking

46.6 percent of extramural respondents and 40.7 percent of intramural respondents reported that they have caretaking responsibilities (appendix B). 15.7 percent of extramural respondents and 23.3 percent of intramural respondents reported that their caretaking responsibilities have made their work responsibilities substantially more difficult to complete.

Experience During Maximum Telework

To protect members of its workforce and comply with guidance from the Office of Personnel Management, NIH limited onsite work, work-related travel, and in-person meeting attendance beginning on March 16, 2020—a period referred to as maximum telework. The NIH Workforce COVID-19 Impact Survey assessed respondents' experiences from the start of maximum telework (i.e., approximately 4 months).

Of those who responded, 74.0 percent (n = 12,267) indicated teleworking almost exclusively since maximum telework began, with no regular tasks conducted at NIH-owned or leased buildings. Many respondents (61.8%) indicated their NIH role could be accomplished very effectively via telework (see figure 6). When asked how physical separation from coworkers had impacted them, more than half of respondents who were physically separated from coworkers indicated no or limited impact (58.2%; see figure 7).

Figure 6. How Effectively NIH Role Can Be Performed via Telework (n = 16,673)

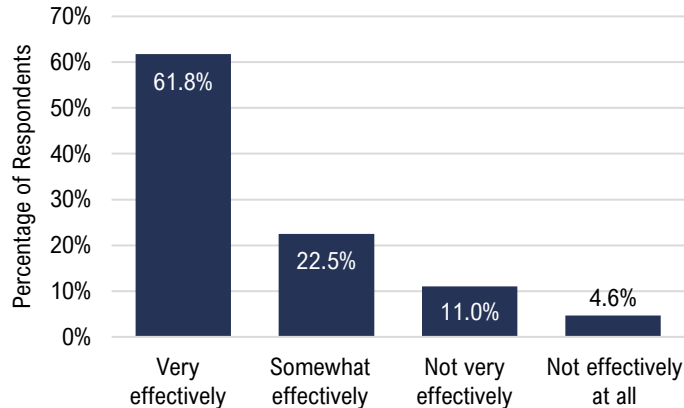
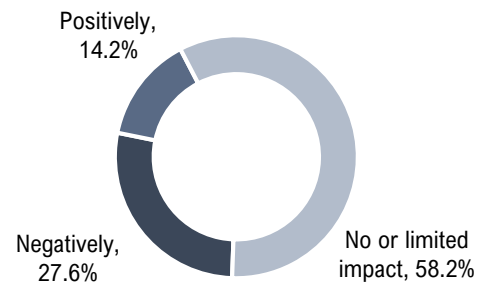


Figure 7. Impact of Physical Separation from Coworkers (n = 15,682)



Note: Figure 7 excludes respondents who selected *I have been coming to the workplace regularly and interacting with co-workers throughout the pandemic.*

Intramural and Extramural Programs: Telework

18.5 percent of extramural respondents and 34.4 percent of intramural respondents reported that physical separation from coworkers has negatively impacted their workday (see appendix B). Most extramural respondents (88%) indicated they could perform their role very effectively via telework, whereas only 41.0 percent of intramural employees believed they could perform their role very effectively via telework.

Spotlight on . . .

Certain groups may be experiencing heightened negative work impacts as a result of COVID-19:

- 49.1 percent of **trainees** indicated they could not perform their work effectively via telework compared with less than 25.0 percent of other NIH employment types.
- 51.0 percent of **trainees**, 48.9 percent of **volunteers**, and 42.3 percent of **guest researchers** indicated they experienced negative impacts due to physical separation from coworkers compared with less than 15.0 percent of NIH employees, contractors, and non-NIH federal employees.
- Across types of work performed, 35.4 percent of **scientific core personnel** and 31.2 percent of **research personnel** indicated they could not do their work effectively via telework compared with less than 25.0 percent among other work types.

Job Productivity and Satisfaction

One in four respondents indicated that their productivity had decreased since the pandemic began (see figure 8). Regarding job satisfaction, 18.0 percent of respondents indicated being less satisfied with their jobs (see figure 9).

Figure 8. Change in Job Productivity Since Pandemic (n = 16,343)

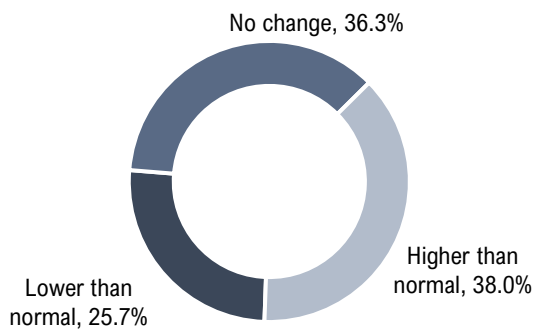
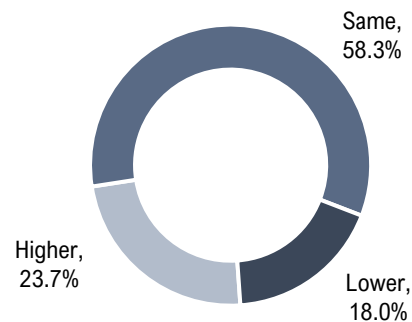


Figure 9. Change in Job Satisfaction Since Pandemic (n = 15,967)



To assess potential drivers and barriers to job productivity, the survey asked respondents to select factors that had either a positive or negative impact on their productivity. The NIH survey team then analyzed the relationship between higher than normal productivity and respondents' responses to drivers of productivity, as well as the relationship between lower than normal productivity and respondents' responses to barriers to productivity.

+ DRIVERS OF PRODUCTIVITY: Regarding drivers of productivity, 58.1 percent (n = 9,370) of respondents indicated that *teleworking* had a positive impact on their productivity followed by *work-life balance* (43.6%; n = 7,031). A correlation analysis showed that higher than normal job productivity was most associated with selecting *teleworking* ($\rho = 0.38$)² and *increased sense of meaning through my work mission* ($\rho = 0.20$) as drivers of productivity.

- BARRIERS TO PRODUCTIVITY: Regarding barriers to productivity, 28.8 percent (n = 4,536) of respondents indicated that *uncertainty about the timeline for returning to onsite work* had a negative impact on their productivity, followed by *the heightened political and social environment due to recent societal events*³ (28.3%; n = 4,456). Correlations showed that lower than normal job productivity was most associated with selecting *my research was put on hold* ($\rho = -0.39$) and *changes to laboratory and/or animal facility access* ($\rho = -0.30$) as barriers to productivity.

² Spearman's rho is a nonparametric statistical test measuring the strength of an association between two variables, where $\rho = 1$ indicates a perfect positive correlation and $\rho = -1$ indicates a perfect negative/inverse correlation.

³ The survey administration in July 2020 coincided with a period of heightened scrutiny on systemic racism and nationwide protests. These events, which permeated the U.S. cultural consciousness, are an important factor that may have influenced the productivity and mental health of individuals throughout NIH's diverse scientific workforce in addition to the effects of the COVID-19 pandemic.

Spotlight on . . .

Certain groups indicated lower job productivity and satisfaction since the pandemic:

- 69.4 percent of **trainees**, 54.4 percent of **volunteers**, and 52.0 percent of **guest researchers** indicated lower job productivity since the pandemic began compared to less than 20 percent of NIH employees, contractors, and non-NIH federal employees.
- Similarly, 40.0 percent of **guest researchers**, 36.5 percent of **trainees**, and 33.7 percent of **volunteers** indicated lower job satisfaction since the pandemic began compared to less than 16 percent of NIH employees, contractors, and non-NIH federal employees.

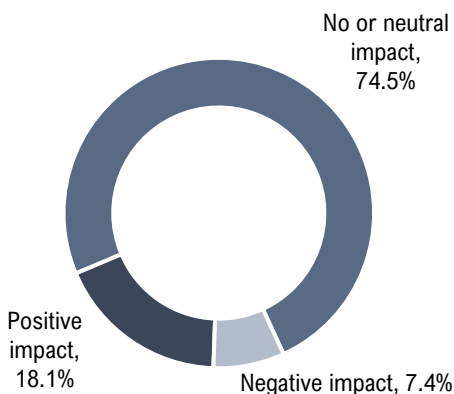
Intramural and Extramural Programs: Productivity and Satisfaction

Regarding job productivity, 8.7 percent of extramural respondents and 40.3 percent of intramural respondents indicated their productivity was lower than normal (appendix B). Regarding job satisfaction, 11 percent of extramural respondents and 24 percent of intramural respondents reported lower job satisfaction since the pandemic.

Mental Health

Approximately one in five respondents indicated that awareness of or attention to mental health has had a positive impact on their productivity, whereas 7.4 percent of respondents indicated it has had a negative impact on their productivity (see figure 10). 74.5 percent of respondents said that awareness or attention to mental health has had a neutral or no impact on their productivity.

Figure 10. Impact of Mental Health on Productivity (n = 15,613)



Intramural and Extramural Programs: Mental Health

Regarding mental health, 18.9 percent of extramural respondents and 16.4 percent of intramural respondents said that awareness or attention to mental health has had a positive impact on their productivity (see appendix B).

However, 74.8 percent of extramural respondents and 75.9 percent of intramural respondents said that awareness or attention to mental health has had a neutral or no impact on their productivity.

Support from NIH

Most respondents indicated that NIH communications regarding health/wellness and work status were very effective (55.9% and 61.4%, respectively; see figures 11 and 12).

Figure 11. Effectiveness of NIH Health and Wellness Communications (n = 16,045)

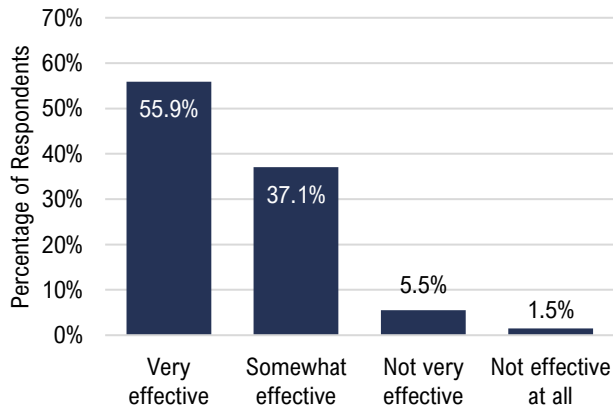
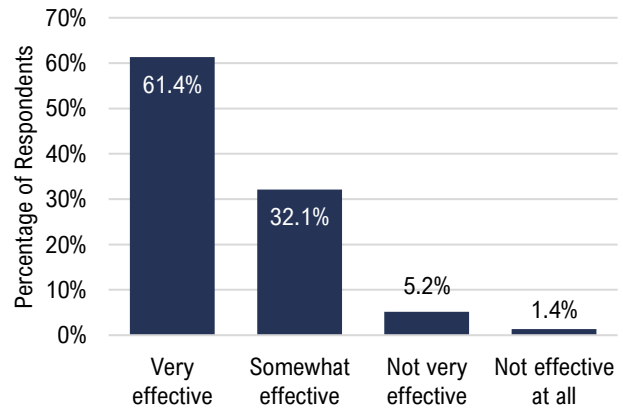
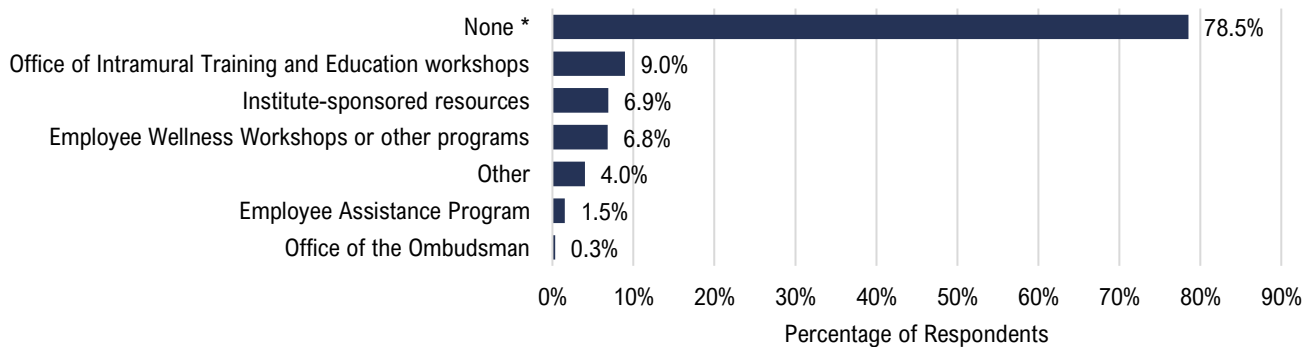


Figure 12. Effectiveness of NIH Work Status Communications (n = 16,076)



Since maximum telework began, NIH has offered various resources intended to help members of the workforce cope with stress or mental health challenges. Resources were offered through existing channels (e.g., the Employee Assistance Program) and NIH ICOs. Excluding respondents who selected prefer not to answer, most survey respondents (78.5%) indicated not using any of the NIH resources listed to cope with stress and mental health (see figure 13). The remainder indicated using workshops or discussions offered by the Office of Intramural Training and Education (9.0%), resources offered by their ICO (6.9%), and other entities.

Figure 13. NIH Resources Used to Deal with Stress or Mental Health During Maximum Telework (n = 16,076)



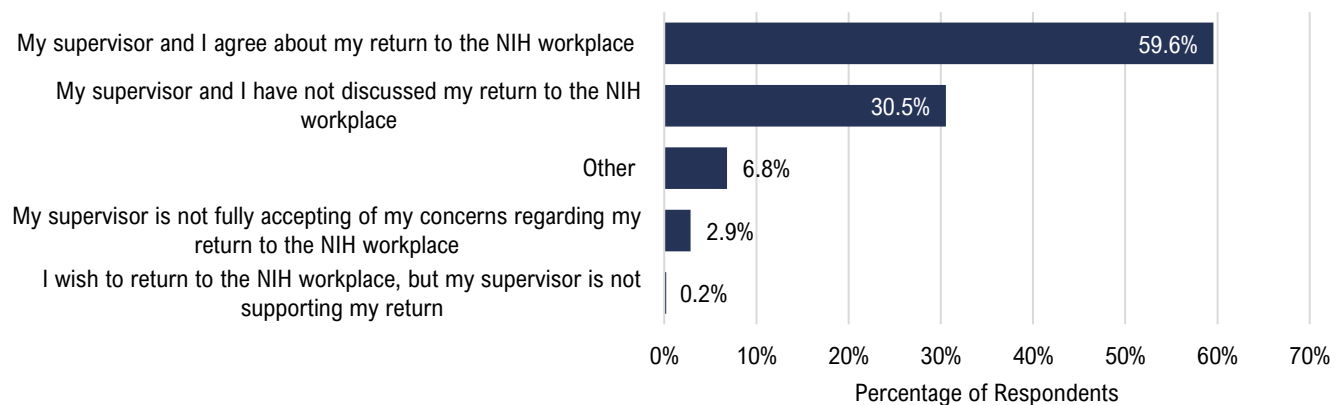
* Respondents could select more than one response option unless they selected *none* (exclusive); individuals selecting *prefer not to answer* were excluded from figure 13.

Return to Physical Workplaces

The NIH group phased return protocol began in June 2020, with individuals designated as Group A returning to onsite workplaces. At the time of survey administration in July 2020, the protocol was still underway; as such, the NIH Survey Team sought to understand factors related to individuals' return to physical workplaces.

More than half of respondents (52.9%, n = 8,605) indicated that they were uncomfortable with returning to their onsite NIH workplace in the context of the COVID-19 pandemic. Many respondents (59.6%) indicated they agreed with their supervisor regarding their return to onsite work; however, 2.9 percent indicated that their supervisor was not accepting of their concerns regarding return to onsite work (see figure 14).

Figure 14. Communication with Supervisor Regarding NIH Return to Work Status (n = 15,995)



Intramural and Extramural Programs: Return to Physical Workplaces

Among extramural respondents, 42.4 percent said that they and their supervisor agreed about their return to the workplace, whereas 47.7 percent had not discussed their return with their supervisor (see appendix B). Among intramural respondents, 72.8 percent said that they and their supervisor agreed about their return to the workplace, and 18.2 percent said they had not discussed their return with their supervisor.

Respondents were asked, “Below are potential concerns one might have about returning onsite to the NIH workplace. Which of the following have the most negative impact on your willingness to return to work? Please select all that apply.” Of those who responded (n = 16,013), the top concerns were as follows:

1. *Potential for acquiring a COVID-19 infection at the NIH workplace (69.2%)*
2. *Potential for transmitting a COVID-19 infection to household members or other contacts (59.6%)*
3. *Ability to maintain social distance from others at my NIH workplace (52.7%)*

Respondents were also asked, “Below are potential benefits of returning onsite to the NIH workplace. Which of the following have the most positive impact on your willingness to return to work? Please select all that apply.” Of those who responded (n = 15,587), the top benefits were as follows:

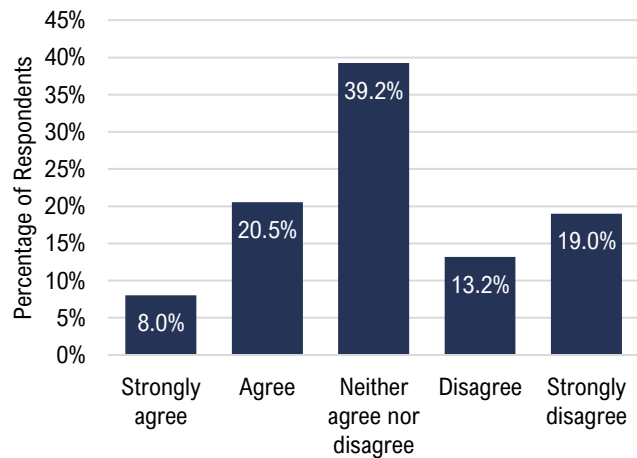
1. *Ability to continue teleworking as appropriate for job function (41.6%)*
2. *Ability to be productive and contribute to the NIH mission (39.5%)*
3. *Ability to work flexible schedules, including shorter shifts or outside normal working hours (39.1%)*

Perceived Implications for Career Trajectory

The survey asked respondents whether they agreed with the statement “the pandemic will probably have a negative impact on my career trajectory.” Of those who responded, 28.5 percent agreed or strongly agreed with that statement, whereas 32.2 percent disagreed or strongly disagreed (see figure 15).

Trainees responded to a series of follow-up questions specifically related to the impact of COVID-19 on their career trajectory. Excluding those who selected *not applicable*, 43.1 percent of trainees (n = 800) had discussed changes in their personal, educational, research, or career development plans with their mentor since the beginning of the pandemic. Excluding those who selected *not applicable*, the majority of trainees (80.8%; n = 1,433) had not requested an extension to their trainee appointment timeline due to COVID-19.

Figure 15. Pandemic Will Have Negative Implications for Career (n = 16,099)



Spotlight on . . .

Certain groups perceived negative implications for their career trajectories because of the COVID-19 pandemic:

- 45.9 percent of **research personnel** agreed or strongly agreed that the pandemic would negatively impact their career trajectory, the highest percentage among all work types.
- More than half (52.9%) of respondents who conduct **laboratory-based research** agreed or strongly agreed that the pandemic would probably have a negative impact on their careers (compared to less than 38% of those conducting other types of research).

Intramural and Extramural Programs: Career Trajectory

Regarding career trajectory, 18.2 percent of extramural respondents strongly agreed or agreed that the pandemic would have a negative impact on their career trajectory, whereas 38.0 percent of intramural respondents strongly agreed or agreed that the pandemic would have a negative impact on their career trajectory (see appendix B).

CLOSING

SWD administered the NIH Workforce COVID-19 Impact Survey to assess NIH's current workplace environment and develop recommendations to address COVID-19-related inequities within the NIH workforce. The findings described in this report provide an evidence base for NIH's implementation of return-to-work protocols, provision of supportive resources, and identification of strategies to mitigate negative effects of the pandemic on the diversity of the scientific workforce.

Below are a series of overarching recommendations to guide SWD and other NIH Offices as they **turn insights into action** to support the NIH workforce more effectively.

Fostering Productivity

1 **INSIGHT:** The majority of respondents selected *teleworking*, followed by *work-life balance*, as having the most positive impact on their productivity.

ACTION: Consider flexible telework policies during and after the COVID-19 pandemic for individuals who indicate their roles can be performed effectively via telework. Identify ways to improve teleworking efficiency, investigate opportunities to improve the teleworking experience, and adopt collaborative technology to address deficiencies (e.g., virtual whiteboard technology).

2 **INSIGHT:** Higher than normal productivity was correlated with an *increased sense of meaning through my work mission*.

ACTION: Develop and disseminate communications with key messages that emphasize the importance of NIH and its mission during the COVID-19 pandemic and beyond.

NIH Communications and Support

3 **INSIGHT:** Across NIH employee types, respondents felt that they had received the support needed from NIH during this time.

ACTION: Ensure NIH employees are informed on return protocols, available supportive resources (e.g., the Employee Assistance Program), and telework policies over the course of the COVID-19 pandemic.

4 **INSIGHT:** Of those who have caretaking responsibilities, 64.6 percent said their caretaking responsibilities had made it more difficult to complete work responsibilities, including 29.7 percent who care for older adults.

ACTION: Evaluate NIH support networks for members of the workforce with caretaking responsibilities and consider expanding policies to support those who care for children, older adults, or ill individuals.

Fostering Connection

5

INSIGHT: Trainees, guest researchers, and volunteers were mostly likely to report being negatively impacted by being physically separated from their colleagues.

ACTION: Promote virtual connection for groups negatively impacted by physical separation by planning virtual events, panels, and opportunities to connect with NIH colleagues. Identify aspects of physical separation that are negatively impacting different groups, and design tailored solutions.

Return to Work

6

INSIGHT: Trainees, lab researchers, and guest researchers were most likely to indicate negative impacts related to teleworking.

ACTION: Determine if a safe return to the physical workplace can be accelerated for groups who feel strongly about the negative impact of maximum telework; particularly, trainees, guest researchers, and laboratory-based researchers.

7

INSIGHT: Across employee types, the highest percentage of respondents selected *uncertainty about the timeline for returning to onsite work* as having the most negative impact on their productivity.

ACTION: Circulate information about return timeframes for each return group to ensure transparency and allow members of the workforce to plan for return to work protocols.

For members of the NIH workforce requiring support or information related to COVID-19, contact:

- [Coronavirus Employee Intranet](#)
- [NIH Civil Program](#)
- [Employee Assistance Program](#)
- [Office of Equity, Diversity, and Inclusion](#)
- [Office of the Ombudsman](#)
- [Office of Intramural Training & Education](#)

For questions about the NIH Workforce COVID-19 Impact Survey, contact WorkClimate@od.nih.gov

Connect with the [NIH Scientific Workforce Diversity Office](#)



Suggested report citation: National Institutes of Health. (2020). *NIH Workforce COVID-19 Impact Survey: Executive Summary*. Retrieved from <https://diversity.nih.gov/building-evidence/COVID-workplace-survey>.

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APPENDIX A. RESPONDENT DEMOGRAPHICS

Table A-1 depicts demographic characteristics for individuals responding to the NIH Workforce COVID-19 Impact Survey.

Table A-1. Demographic Characteristics of Survey Respondents

Characteristic*	Response Option	Percentage of Respondents
Age n = 16,831	18–24	3.9%
	25–34	16.6%
	35–44	24.7%
	45–54	23.1%
	55–64	20.9%
	65–74	6.9%
	75 or older	0.9%
	Prefer not to answer	2.9%
Gender identity n = 16,767	Man	36.4%
	Woman	60.0%
	Transgender man	0.0%
	Transgender woman	0.0%
	Genderqueer or gender non-conforming	0.2%
	Questioning	0.0%
	Something else	0.1%
	Prefer not to answer	3.2%
Sexual orientation n = 16,527	Heterosexual or straight	86.5%
	Lesbian, gay, or homosexual	2.8%
	Bisexual	2.0%
	Asexual	0.3%
	Questioning	0.2%
	Something else	0.4%
	Prefer not to answer	7.8%
Hispanic ethnicity n = 16,621	Yes	6.2%
	No	88.5%
	Prefer not to answer	5.3%
Race* n = 16,649 *Respondents could select more than one	White	58.4%
	Black or African American	13.7%
	American Indian or Alaska Native	0.7%
	Asian	19.8%
	Native Hawaiian or Pacific Islander	0.3%
	Other	2.3%
	Prefer not to answer	7.3%
Disability n = 15,776	Yes	5.2%
	No	94.8%
	Prefer not to answer	5.8%

* Sample size indicates the number of respondents answering each question.

APPENDIX B. EXTRAMURAL AND INTRAMURAL PROGRAM RESULTS

This appendix features key indicators from the NIH Workforce COVID-19 Impact Survey divided by intramural respondents (n = 8,928) and extramural respondents (n = 3,929) to assess the impact of the COVID-19 pandemic according to program area. Individuals who identified their program area as NIH Office of the Director (n = 3,578) were not included in this analysis.

Experience During Maximum Telework

Regarding experience during maximum telework, 18.5 percent of extramural respondents and 34.4 percent of intramural respondents indicated that physical separation from coworkers has negatively impact their workday (not shown). Most extramural respondents (88.0%) indicated they could perform their role very effectively via telework (see figure B-1), whereas only 41.0 percent of intramural employees believed they could perform their role very effectively via telework (see figure B-2).

Figure B-1. Extramural: Perceived Ability to Perform Role via Telework (n = 3,900)

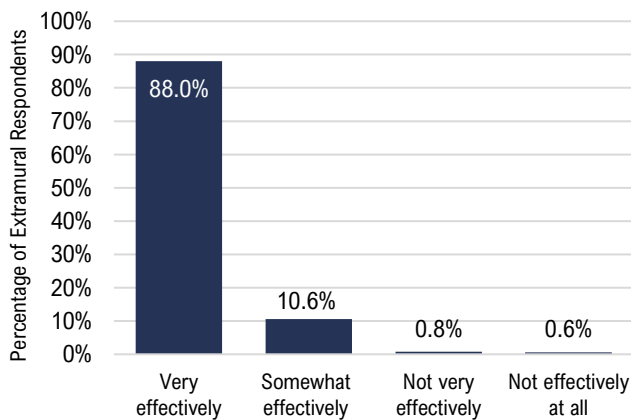
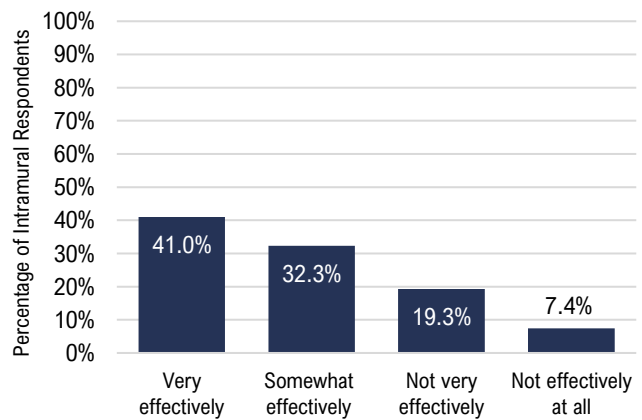


Figure B-2. Intramural: Perceived Ability to Perform Role via Telework (n = 8,807)



Job Productivity and Satisfaction

Regarding job productivity, 8.7 percent of extramural respondents indicated their job productivity was lower than before the pandemic (see figure B-3) compared to 40.3 percent of intramural respondents (see figure B-4).

Figure B-3. Extramural: Change in Job Productivity Since Pandemic (n = 3,833)

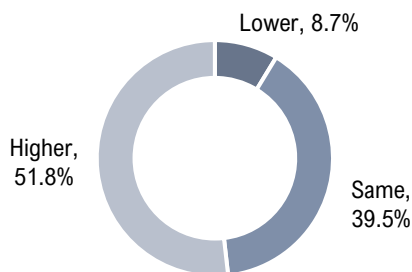
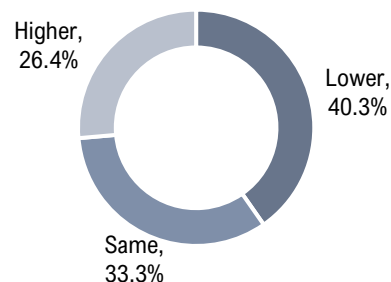


Figure B-4. Intramural: Change in Job Productivity Since Pandemic (n = 8,634)



Regarding job satisfaction, 11.2 percent of extramural respondents (see figure B-5) and 23.6 percent of intramural respondents (see figure B-6) indicated having lower job satisfaction since the pandemic.

Figure B-5. Extramural: Change in Job Satisfaction Since Pandemic (n = 3,758)

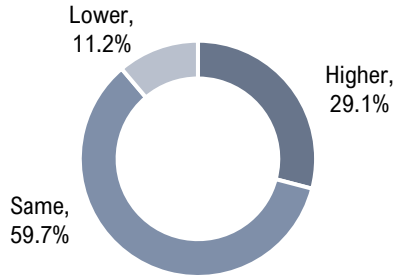
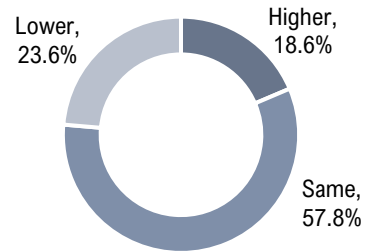


Figure B-6. Intramural: Change in Job Satisfaction Since Pandemic (n = 8,468)



Perceived Implications for Career Trajectory

Regarding perceived implications for career trajectory, 18.2 percent of extramural respondents strongly agreed or agreed that the pandemic would have a negative impact on their career trajectory (see figure B-7), whereas 38.0 percent of intramural respondents strongly agreed or agreed that the pandemic would have a negative impact on their career trajectory (see figure B-8).

Figure B-7. Extramural: Pandemic Will Have Negative Implications for Career (n = 3,779)

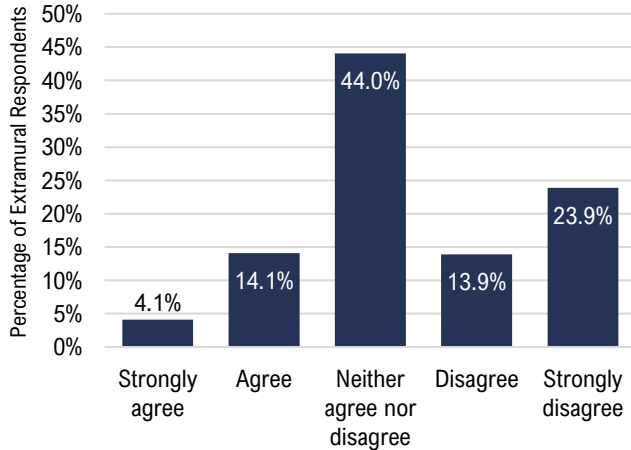


Figure B-8. Intramural: Pandemic Will Have Negative Implications for Career (n = 8,521)

