

# **Work/Life Practices Report**

**Prepared by:  
JCSW Work/Life Committee**

Nina L. Dickerman, Co-Chair  
Jonathan I. Matsui, PhD, Co-Chair

Michaela Tally  
Hiroko Wakimoto, MD, PhD

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## **BACKGROUND**

The Joint Committee on the Status of Women (JCSW) represents an inclusive community of faculty, staff, fellows, residents, and students at Harvard Medical School (HMS), Harvard School of Dental Medicine (HSDM), and the affiliated hospitals and institutions. The vision is “to facilitate and promote leadership, career development, professional advancement, community building, and work/life integration for faculty, trainees (fellows and residents), students (graduate, medical and dental), and staff.” One aspect of the JCSW statement of purpose is to “support work/life integration”. “Work/life” has been a topic discussed in the business literature as it pertains to how someone needs to allocate time for work and other areas of their lives. Faculty and staff need to integrate their personal and professional challenges to remain engaged and do not run the risk of burnout.

In May 2016, the JCSW Leadership Council adopted a strategic plan and requested that the work/life committee prepare a white paper focusing on work/life as it relates to clinicians, investigators, and staff. They directed the committee to address the challenges that employees face, review policies that are available, and identify best practices at the affiliates and other institutions.

## **PROCESS**

- Conference call with interested members of the JCSW (calendar invitation went out to the entire JCSW membership) - Dec. 4, 2017
  - Outcome: Need to identify different factors of work/life Integration and correlation to burnout.
- JCSW meeting - January 11, 2018
  - Outcome: Review of plan with members of the work/life committee
- JCSW meeting - February 8, 2018
  - Outcome: Divided up sections to review
- JCSW meeting - June 4, 2018
  - Discussed “Barriers to career flexibility in academic medicine: A qualitative analysis of reasons for the underutilization of family-friendly policies, and implications for institutional change and department chair leadership”
  - Outcome: Discussed future plans for AY 2018-19
- HMS Clinical and Academic Affairs Journal Club discussion - June 12, 2018
  - Discussed “Barriers to career flexibility in academic medicine: A qualitative analysis of reasons for the underutilization of family-friendly policies, and implications for institutional change and department chair leadership”

- Outcome: Questions related to how disruption to work/life affects faculty promotions
- Discussed “family-friendly policies and benefits” at Harvard University/HMS-affiliates - Summer 2018 onward
  - Outcome: Gained an understanding of the landscape

The committee met formally between September 2017 and May 2019 during the committee portion of the monthly JCSW meetings; and engaged in ongoing email communication. Committee co-chairs met regularly to debrief or to brainstorm about issues to investigate. Committee members, working in teams or individually, met with faculty, staff and administrators from different HMS affiliates. The co-chairs also met and received input from the JCSW Leadership Council and provided periodic updates to the JCSW. Committee members also reviewed articles and websites to supplement the report and provided feedback on drafts of the report.

## **LANDSCAPE**

### **Workforce and caregiving**

For the first time since 2004, more women than men applied to U.S. medical schools and now comprise the majority of matriculates which, given time, will increase the diversity of the workforce (Kirch, 2018). This corresponds to trends over the last few decades where women outnumber men in STEM-related graduate school programs and bachelor degrees. Despite 26 newly accredited medical schools opening in the last decade and expanded class sizes at current schools, the Association of American Medical Colleges (AAMC) predicts that there will be a physician shortage by as many as 122,000 physicians by 2032 (AAMCNews, 2019).

In the Harvard Faculty of Medicine, as of October 1, 2018, there were 11,588 faculty members; 5065 were women. There were also 1679 Harvard benefits eligible staff at HMS, HSDM, and the Wyss Institute, of which 995 were women.

Family structures and needs are changing. While 41% of employees have children at home, 17% of them do not benefit from the support of a partner (Women in the Workplace, 2018). Families are more diverse than before and include a variety of different arrangements such as single parent, LGBTQ, cohabiting couples, blended families, and multi-generational households. Also, fewer than half (46%) of U.S. children are living in a family with two married parents (Parker et al., 2015). Interestingly, dual-physician couples are on the rise (Ly et al., 2017). For dual-physician couples, weekly hours worked by women with children were lower than among women without children, whereas similar differences were not observed among men (Ly et al., 2017). Among married or partnered dual-physician couples with children, after adjusting for work hours, spousal employment, and other factors, women spent 8.5 more hours per week on domestic activities and were more likely to take time off during disruptions of usual child care arrangements than men (Jolly et al., 2014). Nationally, women regardless of profession were more than twice as likely to miss work to care for sick children (Fuller and Raman, 2019).

Caregiving for elders has also increased as a larger percentage of the U.S. population ages. By 2020, one in four Americans will be over the age of 55 (Fuller and Raman, 2019). In 2013, the Pew Research Center estimated that 47% of all Americans between the ages 40-50 were “sandwiched” between raising their children and providing care for their parents aged 65 and above (Parker and Patten, 2013). In addition to supporting elders in basic daily activities such as dressing and feeding, care extended to managing complex financial issues, adult disabilities, chronic diseases, and cognitive decline which may be more complicated than childcare (Parker and Patten, 2013; Fuller and Raman, 2019).

Flexible policies are no longer just for women; they are also important for recruiting and retaining men in the workforce. Fathers are taking a more active role in caregiving and helping out around the house and they are seeing parenting as central to their identity (Parker and Livingston, 2017). While not equal, many fathers feel that balancing work and family is a challenge. They work because they need the income but feel guilty about not spending enough time with their children (Parker and Livingston, 2017) a quandary women have faced for decades. Boston College researchers noted that more than one third of fathers are “conflicted,” desiring to be an equal caregiver at home but are unable to achieve this goal (Casey and Farone, 2017).

There is also a rise in multi-generational workforces with a fifth generation (i.e. Generation Z) just entering the workforce and older workers (i.e. Baby Boomers) delaying retirement. While there have been a large number of articles written about “generational values” in the popular press, making sweeping generalizations for each generation is ill advised (Knight, 2014; Davey, 2018). Each generation has different needs that evolve as their cohort ages (e.g. childcare versus retirement benefits). These caregiving obligations affect employees regularly and predictably at different career stages (e.g. when taking care of a newborn, sick child, or caring for an ill or disabled spouse, partner, or extended family member).

### **Workplace and burnout**

Medicine is evolving rapidly. Technology, legislation such as the Affordable Care Act, fluctuating reimbursement levels, new care delivery models, increased productivity expectations for clinicians, and widespread use of electronic medical records have led to changes in how care is provided (Friedberg et al., 2013). In one study, primary care physicians spent more than one-half of their workday including 1.4 hours after clinic hours interacting with electronic medical records, infringing on their family life (Arndt et al., 2017). Other demands including high workloads, inadequate staffing, and documentation requirements, can potentially lead to dissatisfaction, attrition, erosion of professionalism, increased errors, and potentially burnout (Pololi et al., 2012; Shanafelt et al., 2012; Dyrbye et al., 2014; Panagioti et al., 2018; Tawfik et al., 2018). In a comprehensive review, the National Academy of Medicine identified over 80 factors that contribute to burnout (Brigham et al., 2018). Any combination of these factors may explain the decrease in physicians’ satisfaction with work/life seen between 2011 and 2014 (Shanafelt et al., 2015)

The topic of burnout has appeared regularly in the popular press but there is little consensus of what it is. The World Health Organization (WHO) redefined burnout as a “syndrome” that is tied to “chronic workplace stress that has not been successfully managed.” The definition will appear in the WHO handbook in 2022, the International Classification of Diseases – ICD-11 (Chatterjee and Wroth, 2019). While that is one definition, a recent review on the topic identified 47 different definitions of “burnout” across 182 studies (Rotenstein et al., 2018).

One group estimated that more than half of the physicians in the U.S. are now experiencing professional burnout (Shanafelt et al., 2012; Shanafelt et al., 2015). More concerning, burnout was more common among physicians than among the general U.S. working population, a finding that persisted after adjusting for age, sex, hours worked, and level of education (Shanafelt et al., 2012; Dyrbye et al., 2013). In a preliminary study, there is evidence that burnout is also observed in the dental profession (Calvo et al., 2017) and extends to nurses, advanced practice providers, and other healthcare workers (Friedberg et al., 2017; Health Affairs Blog, 2018). In a comprehensive review, Panagioti and colleagues (2018) found that physicians with burnout were more likely to deliver suboptimal care or cause patient safety incidents, resulting in receiving low satisfaction ratings from patients and potential lawsuits. If not addressed, this may result in turnover of clinicians (Shanafelt et al., 2014).

Direct and indirect costs associated with turnover are great. Turnover directly impacts the care team through added work for the remaining members. Twenty years ago, the operational cost of replacing a primary care physician was about \$250,000 (Buchbinder et al., 1999). One recent estimate of the lost revenue per full-time-equivalent physician is \$900,000 and the cost of recruiting and replacing a physician can range from \$500,000 to \$1,000,000 (Shanafelt et al., 2017). Another study indicated that annual burnout-attributable costs for physicians ranged from \$2.6 billion to \$6.3 billion (Han et al., 2019). Factors include direct costs associated with recruitment, revenue lost while finding the replacement, and the additional time it takes to onboard new staff.

Being stressed and having an imbalance in work/life is not limited to clinicians. Many biomedical scientists struggle with juggling issues including funding pressures to maintain the laboratories, productivity expectations, teaching/mentoring expectations, and administrative burdens (Villablanca et al., 2011; Hollerman and Gritz, 2013; Hollerman et al., 2015; Woolston, 2017). Some researchers may equate working longer as working better but this may take a toll on their morale. A recent study noted that basic researchers are at an increased risk of burnout as it relates to securing funding in a competitive environment and working with funding agencies and department/institutional administrators to run their laboratories, which differed from their clinical counterparts (Messias et al., 2019). In an online poll of academic scientists, nearly two thirds of the respondents considered quitting research and that almost 40% of the respondents worked more than 60 hours in a week (Powell, 2016). Despite the long hours and challenges, finding rewarding work through research can help mitigate some of the job-related stress (Woolston, 2017). Different types of interventions should be developed depending upon the profession.

While we recognize that burnout is a threat to the U.S. healthcare system, it is beyond the scope of this report. In 2018, Dr. George Q. Daley, Dean of the Faculty of Medicine, charged an *ad hoc* committee to investigate burnout at HMS/HSDM and the affiliates. The taskforce met in the spring of 2018 and presented a report to the Faculty Council. The taskforce noted that this is an active issue under discussion at the affiliated hospitals as it affects clinicians, medical and dental students, residents, and fellows in training. Less is known about the impact of burnout on bench-based faculty and so more information is needed.

Finally, the [National Academy of Medicine](#) and the [Association of American Medical Colleges](#) recognize that clinician burnout is a major threat to the U.S. health care system. They have developed websites to provide online resources for clinician resilience and well-being. The [American Medical Association](#) also has a website devoted to professional wellbeing and other topical areas where the caregiver can earn CME credits.

## **FINDINGS**

### **Labor laws**

Federal and state authorities have enacted laws to support parents in the workforce with respect to job protection. More work needs to focus on compensating time off and determining how that compensation is paid for.

#### **Family and Medical Leave Act**

The U.S. Department of Labor's Division of Wage and Hour implemented the Family and Medical Leave Act (FMLA) in 1993. FMLA requires employers of 50 or more employees (and all public agencies) to provide eligible employees up to twelve weeks of unpaid, job-protected leave each year for the birth and care of a child/bonding time, for placement with the employee of a child for adoption or foster care, or for the serious illness of the employee or of the employee's child, spouse, or parent. In order to be eligible, eligible employees must have worked 1250 hours during a twelve-month period and must provide advance notice (generally 30-days) and medical certification so that job benefits are maintained and job restoration is protected. In the case that an employee is active military or in the reserves, there are specific terms and coverage for exigency leave to cover for foreign deployment or service members as used by State and Federal rules.

#### **Massachusetts Parental Leave Act**

Massachusetts is one of a dozen states to have enacted enhanced family medical leave for its residents. The Massachusetts Parental Leave Act (MA PLA), effective in 2015, expanded upon the Massachusetts Maternity Leave Law. MA PLA requires employers with six or more employees to provide eight weeks of unpaid job protection and job restoration for the birth or non-birthing parent after their leave. This law runs concurrently with the federal FMLA.

#### **Massachusetts Paid Family & Medical Leave**

In June 2018, the "Paid Family & Medical Leave" became law in Massachusetts. Employers are preparing updates for paid leaves, which will begin January 1, 2021. More information is

forthcoming as employers update their benefits packages and clarify the planned benefit. Beginning October 1, 2019, employees and employers will begin to “fund the fund” to pay the benefit through a payroll tax. Employers will determine the tax share among their employees who may see a reduction in their paycheck. Alternatively, employers may apply for exemption if they have a private plan that meets or exceeds the benefits from the state. For example, for the first year, some institutions will pay the full tax whereas other institutions will share the tax burden. Employers were required to notify their employees of the new law and tax share by September 30, 2019.

### **Pregnant Workers Fairness Act**

The Pregnant Workers Fairness Act (PWFA) in Massachusetts, effective April 2018, expressly prohibits employment discrimination due to pregnancy and pregnancy-related conditions, such as lactation or needing to express breast milk for a nursing child. Generally, employers may not treat employees or job applicants less favorably than other employees based on pregnancy or pregnancy-related conditions and have an obligation to accommodate pregnant workers.

In 2011, Massachusetts mandated that state employers must give a reasonable break time for an employee to express breast milk for her nursing child for one year after the child’s birth. State employers must also provide a place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public to express breast milk (Dietl, 2011). When Massachusetts updated the PWFA, these protections were extended to all employers in the state (Johnston, 2018).

HMS/HSDM and the affiliates have added lactation programs, which include expert consultations available and private rooms to express milk. The extent that employees use such programs varies, based on location of lactation rooms, access to a private space, and employee knowledge. The benefits websites at different affiliates generally did not discuss “protected time”.

### **National Institutes of Health (NIH)**

This committee investigated work/life policies for scientists. Many of the family friendly policies from the NIH are for postdoctoral fellows and not faculty. We have compiled a list of trainee-related policies in Appendix A.

### **Grant supplements and travel funds**

The NIH offers research [grant supplements](#) to postdoctoral fellows or faculty members who have had to take extended time off for qualifying interruptions including child rearing, an incapacitating illness or injury of the candidate, spouse, partner, or a member of the immediate family. Ordinarily, the duration of the career interruption should be for at least one year and no more than eight years. The National Institute for Allergy and Infectious Diseases has a specific supplement program for their grantees to support primary caregivers, and people returning to work from family responsibilities. Specific examples include the “Primary Caregiver Technical Assistance” which support postdoctoral research scientists who are taking care of a child or sick family member so that a mid-to-senior level technician fills in when the caregiver is

away from the laboratory. The NIH also offers funds for Conference Grant Support so that childcare options may be provided during the conference/meeting.

### **Reduction in effort for career award (K) grant recipients**

K awardees may request to reduce their professional effort to less than 75% for up to 12 continuous months for a variety of circumstances such as personal/family situations including parental leave, childcare, elder care, medical conditions, or a disability. The NIH will adjust the total salary amount committed to the K award consistent with the adjusted level of effort. Investigators will continue to receive full research support in other budget categories as indicated on the original Notice of Award. Moreover, investigators may request to extend the duration of the award to account for the reduced effort.

### **Reentry for physicians following a career break**

More physicians are taking time off from their careers including for family medical leave. One barrier to resuming medical practice are rules set by the Massachusetts Board of Registration in Medicine (BORIM) to reinstate the medical license after a prolonged break. While the BORIM does not specifically specify the length of time off, if someone takes time off for family leave, the BORIM requires that the physician submit a plan for reentry into clinical practice including continuing medical development, clinical training and relevant experience during the break period, and pass a board-approved clinical skills assessment or other professional determination of clinical competency. The [Massachusetts Medical Society](#) suggests that the physician maintain an active license and keep up with continuing education courses to avoid reinstating medical license or work part-time. This requirement is counter-intuitive for someone who is out on medical leave and may be unable to meet those requirements. Finally, they suggest that the physician participate in a retraining program.

### **Flexible work initiatives at U.S. Medical Schools and offerings for Postdoctoral Fellows**

Several studies have reviewed work/life policies at different medical schools and universities (Bristol et al., 2008; Welch et al., 2011; Riano et al., 2018). Topics included childbirth leave for birth mothers, family leave for non-birth mothers, fathers, and adoptive parents, extension of tenure track probationary periods, job sharing, childcare options, and lactation policies. While information about policies and accessibility to finding more information about those policies have improved between 2008 (Bristol et al., 2008) and 2018 (Riano et al., 2018), variations exists between medical schools and teaching hospitals. The [Faculty of Medicine Handbook](#) discusses extension of tenure track probationary policy for faculty whose primary appointment is in one of the basic and social science departments of the HMS Blavatnik Institute (e.g. Cell Biology, Health Care Policy, etc.).

In 2017, the Boston Postdoc Association presented data at the annual meeting for the National Postdoc Association summarizing benefits data for different institutions within the Boston metropolitan area (Cijssouw et al., 2017). We refer you to their [website](#) for postdoc benefits. A recent JAMA article addressed similar benefits for residents at major ACGME-accredited institutions and included the Beth Israel Deaconess Medical Center, Boston Children's Hospital,



Brigham and Women's Hospital, and Massachusetts General Hospital but they only listed FMLA benefits and not specific length of time and compensation details (Magudia et al., 2018).

### **Paid time off**

Personal/paid time off (e.g. vacation, sick, floating holidays/personal time) is probably the best-known benefit that employees utilize. Policies around use pose challenges for the employee and managers since using accrued time is sometimes at the discretion of the manager or department. Other challenges occur when investigators are on a grant and record keeping for "time and effort" are needed. Vacation and sick time are accounted for but there is a conflict for extended leaves. Employers are responsible for providing alternative reserves to compensate the researcher's time away.

Some current trends include a unified paid time away program where specific designations between vacation and sick time are no longer accounted for. Some employers (e.g. Netflix) have moved away from accrued time to unlimited time off where the employee focuses on specific projects/tasks/goals (Ain, 2017). Across the workforce, it is becoming more difficult to distinguish between when people work since more employees are using flexible work schedules and telecommuting. In January 2016, Kronos, a software company that focuses on workforce and human capital management, began offering "unlimited vacation" to all of its employees. The company, however, continued to have employees request and record time off in their workforce management system to provide data on vacation usage and provide transparency for how paid time off was managed (Ain, 2017). In order to encourage employee buy-in, the company either enhanced or created other programs including paternal and adoption leave, and launched a childcare assistance program. The cost of the new benefits exceeded the savings from changing the vacation policy but improved employee engagement and reduced turnover the following year (Ain, 2017).

### **Employee Assistance Program**

An Employee Assistance Program (EAP) is a work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems and are often managed by an outside vendor. Benefits-eligible staff and faculty at Harvard and the affiliates have access to EAP benefits. Eligibility typically includes all household members (e.g. children, spouses, etc.). While EAPs began with offering mental health benefits such as alcohol and other substance abuse, stress, grief, family problems, burnout, and psychological disorders, the types of benefits have expanded into the work/life sphere. EAP benefits can also include workplace consultation for managers, legal assistance, financial consultation, elder care resources, parenting resources, and health and wellness. Offerings between EAP vendors vary and tend to reflect the culture of the institution they are serving. Promotion of EAPs also varies and so utilization rates fluctuate since employees cite lack of awareness or fear of penalty for using services despite its confidentiality and 24/7 availability. Institutions need to educate employees about how EAPs work and stress that all calls are confidential to increase utilization.

## **Wellness initiatives**

What began as unique dependent care or mental health referrals are trending as wellness or wellbeing umbrella programs covering a variety of benefits. Institutions can either implement these benefits as separate initiatives or integrate all of them into a total benefits package. Stanford Medical School was one of the first in the nation to tackle this topic and has an extensive faculty wellness program. Their [website](#) has a variety of resources and programs that may be a model for other organizations. Potential course offerings could include yoga, breathing, mediation, good sleep health, financial literacy, building community, or health awareness. Physical and mental health needs such as proper hydration, sleep, access to bathrooms in the workplace, and breastfeeding facilities must be met in order to function properly (Shapiro et al., 2019).

Before physician burnout was recognized nationally, Boston Children's Hospital established the Office of Clinician Support to assist practitioners with problems including work-related or personal in a confidential environment. This program is faculty-run instead of an external body such as an EAP. In response to clinician burnout, other local institutions have announced initiatives focused on well-being. The Brigham and Women's Hospital Physician Organization established the Office of Physician Support, which is focused on wellness and physician burnout. The Dana-Farber Cancer Institute has also announced a new faculty wellness initiative to combat burnout for members of the medical oncology program. The Massachusetts Medical Society also offers an offsite program called Physician Health Services and includes services such as podcasts, coaching, and overall wellness programs. Topics covered include drugs and alcohol, disruptive behavior, stress management, and burnout.

Several other institutions including the Cleveland Clinic, The Ohio State University, Stanford Medicine, University of Pennsylvania, and Kaiser Permanente have appointed Chief Wellness Officers to address the symptoms and root causes of burnout at their institutions. This senior leader is charged with implementing evidence-based interventions promoting well-being. Stanford Medicine also offers a Chief Wellness Officer course through its WellMD Center.

There is a strong business case for wellness initiatives. As noted earlier, burnout and depression among clinicians results in enormous costs to a medical institution. Baicker and colleagues (2010) conducted a meta-analysis of the literature and noted that for every dollar spent there is about a \$3 return on investment and absenteeism costs drop by about \$2.73. Other studies have shown that well-being programming improves productivity, quality and reduced turnover of staff and malpractice cases (The Ohio State University Wellness Strategic Plan). The Ohio State University claims that their return on investment on each dollar invested in wellness is \$3.65 (The Ohio State University Wellness Strategic Plan).

## **Caring benefits**

Researchers at Harvard Business School are examining how companies can reduce costs and increase productivity through benefits related to caregiving. Employers do not realize the extent to which caregiving affects employees. Fuller and Raman (2019) noted that there are two hidden costs associated with caregiving for businesses. The first is costs associated with

turnover as discussed earlier but also can include lost institutional knowledge, additional temporary hiring, and overtime costs. The second set of costs are associated with diminished productivity loss for the group/organization. Companies incur substantial and recurring costs if they do not account for their employees' caregiving obligations when designing career paths, job descriptions, and benefit packages (Fuller and Raman, 2019).

When assessing caregiving benefits packages, employers examine three components: affordability, accessibility, and quality. For affordability, some employers offer scholarships or discounts with specific providers. Childcare costs are high when compared to national averages. In Massachusetts, the expense is roughly 20% of the income when compared to the national average of 10% (Gould et al., 2017). For accessibility, childcare and eldercare support and enhanced referrals are becoming a standard offering through EAPs. Some institutions have relationships with childcare programs (e.g. Bright Horizons) for priority access. For eldercare, on-site consultations, and reimbursements for backup/respite care exist. More platforms like Care.com are part of the benefits package, which allow employees to search for caregivers with a range of supportive roles in the household (e.g. pet sitting, housekeeping, running errands, and child/elder care providers). Online platforms like Care.com also provide support nationally for when employees travel to a conference or if family members live outside their home state.

Unfortunately, backup care programs may not be able to fulfill requests for backup care needs. This may derail already tight operational systems. In cases where employees are planning parental leave, staff schedules need to be prepared for when a baby arrives early or if there is a miscarriage. Regardless of life stage, emergencies occur. Having sufficient staffing and protocols to absorb these emergencies outside of the workplace such as childcare or eldercare emergencies will help alleviate additional work strains.

Dependent Care Flexible Spending Account (FSA) allows employees to designate pre-tax funds (before federal/state and Social Security taxes are calculated) for planned dependent care services for dependent children under the age of 13. The credit is also available if you paid for the care of a spouse or a dependent of any age who is physically or mentally incapable of self-care. Employees may contribute up to \$5,000 each year per family. If a spouse contributes to a different FSA, the joint total for the Dependent Care FSA contributions for a calendar year must not exceed \$5,000 for a couple filing jointly. Before enrolling, we recommend that you speak with a qualified tax advisor.

### **Part-time work and job sharing**

One important question is how many hours constitutes part-time/full-time employment? The U.S. Department of Labor states that the Fair Labor Standards Act (FLSA) does not define full-time employment or part-time employment but allows employers to determine each category. Therefore, there is great variation between institutions and faculty/staff as this definition determines who is eligible for benefits and has access to work/life benefits.

The sub-committee recommends that HMS/HSDM faculty review Chapter 4 of [The Faculty of Medicine Governance, Appointment and Promotions Handbook](#) for clarification on part-time

versus full time academic status. Please email [facappt@hms.harvard.edu](mailto:facappt@hms.harvard.edu) with specific questions related to part-time versus full time appointments.

The National Health Service (NHS) in the United Kingdom has offered job sharing and part-time appointments for clinicians for decades (Van Someren, 1992) and the NHS published a guide on best practices (Jones, 2000). Greater demand for nurses and doctors led them to establish policies for flexible working such as part-time work, job sharing, and flex time. The literature supports the notion that part-time faculty are able to attain clinical excellence and that patients of part-time physicians express similar satisfaction with their care, and patient outcomes are comparable to full-time physicians (Linzer et al., 2009). Nevertheless, faculty should have realistic expectations related to “productivity” as it relates to potential promotions.

## **BARRIERS TO CAREER FLEXIBILITY**

A number of staff and faculty find it difficult to find a balance between work and their life away from the office. While there are a number of reports stating that family-friendly policies are important to worker satisfaction and career success, a large proportion of eligible workers do not opt into programs and those who do participate do not take full advantage of the benefits (Shauman et al., 2018). Some employees are reluctant to use benefits if they do not see others such as managers or senior leaders utilizing benefits (Fuller and Raman, 2019). Shauman and colleagues (2018) noted that academic physicians and biomedical scientists did not utilize workplace flexibility/family friendly benefits due to an absence of reliable information about programs; workplace norms and cultures that stigmatize program participation; influence of uninformed/unsupportive heads of departments; and concerns about how participation might burden coworkers, damage collegial relationships, or adversely affect workflow and grant funding. Similarly, in a cross-sectional survey of physician mothers, they perceived that they were discriminated against based on gender (Adesoye et al., 2017). Scheduling early morning or evening meetings that can conflict with family caregiving responsibilities is one example. Another example of discrimination is different lengths of paid leaves depending upon gender or primary/secondary caregiver status (Schmidt, 2019).

While the NHS has shown that job-sharing and part-time work is possible for health care workers, Branine (2003) noted that despite the increased awareness of flexible working practices and other family friendly policies to attract and retain employees, the NHS was not considered to be a “fully flexible” and “family-friendly” employer because of its long-established culture, structure, and processes. More than two thirds of the part-time employees were unsatisfied with their work and about 40 percent said they felt frustrated by the lack of respect that they received from their full-time colleagues and managers (Branine, 2003). There are challenges related to operationalizing part-time work for clinical faculty. Typical issues include fixed costs, malpractice insurance, space, cross-coverage, mentoring, productivity targets, career development, and needing flexibility in scheduling.

There are also consequences to taking a leave and extending it. Members of the American Board of Medical Specialties (ABMS) have specific restrictions regarding leave from residency training (Jagsi et al., 2007; Varda and Glover, 2018). Twenty-two of the 24 ABMS organizations

have general leave policies but only eleven members specifically mentioned parental leave and no group had a specific parental leave policy (Varda and Glover, 2018). Twenty boards had time-based training requirements for board eligibility, allowing a median of six weeks of leave for any reason during any year. Those who take longer leave beyond six weeks needed to extend their training, which caused scheduling difficulties for training programs (Stack et al., 2019). When residents are burdened with excessive clinical demands while covering for an absent peer, service demands may interfere with educational aspects of their program such as attending classes. Ambiguities related to who extends someone's training can cause further confusion (Jagsi et al., 2007; Varda and Glover, 2018). Mothers also reported that they had to "pay back" call for colleagues who covered during their leave, resulting in a more demanding schedule while caring for a newborn. Residents who must extend their time in training may be less competitive for fellowships because they will not be available to start on the expected date. Moreover, the extended training time may require a visa extension, which may be problematic for trainees from certain countries. Some were confused about policies related to how to reenter the work place as this conflicted with employment law or contractual obligations for some trainees (Stack et al., 2019). Lack of support for adequate parental leave may result in dissatisfaction with work/life.

Men and women who prioritize family caregiving, may be considered less dedicated to the organization. "Flexibility stigma" may occur when individuals receive sanctions when they request workplace accommodations to attend to their personal responsibilities (e.g. family leave, MA Small Necessities Leave Act) and who appear to violate the view of "ideal worker" (Cech and Blair-Loy, 2014). Faculty working in STEM academic departments at research intensive institutions were subject to that stigma and reported worse work/life balance and lower job satisfaction (Cech and Blair-Loy, 2014). In several studies of the financial sector, employees avoided using work/life policies since they felt that those policies were regarded as career damaging as they had lower earnings and received lower performance evaluations than otherwise similar employees who did not use these policies (Blair-Loy and Wharton, 2004; Wharton et al., 2008). Similar conclusions were found in a special issue of *The Journal of Social Issues* where both women and men were penalized with depressed earnings and limited career opportunities when using flexibility policies (Howell et al., 2016).

Explaining delays in productivity is a controversial topic. Some Faculty Affairs/Faculty Development offices have discussed this issue but have not come to a consensus for "best practices". In 2011, the NIH updated the guidelines for researchers when preparing the NIH Biosketch to allow explanations for how personal circumstances may have delayed the researcher's transition to an independent career or reduced their scientific productivity (Rockey, 2011b). Some faculty members would like to include such information to explain gaps in the CV. Others have expressed skepticism on including such information in personal narratives or other documents as it may bias the reader against the candidate.

## **BEST PRACTICES AND WAYS TO BREAK DOWN BARRIERS**

In order to promote and retain high-quality employees regardless of role they play within their organizations, employers should implement policies and benefits that reduce discrimination,

and offer longer paid family leave, backup care for children or elderly, respite care, and increased schedule flexibility.

### **Policy and benefits**

Organizations can provide support strategies such as protected time to participate in self-care activities to increase wellbeing and resilience and decrease burnout (Templeton et al., 2019).

Supportive family leave policies help ensure that everyone does not have to decide between career and family. Recent evidence indicates that the more generous better-paid maternity leave can improve maternal (Aitken et al., 2015) and infant health outcomes (Nandi et al., 2016). Moreover, paid family leave policies also help retain employees with more weeks of paid leave increasing the likelihood that women remain in academia and go on to be promoted to Professor (Adams, 2018; Troeger, 2018). Dr. Troeger (2018) suggests that the aggregated results have to be taken with some caution as her study is not complete and that more work needs to identify the effects of maternity leave provisions at the individual level. The research team did not find, however, a relationship between maternity/paternity leave provisions and career opportunities of male academics (Adams, 2018). Paid time off and paid parental leave programs are in a state of flux across the country. Several states including Massachusetts have mandated that employers provide paid family leave programs for their employees. This taskforce does not have specific recommendations as each employer needs to decide whether to opt into the state plan or to maintain their own but more specific information is forthcoming.

As noted before, there are a number of issues and obstacles related to implementing a leave policy for trainees including but not limited to ensuring trainee competency, keeping workload equitable, and financing time away (Vassallo et al., 2019). Moreover, the ACGME has not recommended a standardized approach to parental leave across programs. One of the major challenges is that the ACGME core requirements are modified for each specialty to ensure eligibility for certification by the appropriate board. One national working group reviewed policies across different training programs and suggested that a unified policy of 6-week paid maternity leave be adopted across residency programs; option to voluntarily apply the 12-week FMLA standard for all trainees regardless of duration of employment at their current institution; and institutions should implement paternity leave and leave for the second parent (Vassallo et al., 2019).

Once each institution has determined which policies and practices they need to have in place, they need to review those policies to mitigate bias. Many of the best practices for faculty career flexibility seem to exist for tenure-track faculty and for women. To create a culture of inclusiveness, several institutions have created policies that target all types of leave instead of promoting leave for a specific class of people. Senior leaders at the University of Washington, which only had paid leave for biological mothers (during the period of disability), realized that inequity existed for biological fathers and parents of either sex who adopted. Therefore, the University of Washington has implemented a parental leave for all monthly paid staff (mothers and fathers, birth and non-birth parents) regardless of how long they have worked at the

university. They also began a pilot program to study the feasibility of continuing teaching releases for faculty who are fathers or have recently adopted a child.

With regards to caregiving benefits, JPMorgan Chase settled a class-action lawsuit filed with the Equal Employment Opportunity Commission on behalf of male employees who were denied access to the same paid parental leave as mothers between 2011 and 2017 (Schmidt, 2019). JPMorgan Chase updated their parental leave policies and by 2018, non-primary caregivers were eligible for six weeks of paid leave. Employees must designate whether they are the primary or non-primary caregiver but may change the designation at any time if their circumstances change. The policies cover adoptive and same-sex parents. Retailers including Target and Walmart are also enhancing work/life benefits with longer paid parental leaves and expanding caregiving programs to retain employees and reduce turnover (Meyersohn, 2019). Adopting gender neutral leave programs will help put men and women on a level playing field. Reclassifying and renaming these leaves from “maternal/paternal leave” to “family leave” may also broaden the workers eligible for the leave and reduce resentment from older workers who do not have young children. By having the entire workforce eligible, this would remove the stigma that is often associated with a long maternity leave (McGregor, 2016; Ferrante and Mody, 2019).

### **Flexible work arrangements**

Providing faculty flexible workplace policies and programs reduces stress and burnout, which in turn improves morale and employee retention (Shanafelt and Noseworthy, 2017). Flexible work arrangements allow faculty to be more productive regarding the number of grants that they bring in, thus, benefiting the institution (Fassiotto et al., 2018). There is a business case for flextime and telecommuting options. The AARP reports that for every dollar invested in flextime, businesses can expect a return of between \$1.70 and \$4.34 (Fuller and Raman, 2019). For every dollar invested in telecommuting, businesses can expect a return of between \$2.46 and \$4.45 (Fuller and Raman, 2019).

### **Cost versus program**

Part of the challenge that employers face when considering offering paid parental leave is the financial burden. The only option for many employees in the U.S. is to use the Family and Medical Leave Act (FMLA) for job protection. Massachusetts is one of six states in the last decade to have passed a law for state paid leaves. Three states (MA, CT and OR) have passed the legislation but the benefits will be effective after 2021. More information related to Massachusetts’ plan will be announced later in 2019 (Chesto, 2019).

Researchers at Stanford have sought to reduce physician dissatisfaction and their likelihood of leaving to work elsewhere by designing a program to promote a culture of flexibility within their academic medical center and increasing time for activities deemed worthwhile by the faculty member (Fassiotto et al., 2018). Credits were accrued by teaching or mentoring students or serving on an institutional committee. Alternatively, a faculty member could accrue credits if they stepped in to fill a shift for a colleague at the last minute. Credits could be redeemed for academic support activities, such as manuscript editing, grant writing, lab

management, or for home-support activities including house cleaning, meal deliveries or dry cleaning. While there is a financial cost associated with this program (roughly \$2500 - \$3000 per participant) that the institution will need to cover, this is a small fraction of average salaries and less expensive than the costs associated with turnover (Fassiotto et al., 2018).

### **Paid catastrophic leave**

The University of California, Riverside implemented a “Catastrophic Leave Sharing Program” to allow employees the opportunity to assist colleagues by donating vacation leave to those employees who have exhausted all paid leave credits due to a catastrophic illness or injury. These donations allow the employee to continue to receive the continuation of salary and benefits for up to one month, or 184 work-hours, in a 12-month period. The illness or injury can be to the employee or a member of the employee’s family or household. Locally, St. Elizabeth Medical Center has a crisis fund where employees can donate sick time into a bank. Other local institutions allow staff to accrue sick time but are unable to donate their time to other employees. Having access to additional paid leave may be of benefit to some employees.

### **Anti-bias training and re-conceptualizing work**

Senior leaders and managers should be trained on unconscious bias since they are more likely to understand how bias impacts their decision making and make more fair and objective decisions (Women in the Workplace, 2018). Unconscious bias training is mandatory for leaders at HMS/HSDM and the affiliates as it relates to how our biases may influence hiring practices for senior level searches, but more discussions about how our biases affect work/life are needed. A case study conducted by Proctor and Gamble demonstrated that those male managers who completed an unconscious bias workshop acknowledge that they have more privileges than women and that they had a personal stake in diversity and inclusion (Women in the Workplace, 2018). An unconscious bias training at MIT has reduced complaints of discrimination and affirmed recruiting minorities and women (Rowe, 2018). The MIT Ombuds office shared videos and hosted discussions at department meetings depicting several senior MIT leaders dealing with complaints of harassment – showing negative and positive interactions. Over the five-year period that this training was offered, the Ombuds office reported that complaints of harassment against faculty and staff dropped considerably (Rowe, 2018).

Harrison and Gregg (2009) examined attitudes toward part-time work among women and their division chiefs. They concluded that academic leaders need to shift their attitudes towards part-time work or risk losing employees through attrition while re-conceptualizing what “work” may retain valued employees. One limitation of the study was the small sample size but the attitudes were consistent. Howell and colleagues (2016) studied how one academic department sought to reduce “face-time” bias by restructuring their compensation criteria. The department identified a limited number of key department events, mainly in the education domain (e.g. grand rounds and journal clubs) and required part-time faculty to attend 50% of those events. They found that faculty attendance increased and confirmed that incentivizing face time at the right times allows the faculty to demonstrate their commitment to the education mission without overburdening their time commitment.



Organizations that provide training for all managers and departments on leave process improve their employees experience and enhance retention, morale, and job satisfaction (Fuller and Raman, 2019). Managers and other leaders who are knowledgeable about resources available to assist new parents are prepared to support the employee before their leave, during the leave, and when they return to work (Casey and Farone, 2017). Managers should be encouraged to embrace all types of new parents including those who adopt children or have babies via surrogates or infertility procedures.

One low cost best practice is to refocus employee's efforts into doing work they find meaningful at least 20% of the time (Berg et al., 2019). Berg recommends promoting meaning in four areas including patient care, intellectual engagement, respect, and community. These are similar recommendations that Shapiro and colleagues (2018) suggest at developing interventions to ameliorate burnout.

### **Leadership and leading by example**

Institutional leaders need to examine their companies' culture and assess where to spend limited resources. A number of instruments have been developed to assess employee well-being including the Mayo Clinic Wellness Index and the Stanford Professional Fulfillment Index (Dyrbye et al., 2018). These tools have been validated and are available for use by academic institutions (Dyrbye et al., 2011; Dyrbye et al., 2016; Trockel et al., 2018). In a comprehensive review, Dyrbye and colleagues (2018) examined these instruments and noted their strengths and weaknesses so that leaders can select the best one for their organization. Addressing issues related to respect from supervisors and administrators, colleagues could improve wellness and wellbeing (Shapiro et al., 2019).

Department leaders who advocate for better benefits utilization improves usage amongst employees (Shauman et al., 2018). Moreover, senior leadership needs to demonstrate that using specific benefits (e.g. family leave) will not cause consequences for their workers. In 2015, Mark Zuckerberg announced that he would take paternity leave (McGregor, 2015). Whether other managers or leaders at Facebook have followed has yet to be reported but it could help ease the "motherhood penalty" associated with such leaves.

Recently, in response to increased clinician burnout and needing to act expeditiously, there has been a boom in new senior level positions focusing on wellness at academic medical centers. The key responsibilities for Chief Wellness Officers include understanding the local landscape, reporting findings on wellness and burnout of all staff/faculty; presenting the trends and strategies for institutional CEOs and boards; exploring technological and staffing interventions to streamline work and reduce administrative burden; disseminating successful strategies within the community (Jha et al., 2019).

### **Operations**

In a recent survey, roughly 52% of the employers admitted that they do not track data on their employees' caregiving responsibilities (Fuller and Raman, 2019). Employees, however,

acknowledge that caregiving directly impacts their productivity/performance and may impede their career progression (Fuller and Raman, 2019). Therefore, employers need to understand the needs of these different groups to offer the appropriate benefits. Regardless of profession, employees who are returning from a leave of absence benefit from a systematic onboarding process (Fuller and Raman, 2019). Transitioning back is a major shift in lifestyle and so employees who are returning from a leave involve those with more flexibility (e.g. part-time schedules) to ease employees back into the workplace.

### **Mentorship and support**

Employees should take a multi-faceted approach to getting support and advice from others. Receiving advice from a diverse group with respect to expertise, rank, and gender will have different perspectives for different situations (Carr et al., 2019). Companies should be thoughtful about providing different types of mentorship as the employees progress through their careers (Women in the Workplace, 2018; Fuller and Ramen, 2019). In one study of mentoring satisfaction, 1227 clinician-researchers with NIH career development awards found that greater time with the mentor, high mentor prestige, and collegiality of the relationship were associated with greater career satisfaction (Carr et al., 2019).

Mentors can be formal or informal. Seeking out aid from peer-to-peer can be helpful for time management or other networking advice (Carr et al., 2019; Ferrante and Mody, 2019). The JCSW Career Advancement sub-committee is tasked with expanding mentoring circles. The BCH Office for Faculty Development has resources devoted to [mentoring](#).

While it may seem obvious, managing your family's daily activities requires constant communication between family members and recognizing each person's important contributions to the relationship (Ferrante and Mody, 2019). Open communication about career aspirations, family planning, dealing with daily stressors, and short- and long-term goals is critical (Ferrante and Mody, 2019). If your mentor or peers do not have suggestions to help manage these daily stressors, then the EAP may be able to provide access to the appropriate resources.

### **CONCLUSIONS AND RECOMMENDATIONS**

Employees report that they are more productive and more engaged in their work when they are able to balance the demands of work with other aspects of their lives. We recognize that organizations will continue to grapple with work/life on an ongoing basis. Implementing wellness and/or self-care programs does not address the root cause of the problems. Nevertheless, we strongly encourage Harvard and the affiliates to have clear, consistent, equitable, transparent policies that support employees at different life stages. Conducting regular surveys to identify your employee's demographics and needs will help identify what will help increase engagement. By having a cafeteria plan, this will help maximize usage but be cognizant that these incentives will likely shift as your company's demographics change or as state and U.S. Government regulations are enacted. As noted throughout, knowledge about existing programs is still a challenge for employees to be aware of and for management to implement without bias. Continued education of the workforce through management must be

ongoing. Approaches to work/life should be employed as a complement to other interventions addressing the root cause of burnout.

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**Other**

HMS Faculty Wellness & Burnout Committee presentation to the HMS Faculty Council

## **Appendix A. NIH Policies related to trainees**

### ***NIH Grants and Family-Friendly Initiatives for Trainees***

The National Institutes of Health (NIH) states that it is committed to fostering a family friendly environment. This commitment to a family friendly environment is perceived by trainees to be in conflict with the grantee institution's need to continually produce and justify their NIH funding. Therefore, the NIH has implemented specific policies to help meet both the goal of a family-friendly work environment and combat lack of "production" when a trainee has a career disruption due medical or family leave while on a grant (Rockey, 2011a).

The NIH "allows for reimbursement of actual, allowable costs incurred for child care, parental leave, or additional technical support provided such costs are incurred under formally-established institutional policies that are consistently applied regardless of the source of support." These supplements are available for both intramural and extramural trainees. The exception to this policy is trainees funded through an NRSA F32 fellowship.

"Grantee institution can request an administrative supplement to cover these additional costs." Most of these costs will be recovered as "indirect costs" to the grant. One exception regarding indirect costs is for hiring of replacement technician or technical support to cover a gap incurred by trainee's leave, which can be charged to "direct costs" on the grant.

**The National Institute of Allergy and Infectious Disease (NIAID)** explicitly offers up to \$6,000 in supplements to support a technical replacement for a postdoctoral researcher. Other NIH funded institutions also offer a similar benefit but they do not necessarily explicitly state this option. It is up to the grantee institution to know that this supplement is available from the NIH.

### ***NRSA Parental Leave***

Eight weeks of parental leave are granted for either adoption or birth of child. The NIH notes that either parent is eligible for parental leave. NRSA trainees are to follow the grantee institution's policy for requesting the leave and leave must be "approved by the training program director." The NIH does not restrict whether leave can be continuous or concurrent and the only stipulation is that the parental leave must be approved in advance.

### ***NRSA Part-time Training and Extended Leave***

On March 26, 2018, the NIH clarified part-time leave requests for NRSA trainees or graduate students, "Under certain circumstances trainees and fellows may request part-time training to accommodate medical conditions, disability, personal or family situations including child or elder care. Part-time training must be at 50 percent effort or more and will not be approved to accommodate other sources of funding, job opportunities, clinical practice, clinical training, or non-clinical related responsibilities associated with trainee's or fellow's position at recipient institution."

Other leaves, including additional sick leave, parental leave and unpaid leave of absence may be granted for special circumstances. In all of these cases, the leave must be in writing and approved by the granting institution and the supervisor or Principal Investigator/Program Director.

There is also an option for an Extension of the Award or Appointment for Interruptions in Training. These requests will be “considered if an event unavoidably alters the planned course of the research training, or if the interruption has significantly detracted from the nature or quality of the planned research training, and if an extension of support would permit completion of the training as planned.” The interruptions can include: accident, illness or “other personal situation including birth or adoption of a child, which may prevent the trainee or fellow from effectively pursuing research training for a significant period of time” This would be time above and beyond the time as allowed for in the standard parental or sick leave.