

Reckoning with Remote Research Interview with Maria Florez, Tufts Center for the Study of Drug Development

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KENNEALLY: Throughout the coronavirus pandemic, millions of workers have retreated to safety and isolation while working from home. Even for research usually performed in laboratories, WFH and virtual meetings have profoundly changed the workplace.

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The Tufts Center for the Study of Drug Development in Boston, Massachusetts provides data- driven analysis and strategic insight to help drug developers, regulators, and policy makers improve the quality, efficiency and productivity of pharmaceutical R&D.

In collaboration with Bill and Melinda Gates Medical Research Institute, the Tufts Center examined the impact of WFH on R&D. In a global survey conducted in early 2021, The study assessed attitudes, experiences and effectiveness of remote teams managing and supporting global clinical research activity.

Maria Florez served on the Tufts research team with colleagues Ken Getz and Mary Jo Lambert. Her focus of interest is the impact of digital transformation in clinical research and organizational strategies. Maria Florez joins me now from Boston. Welcome to the program, Maria.

FLOREZ: Hi, Chris. Thanks for inviting me on.

KENNEALLY: At a high level, the research professionals in your report expressed high satisfaction with the preparedness, the responsiveness, and the support of their organizations and managers. At the same time, though, you heard about burnout, an increasing sense of disconnection for the survey respondents. Much of that, of course, is going to sound familiar to anyone working from home in the pandemic. But your focus, of course, is on research. So tell us a bit about who participated. Where are they from, and what type of work do they do?

FLOREZ: So, this was a global survey that we fielded during February of 2021, though we started work on this project in mid-2020. And the survey included a sample of folks



working in academic medical research centers, biopharmaceutical companies, including small biotech, large pharma, CROs, as well as folks in government and nonprofit organizations, so we had also some representation from the regulatory side.

In terms of regions and geography, this was a global survey. However, most of our respondents came from the US and Europe. Most of them were in clinical development occupations, as you might imagine, from the fielding of our survey. The responses we got were primarily from women -67%, roughly, of our sample is composed of women. This was really interesting. And most of our respondents were in the 35- to 54-year-old age range. So yeah, that's a little bit about the sample in this very interesting study.

KENNEALLY: Two-thirds or your survey respondents are women, and the largest demographic group is 35 to 55. Those are prime childrearing ages, caregiving ages. What proportion of the people who responded are caregivers – had children – and did that have an impact on their answers to your survey?

FLOREZ: Absolutely. We designed two questions to get at the characteristics of whether someone was a caregiver and what type of caregiving they were providing. So we asked our respondents if they were caregivers – yes or no? And interestingly, 52% of those respondents said they were caregivers – and by that, we mean any person providing care to either an elder or someone with a disability or children. And we also asked the question of whether they were involved in childcare, and a lot of our respondents – 73% of them – had one or more children, so that is a big proportion of our sample.

In terms of implications, yes, we found that definitely having children and having caregiving responsibilities definitely affected the level of burnout in our respondents. We see that women and those in caregiving responsibilities had a higher proportion of respondents saying they felt burnout, for example, which isn't so surprising, but seeing it in the data is really interesting.

KENNEALLY: Well, indeed, that sense of exhaustion that you found wouldn't be surprising at all. Yet 86% of the professionals surveyed say they wish to continue working remotely, so there must be something satisfying about this professionally and personally. Let's talk about that. What did you discover about productivity and people's perception of their productivity?

FLOREZ: Yes, definitely. So 43% of those in our sample said that their productivity hadn't changed since their companies started using remote approaches to their work since the pandemic began, and that's a quite high proportion of respondents being satisfied with their levels of productivity.



35% of our respondents indicated that their productivity had increased since the pandemic began, while 19% had said their productivity had deteriorated since the pandemic began. But still, 19% is a big proportion of the sample, and there are some insights we gained from this research that can tell us a little bit about why that 19% saw a decrease in their productivity.

KENNEALLY: What were they? What were the things that made them feel like they had lost something?

FLOREZ: Some of this might be related to burnout, though we want to make a clear connection between burnout and productivity. Burnout can be one of the key explanatory variables, let's call it, in a decrease in productivity. However, there are other factors.

Productivity varied substantially across types of organization, region, and age. We see that within the pharma companies in particular, most respondents said that their productivity levels hadn't changed that much. However, within the academic research institutions, a lot of them said their productivity had increased. Maybe that's because they also simultaneously stated their burnout levels had increased because they have higher burden of work. They have more work. That was one of the things they stated in their responses.

Respondents in Canada and the US also were more likely to report high productivity compared to other parts of the world. For example, our respondents in Latin America stated that their productivity levels had decreased in higher proportion compared to the rest of the regions included in the sample. Interestingly, we tried to make the connection to other variables in our sample, particularly with caregiving and number of children, and it turns out those folks in Latin America that were also part of our sample said that they had more caregiving responsibilities than they did pre-pandemic. So maybe that is contributing to a reduction in productivity.

Another factor that contributed to that burnout and other feelings of loneliness and restlessness are variability and uncertainty. So what we're seeing here in the data is that though the remote work may be contributing in some sense to burnout, there might be other factors that may be contributing to the burnout that are outside of the scope of remote work, just because we are currently in a pandemic.

KENNEALLY: What does that workday look like?

FLOREZ: The sample is very varied. We had folks from clinical operations. We had folks who are physicians on the ground seeing patients – seeing patients in trials and outside of trials. We had people in administrative positions within research centers, in administrative positions within pharmaceutical companies and biotech. We also had folks running clinical trials from the biopharma/biotech space.



Based on the data we have, a higher proportion of them were in jobs that could easily be done remotely, like management, analytics, running the operational aspects of a trial, developing protocols, that sort of thing. A smaller proportion of the sample were folks seeing patients.

KENNEALLY: Of course, IT support is critical. And you did have some interesting questions and responses to this question of the role of technology and the quality and the scope of the IT support that these remote workers received.

FLOREZ: For example, as we might imagine, most people received a laptop or a desktop to perform their work remotely. But in our sample, 89% of them received a laptop. We would imagine that would be 100% for those who are working remotely. Another item would have been paid access to communication platforms. And here, people said this was quite an important aspect of remote work, and most people received that tool – about 88% of them received the tool – but not 100%. So one would expect that they would get – you know, everybody would get paid access to communication platforms. And though the majority received access to those platforms, not all of them received the access.

Paid high-speed internet – this was a very interesting finding, actually. Paid high-speed internet was provided at only a handful of companies. 35% of our sample received paid access to high-speed internet, and almost 90% of the sample said that was key to performing their work remotely.

KENNEALLY: We will be left when the pandemic is over – hopefully – with what will ultimately be a hybrid world, a world of physical offices and virtual workspaces. Anything in the survey to suggest what organizations might be doing to make the hybrid environment a better one, a stronger one, for the organization as well as for the employees?

FLOREZ: So yes, there are some practical implications that we can derive from this research. One of these is that there is a difference between what people perceive as important to perform their work and what organizations are actually providing to their employees. So one key area where organizations can focus on is finding out what those gaps are and addressing them by providing those resources. If you find that your employees are needing paid access to high-speed internet, that is something to address. So that is one key area.

And then finally, it's important to note that most people in this study reported being satisfied with remote work. So though it's not perfect currently, it might be of use to evaluate whether it's worth it for organizations to have some kind of remote work policy, because more than 85% of our sample said they were satisfied with the current remote



work policy that was in place at their organizations and that they would like to have some kind of remote option in place once the pandemic ends.

KENNEALLY: Well, Maria Florez, senior analyst and research consultant with the Tufts Center for the Study of Drug Development, thank you so much for joining me today.

FLOREZ: Thank you, Chris.

KENNEALLY: Our co-producer and recording engineer is Jeremy Brieske of Burst Marketing. You can subscribe to the program wherever you go for podcasts and follow us on Twitter and Facebook. I'm Christopher Kenneally. Thanks for listening. Join us again soon for another Velocity of Content podcast from CCC.

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