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Pandemic-Related Tenure Timeline Extensions in Higher Education in the United States: Prevalence and Associated Characteristics

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Abstract: Many universities implemented pandemic-related tenure timeline extensions in response to productivity disruptions. However, little is known about the availability, nature, or uptake of these extensions, including which faculty were most likely to extend their timeline. Tenure-track faculty in the United States (n = 385, 64.4% women, 35.3% identifying with a National Institutes of Health-designated racial/ethnic minority group, 73.0% with children, 33.8% with non-child caregiving) completed a survey about their personal/career/institution characteristics, their institution's pandemic extension policy (if any), and whether they extended their timeline. Overall, 94.0% reported that their institutions provided either an extension, unless faculty opted out, or an extension that could be requested. Most respondents (60.0%) elected to extend their tenure timeline due to the pandemic. Significantly greater proportions of respondents taking an extension were men (77.2%), identified with a NIH-designated racial/ethnic minority group (75.7%), reported non-child caregiving (86.3%), and had previously taken at least one timeline extension (82.4%). Pandemic-related extensions in tenure and promotion dossiers will be common, though they may not fully account for more than a year of disruption and may exacerbate disparities. Consequently, effective preparation for evaluating dossiers and other mitigation strategies are needed, to prevent the loss of faculty members who offer great value to their institutions.

Keywords: gender; race; ethnicity; academia; policy; work-family balance

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1. Introduction

The coronavirus-19 (COVID-19) pandemic has stressed many systems, including higher education. Over the past two years, evolving knowledge about how the virus is transmitted has forced universities to quickly shift teaching from in-person to digital delivery, and research, if not halted altogether, has also required modifications to continue in any capacity. In addition, about one month after the World Health Organization declared COVID-19 a pandemic, faculty in the U.S. and across Europe reported an 11% decrease in the number of weekly hours worked [1], and there are also indications that there may be demographic characteristics associated with greater pandemic impact on productivity, particularly for those on the tenure track with the need for extensions of the tenure-track timeline.

While a recent survey of Science, Technology, Engineering, Mathematics, and Medicine (STEMM) faculty found no gender differences in time spent working in the first few months of the pandemic, gender differences were present in some of the associated productivity metrics (i.e., article submissions) [2]. However, when work hours were examined by the age of the faculty members' youngest child, 15 fewer work hours per week were

reported for faculty with children who were 0–5 years old [2]. Having young children at home, compared to having older or no children present, was associated with reduced faculty engagement in expected activities (i.e., peer review participation, funding review panel involvement, publication submissions), which are central to academic success at many institutions [2]. Similarly, Myer et al. found that time spent conducting research declined by nearly 20% for faculty with young children, a decrease that was additive with more than one young child in the home [1]. Traditional gender role expectations may underlie these changes in productivity in the first days of the pandemic; women reported providing much of the childcare as work transitioned to an in-home setting [2–6]. Even considering the overall reduction in research time for faculty, women experienced an additional 5% reduction [1], which may be due to the socialized role of women bearing the disproportionate load of childcare [7].

In addition to increased childcare and homeschooling responsibilities as a result of the COVID-19 pandemic, many adults in the academic workforce also provide care to loved ones other than their own children. For example, many faculty members care for elderly relatives, who have experienced higher death rates than younger adults throughout the pandemic [8]. Those faculty with caregiving responsibilities indicate that it negatively affects their work, and the majority of these caregivers are women [9]. The negative effects of the pandemic may also disproportionately affect faculty from racial and ethnic minority backgrounds, whose communities have been affected by high COVID-19 death rates [10]. In conjunction with their underrepresented status in the academy and high community mortality rates, racial and ethnic minority faculty have simultaneously experienced a "cultural taxation", being called on to spearhead and support diversity, equity, and inclusion efforts at many institutions [11]. Understanding the immediate impact of the COVID-19 pandemic on faculty life is critical, and existing research has not focused on the unique early career stage of tenure-track faculty.

The pre-tenure years are often fraught with uncertainty. There are high expectations for performance across domains, including obtaining external funding that is essential in many fields for positive tenure decisions, publishing articles in respected journals, collecting pilot data to support grant applications, performing institutional and national service, receiving positive course evaluations, and beginning to establish a national reputation. Tenure clock (i.e., timeline) extensions are commonly used by faculty on the tenure track, to address reductions in productivity in response to major interruptions and give tenure-track faculty members additional time to meet tenure expectations. A survey of tenure-track faculty members at research-intensive (R1) institutions indicated that compared to faculty who did not use an extension for family reasons, those who did were less likely to be over 40 years old, perhaps indicating the majority of use by faculty in the child-bearing and rearing life stage [12]. Other research indicated that the birth or adoption of a child is most often the reason faculty members employ tenure-track extensions, usually just once or twice in their careers [13].

The implications of using "stop-the-clock" policies are mixed. While the use of extensions has been shown to boost productivity (e.g., increase the number of publications) and increase rates of promotion to tenure by as much as 26% compared to faculty who do not use an extension, a persistent lag in salary among those who take an extension has been observed [12]. When such policies are implemented in a gender-neutral manner, scholarly productivity varies; men increase their output during this time while women experience a decrease in their scholarly output [14]. Recent research indicates that 62% of ecology and evolutionary biology faculty on the tenure track believe that pandemic-related tenure clock extensions would be helpful [15]. However, little is known about the availability, nature, or uptake of pandemic-related tenure clock extensions.

In summary, the COVID-19 pandemic has disrupted academic life in myriad ways, negatively impacting the productivity of early career faculty. Pandemic-related tenure clock extensions may offer a route to effectively respond to the challenge of acute disruption that faculty have experienced. Thus, the primary objective of this study was to understand

the landscape of COVID-19-related tenure clock extensions among faculty in the United States, including the main reasons that faculty take these extensions, in order to inform the evaluation of faculty who have been impacted by the pandemic as they begin to apply for tenure. Furthermore, we aimed to understand which faculty are more likely to use tenure clock extensions by gender, National Institutes of Health-designated race/ethnicity minority status, caregiving status (i.e., children and other caregiving), number of previous tenure clock extensions, and the type of extension offered by their institution (i.e., everyone received an extension unless they opted out or faculty could request an extension if they wanted to opt in).

2. Materials and Methods

Respondents were 385 tenure-track faculty at universities/colleges in the United States who completed the survey from 11 January 2021 to 11 March 2021. Respondents were recruited through personal emails to colleagues who the authors believed may be eligible or would be willing to forward the survey to their eligible colleagues. We also recruited participants through postings to university listservs and social media postings on the personal Facebook and Twitter pages of the authors as well as Facebook groups for faculty. The study was determined to be exempt by the University of Tennessee Health Science Center's Institutional Review Board, and respondents reviewed an informed consent statement prior to completing the survey.

The survey assessed demographic characteristics, including gender, race, ethnicity, age, marital status, and the age of the youngest child living at home. Respondents also indicated whether they had additional caregiving responsibilities (i.e., other than children, response possibilities were: parents, grandparents, grandchildren, nieces/nephews, friends, others) during 2020 and how much time, on average, they spent each day with these caregiving responsibilities (i.e., a negligible amount, less than one hour per day, about 1–2 h per day, 3–4 h per day, more than 4 h per day). Faculty reported an estimate of the number of hours they had worked in 2020 compared to 2019. In addition, respondents chose one of the following ways to describe their institution (i.e., 2-year college, 4-year college, university with master's programs, university with master's and doctoral programs, academic medical center) and the best descriptor of their specialty (i.e., humanities, social sciences, natural sciences, mathematics, computer science, applied sciences). Respondents also reported how many years they had been on the tenure-track.

With respect to tenure clock extensions, respondents were asked to indicate what their institution's policy was related to extensions due to the COVID-19 pandemic (i.e., everyone received a one-year extension unless they opted out, faculty could request an extension, no tenure clock extensions were offered, other policy) as well as whether they decided to extend their tenure clock due to the pandemic. In addition, respondents were asked how many times they had (prior to the COVID-19 pandemic) extended their tenure clock (e.g., for parental leave). Among those who indicated that they extended their tenure clock due to the pandemic, they were asked to identify the main reason that they decided to do so (i.e., inability to obtain pilot data needed for research grants, reduced ability to conduct research, decreased ability to write/submit manuscripts, concerns about teaching evaluations related to transitioned classes, other reasons). Finally, this subset of respondents who indicated that they took the tenure clock extension were asked to indicate whether they had the option to return to their original tenure clock.

Analysis

All analyses were conducted using SPSS (Version 26). We describe various characteristics of the sample using counts and percentages for categorical data and means and standard deviations (SDs) for continuous data. Chi-square (χ^2) tests were used to compare frequency distributions. Our sample size of 385 afforded power > 0.80 to detect small-to-moderate differences for these inferential tests.

3. Results

The sample consisted of 385 respondents who completed the survey (out of 412 who started the survey). Of the 385 included respondents, 248 (64.4%) identified as women (Table 1) and 22.3% reported that they considered themselves Hispanic or Latino. The respondents identified as White (77.7%), Native American (6.8%), Asian (6.2%), Black (5.5%), and Multiracial/another racial group (3.9%). The mean respondent age was 37.6 (SD = 6.7) years old, and 86.2% indicated that they were married. The largest group of respondents were in social sciences (35.3%). Overall, 73.0% reported having children younger than 18 living at home, and 33.8% reported substantial caregiving responsibilities for individuals other than their children (i.e., more than one hour per day).

Table 1. Respondent Characteristics (Tenure-Track Faculty in the United States, *n* = 385).

Respondent Characteristic	N (%) or (M (SD))
Number of Years as a Tenure-Track Faculty Member	
Less than 1	15 (3.9%)
1	26 (6.8%)
2	59 (15.3%)
3	68 (17.7%)
4	76 (19.7%)
5	64 (16.6%)
6	30 (7.8%)
7 or more	44 (11.4%)
Missing	3 (0.8%)
Gender	
Women	248 (64.4%)
Men	137 (35.6%)
Race	
White	299 (77.7%)
Asian	24 (6.2%)
Black/African American	21 (5.5%)
Native American	26 (6.8%)
Multiracial/Other Racial Group	15 (3.9%)
Hispanic	86 (22.3%)
Age	37.6 (6.7)
Specialty	
Humanities (e.g., history, languages, arts)	45 (11.7%)
Social Sciences (e.g., psychology, economics, geography, political sciences)	136 (35.3%)
Natural Sciences (e.g., chemistry, biology, physics, nutrition, exercise physiology)	111 (28.8%)
Mathematics	17 (4.4%)
Computer Science	11 (2.9%)
Applied Sciences (e.g., business, medicine, engineering)	48 (12.5%)
Other	17 (4.4%)
Married/Living with a Partner	332 (86.2%)
Age of Youngest Child Living at Home (<18 Years of Age)	
None	104 (27.0%)
0–5 years of age	151 (39.2%)
6–11 years of age	88 (22.9%)
12–17 years of age	38 (9.9%)
Missing	4 (1.0%)
Institutional Policy Regarding COVID-19 Tenure Clock Extensions	
Everyone received an extension, unless they opted out	159 (41.3%)
Faculty could request an extension, if they wanted to opt in	203 (52.7%)
No tenure clock extensions were offered	23 (6.0%)

Table 1. *Cont.*

Respondent Characteristic	N (%) or (M (SD))
Extended Tenure Clock for COVID-19 Disruption	
Yes	231 (60.0%)
No	107 (27.8%)
Undecided	24 (6.2%)
Not applicable (no extensions were provided)	23 (6.0%)
Number of Times Previously Extending the Tenure Clock	
0	170 (44.2%)
1	171 (44.4%)
2 or more	40 (10.4%)
Missing	4 (1.0%)

Respondents were predominately from universities with master's and doctoral programs (40.8%, *n* = 157) and 4-year colleges including liberal arts colleges (37.1%, *n* = 143). Respondents were well-distributed across the typical seven-year pre-tenure period (Table 1). Of note, some respondents indicated that their institution did not have an "up-or-out" system, so the typical 7-year clock was less relevant for them. Of note, more respondents with children were at Year 3 or later on the tenure track (i.e., when mid-tenure reviews often occur) (80.7%) compared to those without children (54.9%). More than half of respondents (55.4%, *n* = 211) had already taken one or more tenure clock extensions for non-pandemic reasons (e.g., parental leave). Overall, respondents reported working fewer hours (40.4 h per week) in 2020, compared to 43.8 h per week in 2019.

Overall, 94.0% of respondents reported that their institutions provided either: (1) a one-year (or two-year extension in a few cases) unless faculty opted out; or (2) a one-year extension could be requested (i.e., opt-in). No tenure clock extension policies were available to 6.0% of respondents (*n* = 23), including a respondent who indicated that the institutional policy had not yet been set, respondents who indicated that there were adjusted tenure expectations, and respondents at institutions without tenure clocks. Most respondents (88.1%, *n* = 339) indicated that the tenure clock extension policies at their institution were clear.

The majority of respondents (60.0%, *n* = 231) indicated that they elected to extend their tenure clock due to the pandemic, with the largest proportion of these individuals (38.1%) indicating that they extended their clock due to their reduced ability to conduct research since the pandemic began (Table 2). The "other reasons" cited for extending their tenure clock included: reduced time to create the tenure packet, delays in the peer review process, and the lack of in-person conferences or invited talks for national reputation building. Women were more likely to cite "other reasons" while men were more likely to cite a concern about teaching evaluations (Table 2). In addition, most of those who extended their clock (72.7%, *n* = 168) reported that they have the option to return to their original tenure clock timeline without penalty if they choose to do so. However, among those who extended their clock, 17.3% (*n* = 40) indicated that they were not sure if they could return to their original tenure clock.

Table 2. Primary Reasons Cited for Taking a Pandemic Tenure Clock Extension (*n* = 231).

Reasons Cited	Overall *n* (%)	Men *n* (%)	Women *n* (%)
Reduced ability to conduct research	88 (38.1%)	33 (33.7%)	55 (41.4%)
Inability to obtain pilot data for research grants	49 (21.2%)	26 (26.5%)	23 (17.3%)
Decreased ability to write/submit manuscripts or books	44 (19.0%)	16 (16.3%)	28 (21.1%)
Concerns about teaching evaluations	37 (16.0%)	22 (22.5%)	15 (11.3%)
Other reasons	13 (5.6)	1 (1.0%)	12 (9.0%)

Pandemic-Related Tenure Clock Extensions by Demographic Characteristics

Faculty respondents without the option to extend their tenure clock (n = 23) and those who were undecided about extending their tenure clock (n = 24) were excluded from further analyses, which examined demographic characteristics among those who reported extending their tenure clock. However, those who reported being undecided about taking a tenure clock extension at about one year following the announcement of most of these policies were predominately women (87.5%, n = 21), identified as White (87.5%, n = 21), had at least one child at home (66.7%, n = 16), did not have significant caregiving for individuals other than their children (83.3%, n = 20), were midway through their tenure clock (79.2%, n = 19), and had previously not taken a tenure clock extension (70.8%, n = 17).

Significantly greater proportions of respondents who indicated that they were taking a tenure clock extension were men (77.2%, n = 98), identified as one of the NIH-designated race/ethnicity minority groups (i.e., Hispanic, Asian, Black/African American, Native American, or Multiracial) (75.7%, n = 103), reported more than one hour per day of caregiving for individuals other than their children (86.3%, n = 107), and had previously taken at least one tenure clock extension (82.4%, n = 164; all ps < 0.05) (Table 3). There were no significant differences based on having children at home (either any children or young children), having more than 50% of their appointment focused on research, having external funding, or the institutional policy on pandemic-related tenure clock extensions.

When examining these associations separately by institutional tenure policy, the same patterns emerged for most of the respondent characteristics (i.e., having children at home (either any children or young children), more than one hour per day of caregiving for individuals other than their children, previous tenure clock extension status, and external funding) regardless of whether the institution had an opt-out or an opt-in policy. However, a greater proportion of men taking the extension only occurred in the opt-in scenario (84.1%, n = 58), but not the opt-out scenario (69.0%, n = 40). In addition, a greater proportion of those who identified with one of the NIH-designated race/ethnicity minority groups taking the tenure clock extension only occurred in the opt-out scenario (81.7%, n = 49), but not the opt-in scenario (71.1%, n = 54). Finally, despite the non-significant difference in the analyses overall, a smaller proportion of individuals with more than 50% of their appointment focused on research took an extension (57.1%, n = 28) in the opt-out scenario, but not in the opt-in scenario (66.7%, n = 34).

Table 3. Associations Between Respondent Characteristics and Pandemic-Related Tenure Clock Extensions.

Respondent Characteristics	Proportion of Faculty Taking Pandemic-Related Tenure Clock Extensions (Number (%)) *	*p*-Value
Gender		**0.008**
Men	98 (77.2%)	
Women	133 (63.0%)	
National Institutes of Health-Designated Race/Ethnicity Minority Group		**0.017**
No	126 (63.3%)	
Yes	103 (75.7%)	
Missing (n = 3)		
Children (<18 years of Age) at Home		0.188
No	57 (62.6%)	
Yes	174 (70.4%)	
Children (0–5 years of Age) at Home		0.399
No	148 (70.1%)	
Yes	83 (65.4%)	

Table 3. *Cont.*

Respondent Characteristics	Proportion of Faculty Taking Pandemic-Related Tenure Clock Extensions (Number (%)) *	*p*-Value
More Than One Hour Per Day of Caregiving (Other Than for Their Children)		**<0.001**
No	124 (57.9%)	
Yes	107 (86.3%)	
More Than 50% Effort in Research		0.124
No	169 (71.0%)	
Yes	62 (62.0%)	
External Funding		0.228
No	81 (64.3%)	
Yes	150 (70.8%)	
Institution Policy on Pandemic Tenure Clock Extensions		0.724
Everyone Received an Extension, Unless They Opted Out	103 (69.6%)	
Faculty Could Request an Extension, If They Opted In	128 (67.4%)	
Has Previously Taken a Tenure Clock Extension		**<0.001**
No	67 (48.2%)	
Yes	164 (82.4%)	

* Faculty without the option to extend their tenure clock (n = 23) and those who were undecided about extending their tenure clock (n = 24) were excluded from these analyses. Significant results are shown in bold.

4. Discussion

The COVID-19 pandemic has led to marked disruption of faculty workflow, productivity, and well-being [2,7,10]. This disruption has the potential for meaningful, negative long-term implications for those on the tenure track; their continued employment often depends on productivity during a limited time window, and more than a year of this window has been consumed by the pandemic (and other societal upheavals). To our knowledge, the present study is the first to examine COVID-related tenure clock extension policies and faculty use of such policies to date, which is one way to respond to the challenge of the negative effects of the pandemic in this subset of the academic workforce.

Our findings show that, per faculty report, nearly all of their institutions offered extensions to the tenure clock (94%), and the majority of tenure-track faculty either opted in or did not opt out of extensions to date (60%). This proportion is meaningfully larger than previous estimates of the frequency of tenure clock extensions prior to the pandemic (e.g., 23%) [13]. The largest subset of faculty who took extensions cited research-related delays as the primary reason (38%), and nearly all tenure clock extensions were for one year. However, as the pandemic has lasted for more than a year, and forecasts indicate continued disruptions for the foreseeable future [16,17], one year may not afford sufficient time to make up for lost productivity. Further, although tenure-track faculty have been offered more time to meet evaluation benchmarks, it is not clear that their access to research resources has been adjusted accordingly. Access to startup and pilot funds typically is time-limited, and many institutions froze such funds during the initial months of the pandemic. Without ongoing access to these resources during tenure clock extensions, the additional time offered by these adjustments may not result in recovered productivity.

Faculty who take extensions to the tenure clock are likely expected to use the additional time to secure external funding. Interestingly, we observed no difference in the proportion of faculty who indicated taking a tenure clock extension based on whether they already have external funding. This may be due to widespread COVID-related delays in the processes necessary to earn such funding (e.g., hiring support staff, collecting data), coupled with extensive delays in the publishing timeline and significant increases in applications to funding agencies such as the National Institutes of Health over the past year [18,19]. In fact, the overwhelming majority of current NIH grantees (83%) report that the pandemic has interfered with their research productivity, and many junior faculty grantees express concern for the anticipated negative impact on their career trajectory (69%) [20]. Such

circumstances suggest that there likely will be ongoing challenges for tenure-track faculty attempting to obtain external funding, even for those with a history of success.

Among faculty who reported taking an extension due to the COVID-19 pandemic, we observed that a greater proportion were those who identify with racial/ethnic minority backgrounds (vs. white), particularly in the opt-out tenure extension policy scenario. This finding is consistent with evidence of the longstanding difficulties faced by faculty of color; these faculty members are often required to achieve more to earn tenure and promotion [21] and often have more service responsibilities than their white counterparts [22]. The simultaneous changes associated with the COVID-19 pandemic, including the recent escalation of hate crimes against Asian Americans and Pacific Islanders [23], and societal response to the deaths of Black civilians at the hands of U.S. police officers [24], have placed further emotional and professional burden on faculty of color. Many of these faculty, as noted, have been asked to lead new or increased diversity, equity, and inclusion efforts at their institutions. The option to take an extension to the tenure clock may be one of few accommodations available to address associated effects on work time or performance, and it may be a particularly attractive option in the opt-out scenario, where taking the extension is expected by the policy as the default scenario, perhaps requiring less effort or avoiding the negative perception from colleagues if opting in.

We also observed that greater proportions of men, those with caregiving responsibilities for people other than their own children, and those who had previously taken tenure clock extensions reported extending their tenure timelines in response to the pandemic. Given the disproportionate burden of service responsibilities that fall to women [25], the difficulties that many women faculty members experience (particularly with respect to the tenure process [13,26]), the documented toll of the pandemic on women faculty (e.g., bearing the burden of caregiving and household responsibilities [27,28]), and previous data indicating that women take extensions at higher rates than men [13]), it is surprising that tenure clock extensions were more common among men than women, particularly in the opt-in scenario. It is possible that our sample of men was equally involved in caregiving and household tasks, but they felt more confident than women that taking an extension would not reflect poorly on them. Pre-pandemic data show that higher rates of women (vs. men) opt not to take extensions, despite a desire to do so [13]. Reports also show that men have experienced greater research productivity than women since the start of the pandemic [29]. If these reports are accurate, these productivity disparities may exacerbate gender disparities in future tenure and promotion processes, as men will have both an extra year and higher overall productivity than women by the time they are evaluated.

The considerable burden of childcare during work hours and associated homeschooling during the COVID-19 pandemic has been well documented [30], though other forms of caregiving have received less attention. Thus, the inclusion of caregiving responsibilities for individuals other than respondents' own children, as well as the finding that individuals with these duties were more likely to report taking tenure clock extensions than those without, represent a novel contribution of this work. As described previously, older adults are particularly vulnerable to severe symptoms and mortality from COVID-19. Faculty on the tenure track may have family members or friends, particularly those over the age of 65, who suddenly required increased care that interrupted regular workflows. It is possible that the sudden increase in caregiving responsibilities required less of an adjustment for faculty with children (who are used to balancing work and caregiving) than for those without children who abruptly took on other caregiving duties. In addition, respondents with children in this sample were further along in their careers than those without children, which could explain this finding. These possibilities warrant further examination in future work.

4.1. Implications of the Present Study

Findings from the present study suggest that pandemic-related extensions in future tenure and promotion dossiers will be common, though it is possible that these extensions

will not facilitate the achievement of pre-COVID tenure benchmarks, based on previous work focused on productivity metrics [1,2,29]. Consequently, to respond to this great challenge of our time, there is a need for effective preparation among evaluation committees, external reviewers, deans and department chairs, and administrators, to prevent the loss of faculty members who offer great value to their institutions. Some evidence shows that tenure clock extensions prior to the COVID-19 pandemic already favored men [14] (e.g., taking extensions resulted in financial penalties [12]). Some faculty members also reported expecting that extending their tenure clock will be viewed negatively by colleagues [13]. These circumstances may be exacerbated among faculty members who took tenure clock extensions prior to the pandemic and take COVID-related extensions, which the present study indicates is fairly common. Consequently, ongoing attention to this topic will be necessary to document the duration of negative effects on junior faculty's productivity, which may help to inform future tenure clock extension policies [31]. These results also indicate that opt-out tenure extension policies may be preferable to opt-in policies, given that men and women in this sample reported taking extensions at similar rates within this scenario and those identifying with racial/ethnic minority backgrounds were more likely to take an extension with the opt-out scenario.

4.2. Strengths and Limitations

To our knowledge, this work is the first to describe the nature and uptake of tenure clock extensions due to the pandemic, including comparisons of uptake based on relevant demographic characteristics. Strengths of this study include a considerable sample size that included faculty from a wide range of disciplinary backgrounds, as well as racial/ethnic diversity comparable to that of the larger population of tenure-track faculty [32]. This study was limited by reliance on a convenience sample, which introduces possibilities for selection bias, and by the use of categorical response options for all survey items. It is possible that categorizing certain characteristics (e.g., age of youngest child, number of hours spent on caregiving) masked true distinctions in the use of tenure clock extensions (vs. non-use). In addition, we did not assess certain characteristics that may have been useful for explaining our findings, such as whether non-child caregiving responsibilities were new due to the pandemic or ongoing from before its onset. Finally, while these findings focus on the experiences of tenure-track faculty in the United States; it will be important to also investigate policies implemented in other parts of the world and the impact on tenure-track faculty.

5. Conclusions

The present study provides novel information about COVID-19-related tenure clock extensions that may be useful for informing evaluation processes as future cohorts begin to apply for tenure. In particular, imbalanced uptake of tenure clock extensions may exacerbate (or fail to ameliorate) preexisting gender and racial/ethnic disparities in the achievement of tenure. Institutions should take steps to systematically examine strategies for ensuring fair evaluation processes (e.g., helpful or harmful elements in COVID-19 impact statements that many institutions are requiring for tenure and promotion candidates [33]), given the documented bias in the interpretation of other similar documents [34,35].

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