

# HOSPITAL-BASED TELEWORK: THE PANDEMIC PILOT

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## Abstract

This narrative inquiry dissertation study explored the experiences of nonclinical hospital staff placed on pandemic-imposed telework status from the spring of 2020 – spring 2022 due to COVID-19. The purpose of this study is to address gaps in the existing literature regarding the feasibility of hospital staff to telework and identify ways to strengthen manager trust in the context of remote work. The study provides an in-depth narrative on the impact of telework on nonclinical care hospital departments and to addresses lessons learned in making remote work more feasible.

This study utilized qualitative narrative inquiry approach to address the central research question and two sub-questions. A convenience sample of 11 hospital staff who experienced pandemic imposed telework participated in open ended Microsoft Teams interviews and gave in-depth feedback on their lived experience with telework. Verbatim transcripts were used to code and analyze emerging themes. ATLAS.ti Cloud software was used to code and develop thematic analysis of the interviews. A total of 72 unique codes and eight themes resulted from the analysis of the interviews. The result is six recommendations that support the roll out of telework within hospitals. These findings support current research regarding strengths and weaknesses of telework and identify ways to support managers and staff moving forward. Additionally, the research fills the gap in literature regarding the feasibility and experience of telework by nonclinical hospital staff.

Keywords: telework, COVID-19, hospitals

## Dedication

This dissertation is dedicated to my grandfather, Joseph A. Whalen, who taught me that nothing in life was more important than education and that a degree will never leave you. He worked in the coal mines in Pennsylvania to put both his sisters through college. When they started their first positions as teachers, they put him through a small technical college in Philadelphia much like Franklin University. His education allowed him to join IBM and eventually become the Vice President of Engineering. He found ways to push the envelope for women and believed that civil rights were human rights. He was a strong supporter of his daughter, my mother, attending law school and was proud to see her become a judge.

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## **Chapter 1: Introduction**

This dissertation study examines the lived experiences of nonclinical care staff in a Midwestern hospital that were placed on telework due to the COVID-19 pandemic from March 2020-March 2022. To explore these lived experiences, the researcher conducted semi-structured interviews with front line staff and supervisors, department directors, and members of the executive team. Since some departments continue to work remotely, there was an opportunity to probe the preferences of working onsite or remote. The literature review shows a strong correlation between employee satisfaction with telework and managerial support, as well as varying views on whether managers support telework (Baert, 2020; Baruch, 2000; Bentley, 2016; Boell, 2016; Caillier, 2012; Kaplan, 2018; Hoornweg, 2016; Lopez, 2020; Mahler 2012; Messenger, 2017). This investigation addresses the process of deciding to place staff on telework and how eligibility to be switched to telework was determined. It further examines the experience of pandemic imposed telework from a staff and leadership perspective.

Despite decades of research on the positive benefits of telework, many organizations remain slow to embrace it, even as an employee benefit or organizational cost savings (Baert et al., 2020, Belzunegui-Eraso, 2020; Caillier, 2012; Chong, 2020; Lopez, 2020). Healthcare, especially hospitals, were slow to adopt the practice of telework as hospitals exist to diagnose patients face-to-face (Spelman, 2020) and are part of the social critical infrastructure. Hospital emergency planning and hospital incident command systems are extensive regarding patients and clinical personnel yet often have limited plans for ancillary staff (Krajewski, 2005; Tekeli-Yesil, 2020). In conducting the literature review for this study, the research found no documented evidence of telework used as an infectious disease prevention tool. It appears telework did not exist in disaster preparedness policies for hospital or public health entities. COVID-19 created a

national pilot test for telework within hospital systems, thereby providing the external push necessary to positively influence the current healthcare delivery model.

### **Background of the Problem**

In January of 2020, the first American case of COVID-19 was identified and by March 20<sup>th</sup> of the same year, the country had declared a national emergency due to the novel virus (Chowell & Mizumoto, 2020). The lack of federal guidance led to conflicting public health interventions across the states. California, where the American outbreak was first found, issued stay at home orders prior to the declaration of a national emergency (Comfort, et al., 2020).

The COVID-19 pandemic tested the resiliency of the American health infrastructure system (HIS). Recent events have stressed the HIS in financial (health insurance), clinical (pandemic), and electronic (data breaches) areas (Muthuppalaniappan & Stevenson, 2021; Henry, et al., 2021). The early impact of COVID-19 in the United States of America (USA) mirrored the early stages and responses to the 1918 pandemic, despite significant improvements in healthcare between 1918 and 2021. Both pandemics had no effective medical response, leaving public health experts to rely upon non pharmaceutical interventions (NPI) such as physical distancing via closing schools, houses of worship, and entertainment venues (Hatchett et al., 2007). Pandemic epidemiologists still cite the historical analysis of the 1918 pandemic in the cities of St. Louis and Philadelphia (Morabia, 2020). This case study is an example of the impact of NPIs, if implemented early and universally, are effective at reducing infectious contagions (Hatchett, 2007; Perra, 2021). These same interventions were applied in the USA though not in equal distribution (Comfort et al., 2020).

As noted by Reidy et al. (2015), many hospitals have extensive training and policies to guide staffing, and expectations for acute emergency events, yet are still unprepared for extended

pandemics. Filice (2013) confirmed this in their study of pediatric emergency planning departments and their lack of pandemic planning. In her study she noted that after the emergence of H5N1 avian influenza, severe acute respiratory syndrome (SARS) and the H1N1 influenza epidemics, hospital emergency planning began to include more widespread disaster planning from a policy and training perspective. Yet in 2020, Mason and Friese wrote in the *Journal of the American Medical Association* that hospitals were unprepared in planning for long haul pandemics including staffing impacts. Hospital level policies had not fully integrated clinical and public health interventions for a global pandemic, even with historical evidence that they occur every 100 years (Morens & Taubenberger, 2018).

The telecommuting concept was coined by Jack Nilles in 1972 when he proposed conducting work outside of the office to reduce traffic and environmental damage (Nilles, 1976). His first book, *Telecommunications-Transportation Trade-off: Options for Tomorrow*, was specific to technology workers, but the idea caught on and has become an option for many professionals across all industries. Between 1972-2020 the concept has expanded to include any worker with access to a laptop.

In researching the development of telework there are clear timeframes that correlate to the evolution of the concept. Nilles described telework as using information and communication technologies (ICT) to conduct work in locations other than the office (Nilles, 1976). His overarching focus was on reducing individual commuting to save money and improve air quality (Nilles, 1976; Mokhtarian, 1994). More recent studies have been across a wide variety of employment sectors including technology, information and federal. However, the focus of these studies has still been on either employee experience or organizational value. Employees have been engaged in research studies to gauge their enjoyment of telework, and organizations have

explored the feasibility of managing remote teams for financial gains (Nilles, 1976; Mahler, 2012; Messenger, 2016). The early focus of telework between the 1970s to the 1980s was on environmental impact in direct response to the oil crisis in the United States of America in the 1970s (Nilles, 1976; Messenger 2016). In the late 1980s to 1990s, telework advocacy groups cited environmental and economic benefits to using information and communication technologies (ICT) to work in place (Stiles, 2020). In 1990 the Federal Flexiplace Project was approved by Congress, and in 2010 it became a law known as the Telework Enhancement Act of 2010 (<https://www.telework.gov/about/>).

Studies on telework have focused on the perspective of the employee that teleworks (Mahler, 2012; Beauregard, 2019; Joice, 2007; Caillier, 2012). The results show an overall positive response to telework, especially periodic telework to manage temporary family needs (Hartman, 1991; Hollenbach, 2014; Beauregard, 2019). These studies aided companies in making decisions on whether employing teleworkers is financially advantageous or if it will create disengaged employees who have few relationships with colleagues (Bentley 2016; Hollenbach, 2014; Messenger, 2017). Many companies still hold telework to benefit the exemplary staff or only appropriate for specific departments or managerial staffing levels (Baert, 2020; Even, 2020; Sostero, 2020). A recent study by the European Union (EU) found that 33-44 percent of occupations in the EU align well with remote work, although there is a strong skew towards high-paid, white-collar positions (Sostero, 2020). Sostero (2020) identified that the lowest-paid positions in the EU were the least likely to be transitioned to remote work and most likely to lose their position during the pandemic.

### **Problem Statement**

This study is a retrospective analysis of the experience of pandemic imposed telework by administrative hospital staff from the perspective of staff and management. COVID-19 presented an opportunity for hospitals to explore telework for nonclinical care administrative staff, while following CDC guidance on reducing the number of staff in buildings to limit the spread of the virus. The lack of preparation or hospital policies on telework was a challenge when faced with implementing department wide changes such as moving to remote work (Dooley, 2020). This lack of preparation means the pandemic imposed telework pilot had few benchmarks or predetermined goals to measure. Utilizing semi-structured interviews, this study attempts to capture the experience of hospital-based teleworkers.

### **Purpose of the Study**

This study is rooted in the opportunity presented by COVID-19 to pilot the functionality and feasibility of telework by nonclinical care hospital staff. The purpose of the study is to contribute to the existing literature and fill the gap between healthcare administrative policies regarding telework, and scholarly research on telework and administrative hospital staffing. Including telework for nonclinical hospital staff has the potential for cost savings in real estate as well as employee costs to commute by bus or car (Nilles, 1976, 1988, 1997; Messenger, 2017; Peretz, 2018). Another outcome that could result is employee satisfaction (Baert, 2020; Bentley, 2016; Joice, 2007; Mahler, 2012) and a positive sense of employer-sponsored work life balance (Boell, 2016; Joice, 2007; Peretz, 2018; Rosenberg, 2021). The researcher explored the lived experiences of nonclinical care hospital staff who, during the pandemic, participated in telework. To capture a wide range of experience, staff were invited from a variety of staffing levels, including front line employees, supervisors, department directors, and hospital executives. A sub



question addressed how telework impacted the management style experienced by staff and supervisors.

### **Significance of the Study**

The novel coronavirus COVID-19 is the first true pandemic since the 1918 Spanish Influenza pandemic (Jester, 2018). Then, as now, countries were not prepared to mitigate the impact on society and business continuity (Jester, 2018). The study of lived experiences through a once every 100 years influenza outbreak can inform future pandemic prevention measures.

There have been no studies found by the researcher that examined telework within healthcare settings outside of early studies on medical coders (Hollenbach, 2014; Miller & Ridpath, 2010; Shearer, 2001), a position paper on telework for radiologists (Lincoln, 2020), and telehealth which is the delivery of health services via videoconferencing and therefore not part of this study. This study provided insight on how telework can be successfully utilized within healthcare in administrative, nonclinical care, departments. This can be used to make organizational decisions regarding office space, staff parking within large cities, the attraction of high-quality staff, and the efficacy of this model of working within different departments.

As hospitals embrace new technology to stay relevant, this study's results can be generalized to include other employment settings where telework has not traditionally been embraced. As the technology that connects individuals through teleconferencing improves, telework becomes an increasingly important method for managing projects and employees (Messenger 2016, 2017; Lopez 2020).

### **Research Questions**

The objective of this study is to explore hospital administrative staffing experience of pandemic imposed telework. The population includes hospital administrative staff and the

management team of a large Midwestern hospital. This study contributes important themes related to the functionality of telework and management styles within hospital settings. The study included one central research question (RQ) with two additional sub questions (SQ):

RQ1. What are the lived experiences of nonclinical hospital staff with telework?

SQ1. How did telework impact management style as experienced by staff?

SQ2. How did telework impact management style as experienced by supervisors?

### **Conceptual Framework**

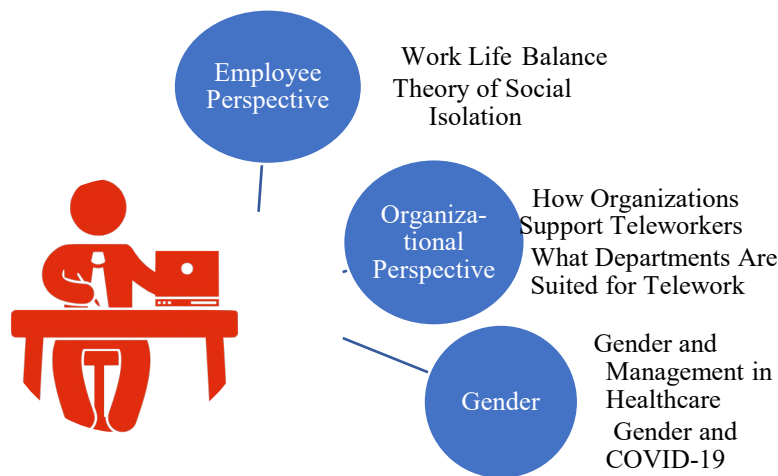
Narrative inquiry is a subset of qualitative research that analyzes experiences as told by individuals (Connelly & Clandinin, 1990). Framework analysis within narrative inquiry allows the researcher to gather and sort data into categories to make sense of the data and provide commentary and recommendations (Connelly & Clandinnin, 1990; Creswell & Poth, 2016). The interviews are coded to identify themes that may not be obvious within the individual transcript but become clear as saturation is reached (Creswell & Poth, 2016; Pajo, 2017). Research conducted by O'Toole (2018) provides a method within narrative inquiry that highlights institutional storytelling as the environment or context that frames each interview. In this way the researcher examines the interview data within the hospital context to enrich research on healthcare administration. Figure 1 illustrates the conceptual framework for this study.

The literature review identified that previous telework studies focused primarily on one of two perspectives: the employee perspective and the organizational perspective. These represent the majority of previous telework research. A gap exists amongst these studies being disconnected to each other or to the process of telework. The studies looked at only the experience of the teleworker or the office worker, or organizations that promote telework or disallow it. This siloed previous research to aspects of telework without integrating previous

studies or analyzing the elements of successful telework. Therefore, the researcher uses these themes to guide the conceptual framework for this research (O'Toole, 2018). The researcher utilizes these concepts from previous studies as benchmarks of successful telework during the analysis of the data in Chapter 4.

The final concept was found throughout most former studies, whether employee or organizationally focused. This is the concept of how gender is impacted by telework. The nature of home-based telework is a documented challenge for women with children more than men with children (Baruch, 2000; Beauregard et al., 2019; Bentley, 2016; Boell et al., 2016; Caillier, 2012; Hartman et al., 1991; Hoornweg et al., 2016; Huang et al., 2019; Kaplan et al., 2018; Mahler, 2012). The underlying rationale behind the Telework Enhancement Act of 2010 was to help transform federal departments into family-supportive employers (Caillier, 2012; Lopez, 2020). Gender is additionally a critical lens for this study given the unequal distribution of women in senior leadership positions within hospital administration (Huang et al., 2019). Huang (2019) suggested the lack of female senior mentors within hospital leadership could contribute to the dearth of female hospital chief executive officer's (CEO). Chilsolm et al. (2017) in their exhaustive research on women in healthcare leadership stated the following:

...women compose the majority of the work force in more than 80 percent of healthcare occupations. However, their prevalence has not translated to greater representation in leadership roles: Only 25 percent of leaders in the healthcare sector are women... More concerning, only 18 percent of hospital CEOs are women, and the pipeline may be narrowing. (p.2)



**Figure 1. Conceptual Framework for Study**

### **Definition of Terms**

***Pandemic-Imposed Telework*** – when an employee is placed on telework status by their employer solely due to stay-at-home state mandated orders due to pandemic (Dooley, 2020).

***Remote work*** – a term that is used interchangeably with telework and telecommute.

***Telework*** – an arrangement between an employee and employer that allows the employee to conduct work at a site other than the office or other employer owned building (Lopez, 2020).

***Telecommute*** – a term often used to indicate telework, but implying the main rationale is to reduce one's commute between home and office (Niles, 1976, Lopez, 2020).

***Telehealth*** – a medical appointment that is conducted via telephone or video remote between a patient and their medical provider, this is not telework but sometimes the two words are conflated (Brauer, 1992).

***Work From Home*** – another word used to describe telework

### **Assumptions**

This study has the following key assumptions. Firstly, that all participants in the study provided true answers, and accurately remembered the events discussed. Second, that the participants were a representative sample that reflected the breadth of experience and concepts their colleagues would have contributed. A third assumption is that the experience of pandemic imposed telework can be accurately compared to the conditions under which a department might telework in the future without a threat to one's health. Previous research into telework has implied that a major barrier to telework is that of direct supervisors or of a belief that it is unsupported (Messenger 2016, 2017; Lopez 2020). The underlying message is that if supervisors believed that telework was preferred that they would embrace it for administrative departments.

### **Limitations**

The dearth of research into the field of hospital-based telework and the singular experience of COVID-19 may limit the future application of the study. Another potential limitation of the study is that while all hospitals were faced with COVID-19, they may not have all responded in the same manner. The study outcome may be limited to the institution in which the research is being conducted. Surveying the use of telework in all American hospitals was not practical and therefore not included within the scope of the study. Another potential limitation is, as a qualitative study, the interpretation can be biased through the researcher (Connelly & Clandinin, 1990; Creswell, 2016). The application of member checking to validate participant responses reduces the likelihood of this limitation (Creswell, 2016; McGrath, 2019).

### **Delimitations**

The researcher intentionally focused on federal telework given its alignment as an expansive agency that has detailed emergency planning policies and is part of the social

infrastructure for disasters. It is appropriate to include federal experience with telework as the concept of telework focuses on the cost benefit from a federal employee perspective (Niles, 1976; Lopez, 2020). Additionally, there are numerous studies indicating federal agencies have struggled with telework adoption both over the history of telework as well as during COVID-19 (Brown et al., 2016; Caillier, 2012, 2013; Joice 2000, 2007; Lee et al., 2018; Park & Cho, 2020; Stiles, 2020). The researcher includes testimony to the Senate on the future of telework and the limitations of management theory that holds “walk abouts” as the best way to be both accessible to staff and ensuring their productivity (Madlock, 2018; Rosenberg, 2021).

There are other areas that are frequently conflated with telework that are excluded from the study. Based on CDC guidance, during COVID-19 hospital clinical staff had to pivot from in person visits to telehealth visits to maintain physical distancing. It was a way of triaging patients to reduce their exposure to other ill patients and decrease occupational exposure of clinicians. Although similar sounding to telework and adopted due to the pandemic, telehealth is a clinical tool used to conduct virtual medical appointments for emergent or routine concerns. One connection that telework and telehealth have is that both methods have been unsuccessfully adopted by hospitals prior to the pandemic, despite the benefits to organization and employee (Brauer, 1992; Lopez, 2020). Telehealth is an excellent method for reaching rural areas that are considered medical deserts (Brauer, 1992; Marcin et al., 2016). The lack of urgency regarding telehealth uptake likely contributed to lackluster policy and insurance coverage so it became a last resort instead of standard operating procedure during pre-pandemic times. Telehealth is mentioned to acknowledge its alignment and incongruence with this study.

One final exclusion was detail regarding departments that have remote aspects but are not truly telework. Cardiac monitoring standards includes remote telemetry monitoring guidelines

that moves these staff away from the critical care nursing station (George et al., 2015). This team is considered remote and is not located in the same unit as patients. However, while monitoring cardiac rhythms of acute care patients, they are not remote from the hospital facility itself, only the unit (George et al., 2015) The team is still located within the hospital.

### **Chapter Summary**

This chapter provided an overview of this narrative inquiry telework study, within the context of COVID-19 and amongst nonclinical care hospital staff. A short background in the development of telework further describes the environment in which the study is undertaken and the rationale for the study. The study problem and significance are reviewed in detail with a discussion of terms associated with telework. The problem in this study is ascertaining the lived experience of nonclinical care hospital staff that were placed on pandemic-imposed telework.

This study addressed the experience of telework from the perspectives of administrative hospital staff. The study provided insight as to the feasibility of continued telework by nonclinical care staff. Additionally, it shed light on what may be needed to operationalize post-pandemic telework by combining the perspectives of staff, supervisors, and hospital leadership. The conceptual framework of the study was described as well as a brief overview of the origins of telework. Chapter 2 includes a detailed literature review on telework and frames the context and timeline that the study takes place.

## **Chapter 2: Literature Review**

In this narrative inquiry, the researcher explored the perceptions of telework by hospital leadership and nonclinical care management. The COVID-19 pandemic provided the opportunity for a global pilot on the functionality of telework within all industries. The problem in this narrative inquiry is consensus regarding the continued feasibility of telework by hospital leadership and nonclinical care staff. This research aims to identify whether telework is a viable option for moving administrative departments off site and what might need to change to be able to embrace this way of conducting work. The researcher utilized previous telework research and COVID-19 lessons learned to guide the framework and analysis for this study. This study contributes to the literature on the lived experiences of those who telework while filling a gap by focusing on management and hospital staff.

Chapter 2 follows the conceptual framework of the literature review used to guide this study, a historical snapshot of telework, and previous studies that contributed to the research design to fully capture both telework and COVID-19. The chapter is designed for the reader to understand the current theories and background of research that are critical to this study. Qualitative research studies rely heavily upon the in-depth literature review. The review provides the framework of previous studies that touch upon the subject and illuminate the gap being examined. This also offers an opportunity to identify consistencies and contradictions that appear in previous research on telework; some of which indicates future gaps to study. Figure 2 on page 19 outlines the main themes identified within the review and the critical concepts developed through those studies.



### Title Searches and Documentation

A variety of search engines were utilized to develop the literature review. Due to the wide application of telework over the last 50 years, Google Scholar was prioritized as the preferred search engine. This allowed the researcher to sort by year, thus narrowing down the articles to focus on publications from 2017 to present. ProQuest was the search engine of choice to identify recent doctoral work within the study focus. To ensure cross referencing, the researcher alternated search engines and set up weekly alerts for new publications. The most frequently utilized search engines were Google Scholar, PubMed, EBSCO, and ProQuest.

In some cases, the key word or history of the word was the critical element, so those sources are well outside of those dates, depending on the focus. The concept of telework was coined by Jack Nilles in the early 1970's amid the American oil and transportation crisis (Nilles, 1976; Lopez, 2020). Therefore, in researching the origins of telework there are, by necessity, sources that are close to 50 years old. In all other cases sources were considered most relevant if published in the last five years, or in the last 18 months if pertaining to COVID-19. The key words and phrases used are shown in Table 1:

**Table 1. Keywords Used During Literature Review**

<b>Telework</b>	<b>Healthcare</b>	<b>Management</b>
COVID-19 + telework	Hospital administration + telework	Telework + management
Hospital remote operations	Gender + hospital administration	Telework + supervision
Pandemic + Telework	Gender equity + mommy tax	Telework + staffing
Telework pros + cons	COVID-19 lessons learned/learnt	Telework + work life balance
	Business continuity + hospital policies	

*Note:* Primary search engines used were Google Scholar, PubMed, EBSCO, and ProQuest.

Many peer-reviewed articles that were published on COVID-19 in the first 10 months of the pandemic were in medical journals, several which were accessible through a subscription only. In those cases, a request was made through the hospital library where the study was conducted, resulting in a preliminary email with the article. The article abstracts were reviewed to narrow down those that were most relevant to the study. The library typically had a two-week turnaround for PDFs of the articles. In the case of Google Scholar, the abstracts were available as a function of the search engine. The researcher was able to quickly identify the studies that held relevance and was able to either download immediately or request the article through the Franklin library for most academic studies.

While not peer reviewed, recent grey literature is discussed as a final section of this chapter. Grey literature is defined as non-peer reviewed white papers or conference associated presentations. As the key theme to this study is the conditions produced by the COVID-19 pandemic, the grey literature is significant due to the emerging nature of pandemic-related papers. This study narrows the topic to nonclinical care hospital staff, yet the cultural impact related to telework as the result of pandemic is such that this study will have relevance to future studies on telework in areas outside of hospitals that have traditionally not utilized the benefits of telework.

### **Historical Background: Telework**

The telecommuting concept was coined by Jack Nilles in 1972 when he proposed telecommuting to reduce traffic and environmental damage (Nilles, 1976). His proposal was specific to federal technology workers, but the idea caught on and has become an option for many professionals across all industries. Between 1972-2020 the concept has expanded to include any worker with access to a laptop.

In researching the development of telework there are clear timeframes that correlate to the evolution of the concept. Nilles described telework as information and communication technologies (ICT) to conduct work in locations other than the office (Nilles, 1976). His overarching focus was on ways to reduce individual commuting to both save money and improve air quality (Nilles, 1976; Mokhtarian, 1994). Previous studies have been across a wide variety of employment sectors (technology and information) and perspectives. Employees have been researched for their enjoyment of telework, and organizations have explored the feasibility of managing remote teams (Nilles, 1976; Mahler, 2012; Messenger, 2017). As a field of research, telework remains siloed by being a dependent variable and not a primary focus (Park & Cho, 2020).

### **Telework Enhancement Act of 2010**

The early focus of telework between the 1970s to the 1980s was on environmental impact in direct response to the oil crisis in the United States of America in the 1970s (Nilles, 1976, 1988; Messenger 2016). Flexible workplace policies were early attempts at developing family-friendly offices for employee retention (Joice, 2000). In the late 1980s to 1990s, telework advocacy groups cited environmental and economic benefits to using information and communication technologies (ICT) to work in place (Nilles, 1988; Stiles, 2020). In 1990, the Federal Flexiplace Project was approved by Congress, and in 2010 it became a law known as the Telework Enhancement Act of 2010 (the Act) (<https://www.telework.gov/about/>). In signing the Act on October 25<sup>th</sup>, 2010, President Obama issued a statement specifically mentioning how the intention of the Act was to, “attract and retain engaged employees... for the good of our families and future.” A decade after the Act passed, Dr. Maria Lopez wrote her dissertation examining why federal departments had not embraced telework given its long history and mandate with the

1996 Telework Act and the Telework Enhancement Act of 2010. In her dissertation, Lopez notes that the federal telework program is perhaps the longest-running formal telework program within any North American institution. Yet, full-time telework still lags in uptake (Lister, 2021; Lopez, 2020). According to her research, a decade later no federal agency has fulfilled the Congressional requirement to routinely apply telework to 25 percent of their employees (Lopez, 2020).

According to the Office of Personnel Management's (OPM) report to Congress on the state of federal telework (2019), telework has been successfully applied to 42 percent of eligible employees. However, the data cited by OPM also states 64 percent of telework participation was situational only and not an integrated model of how to conduct work (OPM 2019 report to congress). Instead, the report confirmed that telework was instead being used as a benefit and not a standard operating procedure for how to do business. In July of 2020, Kate Lister, President of Global Workplace Analytics, provided testimony to the Senate on lessons learned regarding telework during COVID-19 for federal employees as well as American businesses (Lister, 2021). According to Lister, if the 42 percent of federal employees that are eligible for telework, were supported to do so for half of the week, the cost savings to American citizens would equal 1.70 billion dollars a year. Given that the federal government has spent 50 years considering ways to implement telework (Lopez, 2020), while acknowledging the positive benefits (Lister, 2021), and still fails to implement it, is indicative that the barrier is leadership and culture (Nilles, 1988; Messenger, 2017; Lopez, 2020).

The federal data parallels other studies included in the literature review. Previous research into telework delves deeply into each theme but does not look at the synergy across the three concepts.

## Thematic Overview

In the 50 years since Jack Niles first developed the concept of telework there have been numerous studies that focused on its use and effectiveness (Baruch, 2000, Bently, 2016, Boell et al., 2016, Davies, 1996, Hoornweg, 2016, Joice, 2000, Lagarde, 2020, Lopez, 2020, Messenger, 2017). For the purposes of this study, the researcher identified common themes that had impact on the study variables. During the literature review the researcher noticed that previous studies tended to fall into a common theme, such as management and telework or employees who telework vs employees who report to an office. These studies were conducted in such a way as to

Employee Silo	Does telework increase isolation for employees?
<ul style="list-style-type: none"> <li>• Does telework improve work/life balance of employees?</li> <li>• What type of employees are best suited for telework?</li> <li>• Is telework associated with long term employment?</li> <li>• Do employees enjoy telework?</li> </ul>	
Organizational Silo	What type of departments are suited for telework?
<ul style="list-style-type: none"> <li>• Does telework improve employee intent to stay with an organization?</li> <li>• What is the cost-benefit to organizations that move to virtual teams?</li> <li>• Are the savings from real estate a worthwhile tradeoff?</li> <li>• Can we manage staff remotely?</li> <li>• How to ensure that remote staff are working?</li> <li>• Is telework only for highly technical departments?</li> </ul>	
Gender Silo	Is there gender bias in telework?
<ul style="list-style-type: none"> <li>• Who performs best utilizing telework?</li> <li>• Is telework associated with job satisfaction and is there a gender bias?</li> <li>• Does telework help or hinder the career goals of women?</li> <li>• Who request telework most frequently, women or men?</li> <li>• How do employees balance young children/elder care while teleworking?</li> </ul>	

**Figure 2. Framework for Literature Review**

not be comparable, even though there are obvious connections between managers and employees (Messenger, 2017). This places the current study as one that examines these crosscutting themes and draws conclusions based upon the data. Figure 2 found on page 18 illustrates how these studies led to the development of the framework for the literature review.

## **Employee Perspective**

### **Work Life Balance**

The federal government is not alone in being uncertain regarding remote offices. The obstacles for utilizing telework are not technological, but rather a belief by staff and supervisors that telework is not viewed favorably and a reticence by supervisors to be the first to embrace it (Kaplan, 2018; Lister, 2021; Lopez, 2020). It is as if departments either inherit a culture of telework or they do not (Hoefling, 2017; Messenger, 2017; Lopez, 2020).

The Telework Enhancement Act of 2010 (The Act) was designed to allow families to have flexibility in managing both career and family duties (Joice, 2000; Lopez, 2020; Tremblay, 2002). Since the 1960's there has been a significant rise in the number of dual-income families, exacerbating the need for career flexibility especially in the first ten years of a child's life (Baruch, 2000; Joice, 2000; Mahler, 2012; Messenger, 2017). It is important to note that childcare is not the only critical aspect related to work-life balance, Messenger (2017) and Mahler (2012) both point out that eldercare, healthcare, and school can all play into the need for balance. The ability to negotiate telework hours and work expectations all were listed as ways in which The Act enabled employees feeling supported by their employer/organization/manager (Lee, 2018; Lopez, 2020; Schwartz, 2019).

### **Theory of Social Isolation**

Research on telework has a surprising number of contradictions. Many researchers concluded that telework increases employee satisfaction, the ability to find work-life balance, and less intent to leave their organization (Baruch, 2000; Lopez, 2020; Messenger, 2017; Park & Cho, 2020; Tremblay, 2002). However, some studies cite telework as isolating and potentially impeding career progression through the lack of personal interactions to strengthen relationships (Baruch, 2000; Belanger, 2013; Boell, 2016; Davies, 1996; Dean, 2019; Hoornweg, 2016; Kaplan, 2018; Onyemaechi, 2018). There is a clear connection between employees feeling that their employer is flexible and willing to make accommodations for their staff and employees given the option to telework (Baruch, 2000). At the same time, managers' report feeling reticent about supervising remote employees, and some employees considered telework to be an isolating experience (Boell, 2016; Kaplan, 2018; Kwon, 2017; Messenger, 2016; Onyemaechi, 2018).

Early research on telework focused on compare and contrast studies of groups that teleworked and groups that did not (Park & Cho, 2020; Lopez, 2020; Messenger, 2017). An inherent research flaw in these studies is the difference in organizations, employment type, and not including part-time teleworker in these studies. By focusing on a control group (no telework), and an experimental group (telework), the research missed elements that contribute to the success of telework. These elements combine perspectives of managers, organizational culture, age of the employee and their home environment. In utilizing these two groups and evaluating them through narrow research questions, (e.g., is telework socially isolating) the results are skewed because it draws conclusions from incomplete data (Bentley, 2016; Kwon, 2017; Park & Cho, 2020).

Bentley (2016) described a connection between employee social isolation and the amount of active organizational support provided. The nature of telework limits social interaction with colleagues, something that can contribute to feelings of stress, and isolation for individuals that are not well prepared or suited for it (Bentley, 2016; Kamerade, 2004). Park and Cho (2020) found long-term telework may contribute to feeling socially isolated from coworkers due to the lack of spontaneous connections by being present in the same space. In contrast, however, the same study found higher rates of organizational loyalty from those same employees who felt supported to manage their work-life balance (Park & Cho, 2020).

The contradictions shared may reflect the lack of perspective and guidance on how one manages remote staff. Studies on telework focus on the experience by the employee and organization, but not the process of management (Meixner, 2018; Messenger, 2017; Park & Cho, 2020). During the COVID-19 pandemic few organizations had a robust policy in place on how remote work is supervised, supported, and integrated into routine departmental duties (Ghisilieri, 2021; Lister, 2021). As management theories have changed over time so have managers. According to a report titled *Millennial Careers: 2020 Vision*, 35 percent of the global workforce in 2020 are millennials and 33 percent are generation X, indicating close to 70 percent of employees are comfortable with technology that facilitates remote work (ManpowerGroup, 2016). This generational shift has changed employee interest in telework, but management theory on how to support remote employees has not caught up (Park & Cho, 2020; Lopez; Messenger, 2017).



## Organizational Perspective

### How Organizations Support Teleworkers

Recent scholarly work in the domain of telework has explored key concepts such as managerial discomfort (Lopez, 2020; Kaplan, 2018), lack of organizational infrastructure (Boell, 2016; Bentley, 2016; Messenger, 2017), and the need to consider new technologies that resonate with younger generations entering the management level of employment (Lopez, 2020; Boell, 2016; Peretz, 2018). Caillier (2013) and Mahler (2012) both noted a potential organizational pitfall regarding telework is the continued perception that telework is a benefit to be bestowed or withheld. As if telework is always temporary and not simply a way of conducting business (Lagarde, 2020; Lenehan, 2016; Messenger, 2017, 2018; Peretz, 2018).

It is believed that staff productivity is increased by telework as sick days and commuting time is reduced; this combination increases the perception of better work-life balance (Boell, 2016; Baruch, 2000). The pitfalls of *presenteeism*, the act of coming to work while sick (Rainbow & Steege, 2017), long documented as prevalent in hospitals, is negated through telework (Bentley, 2016; Baruch, 2000; Lagarde, 2020; Lazarus, 2020). Multiple studies on telework show a positive trend between the success of telework, and the reduction of absenteeism when associated with the perception of organizational support (Baruch, 2000; Hoornweg et al., 2016; Lister, 2020; Park & Cho, 2020; Peretz, 2018). From a staffing perspective, supervisors are critical in demonstrating organizational culture and organizational support of telework (De Preter, 2020; Park & Cho 2020). Although not yet researched, there may be a correlation between the perception of supervisor support and the perception of supervisor capabilities with remote management.

Studies on telework have focused on the perspective of the employee that teleworks (Mahler, 2012; Beauregard, 2019; Joice, 2007; Caillier, 2012). The results show an overall positive response to telework, especially periodic telework to manage temporary family needs (Hartman, 1991; Hollenbach, 2014; Beauregard, 2019). These studies aided companies in making decisions on whether employing teleworkers is financially advantageous or if it will create disengaged employees who have few relationships with colleagues (Bentley 2016; Hollenbach, 2014; Messenger, 2017). Many companies still hold telework to benefit the exemplary staff or only appropriate for specific departments or managerial staffing levels (Baert, 2020; Even, 2020; Sostero, 2020). Perhaps most concerning for the future of work, recent studies by the European Union (EU) found that while 33-44 percent of occupations in the EU align well with remote work, there is a strong skew towards high-paid, white-collar positions with the lowest-paid positions being least likely to be transitioned to remote work and most likely to lose their position during the pandemic (Sostero, 2020).

### **What Departments are Suited for Telework**

Prior to the global pandemic of 2019 there has been little motivation for hospitals to consider the role of telework options for departments other than medical coders (Lazarus, 2020; Shearer, 2001; Rebmann, 2013). The crisis of retaining medical coders reached a crescendo in the late 1990s, which forced healthcare to consider novel approaches, such as allowing telework for that department (Shearer, 2001). Much like the severely limited pool of medical coders in the late 1990s pushed for the innovation and benefit to provide telework to retain staff, this global pilot may change the future of healthcare as we know it (Shearer, 2001).

Departments that hold primarily administrative duties, such as medical billing, could be transitioned to telework given its lack of patient facing requirements. These teams work

collaboratively with their colleagues throughout the day but do not have positions that require them to be in front of their colleagues (Lopez, 2020; Meixner, 2018; Park & Cho, 2020). Using software such as Teams, staff have the opportunity to both see each other (video calling), utilize instant messaging for informal touch points, and can view documents together, all actions that support high trust environments and productivity (Meixner, 2018).

According to Meixner (2018), a key component to the success of virtual teams (teleworking departments) is the ability to have horizontal communications and access to other departments with similar projects. Horizontal communications are found in high-trust teams as decisions are made in consultation with team members, and not from a top-down hierarchy as typically found in hospital management (Henry 2021; Lazarus, 2020). Hurley and Hutchinson (2020) found that hospital culture remains strongly hierarchical to the point where junior physicians are reluctant to point out errors even if a patient is harmed. This alone indicates hospitals may be challenged to embrace the high-trust, team environment that is required for telework to flourish.

## **Gender**

### **Gender and Management in Healthcare**

Research on unconscious and conscious gender bias in employment is extensive across all employment sectors. Healthcare, particularly hospital leadership, is known for a lack of gender parity despite women graduating at higher rates than men in medicine and healthcare fields (Lukela, et al., 2019; Wheeler, et al., 2018; Soklaridis, et al., 2017). Recent scholarly work has underlined key challenges for healthcare leadership pipelines for women are linked to a lack of “convinced engagement by male executives” (Kalaitzi, 2017). Although diversity at the

leadership level has become a focus in recent years, few hospitals have prioritized mentoring leadership pipelines to address the gender gap (Pattani, et al., 2018; Huang, et al., 2019).

According to Mose (2021), the primary hospital departments to achieve gender parity are in human resources and chief nursing officer positions. Hospital employees remain 75 percent women with only 11 percent having executive leadership represented by women (Mose, 2021). This gap is representative of persistent cultural issues that have equal importance when assessing the feasibility and departmental impact of utilizing telework. Although female physician leaders have increased over the last decade, research indicates they are more likely to take on family responsibility that impact their careers (Soklaridis, et al., 2017).

### **Gender and COVID-19**

While there are numerous articles examining the impact of COVID-19 on race, economics, and gender, for the purposes of this study the researcher has focused on the combined impact of how gender and COVID-19 impacted home life and telework. Families with school aged children or children under 5, had the additional duties beyond simply being employees. They needed to be able to juggle telework, act as their child's schoolteacher, and conduct ongoing childcare and/or eldercare. Franconi and Naumowicz (2021) reported these duties disproportionately fell to women, potentially impacting their performance at (tele)work.

Globally women conduct three times the amount of unpaid domestic work and childcare as compared to men (Franconi & Naumowicz, 2021). While unpaid work is often unseen or overlooked within American culture, COVID-19 exposed its criticalness in maintaining society. As schools, childcare, and care facilities closed, women were disproportionately called to be the primary caregiver for their families (Franconi & Naumowicz, 2021).

## Chapter Summary

In summary, the history of telework is connected to the environment, work-life balance, and access to technology (Nilles, 1976). Early telework popularity was due to reducing the overall footprint of organizations saving on physical office space and parking-related costs for staff (Baert, 2020; Belzunegui-Eraso, 2020; Nilles, 1988). As computers and internet access became inexpensive and accessible to individuals outside of the office, telework expanded to include employees beyond the technology industry.

The literature review illuminated several knowledge gaps within qualitative research. The researcher did not identify any studies examining telework by administrative staff in hospitals as either a routine position work environment or as an action to protect staff from highly infectious disease outbreaks. Despite early telework research theorizing that it isolates employees socially, this appears to be an artifact related to the employment sector, available technology or possibly to unintended bias in early studies. More current studies have focused on how telework contributes to a feeling of having greater work-life balance. Especially during COVID-19, this ability to independently structure the workday to include additional familial duties not only became critical but also was associated with employee job satisfaction.

Across employment sectors, organizations have held changing perspectives regarding the utilization of telework. Many healthcare institutions utilized telework as a reward for trusted employees or was a benefit for management level positions only. Within hospitals there is a clear divide between clinical and administrative positions when it comes to telework. However, during COVID-19 to keep staff employed while following physical distancing guidelines, some departments shifted to evaluate staff productivity as results based, or project based telework days (Dooley, 2020). Nilles (1976) mentioned this type of management early on, suggesting that to

embrace telework that management could pivot to looking at employee productivity instead of availability. The pandemic imposed telework pushed managers to manage differently and trust their employees were working whether they were in the office or at home.

The tension in telework research between employee satisfaction and manager distrust now has data to challenge the status quo (Kaplan, 2018). Managers who experienced telework were reported to be more likely to support this as a routine way of working (Henry, et al., 2021; Kaplan, 2018; Lister, 2021; Park & Cho, 2020). To make telework feasible for any department there must exist high trust amongst the team with position autonomy and software that supports teamwork virtually (Meixner, 2018). Organizations that focus on training managers in how to supervise remotely will retain the positive benefits of telework for organizations (increased employee retention, satisfaction, intention to stay) and employees (increased work life balance, perception of organizational/supervisor support) (Kaplan, 2018; Lister, 2021; Park & Cho, 2020).

In summary, the focus of the dissertation research is the impact of telework on nonclinical care hospital staff during the COVID-19 pandemic. The literature review provided a comprehensive look at previous research and underlying theories that explore telework. The complexity of telework research was evident in the examination of the origins of telework, the impact of gender in the workplace and changing job expectations over the last 50 years.

The conceptual framework for this study includes three perspectives that impact telework significantly: employees, organizations, and gender. Each of these areas are topics of research in themselves, but the literature review shed light on the gap of research on how the three topics relate to each other. The study outline of telework within healthcare during COVID-19 is both timely as well as a critical study element given how women have been disproportionately

affected in the workplace and home. The review also failed to identify any similar studies that targeted telework within administrative hospital staff. These notable gaps are the nucleus of this research study. The methods employed to implement the study are outlined in Chapter 3.

### **Chapter 3: Methodology**

Chapter three provides an overview of the methodology utilized in the study as well as the scholarly rationale. This chapter is an in-depth look at the research design, conceptual framework, participant selection, and data collection. A discussion on the validity and reliability of the data analysis is included, and a description of the participants. The chapter concludes with a summary.

#### **Research Method and Design**

This qualitative study utilized narrative inquiry which is appropriate for an in-depth healthcare study on lived experiences (Castleberry & Nolen, 2018; Creswell & Poth, 2016; Gordon et al., 2015; O'Toole, 2018). The focus of the study was to collect data on the experience of pandemic imposed telework by nonclinical care hospital staff. These experiences were captured by interviewing participants that work at a large hospital in the Midwest. Narrative inquiry research analyzes the descriptive data of a few individuals with a common element and organizes responses according to interpretive themes (Connelly & Clandinin, 1990; O'Toole, 2018). These themes are then used to understand the similarities and differences of the sample group (Castleberry & Nolen, 2018). Thematic data is evaluated according to the conceptual framework of the study in what has already been discovered in telework research while breaking new ground within non-clinical hospital staff (Creswell & Poth, 2016).

Narrative inquiry was developed by Connelly and Clandinin in 1990 and was first used in research on teachers and the process of teaching (Connelly & Clandinin, 1990, 2004; O'Toole, 2018). It is a type of qualitative research that uses narrative, or conversational interviewing, to describe experiences. According to Connelly and Clandinin (1990, 2004), narratives reflect the context of experience from the individual's perspective. Due to the methodology, narrative inquiry is not practical for conducting large-scale interviews but is best to gain depth of



understanding regarding an experience from a small group, typically under 15 individuals (Creswell & Poth, 2016). Narrative inquiry, sometimes referred to as narrative theoretical framework, is described by Uzun and Lebanc (2017) in this way:

Narratives are subjective accounts of personal events told to listeners. They are linguistic forms of "lived experience" affecting both the narrator and the listener. Within the narrative theoretical framework, there is an underlying assumption that the way in which individuals experience themselves and their situation is "constructed" within culturally mediated, social interactions.

### **Research Questions**

This study explored the lived experience of nonclinical care hospital staff placed on pandemic imposed telework during March of 2020 to March of 2022. The population work in a large Midwest hospital and have not previously experienced significant telework as part of their position. The study is unique in that it included a mix of perspectives from staff, supervisors, and hospital leadership all discussing their experience of a particular phenomenon, telework. The study seeks to answer the following question (RQ) with two sub-questions (SQ):

RQ1. What are the lived experiences of nonclinical hospital staff with telework?

SQ1. How did telework impact management style as experienced by staff?

SQ2. How did telework impact management style as experienced by supervisors?

### **Population and Sample**

To capture a wide range of experience, participants were chosen from various staffing levels, including front-line employees, supervisors, department directors, and hospital executives. This allowed the researcher to probe participants for the sub-question on how

telework impacted the management style experienced by staff and supervisors. Participants were chosen through convenience sampling, which this chapter discusses in greater detail. Each participant was asked if they knew colleagues who met the study inclusion criteria.

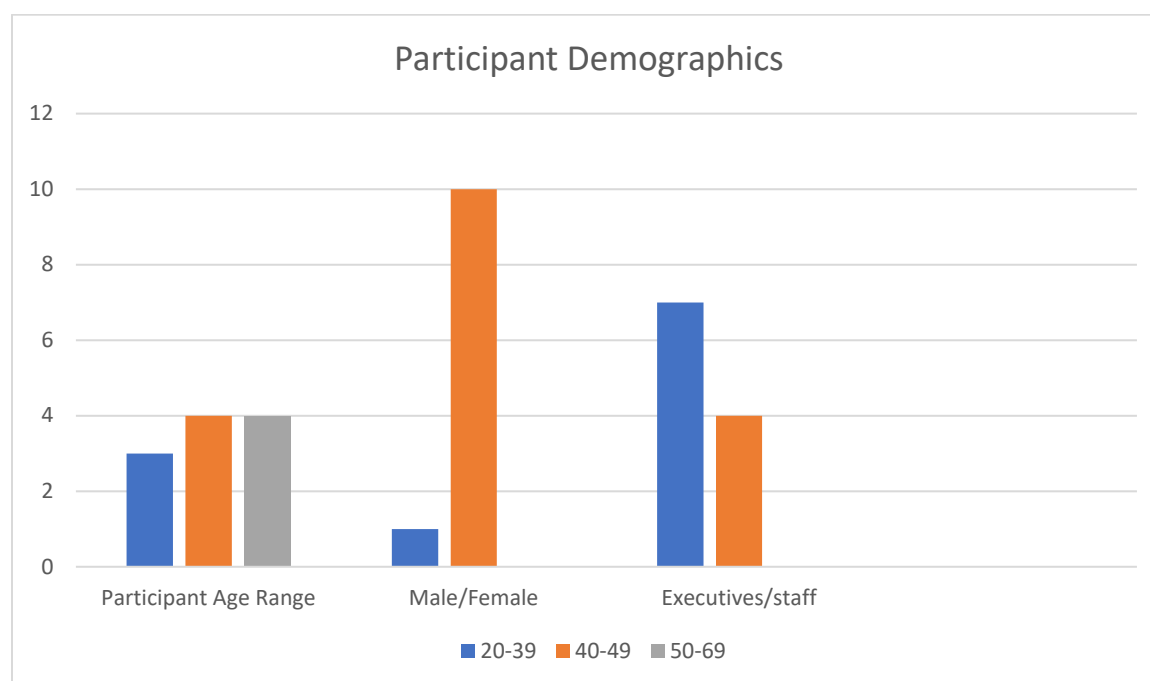
A sample size of 11 participants was used for this study. A sample size of 10-15 participants were considered appropriate for this study because it was large enough to encompass a broad spectrum of views, yet small enough to be manageable during the data coding and analysis. Creswell (2014) suggests sample sizes ranging from five to 50 participants depending upon the nature of the qualitative study.

The researcher conducted virtual, semi-structured interviews with 11 nonclinical care hospital staff that were placed on pandemic imposed telework during the spring of 2020 to spring of 2022. The 11 interviews were a mix of staff, directors, and executives. This allowed the researcher to compare across seniority levels to understand how telework was experienced. Attention was paid to the commonality and disparity of views during the analysis and discussion that follows in this chapter. The departments chosen were varied and included a mix of areas that worked with clinical departments and those that were independent. This allowed for a wide variety of experiences related to connecting with colleagues across the hospital network utilizing telework equipment and technology. A table with participant demographics is on page 32.

Semi-structured interviews were used as a means of collecting the data. Each participant was asked the same set of questions. The researcher conducted member checking to clarify responses, both during the interview as well as the post-interview by providing the interview transcript to each participant for review. These steps provided a control for the data because participants were asked the same question in the same way but allowed for individual interpretation based upon their experience of pandemic-imposed telework (Creswell & Poth,

2016). The researcher coded for the frequency of concepts related to the questions in the data analysis phase. This allowed the researcher to construct a cohesive timeline experienced by participants (Castleberry & Nolen, 2018).

**Table 2. Participant Demographics**



### Research Design Strategy

This study was rooted in the opportunity presented by COVID-19 to pilot the functionality of telework by nonclinical care hospital staff. Including telework for nonclinical care hospital staff has the potential for cost savings in real estate and the employee costs to commute by bus or car (Nilles, 1976, 1988, 1997, Messenger, 2017, Peretz, 2018). The researcher explored the lived experiences of nonclinical care hospital staff during pandemic-imposed telework (March 2020 – March 2022), allowing for perspectives while the pandemic was ongoing.

A challenge within qualitative research, is the inherent researcher bias within the data interpretation (Fusch, 2018). The interviews were recorded within Microsoft Teams and coded using ATLAS.ti Cloud. To ensure validity and reliability, the researcher used member checking to clarify points during the interview as well as post-interview (Creswell, 2016; Pajo, 2017). Follow-up and probing questions were part of all interviews and changed from one participant to another, based upon interview responses (Creswell, 2016; Pajo, 2017).

Care was taken to avoid researcher bias by not influencing the answers through body language or prompting (Pajo, 2017). An inherent bias of the study is that the researcher works within the same hospital study site and experienced telework in response to the pandemic. To mitigate potential bias, the researcher excluded any hospital staff member with whom they have a significant working relationship. The researcher utilized their personal experience with telework to tailor the interview protocol and used open-ended questions to allow the participants to discuss their own interpretations.

The researcher did not identify any previous studies on telework within healthcare systems by nonclinical care hospital staff. Other studies closely examined the role of telemedicine (Komarzynski et al., 2021) and one study on the ability of medical physicists to conduct remote work (Lincoln et al., 2020). However, these studies are not aligned with the focus of this study on nonclinical or administrative hospital staffing and telework. In Connelly and Clandinin's early work describing the rationale for narrative inquiry, they wrote,

*Narrative inquiry supports the idea that humans are storytelling organisms who, individually and socially, lead storied lives. The study of narration is the study of how humans experience the world (Connelly, 1990)*

This study utilized the framework of narrative inquiry to gather and analyze how pandemic-imposed telework impacted nonclinical care hospital staff. Hospital-based telework studies were not uncovered in the literature review, placing this study of a well-researched topic (telework) in an unknown area (hospitals) during the unique healthcare experience of COVID-19.

Given the state of the COVID-19 pandemic during the recruitment phase of this study, the researcher utilized Microsoft Teams to conduct semi-structured interviews. The hospital where the interviews took place maintained an active license for Microsoft Teams for research projects. The use of Microsoft Teams to conduct socially distant research was a requirement for IRB approval at the hospital site. Teams allowed for cloud-stored recordings and audio transcription used by the researcher during the analysis phase of the study.

The researcher used convenience sampling to reach staff who work within a Midwest hospital. Convenience sampling is defined as identifying research participants that are easily reached and have the time and interest to participate in the study (Elfil & Negida, 2017). To gain access to hospital staff the researcher met with an executive that presides over the segment of the hospital where the participants were employed. The purpose of the meeting was to review the IRB application and ask if they had any questions or concerns regarding the study. They were also asked if they could think of someone that met the inclusion criteria that could be contacted regarding the study. After the initial participant, each interviewee was asked to suggest someone who was eligible to participate in the study from within their work network. This was conducted until saturation was reached. Saturation was reached when the researcher no longer gathered new information pertinent to the study, only further validating the same information (Creswell, 2017). The process of asking participants to suggest potential participants from their network is called snowball sampling (Creswell, 2017; Elfil & Negida, 2017). Eligibility was based upon working

in a hospital in the Midwest, without significant previous full-time remote work, and being placed on pandemic-imposed telework.

### **Data Collection and Analysis**

All interviews were conducted and recorded via Microsoft Teams. This technology produced an audio transcription of the recording that, while by no means is entirely accurate, it provided an excellent draft for the researcher to use (Franklin University, Institutional Review Board, 2020). Each interview varied in length from 30 minutes to one hour. The final verbatim transcription was further refined through the review of the videos by the researcher and will remain on their password-protected laptop for three years. The videos of participant interviews were not retained after the transcript was finalized, according to the requirements of the IRB proposal.

The researcher analyzed the interviews using computer-assisted qualitative data analysis software (CAQDAS) that is commonly used within qualitative research today (Niedbalski & Ślęzak, 2017). The two most used CAQDAS programs for doctoral researchers at Franklin University is ATLAS.ti Cloud and NVivo cloud (Franklin University Doctoral Student Association, 2021). The researcher chose to utilize ATLAS.ti Cloud web to pull themes and concepts that were described in the individual interviews. To find meaning and thematic impact through narrative inquiry, qualitative software such as ATLAS.ti Cloud is helpful to manage and clean the data.

The researcher utilized a phased approach for analysis as described by Nowell et al. (2017) by becoming immersed within the data to familiarize oneself with it, then identifying common themes and developing titles for these thematic groupings. Developing and utilizing a methodological approach to qualitative data analysis is critical to communicating the researcher's

thought process (Braun & Clarke, 2006, 2012, 2019). The second analysis phase involved combining the themes into subheadings or groups that indicate common perceptions of pandemic-imposed telework.

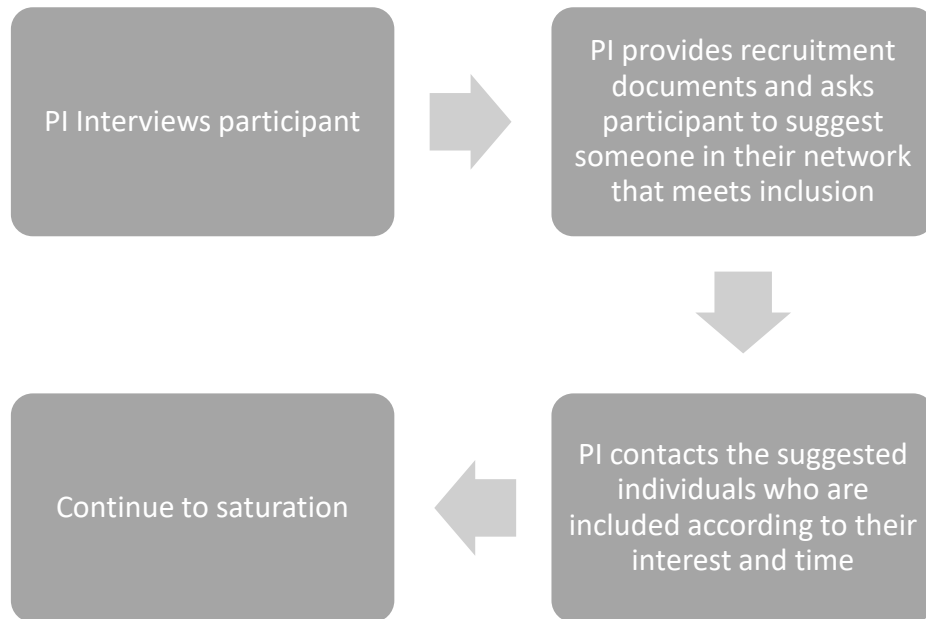
The final transcriptions were loaded into ATLAS.ti Cloud web to analyze repetitive words, phrases, and content themes. There were a few predefined codes that were used deriving from the researcher's anticipated five themes that were distilled and analyzed within the discussion portion of the dissertation in chapters 4 and 5. The anticipated themes include management of remote staff, social connection or isolation, organizational perspective, gender, and employee perspective. Utilizing these first codes, the study was analyzed through in-vivo coding, process, and descriptive, following an inductive method of coding (Creswell & Poth, 2016; Pajo, 2017). Codes were then organized into larger common groups that were further developed into themes. Finally, in chapter 5, the researcher discusses how the data could be applied and what future research could explore.

### **Planning and Procedures**

The researcher applied to the Institutional Review Boards (IRB) for Franklin University as well as the hospital where the interviews were conducted. The IRB process ensures that the study procedures hold minimal risk for participants (Creswell et al., 2011). Once the researcher received approval from both IRBs, they organized their materials for recruitment. Due to the study site being in a hospital, Franklin University agreed not to be the IRB of record and allowed the researcher to apply for IRB approval through the study site first. After approval was given, the researcher attached the IRB exempt approval documents to the Franklin IRB system, Cayuse.

Once IRB approval was granted, the researcher contacted the Vice President of Operations at the study site, who agreed to be interviewed and to forward the recruitment

materials to eligible participants. The recruitment email included information on how to reach the PI to participate in the study. Each subsequent participant was asked to suggest another person that met the study criteria.



**Figure 3. Study Flow Design**

The participants were informed that the interview would be recorded and saved on a password-protected laptop. Once the study protocol was discussed, the researcher requested permission to proceed. Informed consent is critical to the interview and research process and was written into the interview schedule (Creswell et al., 2011). Participants were asked for their consent to proceed while on camera. They were assured that participation is voluntary, and they could change their mind without repercussions (Creswell & Poth, 2016; Pajo, 2017). The interviews ranged in length from 30 minutes to one hour.

Given the state of the COVID-19 pandemic when the interviews were conducted, the researcher utilized Microsoft Teams for all interviews. Participants were asked to describe their experiences from the beginning of the epidemic, how their organization determined and communicated the need for telework to their department, and some of the adjustments they had



to make to work in this new environment. Participants were asked to elaborate on their work and family experiences and the balance between work and family in this unique setting. It was essential to understand and listen to their ideas and thoughts on teleworking and if it evolved during the time they teleworked. Finally, participants were asked to reflect upon how they feel about teleworking now and whether they would consider continuing to telework for their position, staff, and department. Discussions regarding the fit between positions and teleworking arose in several interviews, especially while discussing changes in the organization policies regarding remote work.

Basic demographic information was collected regarding the interviewees' gender, number of years working for the organization, whether they are in a supervisory role, have children, and number of members in their household. This was gathered to assess the potential impact this may have had on telework and allow future research to replicate the study steps to build upon the results. There have been previous studies that indicated gender and having young children at home as factors that impact interest in and success of telework (Baruch, 2000; Beauregard, 2019; Dean, 2019; Lagarde, 2020). According to new research conducted at Yale by Thomas Lyttelton, mothers who telework during COVID-19 conduct an hour more of housework and childcare than fathers do (Lyttelton, 2020). For this reason, gender, and the presence of children at home were included as interview questions.

### **Data Analysis and Validity**

Each interview was recorded and uploaded to a secure laptop owned by the researcher. The interviews were transcribed partially through a Microsoft Teams feature and were completed by the researcher in comparing the transcription to the recorded videos. Member checking was conducted after the transcriptions were complete to ensure the accuracy of the data collected

(Creswell & Poth, 2016). Member checking for this study occurred during the interview (when asking for clarification on a statement) and when the researcher sent each participant the transcription of their interview, asking for them to approve the transcription as accurate.

The researcher reviewed the interviews and began to code concepts described by participants. The codes were then matched into themes and the themes grouped into similarities and contrasts amongst the participants based upon distinguishing characteristics that appeared relevant to the study. ATLAS.ti Cloud web software was used to code the data and to identify themes. To confirm the interpretation of the data, the researcher shared the codes with the qualitative methodology committee member (Dr. Bora Pajo), so she could conduct reviews of the transcripts. There was a match of 90 percent for the inter-rater reliability measure between the two researchers. Linneberg and Korsgaard, (2019) wrote a systemic review of the coding process for qualitative analysis specifically for novice researchers embarking upon qualitative data analysis. The goal was to provide early-career researchers with benchmarks for marking and interpreting the data. According to Linneberg and Koresgaard (2019):

*Coding and interpretation are not two distinct phases but interrelated processes that co-evolve yet have different characteristics. While in a sense the first cycle of coding in particular represents a more mechanical application of labels to segments of data, the associated task of interpreting the codes and deriving an overall interpretation from them is not mechanical. It requires insight to get patterns to emerge. While the coding process and analytical memorizing enable the emergence of patterns in the data, it can only enable, not determine it. Ultimately a process of immersion in the data is required, and this will take time and be as difficult to control as the creative process of artists.*

(Linneberg, 2019)

### **Data Security**

Access to the raw data is restricted to the researcher and their dissertation committee. Each interview was coded with a pseudonym and numerical code to separate the data from the participant and allow the researcher to retain full transcripts without concern for confidentiality. All interview notes and digital recorders were kept in locked cabinets in the principal investigator's private office. All digital files were stored on a secure server in a folder accessible only on the researchers' laptop. All data was being used for research purposes only; published data will not contain any individual identifiers. Data will be stored for 3 years after the completion of the study to meet both HIPAA and OHRP regulations. CFR 164.316(b).

### **Chapter Summary**

Chapter 3 reviewed the research methodology applied to this study. The narrative inquiry approach was discussed in detail and justified as appropriate to the needs of the study. The study population and sample size were reviewed. Data collection steps and analysis were also examined. Validity and reliability were also reviewed within the context of this study.

The purpose of this dissertation study was to develop insight into the experiences of nonclinical hospital staff that were placed on pandemic-imposed telework status during the COVID-19 pandemic in 2020. The population for the study included a mix of staff, directors, and executives at a large Midwestern hospital. This study utilized semi structured interviews with 11 nonclinical hospital staff applying narrative inquiry methodology. IRB status was granted through the hospital where the study was conducted, and Franklin University reviewed the IRB application through that lens. Informed consent paperwork was sent to each participant ahead of the interview and they were asked if they had any questions prior to the start of the interview. Each participant was given time to review and discuss the informed consent

procedures as well as how their data would be kept anonymous. The researcher assigned codes to each participant to protect their identity.

Data collection occurred using Microsoft Teams remote software and lasted between 30 minutes to one hour. Participants were asked the same series of open-ended questions and occasionally were asked follow-up questions for clarity. The researcher transcribed each interview verbatim and used ATLAS.ti Cloud software to apply codes that developed into themes. A full review of the data analysis and results are the focus of Chapter 4.

This study provided data on how telework can be successfully utilized within healthcare in administrative departments. This can be used to make organizational decisions regarding office space, staff parking within large cities, the attraction of high-quality staff, and the efficacy of this model of working within different departments. Outside of healthcare, this study's results can be generalized to include other employment settings where telework has not traditionally been embraced. As the technology that connects individuals through teleconferencing improves, telework becomes an increasingly important method for managing projects and employees (Messenger 2016, 2017; Lopez 2020).

## **Chapter 4: Analysis and Results**

This chapter outlines the researcher's approach to analyzing the study results including emerging key themes. A brief description of the study intent, study questions, and how each question was linked to the overall research themes follows. A review of the study population is also included. The chapter concludes with a summary of findings and a discussion of the study's limitations.

### **Description of the Study**

This qualitative narrative inquiry study focused on the experiences of nonclinical hospital staff placed on pandemic imposed telework status during COVID-19 from March 2020 to March 2022. The study took place at a large Midwestern hospital and included a diverse range of experiences. To explore these lived experiences, the researcher conducted semi-structured interviews with front-line staff and supervisors, department directors, and executive team members. In total, eleven participants were recruited through snowball sampling, and the interviews were coded utilizing ATLAS.ti Cloud.

This qualitative narrative inquiry explores the functionality, feasibility, and experience of telework by non-clinical hospital staff, as they experienced telework during the COVID-19 pandemic between March 2020-March 2022. The study aims to contribute to the existing literature and fill the gap regarding the feasibility of hospital staff utilizing telework and their lived experience of pandemic-imposed telework. To capture a wide range of experience, staff were invited from various staffing levels, including front-line employees, supervisors, department directors, and hospital executives. A sub-question, on how telework impacted the management style experienced by staff and supervisors was addressed.

### **Research Questions**

This study sought to answer the lived experience of pandemic imposed telework within hospitals by non-clinical hospital staff while also examining telework's impact on management style. By identifying common themes related to management comfort with telework, gender, organizational perspectives, employee perspectives, and the overall perceived success of telework, patterns emerged that indicate the future viability of hospital-based telework. There was one central research question (RQ) asked by the researcher with two additional sub-questions (SQ) that guided the study. The questions were as follows:

RQ1. What are the lived experiences of nonclinical hospital staff with telework?

SQ1. How did telework impact management style as experienced by staff?

SQ2. How did telework impact management style as experienced by supervisors?

### **Participant Sample**

In total the researcher conducted semi-structured interviews with 11 participants that were employed by a large Midwestern hospital. Ten women and one man participated in the study. Nine of the participants were supervisors. All held nonclinical positions within the hospital and experienced some form of pandemic imposed telework during the study period from March 2020-March 2022. The identities of the participants are kept anonymous, but key demographic information is listed in Table 3 on page 45.

The semi-structured interviews were held remotely through Microsoft Teams. Each interview lasted between 30 minutes to one hour. The researcher downloaded the audio transcript of each interview and replayed the recording to refine the transcription until it was verbatim. The verbatim transcripts were returned to the participant for their review, revision, and approval. The

final transcripts were loaded into ATLAS.ti Cloud and the raw data was the basis for coding and the development of themes.

**Table 3. Participant Demographics and Identifier Codes**

<b>Participant Code</b>	<b>Seniority Level</b>	<b>Partnered</b>	<b>Children</b>	<b>Children under 10</b>
P1	director	Y	Y	Y
P2	executive	Y	N	N
P3	executive	N	Y	N
P4	executive	Y	Y	N
P5	staff	Y	Y	Y
P6	staff	N	N	N
P7	staff	Y	Y	Y
P8	executive	N	N	N
P9	director	Y	N	N
P10	director	Y	N	N
P11	executive	Y	Y	N

The inclusion of partner (married or in a significant relationship) status and the presence of children at home indicate the environment where participants experienced telework. In Chapter 2 the literature review revealed that the presence of children and/or partners mitigates the risk of social isolation. During the pandemic schools were canceled frequently with many schools pivoting to remote-based learning (Bansak, et al., 2021). This put parents in the role of teachers in addition to their employment status and seemingly increased their overall stress and workload. These variables emerged as key stressors during the study period and correlate with gender as women are more likely to take on additional duties related to children and home (Dean, 2019; Franconi, 2021; Landivar, 2020).

The interview matrix depicted in Table 4 provides a visual as to how each question relates to the themes (gender, school, children, etc.) that emerged. This table also illustrates how

the interview questions aligned with the overall research question. The full interview semi-structured questions with interviewer prompts is listed in Appendix A.

**Table 4. Interview Matrix**

<b>Question</b>	<b>Theme</b>	<b>Rationale</b>
Interview Opener questions: What seniority level is your position? (C-suite, director, management, staff)  How long have you been in this position?	Seniority	Establishes hierarchy within the organization and perceived flexibility based upon position.
How many people live in your household?  Do you have children who live at home?	Gender Home environment	Women are shown to disproportionately shoulder the burden of household duties including managing the children.  The home environment is the telework environment.
Describe for me what the beginning of the COVID-19 pandemic was like for you, in your position.  Sub question: Describe your staff's concerns during this time.  Sub question: What steps did you take to change how work was conducted?	Lived experiences of early onset COVID-19	Establishes the level of knowledge the participant had regarding the pandemic and how well connected they were with their staff concerns.  Probes the ability to pivot work projects to accommodate changes imposed by and or during the pandemic.
Describe the staff experience of telework as the result of pandemic policy?  Sub question: Describe the process taken to develop a policy on teleworking during COVID-19?  Sub question: Moving forward, how would you change the policy on telework	Lived experiences of telework policy by staff and supervisors	Examines the process of developing telework policy in the context of COVID-19 and the impact on the staff (inclusive of various levels of work).



and will it be written into emergency guidelines?		
How long were you and your team teleworking and are you still teleworking?	Current experience of telework	Explores if telework was embraced by this department or supervisor.
Describe your thoughts on the quality of work from you/your team during this time?  Sub question: What type of projects did staff work on while teleworking?  Sub question: Describe your expectations of staff communication and productivity during this time? Sub question: What do you think could have influenced that experience?	Does telework impact the quality of work produced?  Communication  Manager trust  Staff culture	Establishes if overall work output was effective or impacted in any way by telework.  Explores: Whether telework was feasible for this department or person?  If culture was affected in any way?  If the quality of work was considered when determining whether to continue or discontinue telework?
Describe the differences and similarities of remote managing (of being managed).  Sub question: What else could have prepared you for managing remote staff?  Sub question: Do you think this is a universal indicator of telework or specific to your team?	Manager trust  Manager training	Examines if supervisors felt prepared to manage staff who worked in the telework environment.
Tell me your thoughts on teleworking. Has this experience (of involuntary telework) changed your overall thoughts on viability of telework in your department?	Current thoughts on telework for this department	Provided information on status of telework: Was telework continued? Was hybrid continued? Did they return to the office full time?
What is your perspective on how staff experienced telework?	Communication  Departmental fit for telework	Responses showed the depth of communication regarding telework and if staff were able to participate in

What were some of their concerns or thoughts regarding the change to telework?	Staff – departmental culture	decisions regarding whether telework continued or if it was a good fit for them.
Describe the process of returning your department to work?  Alternate: How does your team feel about the prospect of remaining remote for now?	Communication  Staff culture	Examines if the cohesiveness of the work team remained post telework.
Before COVID-19 guidelines on physical distancing, what were your thoughts on telework for your department?  Tell me about situations where you may have granted staff telework?  Sub question: What experiences changed your mind or strengthened your opinion?	Current thoughts on telework viability	Provides previous experience with telework and explores whether this experience changed their minds on whether telework was feasible.
Describe how your supervisor views telework?  Sub question: How has their opinion influenced your decision on how your team works now?	Manager Trust	Explores the manager's support of telework.
What worked well about your team teleworking?	Telework was feasible	Focuses on the positives of telework
What was challenging about your team teleworking?	Telework was not feasible	Focuses on the negatives of telework
If you could create a hybrid schedule, what would be the optimal number of teleworking days allowed?	Lessons learned moving forward	Examines if flexible work schedules are desirable based on lessons learned.

## **Themes and Patterns**

A total of 72 unique codes were derived from the raw interview data. The codes were labeled within ATLAS.ti Cloud, which allowed them to be grouped into larger themes. Codes were not exclusive to a single theme. Often, codes were found across themes depending on how the participant answered a question. An example would be the code “supervisor support.” This could be a positive code describing how a participant felt supported by their supervisor to work on different projects. It could also be negative, describing a reticence to continue telework if their supervisor did not support it. For this reason, the researcher has pulled quotes from the data to provide context to the themes and codes. The tables below show the most prominent themes and associated codes that were gleaned from the data and address the primary research question: What are the lived experiences of nonclinical hospital staff with telework?

### **Theme 1: Telework Was Feasible**

All participants stated that telework was feasible for the type of work they conducted personally or within their department. In a few cases the type of projects worked on were changed to best fit remote work or were altered for that department to work on COVID-19 related projects. Although there was 100 percent agreement that telework was feasible, the participants were often split on whether they felt it was a cultural or optimal fit for them or their department. Two participants stated that their colleagues were opposed to telework, but that it was the only way to keep staff employed and follow the guidance of the Centers for Disease Control.

P1: “there was a little bit of concern in really all of the physician division chiefs...But regardless of those misgivings... there is literally no choice here... We're not the only ones that's having to do this... everyone everywhere is having to do this...”

P3: “if your frontline staff are going to be here then the people that support the frontline staff should be there as well”

In four cases, participants stated that telework was so successful and popular with staff during the pandemic that the decision was made to be 100 percent remote and assess annually if it was still a fit. In these cases, department leadership developed productivity matrixes during the pandemic and tested them in real-time. They were able to run a Plan Do Study Act (PDSA) quality improvement project that provided them with enough data to justify making the change to permanent remote work.

P9: “For us it’s 100 percent (remote)...I mean, we’ve got it down so well”

In five cases, participants cited work-life balance as a reason to continue some form of telework beyond the pandemic. One of the strongest rationales for this was that employees that felt they were “coming down with something” [this is in referencing not feeling physically well] who would traditionally be encouraged to not come to the office would be able to continue working. Similarly, a parent could stay home with a sick child but continue to be productive if they were able to work remotely. In two cases, it was pointed out that there were different norms for physicians and remote work. As Participant 7 noted, “clinical [physician] staff primarily work kind of like a hybrid schedule... some people are truly more productive at home.”

Not every department was autonomous to make permanent changes to their scheduling and followed either their supervisor’s decision or the overall hospital guidance on telework. The guidance went through three iterations: the first rush to provide guidelines for staff to go remote; then a revision with greater information on how to decide who teleworks and who reports to an office; and finally, a policy that could be used for teleworking in all cases, not just pandemic.

This included paperwork for teleworkers to sign that they agreed to certain conditions in exchange for being able to work remotely. Two of the interview participants expressed surprise at being told to have their employees report back to the office.

P11: "... so many people went remote and ...(were) successful at it...we were higher in productivity during that time. I think a lot of managers response was 'well, it's going to damage our culture,' that was surprising to me... I was surprised at the big shift backward. You know, to in-person."

## **Theme 2: Culture of the Organization**

The strong culture of this organization was clear from each interview. While participants used different words to describe culture, it was clear that organizational culture was interwoven throughout each department and was seen as an integral part of the hospital. Telework was seen as a potential threat to the integrity of organizational culture but was not outright rejected on that basis. Although no participants could say what aspect of culture would be degraded through remote work, the lack of in-person spontaneous interactions was seen as detrimental to both the organization and individual employees and their career trajectory.

P8: "The virtual meeting world is not the same...As sitting in a conference room with people, your leaders are able to see different things about how you conduct and carry yourself, how you interact with others, you get to have those spontaneous kinds of conversations with people that might... keep you in their head when they're thinking about...Who do I want to work on this project...trying to figure out what all of this means in terms of the longer-term impact on people's ability to grow and develop." Investment in employees above and beyond the work they produce in their current position was clear from the comments made by most of the supervisors. Several

participants mentioned worry that the long-term effects of COVID-19 isolation on employees would not be evident for years. They expressed concern on the impact of telework on their employees' overall career within the organization as well as the ability to feel connected to the organization. While they acknowledged the positive work-life balance afforded by telework, they worried that introverted employees or those who lived alone could experience mental health crisis due to the isolation of telework. For this reason, they were still trying to find ways to create staff connections to each other and were looking for new technologies that held innovative ways to develop remote teams. Staff connections and team culture was a primary concern for supervisors when asked their opinion on long term telework.

P8: "... culture is something that is extremely important to our organizational identity."

Another evident aspect of culture was pride in how adaptable they could be. One participant mentioned the ability to rise to all occasions. When discussing how their department was able to pivot their projects to focus on emergent COVID-19 related projects that were critical, their pride in staffing flexibility was apparent. In this instance it was clear that remote-based work was not a deterrent to this ability, rather it showcased these skills in a new manner.

P1: "Our ability to pivot, adapt and adjust is actually quite incredible."

A notable pivot made by this organization was to furlough staff and create a list of skillsets of those staff. Most areas separated staff into two teams so that one team would be furloughed while the other team was on site. In this way, they could double the amount of time that staff were retained, avoiding unemployment for most of their staff. Some staff were able to

come into other areas of the hospital and have their skills repurposed for a week to keep them employed. This may also be attributed to the culture of the organization. As P4 said: “we had too many employees, but our culture was not one where we laid people off...so we just changed our work models basically is what it boiled down to.”

**Table 5: Codes Associated with Culture**

<b>Theme</b>	<b>Related Codes</b>	<b>Frequency of codes</b>
Culture	adaptable	10
	creating staff connections	52
	culture	109
	engagement	46
	fairness	6
	flexibility	27
	job security	17
	keeping staff safe	31
	leadership visibility	72
	onsite support	20
	onboarding	6
	supervisor concerns for staff	42
	supervisor guidance	10
	supervisor support	58
	work pride	25

### **Theme 3: Home Environment and Impact on Telework**

Six participants had children at home and spoke candidly about how this affected them during the pandemic. All six parents discussed the impact of having to teach their children school lessons and juggle their child’s remote-based learning with their work duties. They expressed frustration with moving to entirely remote experiences for their children, including doctor’s appointments. They noted there was a trade-off to certain types of appointments. If they had a routine doctor appointment it would save them time by not having a commute or time in the waiting room. However, if the appointment was for physical therapy, occupational therapy or

otherwise physically manipulating their child as directed by the physician, they lost time and functionality by having to learn how to do things previously conducted by trained healthcare professionals.

P7: "... [our doctors] went to telehealth. And so, while we did therapy like...we were the ones doing the therapy and his therapist was on the computer screen telling us what to do."

Participants with partners (married or significant others) discussed the need to "divide and conquer" the workday with their children. Often, they worked early mornings and late into the evening to facilitate their children's school needs while balancing their individual work requirements.

While most participants found benefits of telework, not all of them enjoyed being at home or felt at their best working remotely. As one participant stated:

P7: "I choose to come in because I have two little kids and I know I'm not productive at home"

Three participants, as a negative experience, mentioned the lack of a physical boundary between home and office. As one participant put it:

P8: "I found on the days that I did work from home are much, much longer days. I didn't feel that sense of home is the refuge."

Several supervisor participants mentioned their staff reported enjoying telework. Four participants mentioned they had employees that found greater work-life balance with their young children now that they no longer had a long commute to work. For these employees the



difference in telework meant they were present for their children when they were dropped off by the school bus and could be home in time for dinner.

**Table 6. Codes Related to Home Environment**

<b>Theme</b>	<b>Related Codes</b>	<b>Frequency of codes</b>
Home Environment	Children	44
	Children No	4
	Children Yes	9
	Distraction at Home	7
	Do you have children at home?	6
	Family Support	17
	Stress	9
	Isolation Singles	12
	Number of people in household	21

#### **Theme 4: Telework Equipment**

Successful telework is supported by equipment and software designed to facilitate communication and emulate the experience of being in the same location. Remote calls, conferencing software such as Microsoft Teams or Zoom, are all necessary equipment for teleworkers. At the beginning of the pandemic, a key concern for the hospital was how to equip employees with the tools required for them to be functional offsite. Not every employee who was eligible for telework had an assigned laptop as part of their position. Ordering new laptops for more than 2000 employees was out of the question as demand for laptops increased overnight during the pandemic (Nikolopoulos et al., 2021). Ultimately, for departments that were granted telework, those employees could take their laptops home with support for those employees who had desktops and multiple monitors.

Remote conferencing software was critical for interactive teams to conduct work. Executive participants mentioned that not all employees had access to the same type of remote conferencing software at the beginning of the pandemic. Skype was utilized by many managers, but Zoom was only used by executive staff and researchers. Microsoft Teams was being piloted by the IS department but had not yet been rolled out across the organization. Adding to this confusion, employees began using their personal Zoom accounts to conduct meetings in the absence of organizational policy that laid out the software options. All participants expressed early frustration with the learning curve of how to conduct large-scale meetings and the inevitability of participants that would forget to mute themselves.

### **Theme 5: Manager Trust**

Theme 5 addresses the sub-questions: How did telework impact management style as experienced by staff/supervisors? As previously noted in the literature review, employee satisfaction with telework is strongly correlated with managerial support (Baert, 2020; Baruch, 2000; Bentley, 2016; Messenger, 2017). The inverse is also true that for managers that do not approve of telework or departments that do not function in a high trust environment, employee experience of telework is likely to be stressful (Messenger, 2017). Although all participants agreed that telework was feasible and, in many cases, preferable to staff, it was not well-favored by all supervisors.

P10: "...our employee engagement survey and our Pascal Safety survey... Loud and clear said that the staff felt we should be 100 percent remote. How do they feel now that they're back? Well, they don't have an option."

P4: "How did they initially respond to the offer of doing telework? I think it kind of depended on which department you were in and who your leader was... it was just a

huge spectrum, and it was largely led by who their leader was...one the one hand just do your work and you're fine. And then you had other people that had to keep a spreadsheet all day and write down everything you're doing.”

P1: “I said to my team, I believe that you are all professionals at the end of the day...  
...and are gonna do what professionals do, which is be committed to the work and do what's necessary to add value.”

The variety of responses by managers was supported by the research, as evidenced by the number of work productivity concerns cited during the interviews. The second most frequent code found in the interviews was “work productivity concerns.” In several interviews participants discussed fears related to how to manage remote work. The lack of a productivity gauge made some participants nervous without a clear path forward on how they would report employee’s time. As participant 8 stated: it puts a lot more responsibility on managers to do that (track productivity). One participant noted that within their department the team was small enough and integrated enough that it was a high trust environment. They all had a shared sense of what each other was working on and communicated frequently with each other.

Several participants mentioned experiencing or hearing about departments that had staff write a daily spreadsheet of the tasks they focused on, broken out by the hour. Response to that management style varied but was generally felt to be micromanaging. This appears to be an artifact of personality and not of direction or policy. As stated by P4:

...I think there was confusion about how far do you need to go to prove your employee was doing the work and different levels of micromanagement? And that is probably where the guidance needed to be... it would have been nice to have some ... proactive training ahead of time because, uhm, that was left to personality...”

Onboarding new staff was mentioned by five participants, particularly how to onboard new staff in a remote environment. Concern for the ability to fully communicate the overall culture of the organization was paramount as was facilitating staff relationships. One department came up with a rotating schedule for staff when they onboarded a new team member. In this department, all employees understood that although their position was remote based, they had to be prepared to come into the office if requested for meetings, training, or any other manager request. As participant 9 stated:

“...when we hire somebody, they do work in the office for about three months so that we can just establish that trust and establish baselines on their productivity too. Once they start hitting their quality and their productivity and we have a trust in them, then they can go home too.”

**Table 7: Codes Related to Manager Trust**

<b>Theme</b>	<b>Related Codes</b>	<b>Frequency of codes</b>
Manager Trust	benefit	12
	communication challenges	56
	culture	109
	different to manage telework	12
	engagement	46
	fairness	6
	hybrid telework	43
	leadership visibility	72
	micromanage	7
	onsite support	20
	onboarding	6
	return to office	5
	seniority level	15
	supervisor concerns around managing telework	49
	supervisor support	58
	telework not feasible	45
	trust	16
	who teleworks	66
	work productivity concerns	86

## **Theme 6: Concern for Staff**

A prominent theme with all supervisors was concern for how their staff were managing with COVID-19, being socially disconnected, and how well they managed work-life balance. Several participants mentioned that they didn't involve themselves in their staff's personal lives or mental health as a manager. During COVID-19 however, they felt the need to check in more personally with all their staff, especially staff who didn't have as much home support or lived alone. In discussing the development and roll out of the early telework policies, several participants mentioned their concern for staff in the long term. Would telework be feasible for all staff? What types of projects could be refashioned to allow staff to continue to work in a socially distant manner? Would this lose the departmental cohesiveness they enjoyed prior to the pandemic, or would it be lost without face-to-face interactions?

P4: "How are we going to operate as a team, and you know, feed off each other like we do today when everyone is at home?"

P11: "I probably worried mostly about isolation, 'cause you know some of our team are single folks that were home by themselves for a very long time and so just as a manager continued to reach out and make sure people were, were mentally healthy. You know, just do check-ins and see how they were doing."

P11: "I should say I feel like the managers wanted people to come back more in-person and I actually was a little bit surprised by that given all the research and the success that we had had being remote. I get it now, like I think it really does damage on your culture when you work remotely full time. I do think that you know you have to have some interaction."

P1: “I actually believe that a moral, ethical approach that actually supports young families and parents is a hybrid model that provides flexibility.”

P8: “...considering the fact that we have a hugely predominant female workforce and the reality is still in the world that we are still the primary, even in two parent households.... We're still predominantly the primary caretakers of, of those things and responsibilities for children, so I think just trying to figure out how do we support people through that? How do we navigate that? ... and still recognizing that there are duties and responsibilities for work that we have to have people do.”

**Table 8. Codes Related to Concern for Staff**

<b>Theme</b>	<b>Related Codes</b>	<b>Frequency of codes</b>
Concern for Staff	adaptable	10
	ad hoc remote work	8
	burn out	14
	communication challenges	56
	creating staff connections	52
	culture	109
	engagement	46
	improve communication	34
	isolation singles	12
	keeping staff safe	31
	onsite support	20
	onboarding	6
	supervisor concerns around managing telework	49
	supervisor guidance	10
	supervisor support	58
	telework policy	54
	telework project pivots	8
	telework was feasible	56
	telework work life balance	25
	trust	16
	who teleworks	66
	work pivot to COVID-19 focus	26
	work pride	25
	work productivity concerns	86

## Theme 7: Leadership Visibility

Leadership visibility came up in several ways. All the executive participants spoke of making intentional decisions to walk through the hospital during pandemic to be visible. This was a show of solidarity with the staff that were reporting to the hospital and to indicate that leadership believed they were safe enough to be at the hospital. Other participants mentioned how they would see or hear of leaders reaching out to staff and making extra effort to communicate with staff and ensure that the communication was understood. Executives also spoke of fearing that staff wouldn't feel supported by them if they did not physically see them on site. Leadership visibility was correlated with either an overabundance or a dearth of communication.

P8: "It's important for us, as, to show those who must be here, whether it's nutrition services or EVS or our direct caregivers, that we're not asking and expecting them to do something that we ourselves are not willing to do because we recognize everybody had fears and concerns about (COVID-19)."

**Table 9. Codes Related to Leadership Visibility**

Theme	Related Codes	Frequency of codes
Leadership Visibility	communication challenges	56
	culture	109
	engagement	46
	essential services	29
	fairness	6
	hospital environment	20
	onsite support	20
	staff concerns around COVID-19	35
	supervisor support	58
	work pride	25

## **Theme 8: Hybrid Work Schedule**

The last question in the interview matrix was about hybrid schedules and if there were a perfect ratio of days remote/in office. Participants who favored hybrid schedules all stated 3/2 days with variation on the number in office (either 3 or 2). Interestingly the executives all stated their personal preference was not to be remote or hybrid, but they supported it for their staff and recognized that it was important to them.

P1: “I think a minimum two days a week in the office is really key to be enough to, you know, maintain your feeling of the hospital...I ...believe that a moral, ethical approach that actually supports young families and ... parents is a hybrid model that provides flexibility... I like being in person... actually (I) would prefer not to have a hybrid schedule. For me the geographic separation of my work from my home life actually helps create boundaries in that space.”

## **Chapter Summary**

The research strongly supports the ability of nonclinical hospital staff to telework. All participants stated their work was feasible even though remote based. In several departments productivity increased during the pandemic imposed telework. This could be due to employees working longer hours or a lack of distraction in their home environment. Although telework can increase social isolation, several departments found technology, such as Slack, Teams chat or Yammer to support greater social involvement of their employees. These technology options should be shared widely with other departments to make the best use of the options available.

Manager trust remains a gate keeper to the functionality of telework in each department. This is a complex issue as it has aspects related to a supervisor's confidence in their team and their ability to work independently. Some individuals, including supervisors, work better with



well-developed guidance that provides the expectations for their department. In this case a well-developed telework policy that is guided by staff and supervisor expectations with consequences for failure would likely bolster that department supervisor's willingness to allow telework.

During the pandemic there were two options: to have staff unemployed or to pilot telework. The latter option gave leniency to departments during COVID-19.

Some participants simply did not believe in telework and did not consider the preferences of their staff when making decisions regarding continuing remote based work. The variety in manager response is indicative of a policy that is general enough to apply to all departments, but not specific enough to guide managers that have a more hands on approach. For those departments they may be able to reap the benefits of telework by allowing a day a week to be remote. While this is not a hybrid schedule approach, it would allow staff to utilize the functionality of telework for days when they need flexibility to achieve work life balance.

Although only addressed by one of the participants, gender remains a factor in remote based work and any research that is rooted in the lived experience of COVID-19. Hospital employees are largely skewed towards women and this research site was no exception to that rule. One significant departure from the literature regarding this site was the strong representation of women at the executive level. Five of the executives that participated in the study were female, in direct opposition to larger national studies that cite women in healthcare are predominantly at levels below director and not in the C Suite (Lukela, et al., 2019; Wheeler, et al., 2018; Soklaridis, et al., 2017). Several participants mentioned their ability to juggle family, work, and their children's school or health needs was only due to having a partner (married or significant other) to "divide and conquer." One participant summed this up with the following statement:

P8: “Considering the fact that we have a hugely predominant female workforce, and the reality is still in the world that we are still the primary, even in two parent households.... (women are) still predominantly the primary caretakers of, of those things and responsibilities for children, so I think just trying to figure out how do we support people through that? How do we navigate that? ... and still recognizing that there are duties and responsibilities for work that we have to have people do.”

Chapter Four reviewed the 11 qualitative interviews that were conducted with nonclinical hospital employees. The data analysis developed eight overarching themes that addressed the research question and sub questions. These themes were described in greater detail and supported by direct quotes from the participants. The themes included, telework was feasible, culture of the organization, home environment and impact on telework, telework equipment, manager trust, concern for staff, leadership visibility, and hybrid work schedule. Chapter four detailed the data analysis and results as derived from the verbatim transcripts. Chapter five will discuss the findings, practical implications, and recommendations for future research.

## **Chapter 5: Study Findings and Conclusions**

This study investigated the lives of nonclinical care hospital employees who teleworked due to the COVID-19 pandemic from March 2020 to March 2022. The participants are all from a large Midwest hospital who have not experienced routine telework as part of their job before. The study is unique in that it narrates a variety of opinions from hospital employees, supervisors, and hospital executives, all of whom discussed their experiences with telework.

This chapter contains the overarching conclusions identified in chapter four and specific recommendations drawn from the study. The study limitations are discussed within the context of future research. The chapter concludes with suggestions for future research related to the themes of telework within hospitals.

### **Research Questions**

There is one main research question and two sub-questions to this study:

RQ. What are the lived experiences of nonclinical hospital staff with telework?

SQ1. How did telework impact management style as experienced by staff?

SQ2. How did telework impact management style as experienced by supervisors?

### **Population and Sample**

Participants were chosen from various positions within the organization, including front-line workers, supervisors, department heads, and hospital administrators, to represent a wide range of experience. This allowed the researcher to go deeper into the sub-question of how telework influenced the management styles of employees and supervisors. Convenience sampling, a non-probability selection strategy that enlists the participation of anyone who is willing to participate in a study and is easily accessible to the researcher, was used to pick

participants (Creswell, 2016). In addition, snowball sampling was used to ask each participant if they knew anyone who met the study's eligibility requirements.

This study reached saturation at 11 participants, and that became the sample size. Creswell (2016) advises sample sizes ranging from five to fifty people depending on the nature of the qualitative investigation. For a qualitative study of in-depth interviews utilizing narrative inquiry, this was the appropriate size to gather enough data to develop thematic conclusions and recommendations.

From October 2021 to December 2021, the researcher conducted virtual, semi-structured interviews with 11 nonpatient care hospital personnel placed on pandemic-imposed telework. The 11 people interviewed were a mix of employees, directors, and executives. This allowed the researcher to compare telework experiences across all levels of employment to better understand how people felt about telework. During the study and analysis discussion that follows in this chapter, special attention was devoted to the similarities and differences in viewpoints. It is important to note that the departments in which the participants represent were varied. Representation included those that collaborated with clinical departments and some that were self-contained (what does this mean). This provided a wide range of encounters using telework equipment and technology to interact with colleagues across the hospital network.

### **Study Limitations**

A limitation of this study is that as a qualitative study it is designed to gather in depth feedback from a small group of individuals. Changing an entire organization may need more data to proceed. Another limitation was that of the seniority level of the participants. The researcher expected to have more front-line staff participate. The nature of utilizing a snowball method to enroll participants is a lack of control or who is suggested for the study. As each participant was asked if they had colleagues that met the study criteria, the results were an unexpected number of

senior level staff. This is both a limitation as well as a benefit. The study results are significant in highlighting C Suite beliefs on telework in terms of ethics, success, and cultural fit.

### **Study Results and Practical Implications**

The research results mirrored some of the previous research on telework. One of the overarching themes was that telework, for all departments, was feasible. It was strongly correlated with experiencing greater work-life balance, even within the stress of a global pandemic. Despite these findings, most participants reported going back to the office full time except for two departments. The difference in those two departments from others was their leadership prioritized gathering data to support this move to permanent telework using PDSA models or surveys that reviewed department outcomes.

The natural next step in this study would be a quantitative study that is sent to all staff that experienced telework during the study period of Spring 2020 – Spring 2022. The themes extracted from the study results could be used to refine the questions sent to staff. Telework thrives in high trust environments so future research would be well placed by examining successful departments and what contributes to high trust.

### **Theme 1: Organizational Culture**

The first theme identified was the strength and importance of culture within this organization. A common concern cited by participants whose primary role was that of a supervisor was the loss of culture by working separately or independently through telework instead of a collocated team in a brick-and-mortar building. This finding is supported by previous research into telework and manager distrust as discussed in Chapter Two. The concept of organizational culture being at odds with telework would make a rich dissertation topic.

Another way of exploring this dynamic would be to investigate how telework could be used to amplify organizational culture.

Organizational culture was mentioned frequently during this study, but few actual examples were provided on what aspect of culture was being eroded due to staff being non-collocated. This finding was corroborated by the literature review, particularly the work of Chong, Kaplan, Franconi and Messenger (Chong et al., 2020; Kaplan et al., 2018; Franconi & Naumowicz, 2021; Messenger, 2017). These authors linked organizational culture, manager mistrust, and the success or failure of telework due to these three variables' interplay. The authors also noted that while culture was often discussed in opposition to telework, it was rarely in a specific context. The researcher interprets these findings as examples of the cultural expectations between manager and employee, and organization and employee. These expectations are harder to define and are not found within an organizations mission and values statements. An interesting comment on telework and organizational culture was noted by participant four:

“I think it's probably hospital culture [resistance to telework] and...maybe individual people believe that you can't build teamwork if you don't see each other, and it might even be culture...I don't even know if it's fair to say it's culture. It might be... It's probably personal preference.”

An example of this site's organizational culture is the evidence of concern for the people supervised by participants and for colleagues by front line staff. Supervisor concern for staff was mentioned 42 times during the interviews. It was clear from the context in which it was mentioned that their primary focus was on their staff at the beginning of the COVID-19 pandemic. Finding ways to keep them safe, keep them employed, and worry for their mental

health was frequently mentioned by the participants who were supervisors. Participants who did not have direct reports also mentioned concern for their colleagues, especially in the beginning of the pandemic. In this way, telework served to reconnect colleagues and keeping employees safe. It was notable that concern for the financial losses of the institution, was rarely mentioned. Workplace pride came out when participants mentioned how they were able to pivot positions to keep staff employed and stretch furlough dollars. For an organization that seemed worried that telework would negatively impact their culture, it was clearly intact at the time of the participants interviewed (18 months into the pandemic).

An additional marker of culture was the fact that all participants that were supervisors or C-Suite leaders mentioned the need to be on site to show visible support to the staff that were not granted telework. They all discussed different strategies they took to be visible: walking the hospital hallways, stopping by offices, or having lunch at the main hospital cafeteria. The show of support was not restricted to clinicians or clinical staff alone. They included staff that work in environmental services, nutritional services, onsite registration, as well as protective services. Front line staff also mentioned the need to show support to colleagues, though their discussions were more specific to the teams. Leadership visibility was embraced at all levels and no participant said anything about that being required or part of the culture. The true measure of an organization's culture are the things staff do even when they are not required to do them. It was apparent from the interviews that their culture was strong.

## **Theme 2: The Home Environment and Impact on Telework**

The second theme identified was that of the home environment and its impact on telework. For the purposes of this study these results are mainly specific to the experience of COVID-19 and telework. The cascading nature of the pandemic and how it spread to impact

multiple aspects of life created an environment that was especially stressful for parents of young children. The closure of daycares and schools meant that parents took on the additional duties that were previously conducted by other professionals in other environments. This finding would not impact employees under any other circumstances, assuming the world will, at some point, no longer experience a global pandemic.

### **Theme 3: Telework Equipment**

The third theme identified was the importance of telework equipment. Participants confirmed that not every employee had been provided with a work laptop, many were still working with desktop computers. While both are computers, one is specifically made for ease of transportation. It is not known how each department decided to purchase laptops or desktops for their employees. This finding could be used to highlight the increased functionality that is found within laptops.

This theme could also be used by departments that decide to utilize a hybrid work schedule. Under the hybrid framework the organization could use desktops in cubicles (or offices) under a hoteling agreement. Hoteling or hot-desking is an arrangement whereby no employee is assigned specific space in the office (O'Brien & Aliabadi, 2020). Space is provided on an as needed basis and the employee can reserve a cubicle or office space for the time that they are in office. This is found primarily in offices that utilize telework and can additionally serve to reduce real estate expenditures.

### **Theme 4: Manager Trust**

The importance of manager trust was the fifth theme identified. Trust in this theme is between manager and employee, manager and supervisor, and manager and the use of telework as a supported way of doing business. During the study, clear responses indicated most managers



found telework to be effective and improved staff work life balance. However, out of the eight participants who found telework to be useful, four indicated they did not believe the C Suite supported it. They stated they felt the organization's culture believed in the need to have all employees report to an in-person office. This indicates that although they were supportive of telework within their own departments, they also believed their supervisors may not support them.

In this situation there are two separate trust issues that are occurring. The first is trust between supervisor and staff. The participant extends trust to their employees and believes that telework is a way of supporting them and increases staff connection to the organization. The other, and opposite situation is they themselves do not believe their own supervisor supports telework and that it may be detrimental to their career for them to engage in routine telework. It is also true that for some participants they stated they were willing to grant it to their employees but personally did not experience telework as a good fit for themselves or their role. This may explain why, despite citing the positive benefits of telework and allowing their staff to telework, many leaders chose to report to the in-person office during the COVID-19 pandemic. This happened despite not being told by their supervisor that it was preferable. As participant four noted,

“...it may not have ever been something they [C Suite] said, maybe it’s the culture... So, like I think that might be a fact that some of our leaders prefer people to be present in the office because they like that camaraderie, but they may not even necessarily care if we're always there. So, I don't know. I'm not sure they've been directly asked [about telework].”

It is significant to notice that when asked, several participants admitted they had not asked their supervisors or leadership what their thoughts were on telework or continuing telework.

## **Theme 5: Hybrid Work Schedules**

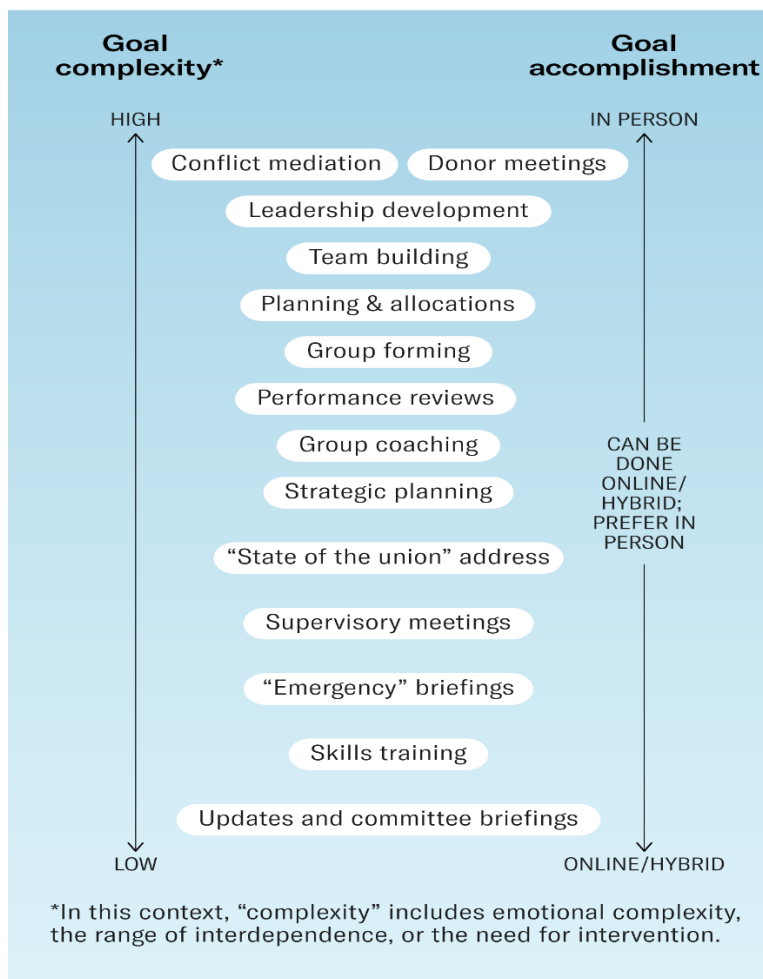
Hybrid work schedules are the fifth and final theme that was uncovered in this study. This was mentioned by most participants at some point during their interview. For departments that returned to the office but still wanted to recoup the benefits they saw under telework, adopting a hybrid schedule could be the best way forward. Now that employees have experienced telework, it is much harder to deny telework when requested, assuming that person was successful while working from home. Hybrid schedules are a compromise for employees that seek remote work but are not in a department that can go fully remote. Offering hybrid work schedules is a win-win for organizations that are not ready or able to be entirely remote

Adopting hybrid work schedules has the benefit of providing a department with a road map for how to reach colleagues. Signature lines in emails that identify when an employee is in office and when they are accessible through telework technologies is an immediate notification on how to reach them. This can be useful for teams that are highly matrixed with other departments yet are responsible for independent work on projects.

Offering examples of situations in which you could meet with someone remotely or in person can also serve to cut down on unnecessary meetings, whether in person or remote. The Harvard Business Review published the following tool, Figure 4, to help employees identify if they need to meet in person or not, or if they can simply email. Tools like this serve to improve productivity and facilitate more effective team interactions. Telework can also be seen as a tool that can be included to improve productivity, whether by person or project.

## Do You Need to Meet in Person?

Use this tool to gauge a goal's relative complexity.



HBR

**Figure 4: Harvard Business Review**, <https://hbr.org/2021/07/when-do-we-actually-need-to-meet-in-person>

### Recommendations

The first recommendation is to continue the exploration of telework within the organization through a quantitative survey. Include the employees that teleworked at any point between March 2020 – March 2022. Ensure the survey is anonymous and follow up by presenting the results to staff that participated. Utilize the results from the quantitative survey

and the themes drawn from this qualitative study to determine if telework or hybrid schedules would increase employee satisfaction and productivity.

The second recommendation would be for the organization to establish a working group to focus on maintaining culture while teleworking. This could be enhanced with the participation of current departments that telework. Options could be to run the group as if it was a clinical journal club. Different participants would present each month on ideas they have found in this format and discuss how to implement it.

A third recommendation for departments or clinical areas is to use the strength of new technologies to bolster organizational culture. Utilize Microsoft Teams chat channels to also showcase different aspects of organizational culture. Focus on a different aspect of your culture each month. Have different staff members take ownership of presenting how they are using telework to implement organizational culture. Use nonclinical teams to present how telework technologies support their work with each other. This can also be used within the framework of submitting a conference abstract or poster. This will then strengthen organizational culture as well as strengthen employee skills in presenting their work for a larger audience.

A fourth recommendation would be to survey individuals in departments that have moved to permanent telework status and look for commonalities that can be applied to other administrative areas that could benefit from the findings. This information can be used to update the current telework policy to guide managers in identifying if telework or hybrid schedules would benefit their areas. A task force could be established to develop and present their findings at the monthly management meetings.

The fifth recommendation is related to the third theme of telework equipment. This theme highlighted the need for organization-wide remote conferencing software. Identify and hire

employees that are well versed in utilizing remote conferencing software. This does not mean that the organization should only hire individuals who possess these skills, but rather that internal training should also be available to ensure greater access to telework technologies. In this way current employees improve their skillset and future employees are also vetted for this technological approach to business. The mandate to continue identifying and utilizing exemplary telework software should be adopted, regardless of how many departments transition to full time telework. These tools should be widely and frequently disseminated to staff to reach all individuals that are eligible to be granted temporary telework. This encompasses staff that work in departments that have established telework and staff that may go through periods of time when they need to be home based. These times could be for the first year after the birth of a new child, during times when family members are sick and need to be cared for or when elderly parents need to have someone present with them for various reasons. These are times of temporary need but include the early rationale for telework being an option that supports families.

The sixth recommendation concern's theme four regarding Manager Trust. Whether telework is formally adopted by individual departments or across the hospital, it will be valuable to explore manager trust and telework across the management section. This could include pulling themes from how it is utilized across departments. One significant switch in managing telework is the pivot to measuring and valuing outcomes over process. This explains why certain sectors are more likely to adopt telework, such as information technology departments, medical coders, and patient accounts. These departments have easy ways to measure employee success by the number of discreet projects they complete. When working with knowledge professionals or subject matter experts, their work, and managerial support, is not as easily tracked by individual

projects. There are ways of tracking progress on these types of programs including acuity scales, Microsoft Project and even excel. This requires a shift in how managers review and interact with their employees. Any time a change is introduced to a system, success depends on the training and measured expectations of those who take on the new change. Therefore, it is recommended to pull all the ways different departments track teleworking staff and provide training on how to adjust them for new departments. This may alleviate the lack of trust managers may have on their ability to manage remote workers and their trust in that telework is supported by their own supervisors.

### **Summary and Conclusions**

The COVID-19 pandemic introduced conditions that made telework the preferred working method for many administrative or nonclinical hospital staff. The nature of pandemics makes them impossible to forecast. The experience of using telework as a nonpharmaceutical intervention to limit the spread of a contagious virus could be extrapolated to include other seasonal viruses. It could also be used to develop a more robust policy on telework that incorporates temporary telework based upon employee need.

The experience of pandemic imposed telework has provided the world with rich data on what works and doesn't work for many fields of work. For healthcare, and hospitals in particular, this experience has provided data that telework is both feasible as well as correlated with employee satisfaction. This study indicates that manager resistance to telework is still a deciding factor in whether telework is allowed. This resistance appeared at different levels and was not correlated with position titles or years working at the hospital. This indicates that opposition is still based upon personal factors and old management techniques. To recoup the benefits experienced by nonclinical hospital staff that teleworked during the COVID-19 pandemic,

hospitals will need to expand their management strategies. This includes hiring managers with new ways of interacting with employees as well as training current managers in these new methodologies. To ensure the success of telework, hospitals will need to communicate to all employees' strong support of telework and lay out a pathway to identify if it is a personal or departmental fit.

One of the tools often mentioned by participants was appreciation of the management tool sent out to identify if a position would be a good fit for telework or not. It helped senior leaders identify ways forward and provided managers support in moving forward (or not) with telework. The next step forward would be to refine that tool so that the results are more standard regarding expectations for teleworking staff.

There are rich lessons to be learned from the departments that were successful as well as departments that were not successful at implementing telework. As a nonpharmaceutical intervention during periods of pandemic or highly contagious viruses, telework should be included in the epidemiological policy on pandemic and other disasters. The continued use of telework to keep staff functional while managing life events, be they pandemic or personal, is the future of business. This is true for healthcare within administrative areas and likely to expand into clinical areas with the success of telehealth. As so much of the country experienced telework during March 2020 – March 2022, it is reasonable to expect that telework will continue for many business sectors. Based upon the success of this study, it should remain a consideration for nonclinical hospital staff.

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## Appendix A

### Dooley Hospital-Based Telework: The Pandemic Pilot Interview Semi-Structured Questions

**Interviewer:** Thank you for agreeing to be interviewed today. The focus of this study is on the experiences of nonpatient care hospital staff during pandemic-imposed telework. Your answers and this interview will be kept confidential and in the write up of the study all informants will be anonymous. There will be no identifiable information kept regarding this interview and the results will be kept on a password protected flash-drive. Participation is voluntary and you may opt out at any time. Do you consent to continue with the interview?

To start the interview, the following questions will be asked:

What seniority level is your position? (C-suite, director, management, staff)

How long have you been in this position?

How many people live in your household?

Do you have children who live at home?

Q1. Describe for me what the beginning of the COVID-19 pandemic was like for you, in your position.

Sub question: Describe your staff's concerns during this time.

Sub question: What steps did you take to change how work was conducted?

Q2: Describe the staff experience of telework as the result of pandemic policy?

Sub question: Describe the process taken to develop a policy on teleworking during covid19?

Sub question: Moving forward, how will you change the policy on telework, will it be written into emergency guidelines?

Q3: How long were you and your team teleworking (and are you still teleworking?)



Q4: Describe your thoughts on the quality of work from you/your team during this time?

Sub question: What type of projects did staff work on while teleworking?

Sub question: Describe your expectations of staff communication and productivity during this time.

Sub question: What do you think could have influenced that experience?

Q5: Describe the differences and similarities of remote managing (of being managed)

Sub question: What else could have prepared you for managing remote staff?

Sub question: Do you think this is a universal indicator of telework, or specific to your team?

Q6: Tell me about your thoughts on teleworking. Has this experience (of involuntary telework) changed your overall thoughts on viability of telework in your department?

Q7: What is your perspective on how staff experienced telework? What were some of their concerns or thoughts regarding the change to telework?

Q8: Describe the process of returning your department to work?

Alternate: How does your team feel about the prospect of remaining remote for now?

Q9: Before COVID-19 guidelines on physical distancing, what were your thoughts on telework for your department? Tell me about situations where you may have granted staff telework?

Sub question: What experiences changed your mind or strengthen your opinion?

Q10: Describe how your supervisor (or board of directors) views telework?

Sub question: How has their opinion influenced your decision on how your team works now?

Q11: What worked well about your team teleworking?

Q12: What was challenging about your team teleworking?

Q13: If you could create a hybrid schedule, what would be the optimal number of teleworking days allowed?