Cyberseminar Transcript

Date: October 13, 2020

Series: HSR&D Career Development Award Enhancement Initiative

Session: Remote Work During COVID-19: The Experience of VA HSR&D Researchers and Staff

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Rob: But as it’s just now the top of the hour, I’d like to introduce our presenter today. Heather Gilmartin PhD NP is an investigator nurse scientist with the Seattle Denver COIN at the Rocky Mountain Regional VA Medical Center. Heather, can I turn things over to you? [silence 0:00:15 – 0:00:20] Heather, you may be muted. Yep. Unmuted now, go ahead.

Dr. Heather Gilmartin: Okay. Hi, thank you, yeah, I’m here. And thank you Robert for the introduction.

No disclosures. The usual bit.

So I want to start off by thanking the people who worked on this project and have kept me sane. [laughs] And entertained during the past many months, and this includes Brigid Connelly, Chelsea Leonard, Ed Hess, and Cathy Battaglia.

So, kick off with a poll question. So Rob, I’ll let you take it away.

Rob: Okay. That poll is open. Go ahead and read it if you want Heather. Or I can.

Dr. Heather Gilmartin: Yeah. So are you working remotely today due to COVID-19 related restrictions on being in the office? And the answer is yes, no, or I’m not working today, I’m attending this on my day off. Which is so kind of you. So I’ll let you tally those up.

Rob: Right, the poll is open, and answers are streaming in rapidly. I don’t have a measure as to how many of the attendees have answered. So we just leave it open until things start to slow down. Which it’s starting to now.

Dr. Heather Gilmartin: I imagine people are good at this by now.

Rob: Yeah.

Dr. Heather Gilmartin: We’ve done lots of polls. All right.

Rob: Yeah, it seems to have slowed down quite a bit. So I’m going to close the poll, and I’m going to share the results. And we see that 63% answered yes, only 13% answered no, 1% answered not working today. So thank you very much one person.

Dr. Heather Gilmartin: [laughs]

Rob: And 24% didn’t get a chance to answer.

Dr. Heather Gilmartin: Okay. All right so yeah, that’s 60% working from home, that sounds about right. So here’s my next poll question, as of today, what is the biggest barrier to your productivity and engagement during remote work? And I’d like you to choose one. No barriers, everything is going great. Technology issues, internet, VPN, inadequate IT equipment at the home. Children in the home, homeschooling, housekeeping, meal responsibilities. No home office, private workspace. Missing daily face to face interactions, work and social with colleagues. Absence of daily routine. Or we are in a pandemic, so you know that is my biggest barrier. So try and choose one. And this is more out of curiosity out of anything else.

Rob: Okay, that poll is open. People are making their choices. I think we’re going to need to leave this one open a little bit longer.

Dr. Heather Gilmartin: Yeah, this one takes a moment.

Rob: Right, there are quite a few options, and they’re wordy, so.

Dr. Heather Gilmartin: [laughs]

Rob: Or not wordy, sorry. Bad choice. [inaudible 0:03:00]

Dr. Heather Gilmartin: I get that. I’ve been accused, I accept that.

Rob: By the way everybody, Heather informed us before we started the webinar that she went over the handlebars, OTB, to those of you in the know, and broke her arm over the weekend. So she’s joining us, from home, with a broken arm, that she sustained on her mountain bike over the weekend.

Dr. Heather Gilmartin: [sighs] Yes, I did. So the\_

Rob: So\_ Go ahead.

Dr. Heather Gilmartin: Privilege of remote work but if I’m not my full self it is because I’m not my full self. All right, what did we hear? What do we got here for the poll?

Rob: Okay. I’ll close the poll. And hold on a second. Let me share out the results. Ten percent say no barriers, everything is going great. Fourteen percent technology issues. Ten percent children and home. Six percent no home office. Fifteen percent missing daily face to face interactions. Only seven percent, absence of daily routine. Fifteen percent, we are living in a pandemic that’s my biggest barrier. And that’s it, 23% didn’t get an answer it.

Dr. Heather Gilmartin: All right. Well that’s, you know I think that’s exactly what’s reflected in the data. So I just wanted to get a sense of what was going on now in October because the survey was done earlier than that. So let’s get started here. I study work. Specifically working in healthcare. And I’m interested in how people work on their own, in teams, and the practices, learning environments, and culture that support work. I am currently working on a VA Career Development Award. And the first aim of my VA Career Development Award—which I started in January of this year—is to develop an approach to assess team learning environments and use of high reliability practices and team performance within VA Cardiac Cath labs. So why is this important? What does this have to do with the topic of this seminar? Remote work during COVID-19. Well as I mentioned, I started working on my CDA in January of this year. And the plan was to survey Cath Lab staff. But those plans were put on hold due to COVID.

Robert, I think you’re still on if you want to mute yourself.

Rob: I’m sorry.

Dr. Heather Gilmartin: Yep, no worries, all right. So I was paying attention to COVID earlier on. My background is in epidemiology, and I had a feeling this was going to be something big. Plus, I work with the Seattle Denver COIN, Center of Innovation, and for those of you who don’t remember, Seattle was where the first cases of COVID were identified in the United States. So at first, I was watching from my armchair. And then COVID came to my home. My little town in Colorado, was an epicenter in the early weeks of March. The skiers brought the virus with them on their holidays. On March 6th, my son became ill. Fortunately, he made a full recovery. On March 13th our schools were closed. And on March 25th Colorado and Seattle, or Washington State, excuse me, went into lockdown. So I had worked remotely three to four days a week for many years. This was different. Most of my VA and university colleagues were now at home or working on the frontlines. During all the craziness, I became curious. How remote work during COVID-19 would impact our work as researchers and our lives. I was also curious if there were best practices to maintain our productivity, our relationships, and our sanity. And since my CDA survey was on hold I was encouraged by my mentor team to dive in.

So why does it matter if researchers can’t be in the office? To be honest, the impact of the pandemic on scientific research pales compared to the work being done on the frontlines and its affect on human health and lives lost. However, the COVID social distancing requirement holds the potential to delay vital scientific research and strain researchers and staff. I am part of the VA health services research community. We work behind the scenes, and I knew we would all keep working if we could. I felt it was important to understand and share our experiences.

So why is the idea of remote work for researchers so foreign? Why haven’t we tried this before? I think it’s because research is a collaborative work process between investigators, staff, leadership, and participants of research. We have benefited from serendipitous meetings in hallways, the face to face discussions by the coffee pot, and brainstorming sessions as we walk across campus. The halls of academia and research offices are considered the hubs of innovation. We benefit from the social connection, physical closeness, and accountability that working in offices and clinical settings promotes. But here we are with many of us remote, 60-something percent now, right? Is this impacting the planning and execution of research projects? Is it negatively impacting the professional development of junior researchers? Will it make it hard to recruit and retain talented researching staff? I didn’t know, and that’s what I set out to learn.

So in March of this year, the decision to send everyone home was for public safety. Right? There was no discussion about how we should restructure our work to this new reality. And we were in panic mode, right? This was us. The Scream. My first step in all of this was to understand the impact of remote work during COVID. And so I talked to my colleagues. I wanted to learn how individuals in teams were communicating, maintaining relationships, and engaging with work during these wild times. I talked to lots of people and heard some were trying out novel communication and engagement strategies to support the health and productivity of their teams, I also heard about workarounds being created to address remote work challenges. Specifically for the VA.

So interestingly, some people wondered why I was even interested or studying this. For there were two initial schools of thought early in the pandemic. The first being that remote work was going to be good. Right? Like a pandemic. I mean, gosh, like a pandemic, like a sabbatical. Right? The second was that we would be back in the office by summer. So those of us lucky to be working remotely should do the best we can with our situations, but it wouldn’t last long. And I loved both forecasts. However, after talking to just a small group of colleagues, I had a feeling that this was not how things were going to play out.

So after informally interviewing local colleagues, I decided to conduct a survey. So this was a low cost and efficient approach to collect data from VA researchers and staff across the country. Because of the novelty of the situation, I was unable to find an existing instrument that could answer my questions.

So with guidance from my CDA mentor team, I developed a survey to study the impact remote work for VA health services researchers using high reliability and relational coordination theories. I drew from the remote work literature and from experiences colleagues had shared with me. I also was following the conversation on Twitter, which at times was overwhelming. And these are being posted under the hashtags remote work, work from home, COVID 19, and med twitter. And these provided priceless insights and context for this work.

So this cross-sectional survey study was deemed non-human research by the Colorado Multiple Institutional Review Board. The 22-item survey included multiple choice and open text responses. I asked about previous and current remote work experience, the extent remote work was interfering or getting in the way of research activities, and current barriers to remote work and workarounds created. I asked if they had plans to stop research activities, and if any strategies had been implemented to engage staff in a productive way, and what social support they had in the home. Last, I asked them to share how remote work had impacted them. How they were adapting and coping.

The survey was pilot tested by members of the Denver Seattle Center of Innovation Works in Progress group. And in April I administered this survey to members of the Colorado Clinical and Translational Sciences Institute, based at the University of Colorado Anschutz Medical Campus. To obtain a list of VA investigators to survey, I was lucky enough to partner with Jerry O’Keefe and Karen Bossi of CIDER. They provided names that were in the VA ART report for funded researchers. And I was aware we would be missing non-funded researchers and staff, so we created a public survey link that could be forwarded to colleagues and shared by internal announcements and social media. It took a couple months, but I did finally receive all VA approvals and the survey was launched using VA RedCap on July 27th. We invited 800 funded HSR&D researchers to participate and requested the forward the public link to colleagues. The survey was open for two weeks and was promoted by CIDER on social media, which I’m very grateful for. We analyzed the quantitative data descriptively and using multivariable logistic regression. And the qualitative data was analyzed using manifest content analysis.

All right so let’s talk about results.

So we had a good response rate. Ultimately, 473 people participated in this survey. And for those of you on this session who responded I want to say a big thank you. So 32% of those were from the VA ART report, and 68% responded through the public survey link. The sample was on average, 44 years old, female and White, though there was some racial diversity captured. Forty percent of respondents reported their highest degree as a PhD, followed by a bachelors degree, masters in public health, MD or a registered nurse or masters in nursing.

So we received responses from 37 individual VA Medical Centers. Some with only one respondent, but a handful with over 40 responses per center.

So 20% of respondents indicated they were clinician investigators, meaning they provided clinical care and conduct research. Nineteen percent were non-clinician investigators, 3% were fellows, and 50% indicated they worked as a qualitative or quantitative methodologist, data programmer, project manager, research assistant, administrator, or in clinical research roles such as, nurse or social worker. And for the regression analyses we coded this group as support staff.

We asked what stage their research was on the clinical and translational research spectrum. Interestingly, the majority had no idea. But considering this was a sample of health services research, we anticipated most projects would be on the translations to practice or translations to population level, which was true.

Prior to remote work for COVID-19, 59% of respondents never worked remotely. While 41% had some or lots of experience. And we want to acknowledge that per VA policy, clinician investigators are not permitted to formally remote work.

So at the time of our survey, the end of July 2020 however, 69% of respondents were working full time from home. And that is an amazing shift that has been going on for five months.

So 52% of respondents indicated that remote work during COVID-19 had not been interfering with their research activities. While 48% indicated they were experiencing some or great interference.

So respondents were asked to pick from a list some barriers they were experiencing during remote work. So this is similar to what you just did with the polling question. And 56% indicated the greatest barrier to remote work was missing the daily face to face interaction, both work and social with colleagues. A quarter of respondents indicated the absence of daily routings and limited private workspace in the home were barriers. Issues with VPN and the internet were common barriers as well. Eighteen percent reported that childcare was a barrier, and 16% reported having inadequate IT equipment in the home. And what you may notice is I did not have in there, at the time, a question just about the pandemic. So I’m learning as I’m going here.

Okay, so we included an open text option for respondents to share other barriers they were experiencing during remote work. Of the 89 responses a couple themes stood out. These included difficulties reaching and working with colleagues remotely. Video conferencing technology was not working. There was a lack of ergonomic workspace in home, and work-life balance was a serious challenge. Multiple respondents also indicated that conducting interviews from home was not possible, making their work very challenging.

We asked if respondents would be stopping any research during this time. Two hundred and fifty respondents indicated they would not be stopping any research, while 159 indicated they would be stopping some or all of their work. And what’s interesting with that is the CCTSI study, which was a lot more lab-based scientists and clinician scientists during primarily clinical trials, this was very different. They were stopping all of their research for it, but this again was early in the pandemic. So we’re sort of lucky in that way.

Okay. So we gave respondents an option to explain what research was stopped and why. So 249 responses indicated that research wasn’t being stopped altogether, it had been slowed or put on hold. The primary reason was due to the restrictions by the VA Office or Research and Development on interacting with Veterans and VA staff during this time. So some were able to finish up with currently enrolled patients, most in-person research was put on hold. The capacity to perform research tasks was there, people just couldn’t access our population in most cases. Reasons work was stopped included concerns that staff and study participants were under significant stress. Modifications to studies were reported, including remote phone assessment versus in-person visits. A handful of respondents had pivoted to COVID specific research. And at the time of the survey late July, a few respondents reported they had restarted their research. My qualitative mentors pointed out the beauty of open-ended questions in a survey. People tell us things that we didn’t ask about and that is ultimately what’s most important to them.

Okay, so because VA researchers are innovative people, I wanted to learn what strategies were implemented to engage staff in a productive way. Almost 80% indicated they were using video conferencing technology for meetings. About 50% were hosting or participating an informal video conference-based gathering. Forty-two percent had altered timelines in project expectation. While 31% were participating or hosting group self-care activities, and some of them were great like knitting groups and mediation and Yoga sessions and book clubs. There was less use of daily email updates, group text updates, or daily huddles.

So we provided an open text option again for people to share their workarounds they had created to address barriers to remote work. We received 68 responses. The primary workarounds were increased communication and meetings, staying connected by phone, text, instant message and email, and providing group-focused social support such as inspirational daily emails, or creating newsletters with positive photos and stories about work from home.

Last, we asked who else was in their home during the day or at night. And the large majority reported they lived with a partner. Forty-three percent reported they had children in the home. And 38% had a pet, which was nice.

We also were interested if reported interference with research activities were influenced by gender, age, role, days remote work prior to COVID, and race. We included 419 respondents in the model who responded to this question. And we had two significant findings for role and age. The odds of a clinician investigator reporting a higher level of interference was 2.6 times that of a non-clinician investigator, and 4.3 times that of support staff. And the odds of a respondent who was 40 to 46 years old reporting a higher level of interference was 3 times that of older colleagues.

So the survey ended with a request for respondents to share how they are doing during the COVID-19 pandemic. Three hundred and eighty people shared their stories. Some just a sentence or two, and some were a couple paragraphs. And I want to do justice to this complex data. So I’m learning how to code in ATLAS. I am not a qualitative researcher, but by the end of my CDA I plan to be one. I promise to share these stories where people talked about their lives, not so much about work, which is fascinating, and at times it’s been pretty heartbreaking.

All right so let’s talk about what to do. I set out to learn the impact of remote work on the VA health services researchers community during COVID-19. And it does appear that remote work during COVID-19 is impacting the planning and execution of research projects, but not stopping them altogether. It’s just slowing things down. It’s unclear if it is negatively impacting the professional development of junior researchers. For me, as an early CDA I was encouraged to use my downtime to conduct this study, but I can’t speak for my CDA colleagues, and I encourage you to reach out and let us know. Maybe some of you would be willing to share. I did not ask about the requirement and retention of researchers and staff. Again, if people have anything to share in regards to this, I’d appreciate the feedback.

So other things that I learned though were the initial forecasts were wrong. You know this has not been like a sabbatical, nor are we back in the office by summer. Here we are in October, and 63% of us, right, are still working from home. And the pandemic has not magically disappeared. So though my first read of a COVID-19 story did find some people who enjoy working from home, many reported working harder and longer hours than when they’re in the office.

The second thing I learned was the biggest barrier reported was missing our colleagues. We miss the meetings, the coffee talk, the lunches, and the conferences. People did say at this point they missed everyone. Right? It’s not just the work colleagues. We’ve been home possibly with a partner, children and a pet since March. We haven’t connected with our friends, extended family or community. This is not 2019 remote work. This is forced remote work during a worldwide pandemic. This is different. And it can't be addressed with the things that we had tried before. Right? With video conferencing and all the things that all the tech industries are trying to sell us. We need to think outside the box to address the loneliness and the lack of social connection. And if you have any ideas please enter them into the Q&A box or reach out to me directly. Because I really want to try and help.

Women responded to this survey in greater numbers than men. Even though the ART report was about 50-50 men to women. And this was true for the CCTSI survey as well. And I wondered if women were usually to apt to respond to surveys. So I reached out to Dr. Katerine Osatuke who is the director of research for the VA National Center for Organization Development. And she shared that for the VA All Employee Survey, men and women respond evenly. So why for this survey in two different populations did women make up 75% in the sample. I did some member checking and looked to the literature because I have some pretty good biases here as a mother of two teenage boys. So. I went to talk to others.

The scientific literature has documented the unequal effects of the COVID-19 pandemic on female scientists in general. And those with young children in particular. Talking with people about these results, the consensus was that this topic resonated with women, and they wanted to share their experience. And so I share a quote from a female respondent in the survey and I’ll read it. Although my children are elementary and middle school, they still require attention throughout the day since they have no structured activities, that is no camp, no babysitter. The day is generally a stressful mess and we barely get by. Because my work is research and I can 'work' from home, I do so while my husband goes into the office. Like many women bearing the burden of childcare my career is slowing down. So I do want to acknowledge that men are struggling too. And I will dig into the gender and racial experiences shared in the COVID stories to learn more.

So the modeling indicated that clinician investigators have a higher level of reported interference with their research than others. And those between the ages of 40 to 47 are experiencing higher levels of interference than older colleagues. We need to pay attention. We know this now. We need to talk openly to these groups. Parents, clinician investigators, and I call them early-stage investigators, but you know the good ages, and staff, and they are the backbone and the future of VA research. And we don’t want to burn them out and we can’t leave them behind.

So here’s my call to action. The first three months of the pandemic they were spent with most of us trying to figure out how to work and how to live. It’s now a marathon. It’s time to be brave and show up for ourselves and for others. And it’s time to restructure the nature of remote work during COVID-19.

So first, we should restructure the nature of our remote work. Right? I think we should start by revisiting how we communicate. Video conferencing helps us see each other, however, Zoom fatigue is real. Does every meeting need to be on camera? Would a phone call work? I hear horror stories of people being on seven Zoom meetings a day. That’s just not right. So I commit from my teams and the people that I work with to ask those questions. Can we move our meetings less frequently, can we have them by phone? You know let’s talk about it. Next, should we identify, we need to identify our ideal workflow for our situation. And then communicate that with your team. So if you can only carve out writing time in the middle of the day when your child is napping, or when your husband is quiet in the other office, let people know you will be offline. If you will be working longer workdays so you can have a day off during the week because that’s the day that you have your children at home or other such things, put that on your calendar. Third, it’s time to figure out your home office. If you are missing the second screen, the camera, or the standing desk that is collecting dust in your office, ask if you can take them home. I’m sure there will be an obscene amount of paperwork, but I’ve heard it can happen. And for those who have been able to even more their desktop home, they’ve been able to be highly productive and maintain their work. So that is my first request in the call to action.

So my second is that each of us need to revisit our goals. So I’m in the first year of my CDA. I have specific goals I have set for my research, my publications, presentations, and training. And some of these just aren’t realistic right now. So I commit to talking to my mentor team to see what is essential and what I can put on hold until I have the space and a working right arm. [laughs] But I commit to doing the same for my family and for my community. I was in every day going to my cave and work towards those goals and not take anything else on during this time.

So third, we need to rethink management. The office has always been a place to manage productivity. If you’re in your chair when you show up for a meeting, you’re working, right? We need to rethink how to motivate ourselves and our teams in this new environment. The management literature talks about the psychological needs that leaders can meet to help employees stay engaged, confident, and motivated. The first is relatedness. This means that you ensure your staff feels cared for, and that you foster a sense of belonging. Listen to your colleagues and make them know they are heard and valued. Now how do you do that? I mean the simplest way is to start off every meeting with, how are you doing? And then you listen. So the second is competence. This refers to when a person feels effective and experiences growth. Involve your team in decisions, ask people to teach others, and set regular check-ins to discuss individual goals. For pre-COVID productivity, right? Eight to 12 publications a year, that cannot be the expectation right now. Third is autonomy. Empower your team to own their own actions and give them the power to make choices. Avoid controlling language, like I need this tomorrow. And try not to set unrealistic deadlines and constantly monitor people. Right? Micromanagement, it is not the time to be doing that. Remember, this too will pass. We will look back on our COVID time and people will not forget how they were treated during this time.

So finally to quote the live words of our own David Atkins, we should put on our own oxygen mask first. So take time off. You earned that annual leave, you should use it. Take time to sleep. Find things that bring you joy. Connect with others when you can. And seek professional help if you need it. The VA is amazing and has many resources. Be them content from the Whole Health program, to the employee assistance program, to TMS. These tools can help you work on relaxation techniques, they have help lines, and courses on how to organize your life.

And then to end, I want to thank everyone who completed this survey and shared their stories. And then everyone who has worked with me to understand the data. And I want to end with something uplifting. So I’m going to share a quote of Yale University, my alma mater, that I found very inspiring. So we must approach our work with a renewed sense of purpose. There is a lot for us to do, and together, we will bring light and truth to a country and world that need both.”

So with that I say thank you. I have lots of references if anyone is interested in the latter part of the slides. And I’m happy to answer questions. Though I’m hoping people might share some things about what’s working for them, any guidance for their peers. Especially my Career Development Award folks. You know we’re new at this and we’re trying to keep our research careers blossoming. So Robert, I don't know if we have any questions, otherwise, I can just talk for half an hour if you need.

Rob: No, we do have some questions queued up in the Q&A panel. Which I will prioritize. There are a few things that were sent to me in the chat that I’ll try to wade through as well. But once again, audience members, attendees, if you send something to the Q&A panel it will better ensure that it gets read to Heather. So launching right in. The first person asked earlier on, are the questionnaire slash survey data research available?

Dr. Heather Gilmartin: Meaning would other people like to see it? I’m happy to share it. Absolutely. Yeah, this is anonymized. So yes.

Rob: So should people send an email to Heather dot Gilmartin at VA dot gov?

Dr. Heather Gilmartin: Yes, please. Yep.

Rob: Okay. Do you think that your work would open up the topic of researching health services if researchers more generally, not just with a focus on COVID?

Dr. Heather Gilmartin: You mean my personal work? I study work in general, so anyone who is working is of interest to me, because we spend way too much of our time at work. And I think most people don’t do, they don’t enjoy their work as much as they could. So yeah, I would be open to studying that. But I think that COVID-19 provides a really unique perspective, because we did just have our world flipped on its head. We’d always, you know the entire corporate world has been very resistant to remote work and now here we are doing it. And to be honest quite successfully in many ways. And so the discussion in the business and management world is, what’s the world going to look like after COVID? Do we want to go back to a full office? Do we want to do hybrid? Or do we want to allow people who enjoy it to stay remote? And I think it will require leadership to really have some deep thinking about that, and hopefully this data will, and new data that’s coming out from other places as well, can inform this policy decisions.

Rob: Thank you. Again, attendees, if you could send questions or comments to the Q&A panel, we really would prefer it. That gets recorded in the reports for the webinar. Things in chat do not. What was the thinking behind the decision to compare survey results by demographics? By age how were the age categories selected? What was the significant difference between demographic\_ I’m sorry there are four questions in here.

Dr. Heather Gilmartin: Sure. Okay. I think, so the age demographic was a continuous variable that then was categorized by decades thereabouts. Yeah, like our youngest was 24 to I think 30, and then 30 to 39, and then 40 to 46, and then 47 on. And so the reason we ran those was because again I had an idea that those who had children at home or other home kind of responsibilities might be having a greater impact in addition to our clinicians. Right, I mean early on the stuff that I read from the CCTSI survey was, they were really struggling because they realized they’re not going to get their grant in, they’re not going to get their papers done, they’re in clinic, they’re seen patients, and they were really, really, really stressed out. And I’m sure that’s happening in the VA as well. So that was where we came from. And so I don't know, people would say 40 to 47 isn’t a young stage, but I think they’re young, so I’m going to stick them there. [small laugh]

Rob: Follow-up questions in the same cluster were, what would a significant difference between demographic categories mean? And do such differences even matter? I’m not sure if you answered those.

Dr. Heather Gilmartin: Yeah, you know I think sometimes shining a light on something makes it matter. Right? So just calling out that our clinician investigators, there’s data to show that they do have a higher impact, is important for us to talk about. And so hopefully project managers, COIN directors, HSR&D leadership will say wow, let’s just check-in with our clinician investigators, those who are parenting, those who are 40 – 47. Because this small data is indicating they are having more interference. Because we are stoics, and we are type A personalities, that’s why we do what we do. And we’re not very good at asking for help. And so my hope is this data maybe helps management say, it’s time for me to reach out to each of my people and see how they’re doing, and then it’s our job to be brave and say, not doing so good. And so can you lighten up a little bit, can my review be different? You know? I don't know how you’re going to restructure your goals, but I know how I’m going to be restructuring mine.

Rob: This next person writes, excellent and important work. The individual level strategies are good. Some of which I have not thought of. But what can centers and HSR&D leadership do?

Dr. Heather Gilmartin: So that’s a great question. And that’s actually what I’ve had a lot of people ask me. And so I put out on Twitter a question asking if anybody had or anybody’s organizations had been talking about how they were restructuring work. And I heard nothing back. And I mean, don’t get me wrong, I don’t have the following of Utibe Essien, but I don’t think that many leaders or management are starting to think about that. Because again, we’re still just trying to keep our head above water. My humble opinion is that it has to come from the teams that are doing the work, right? And I think you guys have to come up with your own solutions and suggest it to your COIN team. I can see for my COIN Denver Seattle I’d like to compliment some of our groups, because we’ve had a daily meditation that the Seattle team has been putting on, which has been, I’ve participated in on and off. It’s been wonderful to connect. And then we have a Thursday coffee talk, I think. That everyone can just come in and have a coffee and just chat with each other. And that’s been really nice as well. And I know a colleague and Iowa has been telling me that he’s been doing daily huddles, Tuesday, Wednesday, Thursday for an hour with his team. And sometimes it’s just a chitchat, sometimes it’s work, but it keeps them all on track, and it keeps them connected. So people are doing different things, but it’s really at the team and individual level. And then the COIN level. So again, if other have, I’m happy to compile all of this and put it into some type of recommendation or newsletter. I’m looking for great ideas.

Rob: Can you make any sort of conjecture about the loss of productivity for researchers in hours? i.e. How much less productive are we when we work remotely?

Dr. Heather Gilmartin: I cannot. Though I do know, I think the NIH put out a survey a while back [inaudible 0:37:49] they reported that in the June NIH cycle that their grant submissions were about 10% higher than the previous year and were a little bit higher for women as lead PIs. So they were attempting to say, is productivity meaning the greatest outcome being a grant submission being impacted? So that was June. And knowing that most of those were probably in progress. So I think the December submission will be the great reveal for us. Also we have seen tons and tons of papers have been going into journals, but we have heard that the significantly less are from women as principal investigators or first authors. So again, that’s just out there. We’re going to need time because daily productivity ultimately will roll into the output that we’re graded on, right? Like I’m graded on how many papers do I get published and how many grants I’ve put in. So I don’t have an answer. I can speak for myself, but that’s not very informative.

Rob: Thank you. I think you’ve answered this all right, so I’ll just read it and then I’ll move onto the next question. Is HSR&D doing anything about these results? And then another person writes as a comment, some of us have very few meetings, and it is lonely, lonely, lonely.

Dr. Heather Gilmartin: Yeah.

Rob: I almost never interact with my coworkers unless I reach out to them.

Dr. Heather Gilmartin: Yeah. So I have shared this with Jerry O’Keefe. Around with some recommendations around what’s called empathetic leadership. That is what the business literature is telling leaders to try and practice now. So instead of that sort of dictatorial, do what I tell you to do, be very top down management, they’re actually saying, you need to practice kindness, and empathy, and listening, and restructuring of organizational goals around this time. So Jerry has that, and he has shared that he has sent that on to HSR&D leadership. In regards to the loneliness I’m 100% there. I feel you. And all I can say is that sadly we have to be brave and maybe set some of these things up ourselves. Right? Find our own little community. I have, Brigid Connelly, is the research assistant I work with, and she and I have two-hour meetings every week, and they are my human connections to work. And they are the thing I look forward to most each week. So like find those things that keep you going during this time. You have to be brave and sometimes you have to do it yourself.

Rob: Thank you. What about younger researcher staff less than 40 years old? How do they compare to older staff?

Dr. Heather Gilmartin: You know right now I haven’t parsed the data in that way. I have a feeling they’re feeling the exact same way. I mean talking to colleagues of mine who are younger, and their careers are blossoming, you know there’s not a lot of informal mentoring going on. They’re not allowed to sit in on meetings and learn and absorb, right? So again, they have to start taking some initiative and I think trying to reach out and say, can I listen in on some of your meetings, I want to get involved in different things. But I haven’t run the data that way.

Rob: What’s the proportion of men in this seminar?

Dr. Heather Gilmartin: I do not know. Robert, would you know that? I can’t see who’s on.

Rob: I don't know the proportion of men who are attending this seminar. I took the question to mean, what’s the proportion of men in your survey?

Dr. Heather Gilmartin: Uh-huh. Twenty-five percent of our sample was men, 75% was women. And that was true for the university, the CCTSI study as well, which is interesting.

Rob: Thank you. Does telehealth carry the risk of furthering project silos between teams? If so, how can we accommodate that?

Dr. Heather Gilmartin: Yeah. That’s a great question. I think it is, I think it can. Because there is some of that natural serendipitous interaction. [unintelligible 0:41:38] would call them like the clashes, right? Where all of the sudden you run into someone in the hallway, and you hear him say something and you think, ah, that’s exactly what applies to my work, and I’ve never connected it. I think those are missing. So you have to seek them out. And I don’t, I can speak how I do it, I sit in on lots of funny meetings that I’m not supposed to be on. Because I have a CDA, I have time. And I hear things that I wouldn’t have otherwise. If you don’t have time for that then you do need to make those efforts. Because silos are real. And what’s going on, on video conferencing right now? Who knows? I mean I don't even know if someone gets anything published in my COIN, right? Because I’m not there to see the paper put up on the wall. So. Yeah, it’s real.

Rob: This person writes, in terms of things that have helped me, turning off self-view has helped with Zoom fatigue. Not doing as much self-monitoring, and feels more natural.

Dr. Heather Gilmartin: Mm-hmm.

Rob: Question, do you have anything that is similar to today’s webinar for our Veterans who will be having to do virtual appointments? This is a big adjustment for the Veterans. That’s more of a question for me, I think. I don't know of anything at this time, but I can try to find out what there might be.

Dr. Heather Gilmartin: I would say though, with our patients and those doing clinical care, I mean I think, I’m a nurse practitioner, I mean sometimes we would start off with a, what’s wrong with you today? Instead, maybe start with that empathetic caring as well like how are you doing? And it might reveal the same loneliness that we’re experiencing. Not that we have to solve it, but sometimes listening is the greatest, greatest kindness you can do.

Rob: Amen. Right away, as soon as we all switched to telework, we started holding weekly staff check-in Zoom meetings every Monday afternoon. We still continue with these meetings and have managed to create a caring virtual community.

Dr. Heather Gilmartin: Lovely. And see I wish more groups would do that. I mean I honestly, some of the stories I’ve heard, there are some centers that are doing this really well, and then there are some that are not. And so our COIN directors are on phone calls fairly routinely, maybe this could be something that they could talk about. And I know we’re all busy, and I know we all are trying to save lives and change the world, but sometimes we have to look at our own team too.

Rob: I think that might have been one of your colleagues, closer colleagues. Let’s see, this one RE Dr. Heather Gilmartin’s question about our strategies. One, checking in at the beginning of meetings. Two, outdoor walking meetings. Neat. Three, I personally have been getting out and starting each day running with other people. No emails, no social media, no work. So good.

Dr. Heather Gilmartin: Okay, I like this person. Awesome.

Rob: [laughs]

Dr. Heather Gilmartin: Yeah. I mean you have to, people have been sharing that they’ve been loving remote work because they are going for lunch walks. They’re walking their dogs more, they’re getting to be with their children. Right? So if we can really focus on the positives, yes, they might be getting less work done, but this time is never going to be given back to you. I mean I have two teenage boys and I got to spend a lot of time with them while we were in serious lockdown. I’m never going to get that back again. So, it was pretty precious.

Rob: More comments. For our office it was a positive to obtain updated technically and advance our teleworking capabilities. IE getting leadership onboard since we were running out of office space. So it was a positive.

Dr. Heather Gilmartin: Good.

Rob: Question, have you looked at data in the setting that team members don’t want to come back to work onsite? Even in a limited capacity? IE two out of our five days per week?

Dr. Heather Gilmartin: Right, so there were enough people, so again I’ve only read the COVID stories through once. Because there’s a lot. And I want to do it justice. But there are people who are indicating they really enjoy it. And it’s working for them both professionally and personally. And if you look at the business world, some of Wallstreet is going back, but a lot of Wallstreet is not. As is the tech industry. But what they’re really preparing for is what they’re calling the hybrid office. Which is that there are more communal spaces for people. You come in one or two days a week to do communal based work. So maybe that’s your big meeting day, that’s your connection day, and then the other days are your writing days, your deep data, your remote data, and those are done at home. And that is what the business world is looking at. They have different metrics than we do, right? They’re very driven, they can see who’s on Slack, they can see who’s responding. Ours is different, but to be honest, we’re way more driven than most in the business world. So I think hybrid work is something that our leadership, our VA should talk about. But I know we work for the Government and nothing is easy. But I will do my best to parse that out of the data to try and make an argument for those who want to do that.

Rob: We had Wednesday Wellness, and we also had virtual Zoom fitness where I actually volunteered to virtually instruct fitness classes, and another researcher taught Yoga.

Dr. Heather Gilmartin: Awesome.

Rob: Also, what about diving deeper into those who are under the lower percentage populations affected? For example those who are home alone at home?

Dr. Heather Gilmartin: Yeah, I absolutely promise to do that. And my hope is to look at both the CCTSI data and the VA data just to look for commonalities. I think being home alone is not easy. And I’m sorry for those of you who are isolated and working hard. This is not easy, and I’m sorry for that.

Rob: In our experience, teams that existed prior to remote work and have high psychological safety, are less effected from productivity. However, it has been more difficult to establish new team and or training new staff, so would like to know more about establishing trust and improving productivity for new teams and new staff.

Dr. Heather Gilmartin: Okay, good question. So interestingly, some of the things that I did see in our own text responses was people pointed out that if we were not a terribly engaged nor psychologically safe nor good communicating team, this has just exacerbated that, and blown it up. So you’re right. If you were already pretty productive, you probably are smoothly running through this. But how to onboard new people is pretty tough. I would offer that our National Center for Organization Development, Dr. Katerine Osatuke runs that area, they do a ton around employee engagement. They actually have a lot on remote work as well that they put in, and they do consultations. So I would use resources within the VA to try and find some novel ways to establish, you know, new ways of working within your team. It’s also my area of research but I’m a person of one, and my CDA has actually started back up. So I can’t really do consultations. But I would talk to the folks at NCOD and see what they have to offer. Because I guarantee your team is not the only one that’s experiencing this. And I don't know when everyone is going back to work, but I don't think it’s going to be any time soon.

Rob: Thank you. The person who asked about an attending, they said that they meant in the event. I’m sorry, I don’t have those numbers. But a quick glance at the 106 participants, a rough estimate is probably about 30% are men.

Dr. Heather Gilmartin: Okay.

Rob: And 70% women.

Dr. Heather Gilmartin: Not too surprised about that.

Rob: RE Hybrid work. At my center there is a concern that space will be taken from research service by the hospital. Space is at a premium.

Dr. Heather Gilmartin: And I’ve heard that here in Denver too that all of this desk space is sitting there empty and what’s going to happen? I don’t have an answer. However, I will offer that cubicle, those hundreds of cubicles there, were pretty brutal. I mean could we redesign it to have a little bit more space? And more communal work? And people rotate through that you have socially distanced gathering, so that you’re physically using the space, but not every cube. Because man, we had a lot of cubes in our center. Just one thought.

Rob: Do your data parse out people who are entering into new positions? As a new fellow in a new city, it’s been especially challenging to miss out on informal mentoring slash interactions.

Dr. Heather Gilmartin: Yeah, I hear your pain. And I heard that from lots of different people. And my hope would be that your leadership would make an effort to try and do some informal interactions. So I got an invite to do coffee once a month at 10 in the morning for new people sort as like a networking thing. And so I’m joining it. Because I thought, why not? I get to meet people and do that kind of thing. So maybe you could talk to your leadership and say, this is a need. But again, this is the hard part, right? You have to be brave, and you have to say that you need this. Because I’m not a hundred percent sure every center is, every leader is struggling as well. So sometimes we have to speak up and say can we do this?

Rob: Thank you. Right. Moving on to the chat now. Those are all the questions of the Q&A. This person writes, I have a couple of observations. First, a lot of clinicians have been seconded to other duties than their usual ones, which makes it more complicated to find more time for research. Second, I’ve used the time to mentor associates with much less experience. So there were good and bad consequences.

Dr. Heather Gilmartin: Yeah, and can I tell you, I so appreciate our clinician investigators who showed up, and they went into places they hadn’t worked in a long time while they were still trying to keep their research teams going. And you know, that’s why they’re the best of the best. So thank you for that work.

Rob: Sending empathy to Heather. You are a complete and total trooper for doing Cyber today with a broken arm.

Dr. Heather Gilmartin: Yeah. Yeah.

Rob: I broke mine in 2012, and the most painful part was at the stage that is after break but before surgery reset. I think you’ve already had your surgery though, right?

Dr. Heather Gilmartin: Oh yeah, I’m full of metal. I’m all good.

Rob: Hang in there and thank you for pushing through.

Dr. Heather Gilmartin: Thank you, I appreciate that. [laughs]

Rob: Question, what is your advice to the project managers during this time?

Dr. Heather Gilmartin: Oh, can I tell you, the project managers are like the best. They are the heart of the VA research community. And I’ve only worked with really, really talented ones and I think you guys actually are the ones who could change the world. You guys are the ones who could do the informal coffee, you can start the meeting with the how are you doing, and then really check-in with people. And then feed that up to your PI’s who maybe are completely distracted because they’re working in clinical settings or trying to get the next grants in, or under different pressures. I think project managers, this is your time to shine. There’s tons of work out there. You can Google empathetic leadership and you might find that it’s something that you naturally want to do, and you can incorporate it into your project management. And you might find it really rewarding, really rewarding.

Rob: Another researcher’s name I recognize says, it would be interesting to see if the attendants, men slash women, in this Cyberseminar mirrors her data for the survey. Not sure if there’s a way to poll for that. If you want do that, we could try to figure something out with the reports.

Dr. Heather Gilmartin: Yeah, I mean, it’s interesting that 30% are men and 70% are women. So Ed Hess, who is the statistician on our team, he is my number checking keeping me honest. And he always reminds me, you know men just don’t often talk about these things. Not that we’re not experiencing it. So that is something that we have to identify. So that is the point maybe we need to check in our male colleagues. How are they doing? And keep checking. Because they, more than mindfully, they’re not having it easy either. [laughs] Right? They may not be doing all the childcare and the laundry and the housekeeping, but you never know. Maybe they are. And maybe they’re home alone. And lonely. So let’s check in on our guy friends.

Rob: This person writes, could you please repeat the organization. I’m not sure if you understand what that means.

Dr. Heather Gilmartin: I don’t. Unless they’re talking about the Colorado Clinical and Translational Sciences Institute, which is at the University of Colorado, Anschutz. That was the first study I did.

Rob: Okay, so Felicia [phonetic 0:54:24] if that’s not the question you want answered, please reply to your chat and I’ll ask it again. Something else came into the Q&A, was there data that suggests concurrent national events? Like protests, Black Lives Matter, are impacting respondents in addition to COVID-19.

Dr. Heather Gilmartin: Yeah, I have to tell you. I mean, could this have been a wilder year? I personally did not parse out that. I just used remote work during COVID. This survey was put out in July. We were having all of the racial injustice, social unrest, and then we have a political cycle that is just chaos. Yeah? So you can’t parse it out. I think it’s all together. I know for myself I can’t separate it. It’s all there. So though, there have been some people who had mentioned in the open text responses all of the things. It never was, you know if they say COVID and remote work it’s COVID and remote work, Black Lives Matter, the election, and then lots of other things. No one can be isolated from what’s going on in our world right now.

Rob: Mmm. I have a comment and then question by somebody else right after. This person writes, I did the survey and I’m here. I follow Heather on Twitter.

Dr. Heather Gilmartin: [laughs] Thank you.

Rob: And then somebody else wrote in elsewhere, this is a very valuable study. She needs to continue data collection and share her findings. My question is, why wasn’t I sent a survey? I’m not a PI currently, but I’ve been doing VA research for more than 20 years. [inaudible 0:55:57]

Dr. Heather Gilmartin: So it’s hard to find VA folks who do research. That’s why we use the VA ART report. And then we asked, I emailed the COIN director specifically, could you send these out to your colleagues? So that’s where it went. And if it didn’t reach you, I apologize. Because we don’t have a list of people who work in research. This one was pretty good. But obviously not good enough. So. You guys are hard to find [inaudible 0:56:25].

Rob: Okay. So the person who added the question about the organization writes back, organization that can help other groups within VA with team building slash communications strategies et cetera.

Dr. Heather Gilmartin: Oh sure.

Rob: Heather mentioned you could consult with them.

Dr. Heather Gilmartin: Yeah, so this is the National Center for Organization Development. They’re the ones who do the All Employee Survey. And they are a phenomenal group of organization psychologists who do consultations. And they have lots of resources on employee engagement and remote work as well. So go to their resources but then also you can reach out to them. They’re phenomenal. I work with them on my Career Development Award and want to be one. I should have been an organization development psychologist instead.

Rob: National Center for Organizational\_

Dr. Heather Gilmartin: Development. NCOD.

Rob: Development?

Dr. Heather Gilmartin: Yep.

Rob: Okay. I just texted that to everybody.

Dr. Heather Gilmartin: Thank you.

Rob: Chatted that to everybody.

Dr. Heather Gilmartin: Thank you.

Rob: We have an issue with staff wanting to work full time slash remote outside of the commuting area. Any of this at the VA?

Dr. Heather Gilmartin: I can speak for myself. I work a hundred miles from my office. And I remote work formally with a proper agreement, and that has not been an issue. So I think that’s just something that you need to speak about with your research department. There’s paperwork you fill out and there’s no reason why it can’t, why people can’t.

Rob: We found that data analysts had an increase in productivity as well as job satisfaction.

Dr. Heather Gilmartin: [laughs] We did too. So in Denver because they took all of their equipment home, and they are in this phenomenal workspace and they’re able to deep work. And yeah, so our data analysts have done extremely well. I have done very well writing when my children are not around. So for some, this is working very, very well. But for others, you know like the quote that I shared, it’s a hot mess. There’s too much going on and too distracting. So.

Rob: In our Ad hoc survey here we found that Cyberseminar coordinators largely found it better to work at home, but it is a mixed bag.

Dr. Heather Gilmartin: [laughs] Yes.

Rob: Good you got that.

Dr. Heather Gilmartin: I got that one. Yep, well done.

Rob: Has anyone been successful with getting approval for walking meetings at work locations?

Dr. Heather Gilmartin: I didn’t know if you needed permission. Sometimes asking for forgiveness is a good way to go. But don’t quote me on that one. I will say that, once Colorado started lifting some of its severe restrictions and we were allowed to get out, I went down to Denver and I met with my team. Once we went to the Zoo and once, we went to the botanical garden, and it was joyous. You know we wore masks, and we were outside, but it was that little bit of social connection and checking in, and then we’ll see each other again on Zoom. So I think you can make those efforts. But if you need permission then ask for it. Right? You have to ask. And it might be lots of paperwork, but if you ask and you get permission that means others get to benefit as well. So I encourage you to do so.

Rob: Well we managed to get through all of the things sent to Q&A and to chat. So congratulations. And it’s 1:59 my time. So Heather, if you have closing comments, would you please?

Dr. Heather Gilmartin: Yeah, I offer up my thanks to everyone who participated in this survey, and I know you guys are working hard out there, and this isn’t easy, and it’s not going to get easier for the pandemic and our election and everything. But be strong and be brave. And we’re doing this for the Veterans. So we have a lot of purpose. And it’s important stuff. So thank you.

Rob: Thank you, Heather Gilmartin. And speaking of surveys, one will pop up when I close the webinar momentarily, so please do take a few moments and answer those brief questions so that we can continue to bring you excellent, high quality Cyberseminars, such as this one. Thank you again Heather and heal well.

Dr. Heather Gilmartin: Thank you. Thank you very much. I’m on it. Thank you.

Rob: By everybody.

Dr. Heather Gilmartin: [laughs] Bye.

[ END OF AUDIO ]