IMPROVING OUTPATIENT NURSE SATISFACTION AND PRODUCTIVITY USING A HYBRID TELEWORKING MODEL

by

Justine Jenkins

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As members of the DNP Project Committee, we certify that we have read the DNP project prepared by Justine Christina Jenkins, titled Improving Outpatient Nurse Satisfaction and Productivity Using a Hybrid Teleworking Model, and recommend that it be accepted as fulfilling the DNP project requirement for the Degree of Doctor of Nursing Practice.

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Final approval and acceptance of this DNP project are contingent upon the candidate's submission of the final copies of the DNP project to the Graduate College.

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LAND ACKNOWLEDGEMENT

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

DEDICATION

This project is dedicated to my amazing daughters, Penelope and Maebel. I love you both with all of my heart! Never forget that you can do anything you set your mind to.

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ABSTRACT

Purpose: The purpose of this quality improvement (QI) project is to improve outpatient specialty nurses' job satisfaction and work productivity by integrating a hybrid telework schedule for the nursing staff.

Background: The landscape of healthcare is changing. During the COVID-19 pandemic, many professions adopted work-from-home (WFH) models. Technological improvements have allowed people to work efficiently remotely while maintaining their productivity. With burnout rising, especially among healthcare workers and nurses, finding solutions to reduce burnout and increase job satisfaction is imperative. Burnout can result in a lack of empathy, exhaustion, mental health issues, and poor patient outcomes (Sullivan et al., 2022b). One solution to reduce burnout and increase staff satisfaction and retention is implementing a WFH hybrid model for outpatient nursing staff (Friganovic et al., 2019).

Methods: This QI project used the Plan-Do-Study-Act (PDSA) model to implement a hybrid work-from-home model for seven outpatient specialty RNs at Southern Arizona VA Healthcare System (SAVAHCS). The RNs worked from home one day each week while their counterparts worked in the clinic. RN satisfaction was measured using the Maslach Burnout Inventory (MBI) survey to assess burnout and an RN job satisfaction question to assess job satisfaction. RN productivity was measured by the number of notes, addendums, and secure messages completed during the pilot compared to those completed pre-pilot.

Results: Five out of seven RNs reduced their burnout scores, increased job satisfaction, and increased note completion productivity. All participants scored an 8/10 or higher for job satisfaction after the pilot.

Conclusion: This QI project showed improved outpatient specialty RN satisfaction with a work-from-home hybrid model. A majority of participants in the pilot decreased burnout scores and increased overall job satisfaction. Participant productivity for note completion also increased during the pilot. It is recommended that a work-from-home hybrid model for outpatient specialty RNs be implemented permanently.

INTRODUCTION

Healthcare has evolved remarkably over the last century with the invention and use of new technology, medical diagnostic tools, and treatments. With these advancements, nurses and providers have had to adapt and evolve to care for patients in this new healthcare environment. Ultimately, they have had to provide more specialized care for sicker patients with increased nurse-patient staffing ratios and technological demands. Technological demands include working with specialized equipment, extensive electronic medical record (EMR) documentation, and communication with the interdisciplinary team using programs such as Outlook and Teams. These changes, among other things, have led to burnout among nurses and providers alike. Unfortunately, many nurses have left the profession, especially post-COVID, due to job dissatisfaction and burnout, thus contributing to the nursing shortage and further perpetuating burnout. Although not traditionally a nurse work model, telework has shown advantages in reducing staff burnout and improving work-life balance. Telework has also shown positive outcomes with staff productivity. Staff can focus on tasks more efficiently while teleworking because of fewer interruptions and distractions. Health systems must begin incorporating innovative solutions to improve nurse satisfaction and support nurse retention. A hybrid teleworking model could relieve some of the stress associated with in-person office work and increase productivity while sustaining outpatient clinic and patient needs.

Background Knowledge and Significance

In the past decade, the healthcare landscape has changed, not only due to new technological advancements, medical improvements, and staffing shortages but also because of the COVID-19 pandemic. The pandemic created an environment for burnout to spread like

wildfire among healthcare workers, where staffing shortages, high-stress environments, and fear were unavoidable. Staffing shortages, specifically in nursing, have been an ongoing threat to the current healthcare system but have reached an all-time high with the COVID-19 pandemic. There is anticipated to be a 13 million nurse shortage globally by 2030 (Buchan et al., 2022). The number of nurses leaving the nursing profession is staggering, creating a dire imbalance within the healthcare system that needs to be addressed (Duru & Hammoud, 2022).

Unfortunately, the COVID pandemic contributed to this problem by forcing organizations and healthcare staff to rapidly adjust to new technology/equipment, updated procedures, and patient treatment options as new evidence was disseminated. Nurses and other healthcare staff were expected to work with less than recommended staffing, in high-stress environments without proper personal protective equipment (PPE), limited supplies, and little support resources, all of which contributed to feelings of job dissatisfaction and burnout (Galanis et al., 2021). Nearly three years later, most nursing staff can still attest to dealing with fatigue, exhaustion, and burnout symptoms (Sullivan et al., 2022b).

Nursing burnout is not just a “nurse” problem. It is directly related to patient safety and is associated with poor patient outcomes and increased medical errors. In a systematic review by Jun et al. (2021), burnout was demonstrated to be an organizational problem, not an individual one, as patient safety, quality of care, and decreased patient satisfaction were directly linked to nursing burnout. It is essential to measure burnout effectively to find solutions to improve burnout and patient outcomes. The Maslach Burnout Inventory (MBI) tool was created in 1981 and has been refined throughout the years to measure three separate components of burnout:

burnout, depersonalization, and personal achievement (Maslach & Leiter, 2021). The MBI is widely used in research studies to help measure burnout.

During the COVID-19 pandemic, the use of technology showed the remarkable innovation and creativity that new technology can deliver. While many companies sent staff home during the pandemic to work remotely, most nursing staff were not afforded that luxury. COVID changed how the world views telework and broadened the lens of what nursing work models could be. Incorporating telework could help increase nurse recruitment and retention by improving job satisfaction and decreasing burnout.

Burnout and Nurse Retention

Burnout has been recognized by the World Health Organization (WHO) as an occupational phenomenon and is included in the International Classification of Diseases (WHO, 2019). Burnout can be described as continued exposure to chronic emotional and physical stress that can cause emotional exhaustion, depersonalization, and reduced professional effectiveness (Friganovic et al., 2019). Burnout or feelings of job dissatisfaction can negatively affect nursing retention or recruitment. Even before the COVID-19 pandemic, burnout was the number one reason nurses stated they left the profession, with nearly 420,000 nurses leaving the profession in 2017 (Andrew, 2021). This contributes to the nursing shortage vastly. Sullivan et al. (2022a) reported that burnout has affected nearly 16% of all nurses surveyed and is associated with poor patient outcomes, decreased nursing retention, and poor overall nurse health. Mindfulness, resilience education, and increasing job satisfaction have all been shown to help decrease the incidence of burnout among nurses and, inversely, increase nurse retention (Friganovic et al., 2019). Although mindfulness and resilience education are beneficial in decreasing burnout

among nurses, they are challenging to implement due to work time constraints and conflicting nursing priorities during working hours. Many nurses already work short-staffed, with increased workloads, and cannot find time to complete additional training modules during working hours. Increasing job satisfaction is a more straightforward way to reduce burnout and increase retention. Kelly et al. (2021), demonstrate that increasing job satisfaction can lower nursing burnout rates and increase nurse retention within organizations. When outpatient specialty nursing staff at Southern Arizona VA Healthcare System (SAVAHCS) were asked what job elements would increase their job satisfaction, many nurses answered that the ability to telework at least one day each week would significantly help. Each nurse was asked various questions during touchpoint interviews conducted by Clinical Nurse Managers (CNMs) in December 2022. These interviews were intended to get to know the staff and discuss how they felt about their jobs and if there was anything that CNMs could do to help improve their work.

Remote Work

Studies show that remote work has increased job satisfaction and productivity in various professions (Robertson et al., 2022). Although remote work has existed since the 1970s, it became necessary during the COVID pandemic to adhere to social distancing regulations to reduce virus transmission (Martin et al., 2022; Robertson et al., 2022). Nursing was not widely included in the professions that utilized telework during the pandemic, mainly due to the nature of nursing work and direct patient care. However, nursing work also includes many outpatient areas that do not provide direct patient care. Numerous outpatient specialty nurses perform administrative tasks, telephone triage, and have case management responsibilities. With more professions now offering remote work, the nursing profession must adapt, when able, to

accommodate this new era of change. In outpatient settings where specialized nursing can be accomplished remotely, including case management of complex diagnoses such as heart failure and COPD, remote work should be available to increase job satisfaction and retention (Yu et al., 2021). Studies have shown that clinicians, nurses, and patients are satisfied with remote healthcare delivery (Yu et al., 2021). Technology now allows teleworking employees to have secure network access to electronic medical record (EMR) systems, secure phone lines for patient communication, and communication tools such as Microsoft Teams and Outlook to stay in contact with other staff members. Nurses seek flexible and collaborative workplaces where they can grow and feel supported (Fitzpatrick et al., 2019). Remote work – even a hybrid telework model – can increase job satisfaction and productivity, increasing nurse retention throughout organizations.

Local Problem

Arizona

Arizona ranks as one of the top five states experiencing a nursing shortage in the United States (US). Contributing factors include faculty shortage in nursing education programs, nurse staff retirement, and nurse burnout (Sanborn & Cato, 2022). Retention of nursing staff must be at the forefront of our goals in Arizona to preserve experienced and educated nursing staff to care for patients. When experienced nurses leave the profession, it creates a two-fold impact. The initial impact is that it creates a nurse vacancy, deepening the nurse shortage, and another, more significant impact, is that it contributes to a preceptor shortage for nursing students and new nursing staff. This can be detrimental to the education of new nurses and the recruitment of nursing students to nursing school programs. Without qualified preceptors and mentors, nursing

programs cannot organize clinical hours for student nurses and struggle to find hospital training opportunities. In addition, new graduate nurses are not sufficiently trained to care for complex patients in a high-workload environment. This paradigm can create various patient safety issues, reduce the quality of patient outcomes, and lead to burnout among nurses.

Southern Arizona VA Healthcare System (SAVAHCS)

The US Department of Veterans Affairs (VA) prides itself on being the best workplace for employees by following a high-reliability organization (HRO) framework. The five HRO principles include 1) sensitivity to operations, 2) reluctance to simplify, 3) preoccupation with failure, 4) deference to expertise, and 5) resilience (Veazie et al., 2022). The HRO principles work collectively to create a culture of safety and creativity. This allows new ideas and improvements to be implemented to improve patient outcomes and staff satisfaction. Various professions within the VA offer flexible work schedules and teleworking as an option for employees, including information technology (IT), human resources (HR), social work, pharmacy, and education (VA, 2023). Some specialized nursing departments, such as telehealth, VA Community Care (VACC), and the Clinic Resource Hub (CRH), also allow staff to telework. These nurses continue providing excellent nursing care to Veterans from home. Other outpatient nursing departments at SAVAHCS, such as the surgery and medical sub-specialty clinics, have never implemented a remote work option for nursing staff, although it has been requested by staff in touchpoint interviews, and their nursing responsibilities could be done remotely.

Intended Improvement

Project Purpose

The purpose of this quality improvement (QI) project is to improve outpatient specialty nurses' job satisfaction and work productivity by integrating a hybrid telework schedule for the nursing staff. This hybrid schedule would include one telework day and four in-office days each week.

Project Question

Will outpatient specialty nurses at SAVAHCS working remotely from home one day a week describe increased job satisfaction and demonstrate increased productivity?

Project Objectives

The project includes the following objectives:

1) Pilot outpatient specialty nurses at SAVAHCS working remotely one day a week.
2) Pre- and post-survey questionnaires to assess nurse job satisfaction.
3) Pre- and post-data comparisons for nurse productivity, including the number of notes, addendums, and secure messages completed.

Theoretical Framework

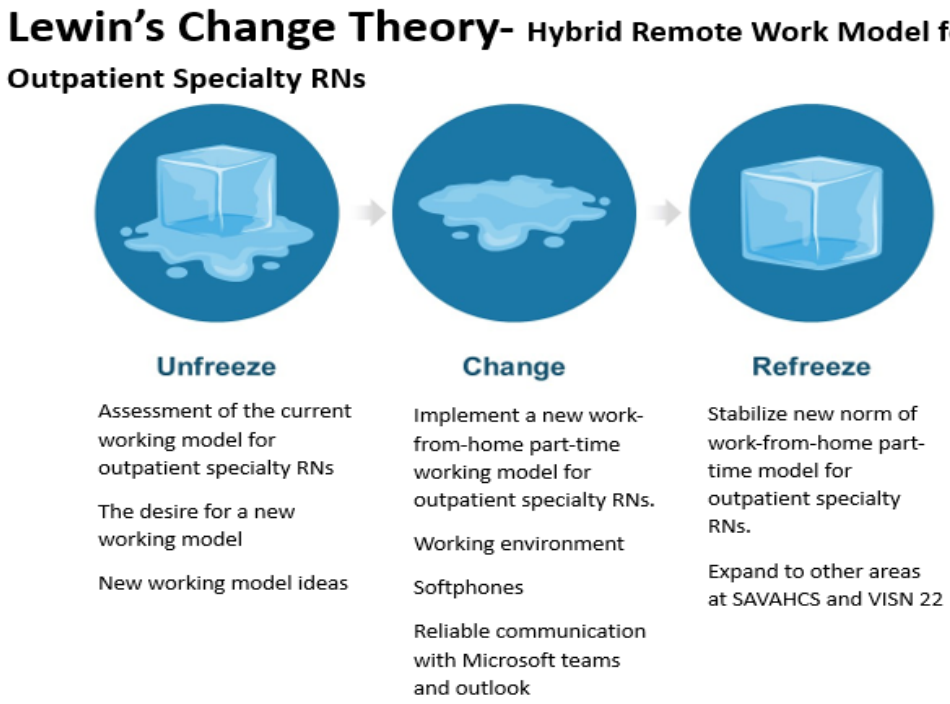
Lewin's Three-Stage Model of Change

Lewin's Three-Stage Model of Change, also known as Lewin's Change Theory, involves three stages of change that help implement new ideas leading to better outcomes (Burnes, 2020). Lewin's Change Theory encourages thinking outside the "norm" while developing solutions and creating a plan. As healthcare systems evolve with advancements in technology and research, it is important to continually examine new ways to cultivate growth, retention, and innovation. The

three stages of Lewin's Change Theory are unfreezing, changing/transitioning, and refreezing (Burnes, 2020; Wojciechowski et al., 2016)

Figure 1

Lewin's Change Theory Hybrid Remote Work Model for Outpatient Specialty RNs at SAVAHCS



This model of change was used to shift established comfort zones to new workflows and processes, especially when there was already a desire for change among stakeholders. This model links directly to the quality improvement process of integrating a hybrid telework model for outpatient specialty nurses at SAVAHCS, as specialty nurses have requested teleworking opportunities in touchpoint interviews and conversations surrounding workload and work satisfaction.

Unfreezing

In the unfreezing stage of Lewin's Change Theory, current processes were examined, and assessments were completed on what the stakeholders would like to see implemented to influence organizational change (Burnes, 2020). In this stage, it was essential to overcome resistance to change by finding a method for stakeholders to let go of outdated ideas and beliefs to move forward. Changing the current beliefs held by executive leadership surrounding the work structure for outpatient specialty nurses at SAVAHCS was challenging. Working from home part-time has never been an option for outpatient nurses within the VA system, and leadership was hesitant to incorporate this new work model. During COVID, many registered nurse (RN) positions that worked on patient consult management, patient utilization, and community care started working from home successfully. This paved the way for other RNs to have the technical ability to work from home. Investigating the remote working RNs' success and the similarities of their job descriptions has allowed leadership to recognize that working part-time remotely could be implemented for outpatient specialty RNs. This new process improvement was brought to the leadership's attention for approval.

Changing/Transitioning

In Lewin's changing/transitioning stage, a movement toward the intended process occurs (Burnes, 2020). In the quality improvement (QI) project of implementing a hybrid telework model for outpatient specialty RNs, a transition occurred from the old standard working model that has been in place for decades to the new model. This idea of working from home differed from any other working model offered in the outpatient setting at SAVAHCS for RNs. With this transition, the RNs established new communication methods and workflow processes to maintain

productivity and cohesiveness with their team. Although Microsoft Teams and Outlook are heavily used in the clinic by the outpatient specialty RNs, the RNs are also physically in the clinic if needed. Transitioning exclusively to Microsoft Teams, Outlook, and phone communication with providers and other team members was challenging. Also, using softphones on laptops was an additional transition for the outpatient specialty RNs workflow. This new technology required additional training for the RNs but was necessary to enact change and establish a good foundation for this overall process change. The other adjustment that was significant was the telework-home environment. This work environment had to foster productivity and be the most substantial change with this new model. During this stage, productivity was monitored, and leadership was heavily involved in helping navigate barriers and challenges that needed to be addressed.

Refreezing

In the refreezing stage, change is stabilized, and staff is familiar with the new workflow and process. At this stage, an organization can implement these changes on a larger scale as new evidence is verified with the success of the QI project. Evidence was gathered and presented to leadership for the quality improvement (QI) project to support the implementation of the hybrid remote work model for outpatient specialty RNs. Data collected included staff satisfaction, the productivity of RN work, and patient outcomes. This evidence can help pioneer other outpatient clinics to adopt a hybrid remote work model for RNs to improve staff satisfaction and increase productivity. As technology advances and other organizations move toward innovative ways for staff to work remotely, SAVAHCS must continue to evolve and implement new working models to increase retention and recruitment and stay competitive.

Lewin's Change Theory in Literature

Throughout the literature, Lewin's Change Theory has been regarded as a simple yet effective approach to implementing change within organizations. In the first stage, unfreezing, it is essential that nursing leaders recognize the need for change and motivate others to recognize the need as well (Shirey, 2013). All stakeholders must be involved in creating solutions and determining the downfalls in this first phase. The second stage, transitioning, is a process of enacting change which includes detailed action plans and engaging stakeholders at each transition (Shirey, 2013). In the last stage, refreezing, the new process becomes rooted in the culture and workflow and can be expanded to other areas across the facility if warranted (Shirey, 2013). Refreezing offers sustainable outcomes for the changes that occurred. Lewin's Change Theory has been used in numerous areas of nursing practice, including nursing education, administration, direct care, and outpatient clinical services to implement best practices and engage in process development (Wojciechowski et al., 2016). The primary limitation of Lewin's Change Theory is its simplicity and lack of dimension. It is thought that change can be unpredictable and warrants more stages than unfreezing, changing, and refreezing (Shirey, 2013).

Literature Synthesis

Evidence Search

A literature review for this QI project was conducted using the problem question, "Will outpatient specialty nurses at SAVAHCS working remotely from home one day a week describe increased job satisfaction and demonstrate increased productivity?" A total of 10 research studies were selected that focused on the correlation between employees working from home and their

perceived stress levels, productivity, and satisfaction with their jobs. A subsection also examined during the literature synthesis was the effect of burnout on nurses and how to mitigate burnout within the healthcare professions. Keywords including “work from home (WFH),” “telework,” and “remote work,” with and without the combination of “productivity,” “burnout,” “stress,” “work-life balance,” “nurse,” “healthcare worker,” and “radiology,” was done in PubMed and CINAHL. Articles published between 2018 and 2023 were included to comprise the most up-to-date evidence for this project (Appendix G). Filter criteria included all professions working remotely, as many healthcare professionals currently cannot work from home.

Comprehensive Appraisal of Evidence

Numerous studies show a positive correlation between working from home and productivity, job satisfaction, and stress reduction. Job satisfaction is critical to examine for the recruitment and retention of employees. In a study by Sousa-Uva (2021), 69% of participants felt satisfied or very satisfied with telework and expressed that they had better concentration while working at home. Hoffman et al. (2020) found that 74% of people working from home had a positive experience with teleworking. The studies show a connection between working from home and how teleworking can promote autonomy and independence in employees, which promotes job satisfaction (Alfaleh et al., 2021; Sousa-uva et al., 2021). Nearly 72% of participants in one study reported increased independence while working from home (Zalet & Bolbol, 2021). Additionally, a higher level of autonomy and flexibility is typically found in remote staff as evidenced by 69% of participants feeling very satisfied with telework, and 92% expressing an interest in continuing to work remotely in the future. Interestingly, 60% of

participants said they would like to work in a hybrid telework model (Alfalah et al., 2021; Sousa-Uva et al., 2021).

Productivity must be closely monitored with a teleworking staffing model, especially in healthcare, where patient outcomes depend on staff productivity. Staff must be as productive as in-office employees and account for their workload while teleworking. Sher et al. (2022) found an increase in provider productivity by approximately 43% when providers teleworked. Another study showed an increase of 67% in productivity with teleworking (Zalat & Bolbol, 2021). A couple of themes emerged from another study showcasing that healthcare quality and productivity increased with teleworking (Garavand et al., 2022). In studies examining productivity, the leading reason for increased productivity in staff that work at home was that distractions were minimized (Sher et al., 2022; Brooks et al., 2022; Hoffman et al., 2020). This is a critical aspect of working from home. Although the staff is still a part of the organization's team, having minimal in-person distractions leads to higher productivity.

Stress reduction and decrease in burnout were analyzed in teleworking staffing models. Many things contribute to stress and burnout, including work environment, coworkers, workload, autonomy, and environment. Two studies showed that many workers feel a positive team dynamic when working at home with technology. This helps reduce stress. Workers noted that it helps to have current technology, such as Microsoft Teams and Outlook, to help stay connected (Hoffman et al., 2020; Costa et al., 2022). Other benefits of working from home that aid in stress reduction include the flexibility of work hours, less commute time, more time to spend with family and friends or on self-care, more autonomy, and an increased work-life balance (Zalat & Bolbol, 2021; Brooks et al., 2022; Galanti et al., 2021). Overall, it was shown that social support

from peers and supervisors increased a staff member's energy at work, reducing stress and burnout (Pulido-Martos et al., 2021).

Strengths of Evidence

The research articles support the correlation between teleworking and increased productivity and staff satisfaction. All literature reviewed presented qualitative findings. A cross-sectional study focuses on one point in time. Data was collected using interviews, surveys, and questionnaires. In the most extensive research study, more than 1,000 participants were surveyed regarding their experiences of working from home. Research studies with large participant numbers help strengthen the data evidence. Six studies contained 100-1000 participants. Another strength noted was that many participants had not worked from home before the COVID-19 pandemic. Many participants could speak to the drastic difference between office work and teleworking. One systematic review examined 14 articles related to teleworking and found emerging themes. In this systematic review, 10 themes for the advantages of teleworking were established, contributing to the strength of the data (Garavand et al., 2022).

Weaknesses of Evidence

Unfortunately, no research studies were explicitly found on outpatient nurses working from home and their experiences. All studies included various workers in different professions, including government workers, call center physicians, radiologists, and general office workers. There is a vast difference between other professions and nursing and the perceived level of burnout, especially during and following the COVID-19 pandemic. Although all people were affected by the COVID-19 pandemic, nurses and healthcare workers were disproportionately affected by COVID-19 and burnout. Nurses had to work with little staff, improper PPE, limited

supplies, and in high-stress environments. As all of these studies were qualitative studies, the level of evidence is lower than in a randomized controlled trial or meta-analysis review.

Gaps and Limitations

Although some disadvantages to telework were noted in the studies, including at-home work environments, having a child at home, and poor desk ergonomics, much of the evidence was positive and indicated a need for more research on people who work remotely (Zalat & Bolbol, 2021; Brooks et al., 2022).

There are some gaps and limitations noted in the research studies analyzed. Some limitations include the type of workers included in these studies. In some jobs, it is hard to quantify productivity; therefore, many studies focused on perceived job productivity instead of quantifiable productivity. Another limitation was the COVID-19 pandemic. Although many people started working remotely because of the COVID-19 pandemic, other variables, including lack of childcare (e.g., having children at home during work hours), spouses' working from home, the fear of getting COVID-19, and general isolation from family and friends could have contributed to poor feelings of working from home and skewed the data. Additional research must distinguish between working from home during the pandemic and working from home post-pandemic. Another gap is the paucity of research on healthcare workers working from home to combat feelings of burnout. This should be explored more to determine if working from home could reduce burnout in healthcare workers.

METHODS

Project Design

Quality improvement (QI) projects are used to implement new ideas, evidence-based practices, and workflows in healthcare systems to positively impact patient outcomes, increase nursing satisfaction, and reduce medical errors. *Design Thinking* uses a unique perspective for QI projects to cultivate innovative ideas and "think outside the box" (Mawer et al., 2019). This QI project was unique to SAVAHCS as many RN work models had not been revised in years. Using a hybrid teleworking model, this QI project was anticipated to improve SAVAHCS's outpatient specialty RNs' satisfaction and productivity. This QI project focused on RN satisfaction and productivity to demonstrate success.

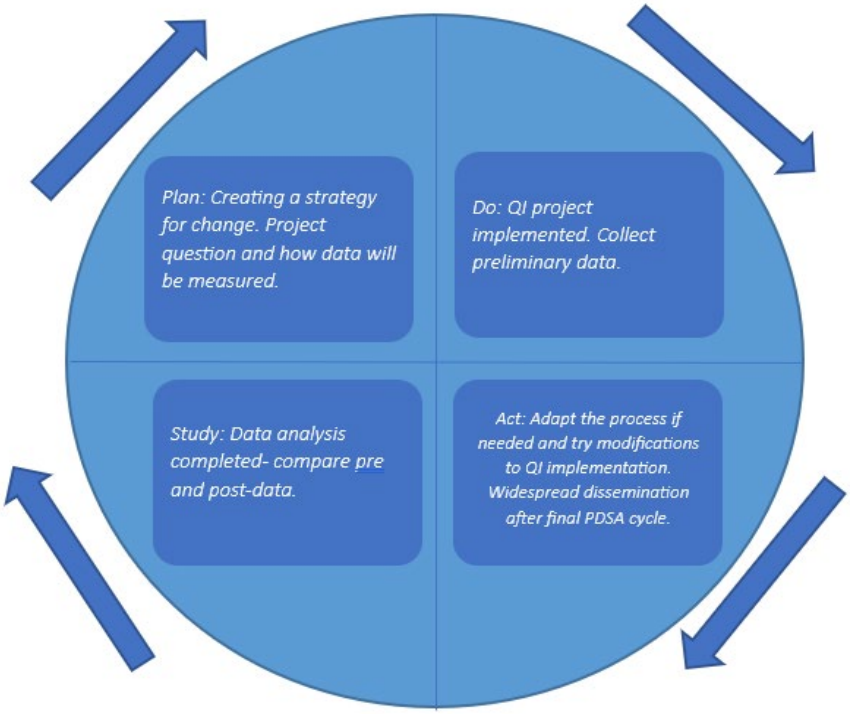
Model for Implementation

Plan-Do-Study-Act (PDSA) Cycle

The Plan-Do-Study-Act (PDSA) cycle tests a change implemented from a QI project and evaluates if adjustments are needed for that project's success. The cycle consists of four elements: plan-do-study-act (PDSA) which is used repetitively until a successful implementation occurs or data suggests the change is impractical. The Institute for Healthcare Improvement (IHI) created a PDSA worksheet that healthcare organizations can utilize to examine the implementation of change and the different elements of the PDSA cycle to help increase the success of the change (IHI, 2017). This worksheet breaks down the cycle and helps healthcare workers fully grasp each cycle element with questions and prompts. This QI project used the PDSA cycle to evaluate and adjust as needed (Figure 2).

Figure 2

Plan-Do-Study-Act (PDSA) Cycle



Plan

For this QI project, the planning phase was essential for the project's success. The IHI describes the 'Plan' stage of the PDSA cycle as creating a strategy for change, including a strategy for collecting data (IHI, 2017). This includes establishing the project questions and thinking about the who, what, when, where, and what data will be collected to measure for the project (IHI, 2017). For this QI project, the question that needed to be answered was: Will outpatient specialty nurses at SAVAHCS working remotely from home one day a week describe increased job satisfaction and demonstrate increased productivity? This QI project included outpatient specialty RNs implementing a hybrid teleworking model at SAVAHCS and assessing

RN satisfaction and productivity. RN satisfaction and productivity data were measured pre-and post-implementation of the hybrid teleworking model.

Do

In the 'Do" stage of the cycle, the QI project was implemented. This QI project was done on a small scale as a pilot. Outpatient specialty RNs in Cardiology, Pulmonary, Infectious Disease, and Neurology participated in the hybrid teleworking model pilot. The IHI recommends documenting problems and unexpected observations during this stage (IHI, 2017). Data was collected during this stage, and preliminary data analysis was done. For this QI project, RN satisfaction data (pre & post-implementation) was collected using the Burnout Self-Test Maslach Burnout Inventory (MBI) tool and an additional satisfaction question, "On a scale of 1-10, how satisfied are you with your job?" In contrast, RN productivity data (pre- & post-implementation) was collected using a Power BI BISL Provider Productivity site created by the SAVAHCS data informatics team. This site shows the number of notes, addendums, secure messages, encounters, and procedures each provider/RN completes. This QI project was done on a small scale as a pilot, and seven RNs participated.

Study

In the 'Study' stage of the cycle, data analysis was completed and compared to the anticipated results of this QI project. According to the IHI PDSA worksheet in the 'Study' stage, it is necessary to complete the data analysis and summarize what was learned (2017). Using the Burnout Self-Test Maslach Burnout Inventory (MBI) tool and an additional satisfaction question, "On a scale of 1-10, how satisfied are you with your job?" nurse satisfaction was analyzed. This survey and satisfaction question was administered to participants pre-and post-implementation of

the hybrid teleworking model. Burnout and depersonalization were anticipated to decrease, while personal achievement increased, demonstrating increased nurse satisfaction. Productivity was also anticipated to increase during this QI project. Fewer distractions when teleworking should support increased productivity.

Act

There are three outcomes in the 'Act' stage of the PDSA cycle, adapt, adopt, or abandon (IHI, 2017). If adaptation was needed, modifications to the project would have been done, another test for change completed, and a PDSA cycle done. Once data was reviewed in the 'Study' stage and change was determined worthwhile, adoption can occur within the healthcare organization. This would be a widespread dissemination of the change. This QI project is anticipated to be adopted for widespread dissemination once completed and data analyzed.

Setting and Stakeholders

This QI project took place at SAVAHCS in the Outpatient Specialty Clinics. Specialty clinics include 13 outpatient medical specialties: Cardiology, Pulmonary, Gastroenterology, Endocrinology, Rheumatology, Infectious Disease, Neurology, Nephrology, Dermatology, ECHO, Stress Testing, Pacemaker/Holter Clinic, and COVID outpatient clinics. Each specialty clinic has 1-3 RNs assigned to the service who work collaboratively with the specialty providers to provide care to the Veterans. Outpatient specialty RN responsibilities include phone triage of patient symptoms and concerns, clinical reminder completion, "scrubbing" the clinic to ensure patients are appropriately scheduled, and assisting providers with administrative and patient care tasks such as collecting records and ordering labs/EKGs. The outpatient specialty RN staff currently works in person in various physical clinics. Shared workspaces are used among the

staff ranging from 2-10 workstations in each nursing area. RNs are interrupted throughout the day to answer in-person questions from patients, healthcare techs, providers, and schedulers. With minimal interruptions while working at home, it was anticipated that notes, addendums, and secure messages completed by the individual RNs would improve along with their job satisfaction. This QI project involved the outpatient specialty clinics' Clinical Nurse Managers (CNMs), the Chief of Specialty Ambulatory Care Services, and the Associate Director of Patient Care Services (ADPCS) as key stakeholders.

Planning the Intervention

The hybrid teleworking model for outpatient specialty RNs is a unique way to improve nurse satisfaction and increase productivity. Conventionally at SAVAHCS, nurses are not approved to telework, so a hybrid teleworking model is an innovative new-age concept. Many RNs have voiced their desire to telework at least part-time to create more work-life harmony. Planning the intervention was done before implementation. In the PDSA cycle, this step falls under the 'Plan' stage, where change is proposed, and outcome predicted. This is similar to Lewin's Change Theory in the unfreezing stage. In the unfreezing stage, confirming that leadership supports critical change is imperative. Learning how to manage concerns is necessary to implement the hybrid teleworking model, as this idea is new at SAVAHCS.

Once the proposal for the QI project, a hybrid work model for outpatient specialty RNs at SAVAHCS, was approved, the following steps were initiated. These steps describe participant recruitment, pre- and post-MBI tool administration, data collection, and analysis, pre- and post-RN productivity data collection and analysis, and the length of the project.

- A recruitment email was sent to potential participants who qualified for this QI project. Seven RNs participated in this QI project. (See Appendix C for the recruitment email.)
- The U.S. Department of Veterans Affairs Telework Request/Agreement was attached to the recruitment email. This Telework Agreement outlines safe conditions for remote work. Participants read the Telework Agreement before "opting in" to ensure their remote work location met the VA's criteria for safe working conditions. (See Appendix E for U.S. Department of Veterans Affairs Telework Request/Agreement.)
- Participants had 1 week to respond to the email and opt-in to participate in the QI project. Participation was voluntary and could be terminated at any time. This was noted in the recruitment email. (See Appendix C for recruitment material.)
- Participants participated in a 1-hour educational program on how to log into the electronic medical record (EMR) and use a softphone from home. The nursing Automated Data Processing Applications Coordinators (ADPACs) provided this education to the RN participants. Education for the project also included expectations of working from home and what data would be collected pre- and post-QI project implementation. This was communicated via email to all participants. (See Appendix E for educational material.)
- Participants completed the U.S. Department of Veterans Affairs Telework Request/Agreement. The participant and their supervisor signed this document and emailed it to the project's leader and supervisor before the start of the pilot. This document lists items and conditions that participants needed to inspect in their remote

workspace to help create an optimal and safe remote work environment. It also outlined expectations of remote work in the VA. (See Appendix E for U.S. Department of Veterans Affairs Telework Request/Agreement.)

- Participants completed the Burnout Self-Test Maslach Burnout Inventory (MBI) survey before pilot implementation. As this is a blind project, each participant completed the survey by hand and wrote a 4-number unique code at the top. This code was the month and date of their birthday (for example, November 23rd =1123 or March 4th 0304). Surveys were turned into the pre-survey folder in the CNM office. (See Appendix D for the Maslach Burnout Inventory Survey tool.)
- In addition to the MBI survey, an additional question was added as part of the survey. "On a scale of 1 to 10, how satisfied are you with your job? (10 being very satisfied.)" This question was on a separate paper stapled to the MBI survey. Each participant wrote the same 4-number unique code at the top of the paper. This code was the month and date of their birthday (for example, November 23rd =1123 or March 4th 0304). Surveys were turned into the pre-survey folder located in the CNM office.
- Productivity data, including the number of notes, addendums, and secure messages completed, were collected using the SAVAHCS's Power BI BISL Provider Productivity data site before pilot implementation. The pilot ran for a total of eight weeks. Pre-productivity data was collected for the 8 weeks right before the pilot was initiated. This data was collected by a CNM at SAVHACS who is not involved with the project or had an RN under their supervision participating in the project. This

CNM de-identified the data and emailed it to the project leader for analysis. The CNM de-identified the data by "blacking out" the participant's name and placing a letter (i.e., A, B, C, etc.) in place of the participant's name. The CNM remembered the "letters" associated with each participant and kept this information secret so that the same letter could be connected with each participant for post-data retrieval. (See Appendix D for examples of provider productivity data.)

- RN participants worked with their RN counterparts and supervisor to select 1 day each week to work from home with the understanding that their counterparts would be physically at work the day they work from home. The work-from-home day *could* change weekly depending on in-office coverage as long as the CNM knew which day the participant worked from home each week. Participants were encouraged to work from home on the same day each week, but switching days in unique circumstances was appropriate as long as communication was clear. (See Appendix E for the expectations given to RNs.)
- After completing the aforementioned activities, the pilot project began and ran for 8 weeks. The pilot started July 17th, 2023, and ended September 8th, 2023.
- At the end of the 8-week pilot participating RNs completed a post-MBI survey with the additional RN satisfaction question (On a scale of 1 to 10, how satisfied are you with your job? (10 being very satisfied)) on a separate piece of paper stapled to the MBI survey, they identified this survey and RN satisfaction question paper with their unique 4-number code (This code was the month and date of their birthday) and turned it into the post-survey folder in the CNM office.

- Data was then collected on RN productivity, including completed notes, addendums, and secure messages for the pilot dates using the SAVAHCS's Power BI BISL Provider Productivity data site. This data was collected by a CNM at SAVHACS who was not involved with the pilot or supervising an RN who participated in the pilot. The CNM de-identified the data of all names and only identified the data set with the "letter" previously assigned to each participant during the pre-data collection. This allowed productivity to be compared RN to RN without identifying the participants. The CNM emailed this data for analysis to the project leader.
- Data was analyzed by comparing productivity reports and MBI surveys pre- and post-pilot. The MBI scores and the additional RN satisfaction question were analyzed using bar graphs to show how the pilot influenced the RN's satisfaction. The productivity of the RNs was also analyzed using bar graphs to compare the number of notes, addendums, and secure messages completed within the 8-week pilot period to the 8 weeks right before the pilot. The more notes, addendums, and secure messages completed by each RN, the greater the productivity of that RN.
- Productivity and RN satisfaction data will be presented to SAVAHCS ADPCS along with future recommendations.
- A timeline was created for this QI project. (See Appendix F for full timeline details.)

Participants and Recruitment

Participants were recruited for this QI project using email. An email was sent to outpatient specialty RNs who met the qualifications for participation. The email detailed the project's purpose, data collection process, intervention and implementation, and time frame. (See

Appendix C.) The email was sent after the University of Arizona's Institutional Review Board (IRB) had approved this project for implementation. Recipients had 1 week to respond to the email if they wanted to participate in this pilot.

Qualifications for participation in this QI project included:

1. Must be an RN in an outpatient specialty clinic at SAVAHCS.
2. Works an 8-hour tour.
3. The service that the RN works with has 2 or more RNs working for that service (for example, the Cardiology Service at SAVAHCS has 3 RNs).
4. Approval from their supervisor to participate. Participants' supervisors were asked if they approved of the RN participating in the pilot. This discussion occurred via phone call with the project leader.

Consent and Ethical Considerations

Ethical considerations are imperative throughout all stages of the implementation of quality improvement projects. Ethical considerations such as consent, project integrity, and maintaining participants' rights and dignity should be examined and upheld throughout the project (Moran et al., 2020). This QI project piloted a hybrid telework model for specialty RNs in the outpatient specialty clinics at SAVAHCS. Before implementation, this project was submitted to the University of Arizona's Institutional Review Board (IRB) to ensure ethical guidelines were observed. This QI project was voluntary, and participants could "opt out" at any time during the pilot. In the recruitment email (Appendix C), participants consented to participate in the pilot when they opted in to participate via email (Appendix B). The recruitment email outlined the proposed QI project and data that would be collected pre- and post-pilot. It

summarized that data collected would include the Maslach Burnout Inventory Survey with the additional RN satisfaction question, and productivity data collected from the SAVHACS BISL productivity site would remain anonymous. Participants' job positions, responsibilities, salary, supervisor, or tour of duty did not change during the pilot, as stated in the recruitment email (Appendix C).

This QI project asked to waive formal consent for participants as all participation was voluntary. How the data was collected from surveys and the SAVAHCS productivity sites ensured that participants' answers to surveys and productivity data remained anonymous. Authorization from the University of Arizona's IRB and SAVAHCS's ADPCS was obtained before the implementation of this project (Appendix A).

Data Collection

This QI project collected pre- and post-pilot data from the Maslach Burnout Inventory (MBI) Survey, RN satisfaction question, and provider productivity SAVAHCS BISL site. The Maslach Burnout Inventory Survey is separated into three sections: A- burnout, B- depersonalization, and C- personal achievement. Each section of the MBI was completed and scored by the participant. This survey was administered to the participants' pre- and post-pilot. The RN satisfaction question was also given to the participants in conjunction with the MBI survey tool to answer, "On a scale of 1-10, how satisfied are you with your job? (10 being very satisfied)." The anonymity of participants was preserved during the data collection phases.

The RN productivity data was also collected pre- and post-pilot. Each participant's productivity was examined using SAVAHCS's Power BI BISL Provider Productivity data site. The pre-pilot data collected includes the 8 weeks right before the start of the pilot (May 22nd,

2023, to July 14th, 2023). The post data includes data from the 8 weeks of the pilot (July 17th, 2023, to September 8th, 2023). This data was collected by a CNM not associated with this pilot, and participants' identities were de-identified to protect anonymity. The productivity examined includes the number of notes, addendums, and secure messages completed. Notes and addendums completed by RNs in the specialty clinic include triage notes, patient questions/clarification, records, coordination of patient's care plan, and ordering labs. Secure messaging is an "email-like" portal for Veterans to communicate nonemergent concerns with nurses and providers. Messages are checked throughout the workday to answer questions and facilitate care.

Data Analysis

Data was analyzed for RN satisfaction and productivity. Each section of the MBI was scored and interpreted per instructions on the MBI survey tool "A high score in the first two sections and a low score in the last section may indicate burnout" (Maslach, n.d.). The MBI scores and the additional RN satisfaction question were analyzed using bar graphs to show how the pilot affected the RNs' burnout levels and satisfaction. The productivity of the RNs was also analyzed using bar graphs to compare the numbers of notes, addendums, and secure messages completed within the 8-week pilot period to the 8-week week period before the pilot. The more notes, addendums, and secure messages completed by each RN, the greater the productivity of that RN.

RESULTS

Outcomes

Seven participants completed this quality improvement pilot. All participants completed the MBI survey and the RN satisfaction question pre- and post-pilot to analyze RN satisfaction. Productivity was also evaluated for each participant by comparing the number of addendums, secure messages, and notes completed pre- and post-pilot. This data is analyzed in the following sections. The MBI survey and RN satisfaction score data are displayed in Table 1. Figures 3-6 display the MBI and satisfaction score data using bar graphs. Table 2 displays the productivity data pre- and post-pilot. Figures 7-9 display the productivity data using bar graphs.

Table 1

MBI Survey and RN Satisfaction Scores Pre- and Post-Pilot

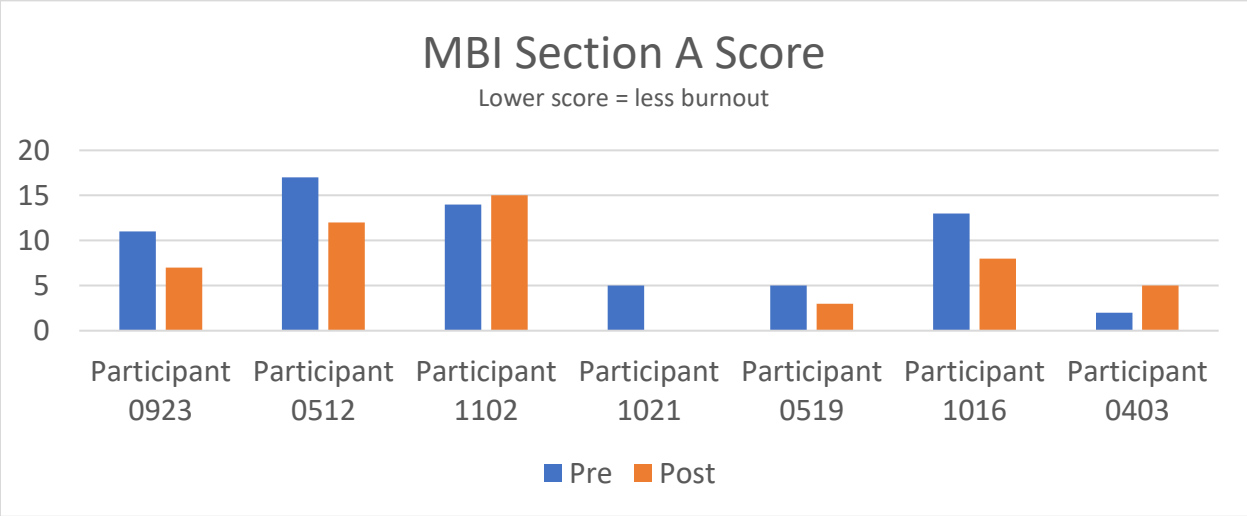
Participant	MBI Section A - Pre	MBI Section A- Post	MBI Section B- Pre	MBI Section B-Post	MBI Section C- Pre	MBI Section C- Post	Satisfaction-Pre	Satisfaction-Post
0923	11	7	2	0	48	48	9	10
0512	17	12	3	2	37	45	6	9
1102	14	15	10	11	37	38	8	8
1021	5	0	6	2	40	48	8	10
0519	5	3	3	4	40	40	9	10
1016	13	8	9	8	41	42	8	8
0403	2	5	0	1	40	44	7	8

All seven participants completed the MBI survey and RN satisfaction questions pre- and post-pilot. Participant identity was blinded using a unique code for each participant (month and day of their birthday) to maintain anonymity. MBI scores can range from 0-48 in each section of the MBI. Satisfaction scores can range from 1-10 for the RN satisfaction question. The green highlighted areas in Table 1 represent an improvement between pre- and post-MBI survey and

RN satisfaction question scores. The yellow highlighted areas represent areas with no change. Most participants improved their burnout (MBI Survey) and satisfaction scores.

Figure 3

MBI Section A Scores- Burnout

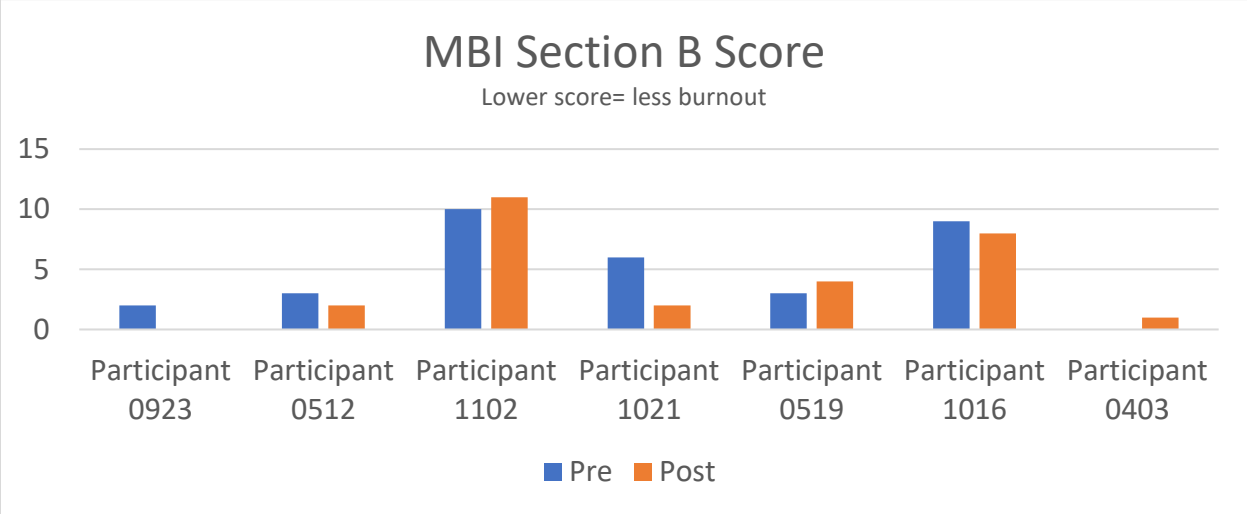


Section A in the MBI Survey measures burnout. Occupational burnout can be described as fatigue or exhaustion at even the thought of work and differs from depression because this exhaustion goes away outside of work (Maslach, n.d.). In the graph, participants are shown on the x-axis, and the MBI Section A scores are shown on the y-axis. A score of 17 or less represents low-level burnout. A score of 18 to 29 represents moderate-level burnout and a score of 30 or more represents high-level burnout. Statements such as "I feel frustrated by my work" or "I feel like I'm at the end of my rope" are ranked by participants in this section from never (0 points) to every day (6 points) (Maslach, n.d.). See Appendix D for the complete MBI survey. All participants scored 17 or less in section A pre- and post-pilot. One participant, 1021, scored a '0' in the post-survey. The highest score of any participant in Section A pre-pilot was 17, participant 0512. Post-pilot, the highest score was 15. 5 out of 7, or 71% of participants, reduced

their Section A scores, demonstrating decreased burnout. More notably, three participants decreased their Section A score by '5' points, a considerable decrease. Only two out of seven participants increased their scores for Section A; of note, these scores did not move those participants into the next level of burnout. Overall, most participants decreased their burnout scores post-pilot compared to pre-pilot.

Figure 4

MBI Section B Scores- Depersonalization

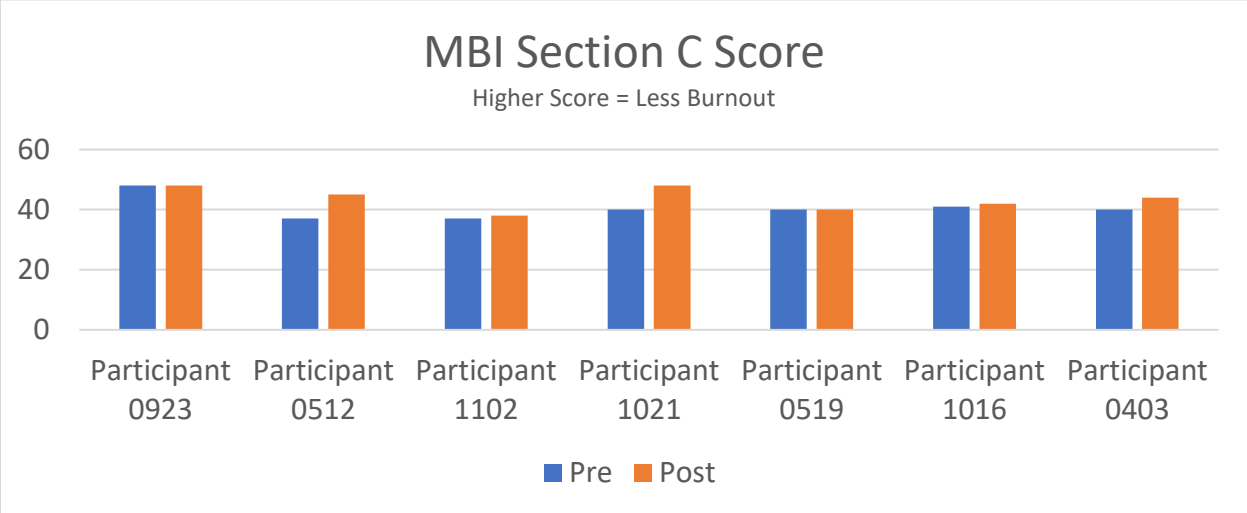


Section B in the MBI Survey measures depersonalization or the loss of empathy. This can be an indicator of burnout. In the graph, participants are shown on the x-axis, and the MBI Section B scores are shown on the y-axis. A score of '5' or less represents low-level burnout because it is correlated with low levels of depersonalization or higher levels of empathy. A score of 6 to 11 represents moderate-level burnout (moderate levels of depersonalization), and a score of 12 or more represents high-level burnout (high levels of depersonalization or high levels of loss of empathy). Statements such as "I feel tired when I get up in the morning and have to face another day at work" or "I have become more insensitive to people since I've been working" are

ranked by participants in this section from never (0 points) to every day (6 points) (Maslach, n.d.). See Appendix D for the complete MBI survey. In section B, 4 participants scored '5' or less pre-pilot, and three scored between 6 and 11. Participant 0403 scored '0' in this section pre-survey, whereas Participant 0923 scored '0' post-survey. Four participants (0923, 0512, 1021, & 1016), or 57%, decreased their scores post-pilot, indicating decreased depersonalization and burnout. One participant, 1021, went from moderate-level burnout to low-level burnout. Three participants (1102, 0519, 0403) did increase their scores but did not increase their level of burnout. Overall, more participants decreased their depersonalization scores post-pilot compared to pre-pilot.

Figure 5

MBI Section C Scores- Personal Achievement



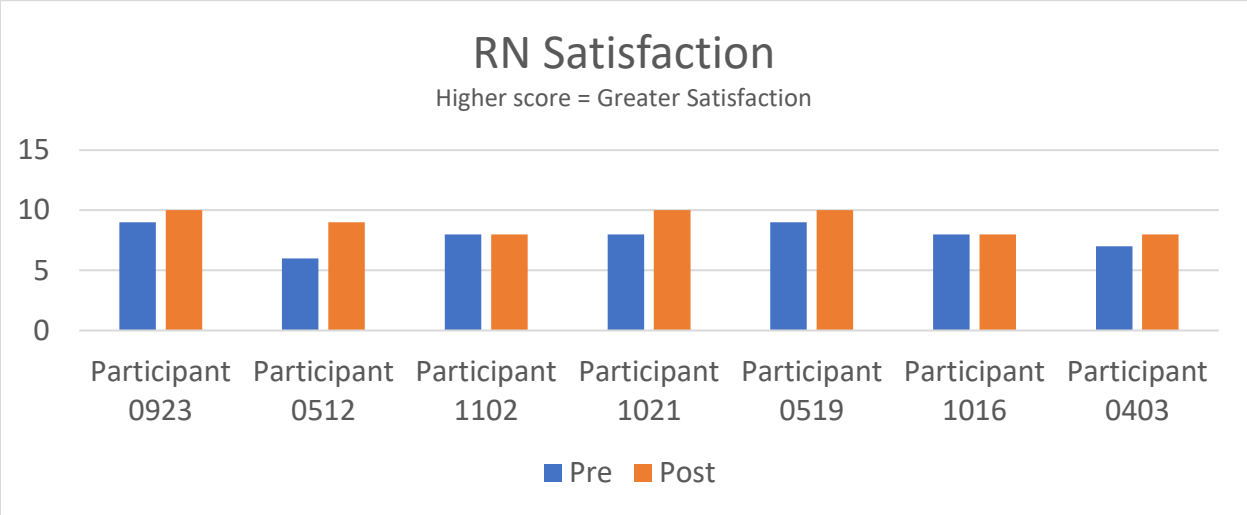
Section C in the MBI survey measures personal achievement. In this section, a higher score reflects an increased sense of personal achievement, while a decrease in the score shows a decrease in personal achievement. A decrease in personal achievement can manifest with someone not believing they can accomplish their goals or work (Maslach, n.d.). In contrast, an

increase in personal achievement can manifest when an individual has fulfillment and joy in their work (Maslach, n.d.). Participants are shown on the x-axis, and the MBI Section C scores are shown on the y-axis on the bar graph. A score of '40' or greater represents low-level burnout or a good level of personal achievement. A score of '34' to '39' represents moderate-level burnout (moderate decrease in personal achievement), and a score of 33 or less represents high-level burnout (high-level decrease in personal achievement). Statements such as "I am easily able to create a relaxed atmosphere with my patients/clients" or "In my work, I feel that I have a positive influence on people" are ranked by participants in this section from never (0 points) to every day (6 points) (Maslach, n.d.). See Appendix D for the complete MBI survey. Five participants scored '40' or greater in the low-level burnout range pre-pilot. Two participants scored in the moderate-level burnout range. Five participants, or 71%, improved their scores post-pilot, and two remained the same. Six participants scored in the low-level burnout range post-pilot, indicating good personal achievement.

The MBI survey scores show that a majority of participants' burnout decreased with the hybrid work-from-home model. Section A shows that 71% of participants' burnout levels decreased when measured post-pilot. Section B shows that 57% of participants' depersonalization, or lack of empathy, decreased when measured post-pilot and 100% of participants either increased their feelings of personal achievement scores or stayed the same, according to Section C of the MBI survey. These scores show that burnout can be reduced by implementing a hybrid work-from-home schedule for outpatient specialty RNs. This could be due to an increased work-life balance, reduced stress associated with commuting into the office, and more time spent at home.

Figure 6

RN Satisfaction Scores



The RN satisfaction question, "On a scale of 1 to 10, how satisfied are you with your job (10 being very satisfied)?" was asked of all participants. In the graph, participants are shown on the x-axis, and the RN satisfaction scores are shown on the y-axis. Five participants, or 71%, improved their satisfaction scores post-survey, and two participants stayed the same. Post-pilot, all participants scored an '8' or higher for job satisfaction. These scores show that implementing a work-from-home model for outpatient specialty RNs can improve their job satisfaction and will not reduce it.

Table 2

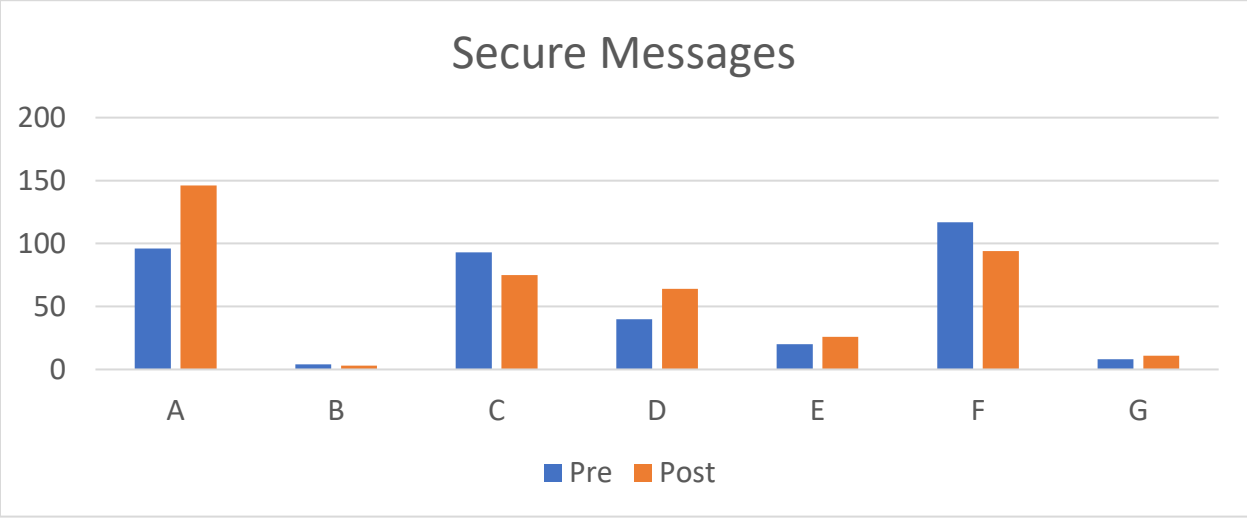
RN Productivity Pre- and Post-Pilot

Participant	Addendums-Pre	Addendums-Post	Secure Messaging-Pre	Secure Messaging-Post	Notes- Pre	Notes- Post
A	184	191	96	146	61	79
B	50	25	4	3	94	107
C	163	145	93	75	59	56
D	210	158	40	64	182	191
E	200	276	20	26	158	184
F	184	135	117	94	83	83
G	460	462	8	11	252	255

The productivity of all seven participants was collected and analyzed using SAVAHCS's Power BI BISL Provider Productivity data site. This data site can show each person's productivity at SAVAHCS by the number of "encounters (when they enter their signature to sign)" they make in the Electronic Medical Record (EMR) System. Participants' identities were blinded for anonymity in the data collection. A Clinical Nurse Manager, not associated with the pilot, collected the productivity data pre- and post-pilot and assigned letters to each participant. Participant's productivity and MBI/RN satisfaction cannot be compared as different methods were used to blind MBI/ RN satisfaction scores and participant productivity. Productivity scores can range from '0' to infinity. Each number is associated with a note, addendum, or secure message the RN completed. The green highlighted areas in Table 2 represent an improvement between pre-pilot and post-pilot productivity. The yellow highlighted areas represent areas with no change.

Figure 7

Number of Secure Messages Completed

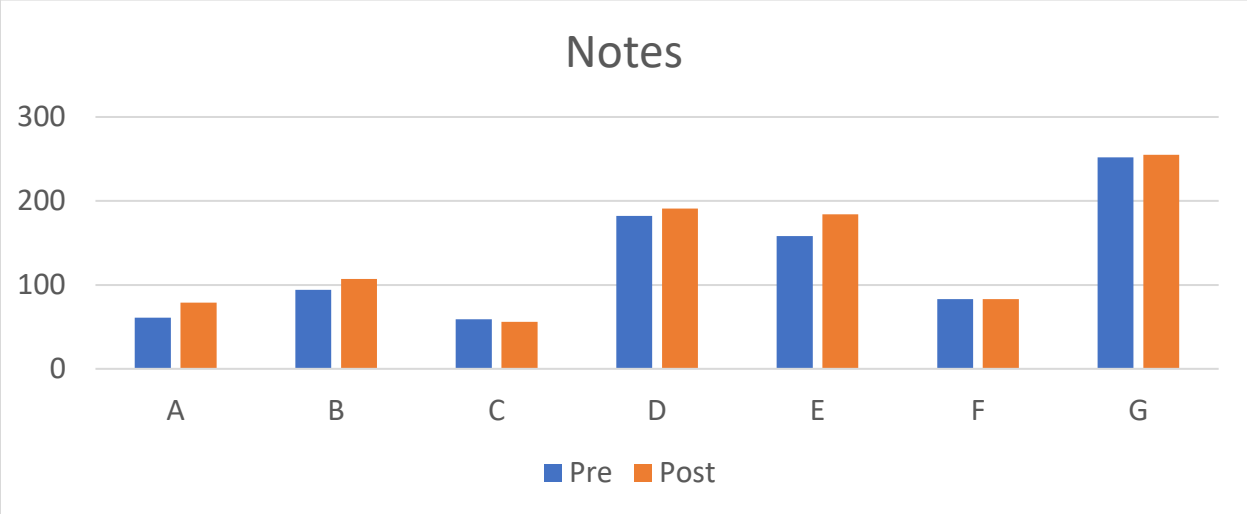


At SAVAHCS, secure messages are email-like communications from Veterans submitted through a unique messaging system. Participants are shown on the x-axis, and the number of completed secure messages is shown on the y-axis of the bar graph. Secure messages are Veteran-driven. The Veteran initiates communication with the RN. The message can be related to scheduling, medication, or non-urgent triaging questions. The RN in each specialty service is responsible for answering or reassigning each secure message to the correct person. The process completes the secure message cycle and is captured in the results above. Secure messages are dependent on the Veteran initiating the message. As a result, some months have a high volume of secure messages; in others, the volume of secure messages entering the system is lower. Four participants, or 57%, increased the number of completed secure messages during the pilot. Three participants decreased the number of completed secure messages. Overall, the total number of secure messages completed pre and post-pilot slightly increased, 378 compared to 419. More than half of the participants were able to complete more secure messages during the pilot,

indicating that a work-from-home hybrid model may increase secure message productivity. Although some productivity increase was shown, this productivity measure will be variable as the number of secure messages an RN reviews is determined by the Veterans using the secure messaging system.

Figure 8

Number of Notes Completed

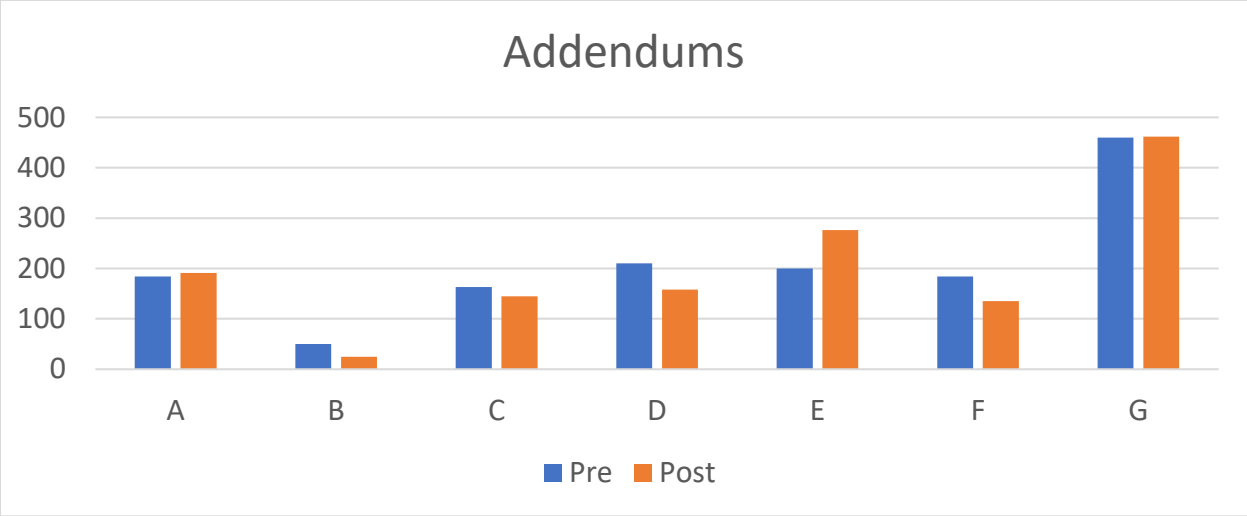


Notes are the majority of the workload for specialty RNs. Notes are completed in the EMR system and are related to patient care. Notes include general nursing, triage, specialty clinic, and care coordination notes. Outpatient specialty RNs use notes to document all patient interactions, most of which occur via phone. For outpatient specialty RNs, face-to-face interactions with patients are minimal. Notes are RN-driven and the most accurate representation of the nursing workload. This graph shows participants on the x-axis, and the number of completed notes is shown on the y-axis. Five participants, or 71%, increased the number of notes they completed during the pilot. One participant decreased the number of notes completed, and one completed the same amount. Although one participant decreased the number of notes

completed, it was a very slight decrease of only 3. This could be due to the participant being on leave during the pilot or having technical issues with their home setup. This graph shows that most participants increased their productivity for notes completed during the pilot.

Figure 9

Number of Addendums Completed



At SAVAHCS, addendums are added to the end of other people's notes. When a Nurse Practitioner (NP), Physician Assistant (PA), Medical Doctor (MD), scheduler, social worker, or pharmacist alerts a specialty RN they "tag" the RN on their note. The RN then responds to that note with an addendum. Sometimes this requires the RN to complete a task, call the patient, or follow up, or it is a "for your information (FYI)" for the RN. Addendums are initiated by other people within SAVAHCS for Veteran care coordination purposes, but RNs are responsible for responding to addendums appropriately to complete the task required in the note. This graph shows participants on the x-axis, and the number of completed addendums is shown on the y-axis. Three participants increased the number of addendums completed during this pilot. Four participants decreased the number of addendums completed. Looking at the total number of

addendums completed pre- and post-pilot, the total is similar, 1451 vs. 1392. Although four participants decreased the number of addendums completed, this could be due to less "tagging" of the RN on notes or because the RN was on vacation during the pilot, and other RNs were covering their "tags." These factors would decrease the number of addendums the RN would have completed.

Overall participant productivity was analyzed by the number of secure messages, addendums, and notes completed by the outpatient specialty RNs. Although the number of secure messages and addendums completed post-pilot did not show an increase in productivity, it also did not show a substantial decrease. About half of the participants improved their productivity in both areas, and the remaining participants decreased.

The number of notes completed by the RN showed increased productivity for most participants. 71% of participants increased their note productivity. This is important as notes are a more accurate indicator of RN workload because the RN must initiate and complete a note with each patient interaction. Secure messages and addendums are not RN-driven and depend on Veterans or providers starting them.

DISCUSSION

This quality improvement (QI) pilot project measured outpatient specialty RN satisfaction and productivity. The pilot implemented a work-from-home hybrid model where each specialty RN worked from home one day each week while their counterparts worked physically in the office. RN satisfaction was measured using the Maslach Burnout Inventory Survey and an additional RN satisfaction question. Burnout has been linked to decreased job satisfaction.

In the pilot, 71% of RNs demonstrated decreased burnout, and 100% of RNs either increased job satisfaction or stayed the same. None of the participants reported a decrease in job satisfaction as a result of the pilot. 100% of participants scored in a low- burnout range post-pilot with a job satisfaction score of 8 or greater (out of 10). This indicates that a work-from-home hybrid model can help increase job satisfaction and decrease burnout. One participant wrote on their survey, “I really enjoyed this pilot. Working from home one day made me feel refreshed. I had less interruptions and was highly focused on my work.” Feeling “refreshed” indicates a more harmonious work-life balance which can decrease burnout symptoms and increase job satisfaction. Staff who are more satisfied with their job are more likely to stay in their positions (Sullivan et al., 2022a).

RN productivity was measured using SAVAHCS’s Power BI BISL Provider Productivity data site. Although secure messages and addendums completed by the RNs did not show increased productivity, they also did not show a decrease. About half of RNs increased, and half decreased their productivity related to secure messages and addendums completed. This could be related to the fact that secure messages depend on the Veteran initiating the communication, and addendums depend on the provider initiating the task. These numbers vary from month to month, and the RN does not have control over the amount of messages or addendums they will need to complete. Although these numbers vary, these tasks are part of the RN clinic's responsibility and can easily be performed at home.

The number of notes completed by the RNs increased post-pilot. Notes are a better indicator of RN productivity because notes depend solely on the RN and their interactions with the Veterans. Notes can include patient triaging, medication issues, scheduling questions, and

general care coordination for Veterans. These interactions most often occur via phone calls with the Veteran and can be performed at home with a laptop softphone. 71% of participants increased the number of notes completed, and one participant completed the same amount of notes. This indicates that a work-from-home hybrid model can produce the same or greater RN note completion productivity as working only in the office at SAVAHCS.

This pilot demonstrated an increase in RN satisfaction and an increase in notes completed for RN productivity with the implementation of a work-from-home hybrid model. Throughout the pilot, RN participants expressed how much they enjoyed working from home one day each week. They stated that they felt like they could focus more on their work and enjoyed the flexibility of that day more. They said having one day each week where they did not have to rush to work and deal with traffic and parking felt like a break.

Limitations

Some limitations were observed during this pilot. One limitation was multiple participants took planned vacations during the pilot period. This resulted in participants being out of work and their counterparts having to adjust their work-from-home day. Planned vacation days ranged from 3 days to a week off. This potentially caused a negative effect on the number of notes, addendums, and secure messages each participant could complete during the 8-week pilot period. Productivity may have been higher if all participants worked continuously for the 8-week pilot period.

Another limitation was technological issues. During the first week of the pilot and sporadically thereafter, some participants had difficulty connecting to the VPN or using their softphones (laptop phones). Although all issues were fixed as quickly as possible, these delays

may have affected productivity and satisfaction as participants could not log into the network or call patients from their laptops.

DNP Essentials Addressed

The Doctor of Nursing Practice (DNP) Essentials were established by the American Association of Colleges of Nursing (AACN) and are a critical foundation for advanced nursing practice. The DNP Essentials provide a structure to equip doctoral-prepared nurses for the future of healthcare through education and the establishment of new nursing knowledge (AACN, 2021). DNP students test theories, assess and develop nursing roles, and apply new nursing knowledge to their perspective areas to enhance and advance healthcare practices (AACN, 2021). This knowledge is used to improve interprofessional and intraprofessional collaboration and steer the future of nursing practice. Table 3 outlines the DNP Essential domains and their application in this quality improvement project.

Table 3

DNP Essential Domains

DNP Essential Domains	Description	Application to DNP Quality Improvement (QI) Project
Domain 1: Knowledge for Nursing Practice Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice ofprofessional nursing and forms the basis for clinical judgment and innovation in nursing practice.	1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences. 1.2j Translate theories from nursing and other disciplines to practice.	This DNP QI Project used Lewin's Change Theory to create and implement a new hybrid work-from-home model for specialty nurses to increase job satisfaction and productivity.

Table 3 – Continued

DNP Essential Domains	Description	Application to DNP Quality Improvement (QI) Project
Domain 1: Knowledge for Nursing Practice Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.	1.3 Demonstrate clinical judgment founded on a broad knowledge base. 1.3e Synthesize current and emerging evidence to Influence practice.	This quality improvement project used current data on nursing burnout in conjunction with work-from-home models. It examined ways to reduce burnout and increase staff satisfaction while maintaining productivity. Nursing retention is a high propriety in the current healthcare landscape to decrease turnover and financial costs associated.
Domain 2: Person-Centered Care Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.	2.6 Demonstrate accountability for care delivery. 2.6f Monitor aggregate metrics to assure accountability for care outcomes.	This QI project demonstrates accountability in delivering care for Veterans remotely and in the office. Specialty RNs can continue to deliver high-quality care while working from home. Utilizing technology, RNs working from home could access the EMR system, call patients from their laptops, and complete care coordination and patient triage. They could also easily communicate with coworkers and providers as needed using Microsoft Teams and Outlook. The pilot was implemented using the PDSA cycle. Productivity was measured, including secure messages, addendums, and notes completed by the RN.
Domain 4: Scholarship for Nursing Practice The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.	4.2 Integrate best evidence into nursing practice. 4.2h Address opportunities for innovation and changes in practice.	The COVID pandemic has innovated the workplace by creating means to work from home. Implementing a hybrid work schedule for outpatient RNs is innovative and changes the landscape of how outpatient RNs can work and provider care to patients.

Table 3 – Continued

DNP Essential Domains	Description	Application to DNP Quality Improvement (QI) Project
Domain 5: Quality and Safety Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.	5.3 Contribute to a culture of provider and work environment safety. 5.3e Advocate for structures, policies, and processes that promote a culture of safety and prevent workplace risks and injury.	The World Health Organization (WHO) recognizes burnout as an official syndrome caused by chronic workplace stress. Implementing a hybrid work-from-home model for outpatient specialty RNs decreased burnout and increased satisfaction in this QI pilot. Decreasing burnout has also been shown to increase engagement and retention of staff and increase positive patient outcomes.
Domain 6: Interprofessional Partnerships Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance thehealthcare experience and strengthen outcomes.	6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery. 6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions. 6.2j Foster positive team dynamics to strengthendesired outcomes.	Microsoft Teams, outlook, and softphones were used to communicate effectively with the interprofessional team. The RN's notes completed productivity increased, which involved coordinating care with other disciplinary team members using all forms of technology. Outpatient specialty RNs had to effectively communicate with counterparts during this QI project to ensure the clinic was covered when the other RN worked from home, this fostered strong team dynamics. This information was also communicated to providers and support staff to enhance team dynamics.
Domain 7: Systems-Based Practice Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.	7.2 Incorporate consideration of cost-effectiveness of care. 7.2h Design practices that enhance value, access, quality, and cost-effectiveness. 7.3 Optimize system effectiveness through application of innovation and evidence-based practice.	A work-from-home hybrid model has been shown to increase satisfaction and reduce burnout in this QI pilot. This can lead to increased nurse staff retention and engagement. Increasing retention decreases the financial burden on the organization. Implementing a work-from-home hybrid model allows nursing staff more flexibility, autonomy, and capacity. It increases satisfaction and prepares the outpatient nursing environment for future changes in the healthcare environment.

Table 3 – Continued

DNP Essential Domains	Description	Application to DNP Quality Improvement (QI) Project
Domain 8: Information and Healthcare Technologies Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.	8.2 Use information and communication technology to gather data, create information, and generate knowledge. 8.2h Use standardized data to evaluate decision-making and outcomes across all systems levels.	This QI project utilized the SAVAHCS Power BI BISL provider productivity site to collect data on RN productivity. This data was analyzed and will be used to make recommendations to the SAVAHCS's Executive Leadership team about implementing a permanent work-from-home hybrid model in outpatient areas to help increase RN retention.
Domain 10: Personal, Professional, and Leadership Development Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.	10.1 Demonstrate a commitment to personal health and well-being. 10.1c Contribute to an environment that promotes self-care, personal health, and well-being. 10.1d Evaluate the workplace environment to determine level of health and well-being. 10.3 Develop capacity for leadership. 10.3q Advocate for the nursing profession in a manner that is consistent, positive, relevant, accurate, and distinctive.	This QI pilot was implemented to reduce RN burnout and increase satisfaction. Implementing a work-from-home hybrid model, the RNs were able to decrease their burnout which is associated with increased well-being. All participants had to sign a telework agreement prior to starting the pilot. This ensured their home office environment was favorable to working. Advocating for a reduction in nurse burnout is imperative for retention and RN well-being. This QI project implemented a unique and innovative way to reduce nurse burnout.

Note: Adapted from "The Essentials: Core Competencies for Professional Nursing Education" by American Association of Colleges of Nursing. (2021).

Conclusions

This QI project demonstrated improved RN job satisfaction by integrating a work-from-home hybrid model for outpatient specialty RNs. A majority of participants in the pilot decreased their burnout scores and increased their overall job satisfaction score. Participant productivity for note completion also increased during the pilot. Although completed addendums and secure

messages did not demonstrate increased productivity, they also did not show decreased productivity. With the increase in note completion productivity and RN job satisfaction, it is recommended that integrating a work-from-home hybrid model for outpatient specialty RNs should occur. Not only will this help with RN job satisfaction but could lead to increased staff retention and engagement. Increasing RN job satisfaction is linked to increased positive patient outcomes (Sullivan et al., 2022a). The Institute for Healthcare Improvements (IHI) created a framework, The Triple Aim, for optimizing the healthcare system to enhance the patient experience and care (Feeley, 2017). The Quadruple Aim added a component to The Triple Aim framework focusing on healthcare workers' satisfaction or joy at work. Healthcare workers' or RNs' job satisfaction is imperative in an ever-changing healthcare landscape as it correlates with better patient outcomes and increased retention (Sullivan et al., 2022a).

Plan for Sustainability

The last stage of Lewin's Change Theory is refreezing. In this stage, the change becomes the new normal and is embedded into the system as part of the culture (Shirey, 2013). In this stage, leadership involvement is imperative, and the change must be locked into the existing structure to be successful for long-term sustainability (Shirey, 2013). For this project to be sustainable within the VA, a continued review of RN satisfaction and productivity will need to be done, similar to the PDSA cycle completed with the pilot. Nursing managers must continue to review the productivity of RNs working a hybrid work-from-home schedule. Clinical nurse managers (CNMs) can access the SAVAHCS Power BI BISL provider productivity site and monitor productivity monthly. CNMs may need additional education on how to utilize this data site. RN satisfaction can be monitored with touchpoints or "stay" interviews with managers. This

will continue to assess individual satisfaction with their job. The VA All Employee Survey (AES) is another tool to monitor staff satisfaction. Continuing to advocate for nursing staff and innovating the workplace will help with the overall sustainability of this working model.

Plan for Dissemination

A final defense presentation of this QI project, including results, will be presented to the committee members and the Associate Director of Patient Care Services (ADPCS) of VISN 22 (Veterans Integrated Services Network). VISN 22 ADPCS may disseminate these results to other VAs throughout VISN 22 to implement this hybrid working model in other outpatient areas. If successful throughout VISN 22, VISN 22 ADPCS can present this hybrid working model to VACO for further dissemination throughout the VHA. A presentation of the project's results will also be given to SAVAHCS's ADPCS and Deputy ADPCS for approval for continued implementation of the hybrid working model and expansion to other outpatient areas at SAVAHCS. Future dissemination of this project would include completing the VA teleworking agreement by all participating RNs and CNMs ordering home equipment for each RN.

APPENDIX A

SITE APPROVAL | THE UNIVERSITY OF ARIZONA INSTITUTIONAL REVIEW BOARD AUTHORIZATION LETTER

May 21st, 2023

University of Arizona Institutional Review Board
c/o Office of Human Subjects
1618 E Helen St
Tucson, AZ 85721

Please note that Ms. Justine Jenkins, a UA Doctor of Nursing Practice student, has the permission of Southern Arizona VA Healthcare System's (SAVAHCS) Associate Director of Patient Care Services (ADPCS) to conduct a quality improvement project at our facility for her project, "Improving Outpatient Nurse Satisfaction and Productivity Using a Hybrid Teleworking Model."

Ms. Jenkins will survey and review the workload productivity and job satisfaction of the participating RNs in the Medical Sub-Specialty at SAVAHCS. She will recruit the RNs through email. The email will describe the project, what they will be asked to do, the time involved, and how RN satisfaction and productivity will be measured. The pilot is anticipated to run for 8 weeks.

Ms. Jenkins has agreed to provide my office with a copy of the University of Arizona Determination before she recruits participants. She will also present the aggregate results of the improvement project once completed.

Signed,

CASSANDRA VALDEZ Digitally signed by CASSANDRA VALDEZ Date: 2023.05.25 13:05:04 -07'00'

Cassandra A. Valdez, DNP, MHA, RN
Associate Director of Patient Care Services

THE UNIVERSITY OF ARIZONA
Research
Innovation & Impact

University of Arizona IRB
845 N Park Ave., Suite 537A
Tucson, AZ 85719
Fax: 520-621-9810
VPR-IRB@arizona.edu

NOT HUMAN RESEARCH

June 30, 2023

Justine Jenkins

Dear Justine Jenkins:

On 6/30/2023, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title:	IMPROVING OUTPATIENT NURSE SATISFACTION AND PRODUCTIVITY USING A HYBRID TELEWORKING MODEL
Investigator:	Justine Jenkins
IRB Submission ID:	STUDY00003228
Sponsor:	None
Prime Sponsor:	None
IND, IDE, or HDE:	None

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Research
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VPR-IRB@arizona.edu

Documents Reviewed:	• Additional Staff Satisfaction Survey Tool .docx, Category: Data Collection Tool; • Advisor Attestation, Category: Other; • Burnout Self-Test Maslach Burnout Inventory (MBI) Survey .docx, Category: Data Collection Tool; • Expectations of working from home during pilot.docx, Category: Participant Material; • Justine Jenkins IRB Protocol for Determination of Human Research v2022-10.docx, Category: IRB Protocol; • Recruitment Email.docx, Category: Recruitment Materials; • SAVAHCS's Provider Productivity Site Data Collection Tool Example.docx, Category: Data Collection Tool; • Site Authorization , Category: External Site Authorization; • Telework Form for Potential Participants to review , Category: Recruitment Materials; • VA0740 Aug 2022 Telework Form.pdf, Category: Participant Material;

The IRB determined that the proposed activity is not research involving human subjects as defined by DHHS and FDA regulations.

IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities are research involving humans in which the organization is engaged, please submit a new request to the IRB for a determination. You can create a modification by clicking **Create Modification / CR** within the study.

All Covered Individuals must disclose all sponsored and non-sponsored Research Projects to the Office for Responsible Outside Interests (OROI) prior to Conducting Research if the individual is an Investigator. Please visit the OROI website for more information.

We value your feedback and would appreciate you taking the time to complete our survey about your experience with the IRB staff:
https://uarizona.co1.qualtrics.com/jfe/form/SV_ehQ04WxNA06b42i.

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Research
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Tucson, AZ 85719
Fax: 520-621-9810
VPR-IRB@arizona.edu

If questions arise at any time during your study, please email the general IRB inbox at VPR-IRB@arizona.edu.

APPENDIX B

CONSENT DOCUMENT (RECRUITMENT EMAIL)

Hi All,

I am recruiting outpatient specialty RNs that would like to participate in an 8-week hybrid teleworking pilot quality improvement (QI) project at SAVAHCS. This 8-week pilot is anticipated to start in July 2023.

This QI project examines outpatient specialty RNs' job satisfaction and work productivity related to a hybrid teleworking schedule. The participants will telework 1 day each week and work from the clinic the other 4 days. RN satisfaction and productivity will be measured before and after the pilot. The number of notes, addendums, and secure messages completed will measure each RN's productivity. RN satisfaction will be measured by the Maslach Burnout Inventory Survey tool and an additional question about job satisfaction. All data collected from or about the participants will be anonymous. Participation is entirely voluntary and can be stopped at any time. This pilot will not change the participants' job description, responsibilities, tour of duty, supervisor, or salary.

The U.S. Department of Veterans Affairs Telework Request/Agreement is attached to this email. Please take a look at this document if you'd like to participate in this pilot. On page 2 of the document is a checklist of items and conditions you must adhere to when working from home. If you participate in this pilot, you will be expected to sign this document certifying your remote workstation meets requirements.

If you are interested in participating, please respond to this email by close of business [enter date 1 week from email being sent]. By stating you would like to participate, you are giving consent to participate in the pilot.

Your supervisor will also need to consent to your participation in this pilot. Please include their name and contact information in your response so I can contact them for approval.

Please let me know if you have any questions or concerns.

Thank you.

Sincerely,
Justine Jenkins
DNP-EHSL Student
University of Arizona

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VA0740 Aug 2022...

APPENDIX C

RECRUITMENT MATERIAL (RECRUITMENT EMAIL)

Email to Outpatient Specialty RNs at SAVAHCS who qualify for participation.

Hi All,

I am recruiting outpatient specialty RNs that would like to participate in an 8-week hybrid teleworking pilot quality improvement (QI) project at SAVAHCS. This 8-week pilot is anticipated to start in July 2023.

This QI project examines outpatient specialty RNs' job satisfaction and work productivity related to a hybrid teleworking schedule. The participants will telework 1 day each week and work from the clinic the other 4 days. RN satisfaction and productivity will be measured before and after the pilot. The number of notes, addendums, and secure messages completed will measure each RN's productivity. RN satisfaction will be measured by the Maslach Burnout Inventory Survey tool and an additional question about job satisfaction. All data collected from or about the participants will be anonymous. Participation is entirely voluntary and can be stopped at any time. This pilot will not change the participants' job description, responsibilities, tour of duty, supervisor, or salary.

The U.S. Department of Veterans Affairs Telework Request/Agreement is attached to this email. Please take a look at this document if you'd like to participate in this pilot. On page 2 of the document is a checklist of items and conditions you must adhere to when working from home. If you participate in this pilot, you will be expected to sign this document certifying your remote workstation meets requirements.

If you are interested in participating, please respond to this email by close of business [enter date 1 week from email being sent]. By stating you would like to participate, you are giving consent to participate in the pilot.

Your supervisor will also need to consent to your participation in this pilot. Please include their name and contact information in your response so I can contact them for approval.

Please let me know if you have any questions or concerns.

Thank you.

Sincerely,
Justine Jenkins
DNP-EHSL Student
University of Arizona

One attachment • Scanned by Gmail

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APPENDIX D

EVALUATION INSTRUMENTS (DATA COLLECTION TOOLS – BURNOUT SELF-TEST MASLACH BURNOUT INVENTORY [MBI], RN SATISFACTION QUESTION, POWER BI BISL PROVIDER PRODUCTIVITY REPORT)

Burnout Self-Test
Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization and personal achievement. While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout. *(Thank you to the Association des médecins vétérinaires (AMVQ) en pratique des petits animaux for providing us with a copy of this tool).*

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results with the scoring results interpretation at the bottom of this document.

Questions	**Never**	**A few times per year**	**Once a month**	**A few times per month**	**Once a week**	**A few times per week**	**Every day**
SECTION A	**0**	**1**	**2**	**3**	**4**	**5**	**6**
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Questions	**Never**	**A few times per year**	**Once a month**	**A few times per month**	**Once a week**	**A few times per week**	**Every day**
SECTION B	**0**	**1**	**2**	**3**	**4**	**5**	**6**
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score – SECTION B							

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION C	**0**	**1**	**2**	**3**	**4**	**5**	**6**
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							
Total score – SECTION C							

SCORING RESULTS - INTERPRETATION

Section A: Burnout

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems disappear outside work.

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

Section B: Depersonalization

"Depersonalization" (or loss of empathy): Rather a "dehumanization" in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy he can show to his patients and/or colleagues.

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

Section C: Personal Achievement

The reduction of personal achievement: The individual assesses himself negatively, feels he is unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplish things. This aspect is a consequence of the first two.

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

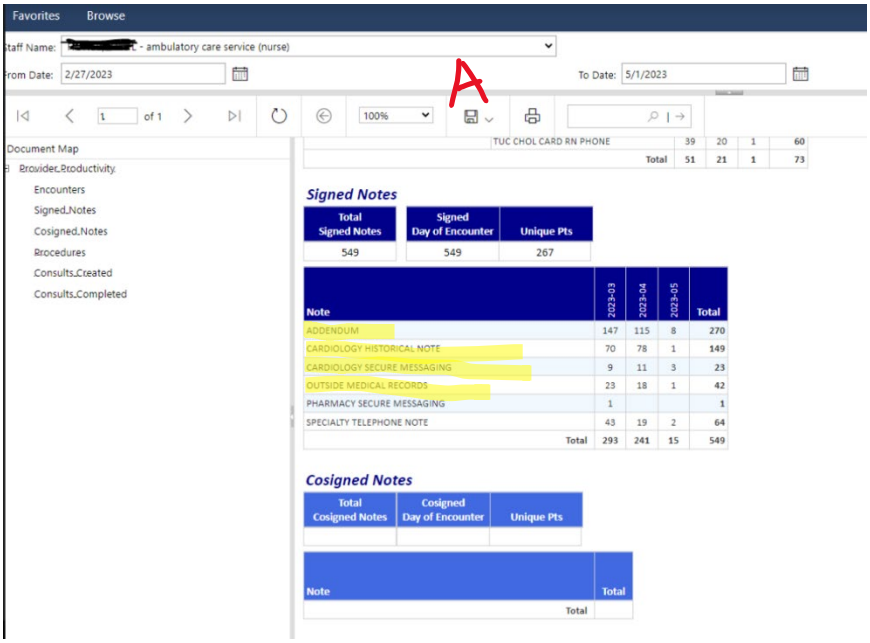
A high score in the first two sections and a low score in the last section may indicate burnout.

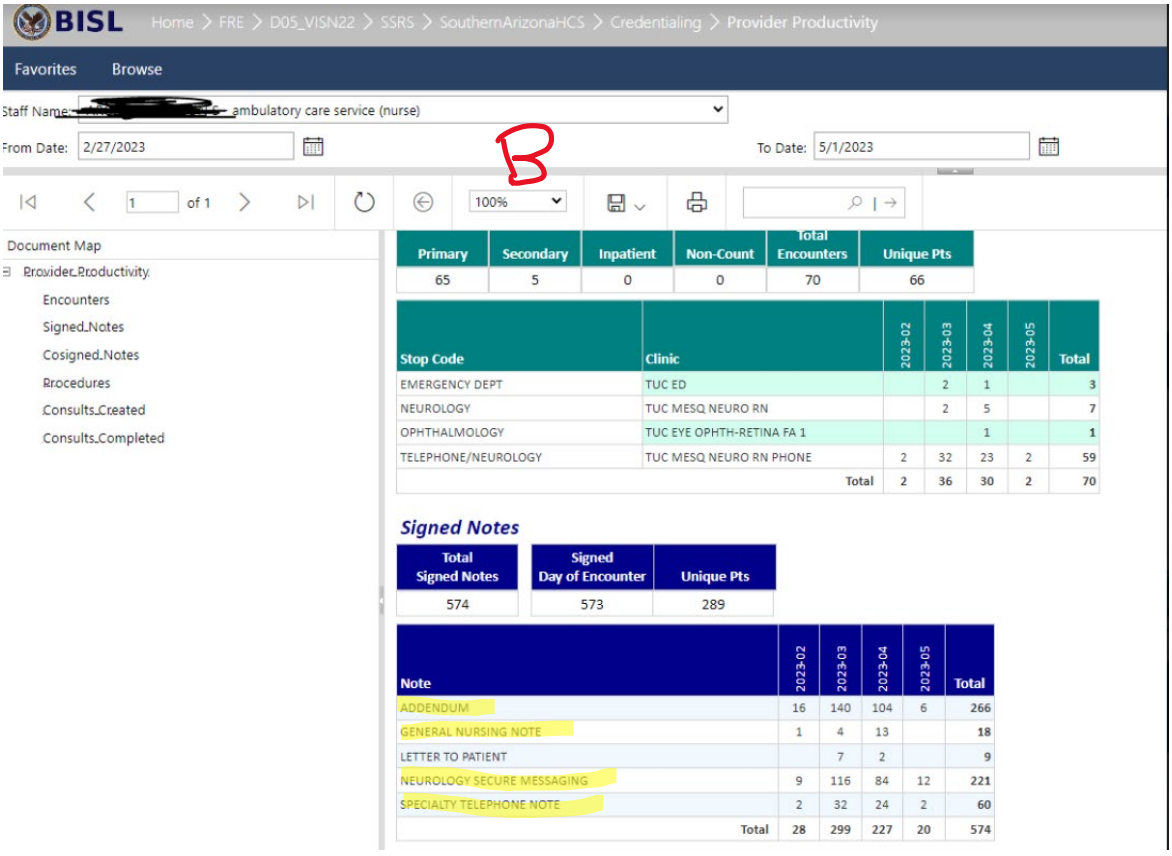
***Note**: Different people react to stress and burnout differently. This test is not intended to be a scientific analysis or assessment. The information is not designed to diagnose or treat your stress or symptoms of burnout. Consult your medical doctor, counselor or mental health professional if you feel that you need help regarding stress management or dealing with burnout.*

4-digit identification Code
(Month/Date of Birthday
Example March 3rd = 0304) _____

On a scale of 1 to 10, how satisfied are you with your job (10 being very satisfied)?

SAVAHCS's Power BI BISL Provider Productivity Data- Example of Data





APPENDIX E

PARTICIPANT MATERIAL (EXPECTATIONS AND TRAINING MATERIALS, U.S. DEPARTMENT OF VETERANS AFFAIRS TELEWORK REQUEST/AGREEMENT)

Expectations and Training Material

Expectations of working from home during the pilot

1. Pick 1 day each week that you will work from home while your clinic RN counterpart is in the office. This day should be the same weekly but can be adjusted for leave coverage and unique circumstances.
2. Please communicate via team message to Justine Jenkins and your supervisor on which day you will work from home each week.
3. On the days you work from home, check in with your supervisor via team message at the start of your tour. During the day, your team's icon must remain green, and you must be available to answer questions. If you are offline or unable to be reached, this could result in disciplinary action from your supervisor.
4. If your counterpart is on planned leave for a week during the pilot, you cannot work from home that week. Clinic operations are expected to be covered in person by at least 1 RN every day.
5. If your internet goes out while working from home, you must communicate with Justine Jenkins and your supervisor and come into the clinic to complete the workday.
6. Complete U.S. Department of Veterans Affairs Telework Request/Agreement. It needs to be signed by you and your supervisor. Please email Justine Jenkins and your supervisor the completed form.

Training from SAVAHCS ADPACs on Working from Home. This training will be 1 hour.

1. Education on how to log into VPN and intranet from home.
2. Set up and educate on using Jabber (softphone) software.

U.S. Department of Veterans Affairs Telework Request/Agreement

VA U.S. Department of Veterans Affairs

TELEWORK REQUEST/AGREEMENT

1. DATE OF REQUEST

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 111-292, Telework Enhancement Act of 2010, and VA Handbook 5011, Part II, Chapter 4.
PRINCIPAL PURPOSE(S): Information is collected to register individuals as participants in the VA Alternative Workplace Arrangement (Telework) Program; to manage and document the duties of participants; and to fund, evaluate and report on program activity. The records may be used by Information Technology offices to determine equipment and software needs, for ensuring appropriate system safeguards are in place to protect information, and for assessing and managing technological risks and vulnerabilities. Provisions of 5 U.S.C. § 552a will apply if the completed agreement retrieved by individual identifies such as the participant's name or social security number.
DISCLOSURE: Disclosure is voluntary. However, failure to provide the requested information will result in our inability to include you as a participant in the VA Alternative Workplace (Telework) Program.

SECTION I - EMPLOYEE INFORMATION

1. NAME OF EMPLOYEE *(Last, First, Middle Initial)*
2. POSITION TITLE, SERIES, AND GRADE
3. NAME AND ADDRESS OF OFFICIAL DUTY STATION *(Street, Suite Number, City, State and Zip Code)*
4. ORGANIZATION/DIVISION *(Include Mail Code)*
5. STATION NUMBER
6. ADMINISTRATION/STAFF OFFICE

7. ☐ The employee's official duty station is documented on the most recent Standard Form (SF) 50, *Notification of Personnel Action*, for such purposes as determining special salary rates, locality pay adjustments, and travel.

SECTION II - PROPOSAL

1. NAME AND ADDRESS OF APPROVED ALTERNATIVE WORKSITE *(Street, Suite Number, City, State and Zip Code)*

2. TYPE OF ARRANGEMENT *(Check all that apply)*
- ☐ REGULAR AND RECURRING *(Employees who telework on regularly scheduled days each biweekly pay period, and have completed required telework training and telework agreement.) (Portion of day acceptable)*
- ☐ AD-HOC *(Employees who telework on an occasional, episodic, or short-term basis, and have completed required telework training and telework agreement.) (Portion of day acceptable)*
- ☐ PARTIAL DAYS *(Can be used in combination with AD-HOC or Regular and Recurring)*

3. TYPE OF ALTERNATIVE WORKPLACE (TELEWORK) ARRANGEMENT PROPOSED *(the alpha prefix reflects the designated Telework PAID Code)*
- ☐ A - AD-HOC
- ☐ P - REGULARLY TELEWORKS 3 OR MORE DAYS A PAY PERIOD
- ☐ W - REMOTE WORK *(Employee works 100% of the time in non-VA-owned or leased space within the local commuting area of parent station) (This change may affect locality pay entitlements. See Section VIII, item 3)*
- ☐ S - REGULARLY TELEWORKS ONCE PER MONTH
- ☐ E - REGULARLY TELEWORKS 3 OR MORE DAYS PER WORKWEEK
- ☐ R - REGULARLY TELEWORKS 1 OR 2 DAYS A PAY PERIOD
- ☐ V - VIRTUAL *(Employee works outside of original hiring duty station at VA-owned or leased space)*
- ☐ M - REMOTE WORK *(Employee works 100% of the time in non-VA-owned or leased space outside the local commuting area of parent station) (This change may affect locality pay entitlements. See Section VIII, item 3)*

4. ACTUAL LENGTH OF AGREEMENT
- ☐ 1 - 3 MONTHS
- ☐ 7 - 12 MONTHS
- ☐ 4 - 6 MONTHS
- ☐ 12 MONTHS +

5. POSITION TELEWORK SUITABLE
- ☐ YES ☐ NO

6. EMPLOYEE TELEWORK ELIGIBLE
- ☐ YES ☐ NO

7. FULLY SUCCESSFUL OR HIGHER PERFORMANCE RATING
- ☐ YES ☐ NO

8. MANDATORY TELEWORK TRAINING COMPLETED
- ☐ YES ☐ NO

9. MANDATORY PRIVACY ACT TRAINING COMPLETED
- ☐ YES ☐ NO

10. EMPLOYEE SIGNED RULES OF BEHAVIOR
- ☐ YES ☐ NO

11. TYPE OF WORK SCHEDULE *(Check only one)*
- ☐ BASIC ☐ FLEXIBLE ☐ COMPRESSED

SECTION III - TYPE OF ALTERNATIVE WORKPLACE (TELEWORK) ARRANGEMENT APPROVED

(Complete Section XI if the employee's Telework request is denied)

1. ☐ REGULAR AND RECURRING *(Employees who telework on regularly scheduled days each biweekly pay period, and have completed required Telework Training and Telework Request/Agreement. A portion of a day is acceptable). Indicate the number of days approved to telework per week, pay period or month (i.e. approved to telework 1 day per week).*

2. ☐ AD-HOC *(Employees who telework on an occasional, episodic, or short-term basis, and have completed required telework training and telework agreement.) (A portion of a day is acceptable)*

SECTION IV - WORK SCHEDULE AND TOUR OF DUTY

1. APPROVED BI-WEEKLY TOUR OF DUTY: *(Indicate **AWS** for Alternative Worksite or **ODS** for Official Duty Station)*

	WEEK 1						
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS							
LOCATION AWS/ODS							
	WEEK 2						
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS							
LOCATION AWS/ODS							

VA FORM AUG 2022 **0740**

PREVIOUS VERSIONS OF THIS FORM WILL NOT BE USED

SECTION V - CONTINUITY OF OPERATIONS AND "EMERGENCY RESPONSE GROUP" STATUS

☐ The employee is expected to telework for the duration of an emergency pursuant to a pandemic and/or when the traditional worksite/official duty station is closed due to emergency situations (e.g., snow emergencies, floods, hurricanes, act of terrorism, etc.). If the employee is unable to work due to illness, dependent care responsibilities, or other personal needs, the employee will take appropriate leave (e.g., annual or sick leave). The employee may be granted excused absence on a case-by-case basis when other circumstances (e.g., power failure) prevent the employee from working at the telework site. To the extent practicable, management will include a description of emergency duties with this agreement if the emergency duties differ from the employee's normal duties. *(Employee to check to acknowledge reading and understanding this term of the telework agreement)*

☐ The employee has been designated as a team member of the Department's and/or organization's Continuity of Operations Plan (COOP). The employee agrees to follow the procedures established for reporting to duty when a COOP plan is activated. The employee understands that during any period that VA is operating under a COOP plan, the plan shall supersede any telework policy. *(Employee to check if applicable)*

SECTION VI - DISABILITY AND MEDICAL CONDITIONS

VA Alternative Workplace Arrangement (Telework) Policy may be used as a reasonable accommodation for a qualified disability or as an accommodation for a temporary disability or for temporary medical reasons. All appropriate and applicable procedures must be applied and acceptable medical documentation provided accordingly. *(Check only one)*

Due to confidentiality reasons, reasonable accommodation telework agreements will be maintained solely by the supervisor and reasonable accommodation coordinator.

☐ NOT APPLICABLE: The employee is not using telework as an accommodation for a qualified temporary disability or for medical reasons.

☐ QUALIFIED DISABILITY: The employee is using telework as a reasonable accommodation for a qualified disability.

☐ TEMPORARY DISABILITY/TEMPORARY MEDICAL REASONS: The employee is using telework as an accommodation for a temporary disability or for temporary medical reasons.

SECTION VII - TELEWORKER SELF-CERTIFICATION SAFETY CHECKLIST

The intent of this safety checklist is to acquaint employees with workplace safety and to assist with a survey of the overall safety and adequacy of the alternate worksite. Participating employees must review and complete the safety checklist certifying that the alternate worksite location meets the safety and security criteria. Employees are encouraged to obtain professional assistance with issues concerning appropriate electrical service and circuit capacity for residential worksites.

LIST OF ITEMS/CONDITIONS TO INSPECT		
1. Temperature, noise, ventilation, and lighting levels are adequate for maintaining your normal level of job performance.	☐ YES	☐ NO
2. All circuit breakers and/or fuses in the electrical panel are labeled as to the intended service. Circuit breakers clearly indicate if they are in the open or closed position.	☐ YES	☐ NO
3. All electrical equipment is free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling).	☐ YES	☐ NO
4. The electrical system allows for the grounding of electrical equipment (three pronged receptacles).	☐ YES	☐ NO
5. Phone lines, electrical cords, and extension wires are secured under a desk or alongside a baseboard.	☐ YES	☐ NO
6. Aisles, doorways, and corners are free of obstructions to permit visibility and movement.	☐ YES	☐ NO
7. File cabinets and storage closets are arranged so drawers and doors do not open into walkways.	☐ YES	☐ NO
8. The office space is neat, clean, and free of combustibles.	☐ YES	☐ NO
9. Floor surfaces clean, dry, and level, and carpets are secured to the floor and free of worn or frayed seams.	☐ YES	☐ NO
10. Sufficient lighting is installed in locations to reduce glare at the work surface.	☐ YES	☐ NO
11. If material containing asbestos is present, it is in good condition.	☐ YES	☐ NO
12. A smoke detector is installed in or near the work area. Check smoke detectors regularly and replace batteries once a year.	☐ YES	☐ NO
13. Computer monitor is placed at a height that is comfortable and does not require neck or back strain. Computer keyboard is located at a height that does not result in wrist strain or is placed on an adjustable surface.	☐ YES	☐ NO
14. Computer is placed on sturdy, level, well maintained furniture.	☐ YES	☐ NO
15. Accidents and injuries will be reported immediately to your supervisor.	☐ YES	☐ NO
I verify that this safety checklist is accurate and that my alternate worksite is a reasonably safe place to work.		
EMPLOYEE SIGNATURE	DATE *(MM/DD/YYYY)*	

SECTION VIII - TERMS OF TELEWORK ARRANGEMENT

The terms of this agreement must be read in conjunction with the Department of Veterans Affairs (VA) Alternative Workplace Arrangement (Telework) Policy (VA Handbook 5011, Part II, Chapter 4), applicable collective bargaining agreement, and/or any other guidance provided by the employing organization. VA Telework Policy is available on the Office of Human Resources Management Web Site at https://dvagov.sharepoint.com/sites/OCHCO/Shared Documents/5011.pdf. Signatories certify that they will abide by this agreement, the VA Telework Policy, and/or other supplemental terms established by the employing organization. Where any Department regulation conflicts with a Collective Bargaining Agreement covering an individual, the Collective Bargaining Agreement language shall govern.

1. Voluntary Participation: The employee voluntarily agrees to work at the VA approved alternative worksite and follow all applicable policies, and procedures. The employee recognizes that the telework arrangement is not an employee right but is an additional work flexibility that VA management may approve at its discretion to accomplish organizational and VA mission.

2. Work Schedule and Tour of Duty: Management and the employee agree that the employee will work the same work schedule at the alternative worksite that the employee works at the regular office. Management determines the day(s) that the employee will work at the alternative worksite. The employee's official tour of duty will be as stated in Section III - Work Schedule and Tour of Duty. Work schedules and hours of duty may be modified as necessary but are subject to local management procedures and approval and/or collective bargaining agreement requirements prior to the effective date of any change. If the employee is designated to telework in an emergency situation (as indicated in Section V of this agreement), the work hours may be subject to change. Emergency schedules will be set based on mission needs. The employee understands that during any period that VA is operating under a COOP plan, the plan shall supersede any telework policy.

a. The employee may be required to return to the traditional worksite on scheduled telework days based on operational requirements. If a change in the employee's work schedule is necessary, management will afford the employee as much advance notice as practicable. The employee understands that a recall to the office for operational reasons is not a termination of the telework agreement. In situations where the employee is called to return to the office outside of normal work hours, the recall shall be made in accordance with established policy and/or collective bargaining agreements, if applicable.

b. Management agrees to accommodate the request of the employee for a change in the employee's scheduled telework day(s) to the extent possible in a particular week or bi-weekly pay period consistent with mission requirements.

c. Management and the employee agree that a permanent modification in the telework arrangement will require approval of a new Telework Agreement.

3. Duty Station and Alternative Worksite: The employee and management agree that the employee's official duty station is based on how often an employee reports to the worksite or approved alternative worksite on a regular and recurring basis. If the employee reports to the traditional worksite at least twice per pay period, the traditional worksite is the official duty station as defined in part 531.605, of title 5, Code of Federal Regulations. The employee understands that all pay, leave, and travel entitlements are based on the official duty station. With reasonable notice to the employee, management has the right to change the workdays at the official duty station or alternative worksite. If the employee does not report to the traditional worksite at least twice each biweekly pay period, the official worksite is the location of the employee's telework site. Exceptions to the twice each biweekly pay period requirements may be made during emergencies (including a pandemic) and for short-term situations (e.g., special projects, medical accommodation).

4. Pay and Benefits: Management agrees that a telework arrangement is not a basis for changing the employee's pay and benefits, unless the employee's official duty station is changed due to an approved alternative workplace arrangement in a different geographical location. All pay (to include locality pay or local market supplement) is based on the employee's official duty station as documented on a SF-50, Notice of Personnel Action.

5. Official Duties: The employee agrees to only perform official duties when on duty at the traditional worksite or approved alternative worksite although limited personal business may be conducted within the parameters of VA Directive 6001, https://vaww.va.gov/vapubs/viewPublication.asp?Pub_ID=2&FType=2. The employee acknowledges that telework is not a substitute for dependant care.

6. Time and Attendance: The employee's supervisor will ensure that the timekeeper has a copy of the employee's telework work schedule.

7. Leave: The employee agrees to follow established office procedures, policy and regulations for requesting and obtaining approval of leave.

8. Emergency Dismissal or Closure Procedures: The employee is expected to telework for the duration of an emergency pursuant to a pandemic and/or when the traditional worksite/official duty station is closed due to emergency situations (e.g., snow emergencies, floods, hurricanes, act of terrorism). If the employee is unable to work due to illness, dependent care responsibilities or other personal needs, the employee will take appropriate leave (e.g., annual or sick leave). The employee may be granted excused absences on a case-by case basis when other circumstances (e.g., power failure) prevent the employee from working at the telework site. To the extent practicable, management will include a description of emergency duties with this agreement if emergency duties differ from the employee's normal duties.

9. Overtime. The employee agrees to work overtime (e.g., time in excess or the prescheduled and authorized tour of duty) only when ordered and approved in advance by the supervisor. The employee understands that working overtime without permission may result in termination of the telework arrangement, including appropriate disciplinary action.

SECTION VIII - TERMS OF TELEWORK ARRANGEMENT *(Continued)*

10. Equipment/Supplies: The employee agrees to protect any government-owned equipment and use equipment for official purposes. It is understood that limited personal use of government-owned equipment is acceptable within the parameters of VA Directive 6001, https://vaww.va.gov/vapubs/viewPublication.asp?Pub_ID=2&FType=2. The employee agrees to promptly report the need for repairs and return the equipment to to the designated office for maintenance and repairs as necessary. The employee further agrees not to install any non-approved software or hardware to government-owned equipment issued to them and comply with the terms of computer software license and copyright agreements, computer virus protection requirements and procedures. Management agrees to service and maintain any government-owned equipment issued to the employee and may require that the employee transport any equipment provided to and from the office for maintenance or other business purposes.

11. Damage to Government Equipment: The employee agrees to protect and maintain government-owned equipment in a secure environment. The employee understands that the loss, theft, or damage to government equipment will be handled in accordance with procedures for comparable situations at the traditional worksite. If equipment is damaged by someone other than the employee (for example, dependents of the employee) the employee may be held responsible for the repair or replacement of the equipment, software, etc., if government equipment is damaged due to the employee's own negligence or other misconduct by the employee.

12. Lost, Mislaid or Stolen Equipment: In the event that a laptop or other equipment issued to the employee is lost, mislaid or stolen, the employee shall immediately notify his or her Information Security Officer, immediate supervisor, and the Privacy Officer.

13. Liability: The employee understands that the government will not be responsible for damages to an employee's personal or real property while the employee is working at the approved alternative worksite, except to the extent the government is held liable by the Federal Tort Claims Act, 28 U.S.C. §§ 2671-2680, or the Military Personnel and Civilian Claims Act, 31 U.S.C. § 3721, 38 U.S.C. §§ 14.664-14.669.

14. Work Area (work-at-home only): The employee agrees to provide a distraction-free worksite adequate for the performance of official duties and sign the Self-Certification Safety Checklist certifying that the telework location meets all safety requirements.

15. Worksite Inspection: The employee agrees to permit the government to inspect the alternative worksite during the employee's normal working hours to ensure proper maintenance of government-owned property and conformance with safety standards. The employer will give the employee reasonable notice of a planned inspection.

16. Alternative Worksite Costs: The employer agrees that the government will not be responsible for any operating costs that are associated with the employee using his or her home as an alternative worksite (e.g., home maintenance and utilities). Utility costs include monthly service charges for telephone, cable or Internet service providers. Management agrees to reimburse the employee for business-related long distance calls with prior written approval only. Management has the option to provide the employee with a government-issued calling card or personal digital assistant (e.g., Blackberry) for business-related long distance calls. Approved authorizations are filed with this agreements. The employee understands that he or she does not relinquish any entitlement to reimbursement for authorized expenses incurred while performing official duties, as provided for by statute or regulation.

17. Workers' Compensation: The employee understands that he or she is covered under the Federal Employees' Compensation Act if injured while performing official duties at the authorized alternative worksite. The employee agrees to notify the supervisor immediately of any accident or injury that occurs at the alternative worksite and to complete any required forms. The supervisor will investigate all reports of injury as soon as practicable following the notification.

18. Work Assignments/Performance: The employee agrees to complete all assigned work according to procedures established by the supervisor. The employee may be required to attend meetings, conferences, training or otherwise report to the traditional office on day or hours normally scheduled as the alternative worksite. The employee will meet with the supervisor to receive assignments and review completed work as necessary and appropriate. The employee's performance will be evaluated against standards contained in the employee's performance plan. Management and the employee understand there will be no distinction in the performance standards for teleworkers and non-teleworkers. Teleworkers and non-teleworkers will be treated equally for purposes of periodic appraisals of job performance, training, rewarding, reassigning, promoting, reduction in grade, retaining, and removal, work requirements, and acts involving managerial discretion.

19. Information Security: The employee will apply approved safeguards to protect government/VA records from unauthorized access, disclosure or damage and will comply with the requirements of the Privacy Act of 1974, (5 U.S.C. § 552a), all applicable Federal privacy laws, regulations, and VA policies and procedures. The employee understands that if confidential, sensitive, sensitive classified, unclassified or source selection data is authorized for use at the alternative worksite location, management will include criteria for proper handling, encryption, storage, safeguarding, and return of such information and data in the space allowed for Supervisor - Employee Specific Terms and Conditions (Section VIII-A) of this agreement.

20. Standards of Ethical Conduct: The employee agrees that he or she is bound by official standards of conduct, Handbook 5025, while working at the alternative worksite.

21. Compliance with this Agreement: The employee understands that failure to comply with the terms of this agreement may result in termination of this agreement. The employee also understands that nothing in this agreement precludes management from taking any appropriate disciplinary or adverse action against an employee who fails to comply with the provisions of the agreement. Failure to comply also may result in disciplinary action against the employee if just cause exists to warrant such action.

22. Termination of Agreement: The employee may terminate participation in the telework arrangement at any time with appropriate notice, in compliance with VA Handbook 5011, Part II, Chapter 4 or applicable collective bargaining agreement.

23. Telework Agreement Revalidation: The employee understands that this Telework Agreement will need to be recertified or renewed based on the length of approval for the agreement in Section II. This requirement is not applicable to agreements approved for 12 months + or for agreements which are canceled or terminated.

SUPERVISOR/EMPLOYEE SPECIFIC TERMS AND CONDITIONS

(If this section is completed, the employee and supervisor must sign and date)

CERTIFICATION

Employee Certification: By signing this Telework Agreement, the employee certifies that he/she has read the terms of this agreement, taken the required training, and agrees to adhere with applicable policies and procedures.

Management Certification: By signing this Telework Agreement, management officials certify that the position of the employee is suitable for telework, the employee is personally eligible for telework, and they have taken required telework training.

EMPLOYEE SIGNATURE	DATE *(MM/DD/YYYY)*
SUPERVISOR SIGNATURE	DATE *(MM/DD/YYYY)*
AUTHORIZING OFFICIAL SIGNATURE (*if required by your management*)	DATE *(MM/DD/YYYY)*

SECTION IX - TECHNOLOGY/EQUIPMENT CHECKLIST
(This checklists must be completed and approved.)

Supervisors and employees must review the listed technology/equipment and determine what is required for the employee to work in a telework and/or remote work capacity. Additional technology/equipment an employee may need that is not listed in items a-m may be added in rows n-q.
The Office of Information and Technology (OIT) is responsible for maintaining a record of technology/equipment leased to employees. Supervisors and employees are responsible for requesting any additional technology/equipment needed and ensuring the technology/equipment remains in good order. Issues with issued technology/equipment should be directed to the employee's local OIT department for assistance.

(1) TECHNOLOGY/EQUIPMENT *(Include all that apply)*	(2) REQUIREMENT
a. DESKTOP/LAPTOP	☐ YES ☐ NO
b. MONITOR	☐ YES ☐ NO
c. DOCKING STATION	☐ YES ☐ NO
d. PRINTER	☐ YES ☐ NO
e. SCANNER	☐ YES ☐ NO
f. SHREDDER	☐ YES ☐ NO
g. KEYBOARD	☐ YES ☐ NO
h. MOUSE	☐ YES ☐ NO
i. SOFTWARE	☐ YES ☐ NO
j. MOBILE PHONE	☐ YES ☐ NO
k. WI-FI/HOTSPOT	☐ YES ☐ NO
l. PAGER	☐ YES ☐ NO
m. FILING CABINET	☐ YES ☐ NO
n. OTHER ITEM 1	☐ YES ☐ NO
o. OTHER ITEM 2	☐ YES ☐ NO
p. OTHER ITEM 3	☐ YES ☐ NO
q. OTHER ITEM 4	☐ YES ☐ NO

1. Does the employee's job require access to VA sensitive information and/or secure files? *(If "YES", complete question 1a and contact your supervisor for approval and certification)* ☐ YES ☐ NO

1a. Identify the type of VA sensitive information and/or secure files the employee will need access to at the alternate worksite.

2. EMPLOYEE SIGNATURE	DATE *(MM/DD/YYYY)*

3. SUPERVISOR SIGNATURE ☐ APPROVED ☐ DISAPPROVED *(Explain in 3a)*	DATE *(MM/DD/YYYY)*

3a. COMMENTS

4. SECOND LEVEL SUPERVISOR SIGNATURE ☐ APPROVED ☐ DISAPPROVED *(Explain in 4a)*	DATE *(MM/DD/YYYY)*

4a. COMMENTS

APPENDIX F

PROJECT TIMELINE

Legend

Planning
Pre-Implementation
Implementation
Evaluation

January 2023- December 2023

				Calendar (Periods)											
Task	**Start** (Period)	**End** (period)	**Duration** (periods)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Discuss DNP project idea with the Nursing Chief of Specialty Ambulatory Care, ADPCS of SAVAHCS Dr. Valdez, and ADPCS of VISN 22 Dr. Wilhoite for approval.	1	1	1												
Secure member of my DNP committee.	1	1	1												
Complete background for DNP project and submit to Dr. Rishel.	1	1	1												
Complete the literature synthesis portion of the DNP project and submit it to Dr. Rishel.	2	2	1												
Complete the theoretical framework- Lewin Change theory and PDSA. Submit to Dr. Rishel for review	3	3	1												
Complete the Methodology portion of the DNP proposal and submit it to Dr. Rishel for review.	4	4	1												
Submit the final draft of the DNP proposal to Dr. Rishel.	5	5	1												
Submit the DNP project to SAVAHCS's IRB for approval.	5	5	1												
Defend QI proposal to my DNP committee	6	6	1												
Submit the DNP project to U of A's IRB for approval.	6	6	1												

				Calendar (Periods)											
Task	**Start** (Period)	**End** (period)	**Duration** (periods)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Once IRBs are approved, send recruitment emails to qualified participants.	6	6	1												
ADPACs train participants on how to log onto their computers from home and how to use softphone software. Expectations are given to participants.	6	6	1												
Complete pre-pilot MBI and RN satisfaction question data.	6	6	1												
Collect pre-pilot productivity data.	6	6	1												
Pilot	7	8	2												
Participants complete the post-pilot MBI survey and RN satisfaction question.	9	9	1												
Data collected for post-pilot productivity.	9	9	1												
Evaluation and analysis of results. Complete the DNP project and write the results.	9	10	2												
Final Defense	11	11	1												
Present to ADPCS DNP project results and recommendations	12	12	1												

APPENDIX G

LITERATURE REVIEW GRID

Project Question: Will outpatient specialty nurses at SAVAHCS working remotely from home one day a week describe increased job satisfaction and demonstrate increased productivity?

Pub. Year; Author's Last Name	Title of Publication	Type of Study	Main Outcomes of Findings	Support for and or Link to Project
2020 Hoffman, Garner, Koong, & Woodward	Understanding the intersection of working from home and burnout to optimize post-COVID-19 work arrangements in radiation oncology	Qualitative Study Used the American Medical Association MiniZ burnout survey (11 questions) and 4 additional questions to survey employees in 3 departments from May 6-May 20, 2020 981 employees sent links; 575 employees answered at least 1 question	92% of people who responded reported that their care team worked effectively together remotely 74% reported that working from home is positive or somewhat positive. The burnout rate was 40%, associated with COVID-19 pandemic fears and worry it might affect job security. Conclusions – almost all employees surveyed had to work from home at one point during the COVID-19 pandemic, and the majority reported a positive experience with their teams. Although they did still report levels of burnout, they were better than the previous year (pre-COVID). Employees reported fewer symptoms of burnout with a positive work-from-home experience. Some positive things noted by employees working from home include time with family, less commute time, and more flexible schedules.	Correlation between work from home and reduced burnout symptoms. Positive team dynamics even with working from home.
2021 Galanti, Guidetti, Mazzei, Zappala, & Toscano	Work from home during the COVID-19 outbreak: The impact of employees' remote	Cross-sectional study Online questionnaire completed by 209 employees	Job demands related to WFH were measured - Family-work conflict	Promoting autonomy and self-leadership may be a

Pub. Year; Author's Last Name	Title of Publication	Type of Study	Main Outcomes of Findings	Support for and or Link to Project
	work productivity, engagement and stress	working from home during the pandemic A survey done May- June 2020	- Perceived social isolation - Distracting work environment Job autonomy assessed. Self-Leadership assessed Perceived WFH productivity WFH engagement Stress Autonomy and self-leadership have positive relationships with productivity and work engagement – favorable outcomes for organizations and employees	solution to improve the efficiency of WFH.
2022 Brooks, Hall, Patel, & Greenberg	"In the office nine to five, five days a week … those days are gone:" A qualitative exploration of diplomatic personnel's experiences of remote working during the COVID-19 pandemic.	Qualitative study 25 employees from the Foreign, Commonwealth and Development Office Semi-structured interviews	Seven themes: - Impact of the pandemic on work - Outcomes- many employees had never worked from home pre COVID and thought that it would never be possible in their line of work. Productivity- some preferred working from home and were able to focus and concentrate more without distractions from colleagues - Relationship with colleagues o Using Microsoft teams help	The pandemic opened up new ways of working that many felt were not feasible pre-COVID Many felt their productivity was greater when working from home because they dealt with fewer distractions. Other findings- employees felt that they had more time to do things around the house, and less commuting meant they had more time for relaxing and self-care

Pub. Year; Author's Last Name	Title of Publication	Type of Study	Main Outcomes of Findings	Support for and or Link to Project
			promote a sense of community o Virtual meetings helped keep people connected o A small amount of people reported poor relationships with colleagues and managers - Benefits of working from home o Opportunity to fit day-to-day household tasks in around their home more easily o Not having a commute gave them more free time for relaxing and spending time with family and self-care activities - Challenges of working from home o Time zones o Home ergonomics o Work-life balance - Family o More time to connect with friends and family.	

Pub. Year; Author's Last Name	Title of Publication	Type of Study	Main Outcomes of Findings	Support for and or Link to Project
			○ Juggling caring for young children and working ○ Some felt shame that they were not giving 100% to either their children or work - Moving posts during the pandemic - Perceptions and predictions of post-pandemic work	
2021 Alfaleh, Alkattan, Alageel, Salah, Almutairi, Sagor, & Alabdulkareem	Onsite versus remote working: The impact on satisfaction, productivity and performance of medical call center workers	Observational cross-sectional study December 2020 and April 2021 124 physicians included in the study worked in the governmental medical call center. The questionnaire used to collect data	Remote workers reported a higher level of autonomy. Onsite workers reported higher level of supervisor support and job productivity	A higher level of autonomy is seen in staff working remotely.
2022 Costa, Teodoro, Mento, Giambo, Vitello, Italia, & Fenga	Work performance, mood and sleep alterations in home office workers during the COVID-19 pandemic	Cross-sectional study November and December 2020 Online questionnaire Office workers 94 participants	Three-quarters of participants reported being more connected remotely One-third reported higher levels of irritability and loneliness The majority of participants reported no changes in work perception One-third reported work improvement with a high rate of satisfaction in work performance	Overall, participants demonstrated great satisfaction with remote work performance. Educational level may be positively associated with better perception of work ability

Pub. Year; Author's Last Name	Title of Publication	Type of Study	Main Outcomes of Findings	Support for and or Link to Project
2021 Sousa-Uva, Sousa-Uva, Sampayo, & Serranheira	Telework during the COVID-19 epidemic in Portugal and determinants of job satisfaction: A cross-sectional study	Cross-sectional study online questionnaire May 12th – June 3rd, 2020 1004 participants	69% of participants felt satisfied or very satisfied with telework and 92% would like to continue to do it in the future but 60% said the hybrid model Better concentration at home Satisfaction with work-life balance when WFH Higher work flexibility Autonomy and Flexibility contribute to job satisfaction. Home work environments and organizational culture play a crucial role in affecting teleworkers satisfaction	Autonomy and Flexibility contribute to job satisfaction and were obtained when working from home.
2021 Zalat, & Bolbol	Telework benefits and associated health problems during the long COVID-19 era	Cross-sectional online survey The questionnaire assess job satisfaction and recuperation. 413 participants	Participants report that teleworking saves time and money – 89% Minimized the spread of COVID-19- 87% Increased independence- 72% Increased productivity 67% Increases balance of work and life 63% More flexible working hours – 58% Telework is associated with musculoskeletal health problems- 78% work-related stress 66% visual problems 47% Feelings of isolation 22%	Increased productivity Increased work life balance – reduction in burnout Increased independence/autonomy

Pub. Year; Author's Last Name	Title of Publication	Type of Study	Main Outcomes of Findings	Support for and or Link to Project
2022 Sher, Salman, Seghers, Desai, & Sammer	Performance of pediatric neuroradiologist working from home during a pandemic at a quaternary pediatric academic hospital	Retrospective study April 1st, 2020- September 30th, 2020 Compared at home versus in hospital intrareader variability Seven pediatric neuroradiologist	2597 CTs (1897 at home and 700 in hospital) 3685 MRIs (2601 at home and 1084 in the hospital) 43 % had a significant shorter turnaround time (TAT) at home for CT and MR imagining The mean number of studies read was statistically higher at home then in the hospital by 43% Reported error rates were not higher when working from home with a statistically significant lower rate at home. >57% of neuroradiologist having shorter TATs and reading more studies at home compared to in the hospital Survey of radiologist show that 64% reported decreased interruptions when working at home	Increase in productivity due to decreased interruptions when working at home Recommendation from study- open communication with team regarding home environment, technical needs and balance of in hospital and at home work can help with satisfaction and productivity.
2022 Garavand, Jalali, Talebi , & Sabahi	Advantages and disadvantages of teleworking in healthcare institutions during COVID-19: A systematic review	Systematic Review PubMed, Scopus, Web of Sciences and Proquest searched. Total of 276 articles were found in the initial search- 14 articles selected.	10 themes for advantages of teleworking 1. Support of health care providers (protecting employees from COVID-19) 2. Increasing healthcare quality 3. Increasing employee and patient satisfaction	Teleworking has been shown to reduce stress, increase productivity of specialists and increase employee satisfaction Teleworking reduces commuting stress among employees Teleworking increases individual and organizational morale, increasing

Pub. Year; Author's Last Name	Title of Publication	Type of Study	Main Outcomes of Findings	Support for and or Link to Project
			(improved work-life balance) 4. Facilitate health services delivery (reduced wait time for patients) 5. Reduce costs 6. Improving family relationships 7. Reduce stress 8. Increase the productivity of specialists 9. Patient support 10. Other (environmental benefits) 9 themes for disadvantages of teleworking 1. Disruption in the process of providing healthcare services (unfamiliar new roles) 2. Reduced interactions of health service providers, patients etc 3. Lack of facilities and support (equipment) 4. Decreasing the quality of service delivery 5. Negative impact on medical education 6. Financial disadvantages for healthcare providers	productivity and performance and helps achieve goals.

Pub. Year; Author's Last Name	Title of Publication	Type of Study	Main Outcomes of Findings	Support for and or Link to Project
			7. Negative impact on providing healthcare services to patients 8. Occupations injuries 9. Failure to accept technology	
2021 Pulido-Martos, Cortes-Denia, & Lopex-Zafra	Teleworking in times of COVID-19: Effects on the acquisition of personal resources.	Cross-sectional online survey 543 participants Voluntary participation recruited through students. Data collected from October 2020 to Jan 2021 Social support measured with job content questionnaire. Vigor measured with the Shirom-Melamed Vigor Measure	Social support from peers and supervisors is positively and significantly related to the level of vigor at work. Vigor at work has important implications for physical health.	Technologies help maintain closeness even when working outside the office

REFERENCES

Alfaleh, A., Alkattan, A., Alageel, A., Salah, M., Almutairi, M., Sagor, K., & Alabdulkareem, K. (2021). Onsite versus remote working: The impact on satisfaction, productivity, and performance of medical call center workers. *Inquiry: A Journal of Medical Care Organization, Provision and Financing*, *58*. https://doi.org/10.1177/00469580211056041

American Association of Colleges of Nursing (AACN). (2021, April 6). *The essentials: Core competencies for professional nursing education.* American Association of Colleges of Nursing.

Andrew, S. (2021, February 25). *Traumatized and tired, nurses are quitting due to the pandemic.* CNN. Traumatized and tired, nurses are quitting due to the pandemic | CNN

Buchan, J., Catton, H., & Shaffer. (2022). *Sustain and retain in 2022 and beyond: The global nursing workforce and the COVID-19 pandemic.* International Council of Nurses. Sustain and Retain in 2022 and Beyond- The global nursing workforce and the COVID-19 pandemic.pdf (icn.ch)

Burnes, B. (2020). The origins of Lewin's three-step model of change. *The Journal of Applied Behavioral Science, 56*(1), 32-59. The Origins of Lewin's Three-Step Model of Change (sagepub.com)

Brooks, S. K., Hall, C. E., Patel, D., & Greenberg, N. (2022). "In the office nine to five, five days a week… those days are gone:" Qualitative exploration of diplomatic personnel's experiences of remote working during the COVID-19 pandemic. *BMC Psychology*, *10*(1), 272. https://doi.org/10.1186/s40359-022-00970-x

Costa, C., Teodoro, M., Mento, C., Giambò, F., Vitello, C., Italia, S., & Fenga, C. (2022). Work performance, mood and sleep alterations in home office workers during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, *19*(4), 1990. https://doi.org/10.3390/ijerph19041990

Duru, D. C., & Hammoud, M. S. (2022). Identifying effective retention strategies for front-line nurses. *Nursing Management (Harrow, London, England: 1994)*, *29*(1), 17–24. https://doi.org/10.7748/nm.2021.e1971

Fitzpatrick, B., Bloore, K., & Blake, N. (2019). Joy in work and reducing nurse burnout: From triple aim to quadruple aim. *AACN Advanced Critical Care*, *30*(2), 185–188. https://doi.org/10.4037/aacnacc2019833

Friganović, A., Selič, P., Ilić, B., & Sedić, B. (2019). Stress and burnout syndrome and their associations with coping and job satisfaction in critical care nurses: A literature review. *Psychiatria Danubina*, *31*(Suppl 1), 21–31. MAM-6_1-2_SVE.pdf (psychiatria-danubina.com)

Galanis, P., Vraka, I., Fragkou, D., Bilali, A., & Kaitelidou, D. (2021). Nurses' burnout and associated risk factors during the COVID-19 pandemic: A systematic review and meta-analysis. *Journal of Advanced Nursing*, *77*(8), 3286–3302. https://doi.org/10.1111/jan.14839

Galanti, T., Guidetti, G., Mazzei, E., Zappalà, S., & Toscano, F. (2021). Work from home during the COVID-19 outbreak: The impact on employees' remote work productivity, engagement, and stress. *Journal of Occupational and Environmental Medicine*, *63*(7), e426–e432. https://doi.org/10.1097/JOM.0000000000002236

Garavand, A., Jalali, S., Hajipour Talebi, A., & Sabahi, A. (2022). Advantages and disadvantages of teleworking in healthcare institutions during COVID-19: A systematic review. *Informatics in Medicine Unlocked*, *34*, 101119. https://doi.org/10.1016/j.imu.2022.101119

Hoffman, K. E., Garner, D., Koong, A. C., & Woodward, W. A. (2020). Understanding the intersection of working from home and burnout to optimize post-COVID19 work arrangements in radiation oncology. *International Journal of Radiation Oncology, Biology, Physics*, *108*(2), 370–373. https://doi.org/10.1016/j.ijrobp.2020.06.062

Institute for Healthcare Improvement. (IHI). (2017). *Q1 Essentials toolkit: PDSA worksheet* [Brochure]. Institute for Healthcare Improvement.

Jun, J., Ojemeni, M. M., Kalamani, R., Tong, J., & Crecelius, M. L. (2021). Relationship between nurse burnout, patient and organizational outcomes: Systematic review. *International Journal of Nursing Studies*, *119*, 103933. https://doi.org/10.1016/j.ijnurstu.2021.103933

Kelly, L. A., Gee, P. M., & Butler, R. J. (2021). Impact of nurse burnout on organizational and position turnover. *Nursing Outlook*, *69*(1), 96–102. https://doi.org/10.1016/j.outlook.2020.06.008

Martin, L., Hauret, L., & Fuhrer, C. (2022). Digitally transformed home office impacts on job satisfaction, job stress and job productivity. COVID-19 findings. *PloS One*, *17*(3), e0265131. https://doi.org/10.1371/journal.pone.0265131

Maslach, C. (n.d). Burnout self-test Maslach burnout inventory (MBI). [Survey].

Maslach, C., & Leiter, M. (2021, March 19). *How to measure burnout accurately and ethically.* HBR.org. How to Measure Burnout Accurately and Ethically (hbr.org)

Mawer, S., Atladottir, S., Harrington, K., Lister, R., & Richter, L. (2019). *Discovery design: Design thinking for healthcare improvement*. (B. Katz & J. Driver, Eds.). Stanford Medicine The Risk Authority. (Original work published 2019).

Pulido-Martos, M., Cortés-Denia, D., & Lopez-Zafra, E. (2021). Teleworking in times of COVID-19: Effects on the acquisition of personal resources. *Frontiers in Psychology*, *12*, 685275. https://doi.org/10.3389/fpsyg.2021.685275

Robertson, M. M., Lee, J., Huang, Y. H., & Schleifer, L. (2022). Virtual office intervention effectiveness: A systems approach. *Work (Reading, Mass.)*, *71*(2), 451–464. https://doi.org/10.3233/WOR-210698

Sanborn, H., & Cato, D. (2022. May 14). *How does Arizona solve its nursing shortage? By fixing a giant training bottleneck.* AZCentral. Arizona has a nursing shortage - and a giant training bottleneck (azcentral.com)

Sher, A. C., Salman, R., Seghers, V. J., Desai, N. K., & Sammer, M. B. K. (2022). Performance of pediatric neuroradiologists working from home during a pandemic at a quaternary pediatric academic hospital. *AJNR. American Journal of Neuroradiology*, *43*(3), 474–477. https://doi.org/10.3174/ajnr.A7411

Shirey M. R. (2013). Lewin's theory of planned change as a strategic resource. *The Journal of Nursing Administration*, *43*(2), 69–72. https://doi.org/10.1097/NNA.0b013e31827f20a9

Sousa-Uva, M., Sousa-Uva, A., E Sampayo, M. M., & Serranheira, F. (2021). Telework during the COVID-19 epidemic in Portugal and determinants of job satisfaction: A cross-sectional study. *BMC Public Health*, *21*(1), 2217. https://doi.org/10.1186/s12889-021-12295-2

Sullivan, V., Hughes, V., & Wilson, D. R. (2022a). Nursing burnout and its impact on health. *The Nursing Clinics of North America*, *57*(1), 153–169. https://doi.org/10.1016/j.cnur.2021.11.011

Sullivan, D., , V., Weatherspoon, D., & Frazer, C. (2022b). Comparison of nurse burnout, before and during the COVID-19 pandemic. *The Nursing Clinics of North America*, *57*(1), 79–99. https://doi.org/10.1016/j.cnur.2021.11.006

VA. (2023, May 11). *Employment benefits*. VAcareers.va.gov. Employment benefits | VA Careers

Veazie, S., Peterson, K., Bourne, D., Anderson, J., Damschroder, L., & Gunnar, W. (2022). Implementing high-reliability organization principles into practice: A rapid evidence review. *Journal of Patient Safety*, *18*(1), e320–e328. https://doi.org/10.1097/PTS.0000000000000768\

Wojciechowski, E., Pearsall, T., Murphy, P., & French, E. (2016). A case review: Integrating Lewin's theory with lean's system approach for change. *Online Journal of Issues in Nursing*, *21*(2), 4. https://doi.org/10.3912/OJIN.Vol21No02Man04

World Health Organization. (WHO). (2019, May 28). *Burn-out an "occupational phenomenon:" International classification of diseases.* WHO.int. Burn-out an "occupational phenomenon": International Classification of Diseases (who.int)

Yu, F., Raphael, D., Mackay, L., Smith, M., & King, A. (2019). Personal and work-related factors associated with nurse resilience: A systematic review. *International Journal of Nursing Studies*, *93*, 129–140. https://doi.org/10.1016/j.ijnurstu.2019.02.014

Zalat, M., & Bolbol, S. (2022). Telework benefits and associated health problems during the long COVID-19 era. *Work (Reading, Mass.)*, *71*(2), 371–378. https://doi.org/10.3233/WOR-210691