Dan Seed:

Welcome to Big Ideas, a podcast from Texas State University in San Marcos, Texas. I'm your host Dan Seed from the university school of journalism and mass communication. We're joined for this episode by Dr. Melinda Villagran, the Director of Texas State's Translational Health Research Center, and a faculty member in the department of communication studies, Dr. Villagran welcome to the program.

Dr. Melinda Villagran:

Thank you very much. Glad to be here.

Dan Seed:

Thanks for being here. So our main focus today is a study that you conducted along with Movability on telework and how employees have adapted to working from home during the COVID-19 pandemic and of course, we'll get into that, but first, tell us a little bit about yourself and your research interests.

Dr. Melinda Villagran:

I am a professor in the department of communication studies and my specific area of interest is health communication. So I look at the messages that impact the decisions that we make that ultimately shape our health and that could be everything from looking at messages during a doctor and patient interaction to messages that we receive from media to messages that we receive in community settings, from family members or really anywhere. I believe that as much as you know, we think about cognition and we think about actual health treatments, but the things that we hear shape the things that we believe and that shapes the things that we do.

Dr. Melinda Villagran:

What we do is more important for our overall long term health than anything that a physician could tell you, because we are really ultimately in charge of our own bad decisions and over the course of our life, when we make decisions about health, my research really looks at how those decisions are made based on what we hear, what we see, what we experience, and then ultimately what we do.

Dan Seed:

What is translational health and how does this study fit into that?

Dr. Melinda Villagran:

The translational health research initiative started at Texas State University in 2016. And essentially it came from this concern that all too often, when research is conducted in academic institutions, it doesn't always reach the people who could benefit from it. As we were beginning to really ramp up our research mission in an effort to move toward R1 status, it's very important to our university administration and our faculty, to be sure that we build a program of research that has relevance for the people that we serve.

Dr. Melinda Villagran:

So a lot of what we do is putting into practice research that is seeking to improve the health of people and populations. Put simply that means that everybody across all of our colleges is concerned to be sure that what we're doing has relevance. The way that we know it has relevance is that we work with people directly and get their input and their voices in the research process. So for example, in the college of education they have a tremendous research program on autism and they run autism camps and they have an autism clinic where they conduct research. But those activities themselves, the clinics and the camps, they bring benefit to the people that are taking part in the research. So it's a two-step process. One is create new knowledge, but two is make sure that that new knowledge actually benefits and reaches people that can benefit from it and who really rely on us to help them figure out how to do things differently in their lives to improve health.

Dr. Melinda Villagran:

For example, in the college of business, they look at how economics and how systems of pay in healthcare impact access to health and that is certainly an issue of translational health. So translational health is moving research into practice, and we do that in every college across the university. So this initiative sort of grew because we were trying to connect the dots to make sure that we're efficient, but also make sure that what we're doing is really, really interesting and really, really necessary.

Dan Seed:

Well, and this study here clearly fits into that and it's very interesting. So the study that we're talking about today surveyed 732 participants in the Austin area. Those folks came from or live in 103 unique zip codes. And previously these folks were commuting two 85 unique work zip codes before COVID-19 happened and the shutdown came into effect. Then they like a lot of us ended up working at home. So for background here, this study gauge the telework experience of those workers during that initial phase of the shutdown due to COVID-19. How did this study come about?

Dr. Melinda Villagran:

In November of last year, Movability, which is they're a nonprofit organization in Austin that looks at alternatives for transportation, because we all know that there's a terrible traffic problem in Austin, and there are limited ways to solve it right now. So they're trying to help people right now, figure out how do I manage my life, given the commute that I have. We did a study on telework, in my own experiences, I think from a corporate perspective, or even from a university perspective, I can always sense that there's some concern about whether our workforce can work from home and be just as productive and be just as effective as they are if we're all working in the same condition. That makes great sense to me and I kind of it in the back of my mind too, gosh, I wonder if that really is as good as everybody being in the same place.

Dr. Melinda Villagran:

So we did the study and it was for the mayor of Austin, has something called the Mobility Breakfast and I presented the results of that study to look at just telework in general, who's doing it. How are they doing it? What do they think about it? But when COVID-19 came along, obviously there was this massive shift that happened overnight. We thought it would be worthwhile to go back to the same population of people and to do a new study, but just add this extra layer to say for people who have not previously been experienced at telework, what's going on and specifically in my case, I'm interested in the relationship between commuting and health, because I mean, we might not think of commuting when you think of things that are bad for your health, you think of smoking, lack of exercise, sun exposure, diet, all those things. But we don't think, gosh commuting takes a toll on my health, but it does.

Dr. Melinda Villagran:

In fact, research says that the longer your commute is every day, it's significantly worse your health will be. As we see, I-35, there used to be a break between San Antonio and Austin. And now it's one kind of long continuous city, why? Well, people are traveling further and further to get to their jobs. And we are making these choices without really understanding the implications of commuting on our health. So it made good sense to us to say, well, we have this whole group of people who are now shifting from driving to work each day or taking mass transit or wherever they get to work to working from home, looking at how their perceived health and their work productivity changed as a result of that shift.

Dan Seed:

Well, I know I can speak from experience driving from Austin down to San Marcos. It's a fairly easy drive down I-35, I'm going in the opposite direction of traffic. My wife though goes from South Austin into downtown, or was going into downtown and it would take her longer to get to sixth street in Austin where she worked. Then it would take me to get from South Austin to San Marcos. I know that for her, the commute was incredibly stressful and would affect everything throughout her day. As you mentioned, productivity, you get there later or you have to leave earlier and it just creates that stress that you're talking about. So I know that this is a study I was really interested in just from that personal perspective in seeing how people were responding to this.

Dan Seed:

So let's talk key takeaways here. What were some of the key takeaways in this study that you conducted during that initial shutdown?

Dr. Melinda Villagran:

So you brought up a couple of good points. One is that, we think about commuting is bad for your health in terms of miles that you travel, but time is also important. But with either of those, there is good research that says that commuting has a negative impact on your physical health things like headaches, backaches, digestive problems, high blood pressure, worst food choices, you're more likely to go to a fast food restaurant if you are commuting longer distances, just out of sheer necessity.

Dr. Melinda Villagran:

Then on the mental health side, you have sleep disturbances, fatigue, concentration problems, and even depression have been associated with longer commute. So those don't even count the physical hazards that you mentioned about the stress associated with traffic accidents, bad weather, things like that. So for this study, we were expecting people to perhaps have increased stress around the whole COVID-19 experience.

Dr. Melinda Villagran:

You know, it's a scary thing and it came on very quickly and things shifted so suddenly we just weren't sure that the stress associated with that would be eliminated just by the sheer fact that people didn't have to commute. So we weren't quite sure what was going to happen. But what we found was really very interesting and very, almost more surprising than even we could have expected. In general, we found that among the 732 people who were new teleworkers more than two thirds of them had never telework before, but all of them were before COVID-19 working at least most of the time in their physical office space found that this shift to telework was a very positive one for them. Participants who had further daily commutes prior to COVID-19 had even better results in terms of their physical and mental health and their productivity while working from home.

Dr. Melinda Villagran:

So this kind of was the opposite of what prevailing wisdom in my mind and maybe others that we would be less productive if we were working at home, the opposite was very clear to us in the study. I think there's a couple of things that I never really thought about. It's intuitive, but you don't always remember, you spend a lot of time commuting and when that time is freed up, you can do other things with it. So you can be more productive. So even if you had a setback by going from, oh, I'm a worker who works in an office to I'm working at home, I got to figure this out. You had more time to do that because you weren't spending your time on I-35. That's one thing.

Dr. Melinda Villagran:

The other thing is that I think in this unique situation, people, in my opinion, and in my experience, they really rallied, they came together to figure things out. Although some of the participants reported that they had everything that they needed to telework from home before COVID-19, so in other words, they already had the connectivity and the systems, and maybe they already knew how to use one of the Zoom or Teams or whatever, some of them didn't, but the ones that didn't were really, I think, more committed than we expected to figuring it out quickly so that they could continue to maintain productivity.

Dr. Melinda Villagran:

The takeaways were that people were in general more productive, or at least equally as productive as they were in their original workplace and they reported significantly better mental health and in some cases significantly better physical health than when they were commuting to their workplace.

Dan Seed:

Let's talk about mental and physical health. Again, personal perspective once we at the university shifted to being online in March, I know that my wife works, I work, we have two young kids and so we kind of had to divide the day up in order to get our work done. One of the things I found myself doing was I was taking our girls on these walks in the morning, it started as like a three mile neighborhood walk and eventually just through sheer will, I guess, or practice of doing it, we ended up extending it to like seven miles at some point. Yeah, they were they're very patience, they were very happy to get out of the house, I think.

Dan Seed:

But speaking to what you're talking about with that increase in physical and mental health, that was say an hour and a half or almost two hours that normally I wouldn't have had to do something like that. Our walks would have been a much shorter and I know that I found in that instance that after doing those walks, I found myself invigorated, physically, I work out regularly, but I find myself losing weight, feeling healthier and it gave me that mental check almost to start the day. What did the study find in terms of exercise, in terms of that kind of productivity that people were seeing that normally they weren't seeing when they were having to commute into the office?

Dr. Melinda Villagran:

Obviously you just hit on one of the main things, which is that because perhaps we had more time or perhaps it was because this was a really unique situation where kids were home also, we had more time to spend with our families in physical activity. So when you can't go to restaurants and you can't go to the movie and you can't do a lot of things, one thing that you can do is you can go on a walk and you can go on a walk with your kids, which is pretty great. Well, my kids are older and their lives are crazy and I rarely see them in a normal routine because they're at school and sports and activities and friends, and have to sort of schedule myself in to get to see them. That all changed. They were here. So we were able to engage in these physical activities together, whether it be walking or riding bicycles, people reported doing yoga together and just all kinds of physical activity that wasn't taking place prior to the shutdown.

Dr. Melinda Villagran:

So that was the really positive thing. Now we don't know when kids go back to school or when things are open like stores and restaurants, etcetera, whether that physical activity will continue. But I have some suspicion based on research in other areas that says, when people feel better, they tend to adopt at least part of that routine that made them feel better. So if, for example, you said, you had this positive benefit for walking. You're going to be more likely to walk more often now because you're going to be like, oh yeah, that felt good. So you're more likely to do that in a routine way.

Dr. Melinda Villagran:

But then the challenge comes is if we don't take lessons learned from this in terms of our work policies, people might not have the opportunity to take that time because they will be again doing the commute on I-35. So it'll be interesting to see how companies integrate these lessons into policies moving forward, but it will also be interesting to see how the positive effects of this are integrated into people's lives over time. So that's the next study.

Dan Seed:

That's what I was going to go to the next study or the next thing to look at, how do you see something like this translating this particular study, for example, before you get to the next one, translating into something that's useful for both employers and employees going forward in a continued COVID situation? But more so in a post COVID world and the effect that it may have on the policies that companies come up with in terms of telecommuting versus being in the office?

Dr. Melinda Villagran:

I think the main takeaway is that we have to be prepared for the ability to quickly adapt. This is a great red flag for companies that didn't yet have systems in place. We need to have go bags, ready to go that say, okay, I've got the technology, I know how to deploy internet capability to somebody who doesn't have it. I know how to work on things like zoom or teams. I know how to equip our workforce to understand the parameters of what it is to be productive at home. People are working 24/7 right now they've integrated it to the point where it's just become so reflexive watch a TV show, do a little work that, or do a little work. That may or may not be healthy over time. So we're going to have to kind of think about being ready to be adaptable and flexible in the way that we do telework, but given the fact that COVID itself, I mean, it's a virus and viruses are nothing if not adaptable, it will continue to adapt in a physical way, in a way that it affects us and we're going to have to change our work structure and our policies and our daily lives and the more prepared we are the better.

Dr. Melinda Villagran:

So the main thing is this is a dynamic situation and we just need to face the fact that it's not going to be an either or probably most likely we're going to integrate a little bit of lessons learned about telework into our lives in ways that make sense. And then it will be easier to go back and forth and have that more fluid boundary between work and home when necessary and possible.

Dan Seed:

It leads to an interesting discussion, as you said, just about the future and how we integrate that as you know, the sample that you're looking at here that you did was in that initial phase and clearly that's kind of continued. There was that breakout where people were going back to work and now things have changed. So, seeing how this evolves is certainly interesting. One thing that I found interesting about how companies or workers, this may affect change was in the responses of those participants, who three quarters of them said that they'd like to continue teleworking after the restrictions are lifted. Among those who want to continue that telework 64% said, they'd prefer to telework two or three days per week. So it almost sounds like at this initial stage that the employees are in a sense perhaps dictating future policy and that they're okay with it. We're good with this. We've kind of figured this out and that in turn may force the hand of employers to recognize that, hey, our employees are okay with this.

Dr. Melinda Villagran:

Yes. In general people are, we don't like change and it was a nice thing to think, when can we go back to normal? But the fact is this may be our new normal and the good news from this study, there were two things. One is, people maintain their productivity or they were even more productive. So from an employer perspective, things went much better than they ever could have expected. From an employee perspective people that had never telework before generally found some benefit. As you said, a majority of the participants said they wanted to continue, but they didn't want to continue on a full time basis. They did recognize how interesting and important conversations that happen in a physical space, how those help them and how those relationships and face to face communication with people in their workspace, how that was a piece of what they did.

Dr. Melinda Villagran:

But that doesn't mean that there was the necessity to commute every single day and so I think the benefits coming from this were very early research, very initial findings that suggest we can still be productive and we want this flexibility.

Dr. Melinda Villagran:

Now, one thing that I think is a potential downside to this study is it might point to decreased satisfaction of people who had the opportunity to telework and if that's just taken away, you know, wholesale, in other words, we say, oh, that's over. Okay, great, back to business as usual. I'm not sure that there's not going to be some kind of a backlash or a negative effect of people that said, look, I worked really hard that I showed you that I can work hard and that it is effective. So I'm not quite sure why I can't do that anymore. So I think that's going to have to be on a company by company basis.

Dr. Melinda Villagran:

You mentioned the translational piece of this and absolutely blown away. We did a webinar Movability partnered with Texas State to do a webinar for the employers in around Austin and the ones specifically who had participants in our study. And of course they had no idea what was going on because it was all happening so quickly. They're thinking, gosh, what's happening with our workforce and are they pressed and are they equipped to do their jobs and are they being productive? So we were blown away by the number of people that signed into that webinar and the number of different types of organizations, everyone from state government, to even universities, companies, small startups, private companies, public companies, all of the big companies in Austin that you could think of, they all tuned in because they were very interested in what we found.

Dr. Melinda Villagran:

So in that way, I think it's a good example of how Texas State is trying to engage with public partners to do research that is scholarly, but that really has a direct, positive impact on the people that we work with and this study really did that in my mind, at least in a very small way, it gave us our first glimpse at what was happening with the workforce after they had begun to telework. That was important in that moment in time and I felt really good about that. I think that for it to really have an impact, the companies themselves are going to have to consider how they can adapt to integrate some of the lessons learned and whether they want to continue limited telework on a one to three day a week basis, or whether they really want to find ways to shift back to the way things were before and plan for if this happens again.

Dan Seed:

You mentioned at the start of the interview, the traffic in Austin, and a lot of people that are listening to this are from this area, they're familiar with it, those of the audience that aren't, Austin is gridlock for most of the day, especially during those peak rush hour times, how do you see this kind of study or this specific study and then subsequent ones that you'll do to help inform public policy in the city in terms of traffic, in terms of working with companies to help alleviate some of that, to show that, hey, maybe this is a solution or the beginning of a solution to help alleviate that traffic issue?

Dr. Melinda Villagran:

Right. Right. Well, that's a challenge because in the initial study that I mentioned that we did for the mayor's Mobility Breakfast, right after I did that presentation, I didn't even get home and my phone was ringing in, it was Austin Transit and they were thrilled to find out that, so many people were using transit to commute from so far away, long distances, like up to 70 miles or some long, imaginable every day commute yet. But they were very interested in, this is a way to promote transit and increase transit.

Dr. Melinda Villagran:

Now, given COVID, it might be a different story and this is certainly not my area of expertise. I really look at the communication that happens and the messages that we hear and the messages that we experience from interpersonal immediate sources, just over and over reinforced that commuting is not fun. Commuting is bad. Commuting gets stressful. All of these negative things have been reinforced in our minds. So it's probably no surprise that we experienced that. One way that I think transit was trying to help people think about the option of maybe not driving their car by themselves was to say, hey, maybe it's not as bad when you do it with other people and it takes away some of the responsibility. It gives you some time to work, et cetera. But I don't know how that's going to change given the potential, I guess, risks associated with mass transit. So I can't really answer how they're going to change, but what I can tell you for sure is that there is a tremendous amount of dialogue about this.

Dr. Melinda Villagran:

The original study was actually presented to the Austin city council after I did the presentation by some people from Movability and from Austin Metro. So they were a very aware of what we found and in this study, I think also it will be something that has already been sent to the mayor's office and to the city council, but I'm not sure exactly how it will impact their thinking, but I know I can say for sure that they are thinking very, very carefully because nobody wants to have the traffic problems that we have in Austin. It's bad for economic development. It's bad for everyday life. It doesn't make anybody happy and it is something that we have to try to work on to maintain the Austin that everybody wants to live in and work in.

Dr. Melinda Villagran:

So how do we do that? Well, there's a lot of ways that were on the table that may have to be adapted again, it's that same theme of this is not something that's just going to go away. It's going to be something that's dynamic and fluid over time. The more we can build in structures and systems to adapt quickly, I think the better off we're going to be and that comes from an employer perspective, an employee perspective, and from the perspective of policy. Our policies need to recognize that the world is not always going to be just one way and that we have to be able to have options to shift as necessary.

Dan Seed:

Again, we're joined by Dr. Melinda Villagran from the Texas State University Department of Communication Studies and the Translational Health Research Initiative discussing a study that was conducted on telework and productivity, how it was affected during the COVID-19 initial shutdown.

Dan Seed:

So from this point, Dr. Villagran you have this initial study, where do you go from here? What's next? What are you thinking of next in terms of building off this? I mean, I know one thing that looking at this study, it did not drill down into who was at home. Is that a place where maybe you go next to see how it breaks down among those who have children or children of a certain age or how many people are in the home?

Dr. Melinda Villagran:

Right. Well, one of the things that I haven't mentioned is the interesting way we collected this data. We used text messaging. So every day in the original study participants got a text that said, how did you get to work today? They had a choice and that was it. It was one item. The way that we got the buy in from all of these employers, and we got these huge sample sizes of 700, 800 people, was that we made it really quick and very, very easy. One of the downsides of that is, and if I, in hindsight, I would have done it. I really try to limit the identifying information. I did not ask people whether they were male or female or whether they had children. I wish that we would have, because I believe what you're asking is exactly where the research is going for sure, is to find out if people were this productive with kids at home that were doing homeschooling, how good could things be if the kids were back in school, because that could actually increase productivity.

Dr. Melinda Villagran:

On the flip side, I think that there is some initial maybe questions about whether the shift with children and this adapting to meet the needs of all different family members, whether that's going to impact women and men equally. So from a workforce perspective, I think there's some opportunity to understand how we manage this border between home and work as parents, as mothers and as fathers, and think about our workforce is comprised of people that are whole people, they have jobs and they also have home responsibilities. The more that those are sort of blurred lines, it can be confusing to figure out who does what, and we're going to have to negotiate all that. So I think there's a lot of research to be done to understand that.

Dr. Melinda Villagran:

But the positive piece of that I think is to see how much more productive people can be when their kids are not at home. But we did not measure in this study, whether children were in the house, nor did we measure whether the participants were parents, male or female.

Dan Seed:

Certainly interesting. Just so many things that can come of this many different avenues and as you said, as this evolves, it presents new questions, new problems, new areas to look at, which really makes this just incredibly interesting. Certainly plenty to look at down the road with this study and we're certainly looking forward to seeing what you all come up with in relation to this.

Dan Seed:

So, one thing with this clearly in this medium, it's difficult to throw out a lot of numbers, right? We don't have visuals to get into that. So if folks want to really dive deep into the numbers here, and there are a lot of good numbers and deep information here, where can they go to find the study and really get that deep dive?

Dr. Melinda Villagran:

Well, there is a white paper, and I think a webinar or previous webinar that are on the Movability website. So if you just go to the moveability.org and you will be able to see some information, certainly we have at Texas State, our translational health research initiative is moving very quickly toward being translational health research center. Our website is located in the office of research and sponsor programs website. So you can go to translational health research at Texas State and find information about this as well.

Dan Seed:

Again, a very interesting study, timely study, and the fact that you had started this and then COVID happened really fortuitous, I suppose, in a sense to be able to move from that initial study into this one. So as we wrap up Dr. Villagran, Is there anything else that you'd like to add or say about this study or any other future studies that you're working on down the road?

Dr. Melinda Villagran:

Well, I really appreciate the opportunity to talk about this study because it's interesting, obviously we all suffer from the dangers and hazards of commuting, but in general, in terms of my role as the director of translational health research, I don't typically talk about my own research because to be honest with you, we have amazing researchers doing interesting and important work to improve the health of people and populations in every college at Texas State.

Dr. Melinda Villagran:

So if you go to the translational health research website, you will see a lot of examples of work being done in every college. In 225 different academic degree programs faculty and students are doing work that will look at all different aspects of health from digital health to chronic disease, health disparities, aging, just a lot of different ways to try to improve health. So this whole body of research is what makes up the translational health research initiative and the study I presented today was my own, but really I am in awe of the work being done on our campus. I would encourage people to seek it out and read it because it has real implications for their own lives.

Dan Seed:

Dr. Melinda Villagran thank you so much for joining us, a really interesting discussion and all the best going forward.

Dr. Melinda Villagran:

Thank you very much.

Speaker 3:

Big Ideas TXST is a presentation of Texas State University and the Division of University Advancement. Subscribe to experience more innovative thought provoking content. If you like, what you hear consider leaving us a starred review five, if possible. The views expressed during this program are those of the individual participants and do not necessarily represent those of the university. Big Ideas is hosted by Daniel Seed, produced by Jayme Blaschke with technical assistance provided by Manuel Garcia, strategic consultant is Kelly Raz.