Virtually new: A case description of a health system’s new employee orientation COVID-19 response plan

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Abstract
As a result of the novel Coronavirus of 2019 (COVID-19), everyday life was transformed globally. With this, organizations were faced with the need to strategically and empathetically balance employee safety with business continuity as their survival largely depended on enacting immediate response measures by shifting to working remotely. When work moved online, essential programs including new employee onboarding, required a transition to virtual learning and development. This case description outlines Jackson Health System’s COVID-19 New Employee Orientation (NEO) response plan through the lens of andragogy, with an emphasis on technological considerations. Following a description of decisions and responses to design and execute the virtual orientation program, a discussion is presented of three overarching lessons learned in the process: Virtual onboarding is a necessarily iterative process; virtual onboarding must be intentional; and the technological divide must be addressed. Recommendations for human resource development (HRD) research and practice are offered.

KEYWORDS
andragogy, COVID-19, descriptive case, employee onboarding, virtual HRD

A new way of life became necessary with the outbreak of the novel Coronavirus pandemic. On February 11, 2020, the World Health Organization (WHO) officially named the new strain of the Coronavirus, “COVID-19,” after its original outbreak in December 2019 in Wuhan, China had reached nearly every continent by early 2020 (Centers for Disease Control & Prevention [CDC], 2020a). The formal statement initiated international alerts and calls for response from leaders to help stop the spread of the highly contagious respiratory illness (CDC, 2020a). At the time this paper was produced, the number of COVID-19 positive cases and deaths globally were 4,789,205 and 318,789, with the United States outpacing all countries with 1,477,459 and 89,271 cases, respectively (WHO, 2020).

Everyday life in the United States changed on nearly every level due to the gravity of the virus and its transmissibility. Following the social distancing recommendations of the CDC—maintaining at least 6-feet distance between any two persons and limiting contact beyond one’s household (CDC, 2020d)—restaurants, places of worship, and schools were closed in mid-March to minimize viral spread (CDC, 2020b). Annual social and sporting events were also cancelled or delayed. Nationally, thousands of businesses closed indefinitely, leading to the largest unemployment rate in US history (14.7%) since the great depression (Bureau of Labor Statistics [BLS], 2020; Long & Van Dam, 2020). Essential businesses that remained operational were forced to adjust to a new normal, moving employees to work remotely, and impacting how they work and learn.

REMOTE WORK AND LEARNING DURING COVID-19

The CDC explicitly outlined the role and responsibility of employers to provide safe environments for employees to limit the spread of COVID-19 (CDC, 2020c). Organizations were uniquely challenged to maintain business
continuity while quickly redesigning work programs and structures. As COVID-19 exponentially spread across the nation, and local and state leaders moved to enforce CDC guidelines, albeit inconsistently in many places, remote work—working off-site or from home, was the effective response. Traditionally, remote work has been associated with sales, high-tech, insurance, and accounting sectors (Greenbaum, 2019), and its use increased threefold over a 20-year period (1996–2016) (Hickman & Robison, 2020). Studies have found that businesses adopting remote work programs see an increase in employee productivity, learning and engagement, talent acquisition and retention, and cost-savings of maintaining physical workplaces (Eddleston & Mulki, 2017; Golden & Gajendran, 2019; Hickman & Robison, 2020).

Extensive planning is central to reaping the possible benefits of remote work programs; however, the implementation of these as a response to the COVID-19 pandemic called for swift, innovative approaches. Onboarding was among the crucial employee programs needed for business continuity in 2020. Onboarding, “the processes that allow new employees to learn about [an] organization, its structure, and its vision, mission and values, as well as to complete an initial new-hire orientation process” (The Society for Human Resource Management [SHRM], n.d.) sets an important tone for new employees’ experience especially during turbulent times (Morse, 2020; SHRM, n.d.). An organization’s tone is not only established through first impressions of current employees, but also through communicated content, presentation of curated resources and information (Church et al., 2002), and overall delivery of a focused and engaging employee orientation (Kowath, 2018; Morse, 2020). The pandemic accentuated the need to conduct effective remote orientation programs to limit or remove barriers that new employees—adult learners in the onboarding process (Huang et al., 2010)—typically face including possible social isolation and anxiety due to new job responsibilities (Kowath, 2018). Ultimately, onboarding programs should provide new employees with the education, resources, and tools needed to successfully acclimate to a new culture and work role (SHRM, n.d.).

One such example of onboarding shifting to a virtual platform in response to the COVID-19 pandemic is Jackson Health System’s New Employee Orientation (NEO) program. Jackson’s NEO program made the virtual transition to maintain onboarding continuity for the nation’s largest public health system (JHS, 2020a) as an essential business fighting the COVID-19 pandemic. This case highlights timely considerations for human resource development (HRD) researchers and practitioners about virtual HRD, employee learning and development, inclusion in remote work, and HRD professionals as learners. The purpose of this case description is to illustrate how Jackson responded to the COVID-19 pandemic by transitioning its NEO program online to maintain business continuity. This project was guided by the question: How did Jackson Health System adapt its new employee onboarding program to accommodate to the virtual work environment in response to the COVID-19 pandemic? An overview of Jackson and its NEO program follows, and the conceptual framework that informally guided the iterative design of the response plan. The specifics of the case description design are detailed, followed by a discussion of lessons learned. Implications for HRD research and practice are also provided.

**JACKSON HEALTH SYSTEM**

Jackson Memorial Hospital was established by Dr. James M. Jackson in 1918 in Miami, Florida in response to the flu epidemic (JHS, 2020a). Originally a 13-bed hospital, Jackson is now a comprehensive health system with 2200 beds throughout six hospitals, urgent, primary and specialty care centers, and two long-term care facilities (JHS, 2020a). Jackson also staffs Miami-Dade County’s Corrections Health Services clinics and serves as the US Army’s military surgical training facility. One of the largest teaching hospitals in the United States, Jackson is affiliated with 13 academic institutions, most notably the University of Miami (UM) Miller School of Medicine (JHS, 2020a). Jackson employs almost 13,000 healthcare workers (HCW) who reflect the diverse resident population of the county. The system is governed by the Public Health Trust, an independent governing body of “citizen volunteers acting on behalf of the Miami-Dade Board of County Commissioners” (JHS, 2020a) to ensure all residents receive equitable, high quality care irrespective of their ability to pay for healthcare.

**New employee orientation**

The mission, vision, and values of Jackson center on CARE—compassion, accountability, respect, and expertise—underpinning the system’s patient and employee programs and services (JHS, 2020a). Jackson’s CARE values are integrated into the employee learning experience beginning with the NEO Day One program as part of the system-wide onboarding process. All new employees are required to complete NEO within 30 days of hire to meet county
and Joint Commission compliance (JHS, 2020b). Therefore, NEO was a critical part of the system's COVID-19 response to ensure the health system could meet the growing needs of the community, eventually onboarding 650 employees in the first 2 months of the pandemic response (JHS, 2020c).

NEO is traditionally a one day, in-person program facilitated by Jackson's Learning and Organizational Development (LOD) team. On average, 60–70 new employees, full-time and per diem, are onboarded each week and remunerated for their time as the first day of employment. NEO focuses on acclimating new hires to the system's history, values, service excellence protocols, risk and safety expectations and measures, benefits, and IT navigation. All new employees are required to complete 20 online education modules prior to NEO via weLearn, the internal learning management system (LMS).

CONCEPTUAL FRAMEWORK

To meet local, state, and federal COVID-19 mitigation guidelines, the NEO program was redesigned in response to the system's shift to remote work. The LOD team is responsible for ensuring new employees' learning, compliance, and onboarding needs through NEO. In order to implement the most effective online orientation for employees, planning discussions centered around how adult learners might learn best, and the program's redesign was informally guided by the LOD team's familiarity with the concept of andragogy (Knowles, 1980).

Malcolm Knowles' concept of andragogy (1980) is credited for guiding adult learning initiatives for decades (Merriam & Bierema, 2014). Knowles introduced andragogy as “the art and science of helping adults learn” (p. 43) to differentiate their learning from that of children, and outlined four initial assumptions of adult learners: (1) they are independent learners; over time their self-concept evolves to that of a self-directed learner; (2) they have accumulated life experience which serves as a knowledge resource for future learning; (3) they hold multiple social roles and their readiness to learn develops as they have a need to address a current task or problem; and, (4) they are problem-centered and look to apply their learning more immediately than children; adults want to learn practical skills to solve current problems and perform better (Merriam & Bierema, 2014). Knowles later revised his framework to include two additional assumptions: (5) adult learners are intrinsically motivated; and, (6) they need to know the reason for their learning.

Andragogical assumptions informally guided the redesign of the Jackson NEO program in a reflective and iterative manner. Through weekly planning meetings and ongoing reflections of employees' needs as adult learners and new hires, as well as program goals, the LOD team continuously reassessed how to address employees' various new roles and motivations, their learning and practical skills needs, and technical support, to identify effective and achievable remote work and onboarding practices within the limited turnaround time. In addition, the application of technology to adult learning in the NEO program was a central component to the ongoing discussions and redesign. The use of technology such as computers, digital apps, simulations, and instructional videos, has increasingly evolved in employee learning and development (Ellinger, 2004; Mancuso et al., 2010; Scully-Russ & Torraco, 2020), therefore its applicability to this response plan was necessary as a public health response.

METHOD

This case description was developed through a combination of conventions from qualitative descriptive case studies and case reports. Yin (2003) defined a case study as, “an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (p. 13). Specifically, descriptive case studies are intended to “describe an intervention and the real-life context in which it occurred” (Yin, 2003, p. 15) by answering questions of how or why to adequately describe and interpret a case (Creswell, 2013). Case reports, historically associated with the medical or healthcare fields, are defined by Porcino (2016) as, “a classic reporting mechanism employed when a practitioner [has] an interesting or unusual case in their care…. or [their case] might provide insight into work with similar [settings]” (p. 1). Case reports may outline successful, or unsuccessful, care or interventions. Porcino (2016) specifically differentiated a case report from a case study, where the latter is a formally conducted study. Under this consideration, this article presents a descriptive case report of lessons learned from examining Jackson's NEO COVID-19 response plan. Notwithstanding the absence of generalizability, the purpose and value of this case description is the potential of generating insight for similar contexts (Creswell, 2013; Porcino, 2016), particularly as the COVID-19 response period has served as an innovative time for organizations in all industries.
TABLE 1  Jackson HEALTH SYSTEM new employee orientation (NEO) COVID-19 response plan

Program Location and Communication
- **On-site**: Jackson Memorial Hospital; Scheduled almost weekly; NEO email composed and distributed by Talent Acquisition team outlined date, time, location, and campus map
- **Virtual**: Zoom Conference Meetings; Scheduled weekly, adding sessions based on COVID-19 demand; LOD team trained with the IT team, later trained SMEs and Clinical Education team; NEO email composed by LOD team, distributed by TA team and outlined virtual platform, Zoom invite, tech requirements and support, attendance and compliance guidelines, professional expectations, and digital access to materials

Program Content and Delivery

**Content Sequence**
- **On-site**: Facilitated by primary LOD speaker, task-focused: Agenda reflected—Welcome, networking, employees and campus tools/resources, mission/vision/values, service excellence, labor relations and compliance, campus tour, benefits, IT orientation
- **Virtual**: Facilitated by LOD team, culture-focused: Agenda reflected—Welcome, networking, mission/vision/values, service excellence, “First Day on Campus”, labor relations and compliance, benefits, IT orientation, COVID-19 screening, evaluation, final Q & A; IT orientation revised to a polysynchronous format (instructional videos and live, guided application)

**Subject Matter Experts (SMEs)**
- **On-site**: Four Pre-scheduled SMEs (Labor Relations, Compliance, Employee Benefits, IT) facilitated PowerPoint presentations
- **Virtual**: Four Pre-scheduled SMEs (Labor Relations, Compliance, Employee Benefits, IT), all provided with Zoom training, practice sessions(s) with LOD team, and a day-of Quick Guide; all teams asked to have a second SME on-call (technical issues), and digitize all deliverables; LOD team provided feedback to SME teams as needed

**Materials**

**Deliverables and Credentials**
- **On-site**: Printed and distributed at NEO, included three folders (NEO, benefits, IT) with agendas, guides, forms, maps, and brochures; required prehire learning modules accessible via weLearn LMS; credentials completed or distributed at NEO (Biometrics fingerprint access, IDs, IT login activated in computer labs)
- **Virtual**: Revised and condensed all content into six primary documents and uploaded to online repository, included three guidebooks (NEO, IT, Benefits), parking/vehicle registration forms, First Day on Campus Checklist, and FAQs; individual JHS campus guides created and distributed via email; required pre-hire learning modules and additional NEO content accessible via weLearn LMS; Credentials modified—Biometrics access suspended system-wide to eliminate shared surface contact, replaced by ID swipe; IDs delivered via courier with scheduled pick-up times to avoid crowding (coordinated with HR & security departments); IT login provided to employees via encrypted email day-of

**Program Implementation**
- **On-site**: Three LOD team members as lead facilitators, HR liaison/attendance, general Q & A; Attendance completed at registration and reported to HR for compliance and payroll
- **Virtual**: Five LOD team members with assigned roles (Facilitator(s), producer, administrator, HRSME liaison); full team rehearsals held prior to implementation of virtual NEO; Attendance completed by administrator(s) at three points, with intermittent checks on Zoom and verified with Zoom attendance report; reported to HR for compliance and compensation, and security office for Badge ID release

Data collection

The case organization, Jackson, was selected as a convenient and purposeful case (Merriam & Tisdell, 2015). The author is a current employee of Jackson and leads the NEO program, giving direct access to and understanding of the logistics and decisions of the case which provided the necessary in-depth account and interpretations. The NEO program serves as the unit of analysis as the particular, unique example for this case description within the bounds of Jackson’s response to onboarding during COVID-19 (Creswell, 2013; Maxwell, 2014). Secondary data sources and observations, including archival program documents of the on-site program (NEO guidebook, logistics, agendas, and presentations) and organizational documents (Jackson policy manual, internal emails, and website), as well as redesign logistics, ongoing planning and reflective notes, and revised and new program content (agendas, presentations, and email templates), were examined. The author, as a participant observer leading the redesign of the virtual NEO program, served as the primary instrument of data collection. Observation notes were also valuable data sources providing rich context for the case description. In consideration of the organization’s constraints during the COVID-19 response, it was determined these data sources sufficiently informed the final report.

JACKSON HEALTH SYSTEM NEO COVID-19 RESPONSE PLAN

The NEO program moved to an online format in March 2020. Table 1 outlines the program response plan highlighting each component’s transition from on-site to a virtual design. Thereafter, major program components are described with the intent behind each response measure as informed by adult learning assumptions.
Program platform and communication

Jackson officially announced the cancellation of all nonclinical, in-person trainings on March 17, 2020 (JHS, 2020d) calling for virtual NEO implementation beginning March 23rd to maintain onboarding continuity. Zoom conference meetings (Zoom) were the selected delivery media as Jackson had a newly acquired professional license allowing up to 500 participants on any single, unlimited time call through desktop/laptop, mobile devices, or a hybrid of these. Adopting Zoom required the LOD team to train with the IT training team to ensure the use of specific platform capabilities—multimedia, small-group sessions, polls, and remote presenters, among others, was seamless to recreate the learning experience. The LOD team approached this as problem-centered learners with a necessarily immediate application of their learning (Knowles, 1980) and later trained Jackson's subject matter experts (SMEs) and Clinical Education team. Finally, it was important to compose a transparent and supportive introductory program email for new hires to directly address the purpose and immediacy of a virtual format as they would be part of the system's COVID-19 response (Table 1). This offered practical support to ease possible anxiety that new hires might experience while taking on a new social role during a crisis (Dewey et al., 2020; Kowath, 2018).

Program content and delivery

The goal of NEO is to acclimate new employees to Jackson's culture, patient experience protocols, employee resources, and to complete compliance training. The virtual NEO design was intended to bridge these goals with varying adult learning needs. Initially, the on-site agenda was followed and only deliverables were edited to reflect virtual program language. However, that was insufficient as the type and timing of new employees’ questions during NEO indicated the content was disjointed. The content was then revised to focus, first, on acculturating new hires to Jackson's history, CARE values, and patient-centered culture, and second, on task-based content to address their practical needs. This modification was aimed at helping new employees create a stronger connection to Jackson by establishing a need for their talents and accumulated life experience to help meet the mission of the organization, to make meaningful connections with others at NEO, and later, to offer hands-on access and application to resources and tools to navigate their roles.

Using interactive mechanisms in virtual workplace learning is key for information retention (Church et al., 2002; Mancuso et al., 2010; Morse, 2020). The modified NEO content sequence leveraged different technological tools including instructional videos, online modules, chat features, and digital libraries to deliver content and facilitate learning activities (Table 2). Through role play with a NEO facilitator, new employees drew on their professional experience to practice Jackson service protocols, and interactive patient case studies were used to engage problem-centered learning to help new employees interpret federal laws such as the Emergency Medical Treatment and Active Labor Act (EMTALA), the Anti-Kickback Statue, the False Claims Act. NEO also incorporated break-out rooms, interactive user panels, and chat features for activities such as small group discussions, polysynchronous IT instruction, and case studies, respectively.

IT orientation

Several of the organization's internal applications typically accessed on campus during IT orientation became inaccessible in virtual NEO. The initial IT content delivery did not address the new accessibility barrier and was visibly stressful for new employees who were limited to learning only half of the necessary systems. Thus, the LOD team collaborated with the instructional design and IT teams to produce six instructional videos about applications that are only accessible on-campus. The videos were displayed at NEO followed by a question period, and a new IT guide was made accessible on the LMS for self-guided review. Altogether, the revised format increased productive time online during NEO for live instruction of only those applications remotely accessible to new hires, allowing the IT training team more time to troubleshoot and answer questions. In addition, the revised instruction provided new employees the opportunity for self-guided learning via IT’s instructional videos on weLearn.

Materials

In virtual NEO, deliverables were digitized to convey Jackson's CARE values and branding, edited to reflect virtual platform language, and condensed to six primary documents. These were made accessible via an onboarding
### TABLE 2  Virtual NEO agenda, select tech/digital tools, and learning activities

| Program Content                                    | Tech/Digital Tool(s)                                                                 | Learning Activity(ies)                                                                                       |
|----------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Welcome                                            | Zoom chat feature; Digital library; and PowerPoint visuals                           | Discussion of employee expectations and program goals; locating NEO documents                                |
| Networking Icebreaker                              | Zoom break-out rooms (1-4 new employees) and chat feature                         | Networking skills through facilitated mental exercise; Small-group discussions                             |
| Jackson history, leadership, mission, vision, and CARE values | Zoom chat feature; PowerPoint visuals; and YouTube video                                  | Shared reading and employee story-telling of CARE values                                             |
| Jackson Culture and “The Jackson Promise”        | Zoom chat feature; PowerPoint visuals                                              | Overview of local community and patient population                                                        |
| Patient Experience and Service Excellence         | Zoom chat feature; PowerPoint visuals                                              | Facilitated role play of service protocols and debriefing                                                 |
| Service Recovery                                   | Zoom chat feature; PowerPoint visuals; and Audio recordings                         | Facilitated role play of service recovery skills; Reflective dialogue of patient testimonials            |
| “First Day on Campus”                              | Zoom chat feature; PowerPoint visuals; and Digital library                          | Overview of new employee tasks and organization resources                                               |
| Labor Relations                                    | Zoom chat feature and remote access control (SMEs); PowerPoint visuals; and Digital library | Overview of key employee policies and support systems                                                   |
| Compliance Training                                | Zoom chat feature and remote access control (SMEs); PowerPoint visuals; and Digital library | Small group discussion; Interactive case studies                                                       |
| Guided Meditation                                  | Audio recording                                                                    | Facilitated meditation exercise                                                                          |
| Midday Q & A                                       | Zoom chat feature; PowerPoint visual; Internet/email; and Digital library           | Review first-half of program content; Locating Jackson credentials and contact manager(s)               |
| Benefits                                           | Zoom chat feature; PowerPoint visual; and Digital library                           | Overview of employee benefits options, deadlines, and questions                                          |
| IT Orientation                                     | Zoom chat feature and remote access control (SMEs); Instructional videos; Digital library; Mobile app; and Internet (Jackson applications) | Video introduction of in-network applications; Instructor-led training of remote applications and account activation; Facilitated COVID-19 screening via Jackson mobile app |
| Evaluation and Q & A                               | Zoom live polls & chat feature; PowerPoint visuals; and Digital Library              | Prompted on-screen program survey; Open dialogue for questions                                           |

Note: All sessions include Zoom video and shared screen features unless otherwise noted.

website prior to NEO, allowing newcomers to review content in advance and to avoid learners’ overload (Christensen, 2020; Korte et al., 2015; Pappas, 2014). In addition to the IT instructional videos, new employees were required to complete prehire learning modules on weLearn prior to attending NEO. Prehire learning modules covered self-guided instruction of practical content directly applicable to new employees’ roles. These learning modules covered topics such as Jackson’s employee handbook, active shooter and emergency protocols, bloodborne pathogens, and drug-free workplace education. This provided new employees important context for learning prior to engaging in a digital learning experience (Kshirsagar et al., 2020).

### Program implementation

The virtual NEO program was implemented by a five-person team. Based on the program agenda and two full virtual rehearsals, the team identified facilitation, and new employee and technical needs prior to the first execution. Six key roles were created and assigned to team members to ensure all NEO components were staffed appropriately. Program roles included “facilitators” (content presenters), “producer” (troubleshoot all Zoom technical aspects, connectivity issues, SME support, and general questions in the meeting chat), “administrator” (execute procedural components including attendance, credentials and compliance, field questions via phone or text messages), and “HR/SME liaison.” Rehearsals and assigned roles allowed for more seamless technical transitions and proactively identifying questions and technical issues to navigate during NEO. These measures were intended to
help reduce any potential learner anxiety, particularly as many new employees were unfamiliar with Zoom as a digital platform. Further, through weekly feedback sessions, the LOD team took a problem-centered approach to identify immediate learning goals aimed at honing their technical skills and program logistics week to week.

**DISCUSSION**

Based on Jackson's NEO COVID-19 response plan, three overarching lessons learned were identified and are subsequently discussed: (a) virtual onboarding is a necessarily iterative process; (b) virtual onboarding must be intentional; and (c) the technological divide must be addressed.

**Virtual onboarding is a necessarily iterative process**

Although many of the measures employed in the virtual NEO program design align with COVID-19 response recommendations of healthcare and human resource professionals (Dewey et al., 2020; SHRM, 2020), several instances highlighted the iterative nature of creating and executing virtual onboarding. Several factors called for revisions to the online program. Hiring demands changed based on predictive models tracking the virus outbreak (CDC, 2020a), resulting in a weekly reevaluation of facilitation and administrative strategies. Also, learning needs based on newcomers’ questions and feedback called for revisions to the sequence and volume of content. Continuous revision of the IT session also required more online trainers, a new IT guide, and adoption of a polysynchronous format involving recorded, live, and interactive technology-assisted instruction (Bennett & McWhorter, 2017), to capitalize learners’ time online.

It is clear that there is no “one size fits all” design for virtual onboarding, even within one program at the same organization. Virtual NEO aligns with virtual HRD as, “a media-rich and culturally relevant Web environment that strategically improves expertise, performance, innovation, and community building through formal and informal learning” (Bennett, 2009, p. 365). It is important to continually realign virtual HRD efforts and resources to ensure both adult learning and organizational goals are met (Bennett & McWhorter, 2017; Huang et al., 2010). This is particularly important during a crisis to ease frustration and anxiety for new hires (Estrada, 2020). Korte et al. (2015) postulated that new employees' expectations of an organization and/or their role can have a notable impact on their performance, beginning with the socialization process during onboarding. These considerations bear a responsibility on HRD professionals to acknowledge that, as adult learners’ needs, availability of resources, and industry or organizational needs change, so too must a program—particularly in time of crisis (Wang et al., 2008).

**Virtual onboarding must be intentional**

Orientation, as a primary step in employee onboarding, is noteworthy in shaping their long-term work experiences (Korte et al., 2015; Korte et al., 2019). Without mindful design, orientation programs can default to an overload of impersonal and procedural company-level information that is ineffective for socialization (Mancuso et al., 2010) and be demotivating to adult learners despite their initial impetus to learn (Huang et al., 2010). Virtual programs should be intentionally designed to encompass relational processes in adult learning including tacit knowledge of an organization's culture and observable behaviors of all participants online (Bennett & McWhorter, 2017; Korte & Lin, 2013). “Translat[ing] the context” (Bennett, 2009, p. 364) of an organization into virtual employee settings can foster the necessary employee–employer and peer connections that might otherwise happen organically in person.

The LOD team became increasingly aware of the need to approach virtual NEO holistically and balance program goals to help employees navigate their new roles as they also dealt with the many emotions and concerns related to working in healthcare during the pandemic. The visuals, language, tone, and cadence of communication at NEO were intentionally refined to meet the dynamic climate of the system and public health crisis while creating trust between Jackson and its employees (Bierema & Bennett, 2010). The approach was rooted in the system’s values of compassion and accountability.

Several efforts were made to support new employees as adult learners by incorporating various technological and digital tools and learning activities (Table 2). Patient testimonials emphasized employee impact with the understanding that adult learners identify with their social roles and the system's immediate needs. Open dialog
and debriefing were deliberately built into NEO to explore employees’ shared experiences, emotions, and concerns regarding the pandemic. Bierema and Bennett (2010) underscored the human dimension of virtual learning and development in organizations, noting virtual interactions do not solely rest on the acquisition of content, but also involves “the emotional, imaginative, and intuitive aspects of humanity” (p. 641).

Sensitivity to new employees’ impetus to join Jackson during the pandemic initially shaped planning decisions, and proved to be necessarily intentional. Some HCWs were returning from retirement to work the frontlines, others were starting their careers or working multiple jobs. For others, a new role at Jackson meant meeting basic needs during a national economic downturn. Recognizing different motivations to work and learn was an opportunity for the LOD team to be more intentionally inclusive when curating practical tools and creating learning activities (Christensen, 2020; Reeves et al., 2020).

The technological divide must be addressed

Technology has led to redesigned workspaces, offered interactive avenues for training and development, and the use of real-time communication tools, yet digital and generational divides remain in access and use (Bennett & McWhorter, 2017). The generational divide in digital literacy—differences in familiarity with or knowledge of technology use among adult learners and workers of different age groups (Amayah & Gedro, 2014; National Skills Coalition [NSC], 2020), and the gap between individuals with or without access to technology (Church et al., 2002; Vogels et al., 2020) became salient in virtual NEO. NEO cohorts were demographically diverse, including retired employees who returned to work to assist with the COVID-19 response at Jackson, as was the case in healthcare systems across the nation facing frontline employee shortages (Einhorn, 2020). In NEO, it was imperative to assist less tech-savvy new hires in troubleshooting connectivity or navigating internal systems, and to adopt a polysynchronous IT orientation with job aides to address the digital literacy divide. This approach directly addressed adult learners’ immediate needs to begin their new roles and provided them with tools for self-paced learning through weLearn.

A virtual NEO program was the necessary response to continuing new employee onboarding in a safe, distance-based format. However, this carried the assumption that all new employees would have immediate access to technology. Yet, it became evident that access to technology remains an unmet need for many workers, regardless of age or expertise. This is not unique to Jackson; the Pew Research Center reports 29% of American workers with lower incomes (< $30,000) do not own smartphones, 44% do not have broadband internet, and 46% do not own desk/laptops (Anderson & Kumar, 2019). These disparities are more pronounced for older Black and Hispanic workers, mirroring the Miami-Dade County population (U.S. Census, 2020), and is a marked financial constraint for these groups during the COVID-19 period (Vogels et al., 2020). Because NEO brings employees of all functional areas and skills levels together, the disproportionate access to technology called for timely communication about the technology needed to meet onboarding requirements, and accommodations were made when possible—rescheduling a new hire’s NEO date or granting extensions for prehire learning modules completion to ensure accessibility to a computer, and scheduling individual appointments with the IT training team for supplemental help—to ensure an employee’s onboarding was not delayed due to limited resources.

IMPLICATIONS

The following section outlines implications for HRD research and practice.

Research

This case example serves as a platform for HRD research at individual and organizational levels. First, both new employees and the LOD team were adult learners in the NEO response plan. The landscape of HRD is shifting and practitioners will need to assume expanded roles involving the uses of new learning technologies (Scully-Russ & Torraco, 2020). Future HRD research might explore if, and how, HRD practitioners inform their organizational interventions based on learning experiences. For example, What are the learning experiences of HRD professionals when integrating technology into their roles? How does an HRD practitioner’s epistemology impact their approach to learning and designing virtual HRD programs? Autoethnographic research (Grenier, 2015) reflecting on an HRD professional's learning experiences during a crisis would be valuable and timely as HRD professionals...
have been tasked with maintaining other employees engaged and learning for business continuity, all the while learning how to readjust their roles during the pandemic (McGuire et al., 2021).

This case also highlighted the NEO team’s erroneous assumption of equal access to technology. Historically, technology use for work purposes has been inequitable based on employees’ socioeconomic status, gender, or age (Bierema & Bennett, 2010; Smythe, 2018). Critical HRD research must explore how virtual learning and development impacts marginalized employee groups to identify avenues for intentional inclusion of all (Bennett, 2009). There remains a need to examine the socialization experiences of new employees with disabilities and the interactional and relational barriers they face in both traditional (Kulkarni & Lengnick-Hall, 2014) and virtual settings. Longitudinal studies are a fitting design as socialization is fundamental in shaping new employees’ long-term experiences that impact their performance, motivation, and organizational outcomes (Korte et al., 2015; Korte et al., 2019). Given the ongoing expansion of technology in HRD (Bennett & McWhorter, 2014; Scully-Russ & Torraco, 2020), and more so following the COVID-19 era, it is necessary to examine the long-term impact of virtual HRD on adult learners and programs.

**Practice**

The Jackson NEO case provides practical recommendations for HRD practitioners, organizations, and virtual HRD approaches. The COVID-19 pandemic revealed US organizations were largely underprepared for a large-scale crisis response in regards to HRD efforts (SHRM, 2020). At least 34% of organizations did not have response plans in place, and more than half of those that did had not considered communicable diseases as possible threats (SHRM, 2020). Organizations should preemptively design virtual equivalents of traditional programs to allow ample time to modify plans as sociopolitical and public health climates change. Moreover, organizations should revisit their current instructional techniques and technology use to ensure programs engage varying learner motivations. Finally, access to technology for all employees must be explicitly accounted for in virtual HRD plans, ethically and legally, with modifications for qualifying employees.

Employers can implement ongoing interdisciplinary education for HRD professionals to include technology and instructional design to direct HRD into virtual spaces (Bennett & McWhorter, 2017; Scully-Russ & Torraco, 2020). Developing cross-functional, collaborative teams with IT, communications, and HR professionals (Bennett, 2009; Estrada, 2020; Kshirsagar et al., 2020) can help to ensure technical and administrative support for virtual HRD programs (Mancuso et al., 2010).

A third set of practical implications concerns adult learners. Practitioners must consider the technological divide and the human element, including adult learners’ motivations for and reactions to virtual instruction (Bierema & Bennet, 2010). Virtual programs can best meet adult learners’ needs by including self-directed opportunities that empower them to become independent learners (Merriam & Bierema, 2014). Finally, organizational leaders should be visible in virtual learning spaces as moderators or participants, as their direct support and participation contributes to the value and interconnected element of organizational learning (Bierema & Bennett, 2010; Yoon & Lim, 2010).

**CONCLUSION**

The COVID-19 pandemic transformed everyday life for individuals, communities, and organizations alike. Organizations faced the need to strategically and empathetically balance employee safety with business continuity as their survival largely depended on enacting timely response measures by shifting to remote work (Morse, 2020). This case study described the Jackson NEO COVID-19 response plan. Implementing virtual onboarding for employees as adult learners is neither a linear nor arbitrary process. It should be an iterative, innovative, and informed process to ensure new employees’ successful learning, acculturation, and transition into an organization. HRD professionals can influence the “new normal” that organizations will continue to face after the pandemic, and should align technology with adult learners’ needs—to be self-directed, practical, problem-centered, and intrinsically motivated within their work roles (Knowles, 1980). HRD practitioners are also adult learners who use their life experience to respond innovatively to crises. For organizations, this means the lessons learned during the COVID-19 crisis should be more than episodic as work will be changed for long after the pandemic (Meister, 2020; Reeves et al., 2020).

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