



Organizational Health

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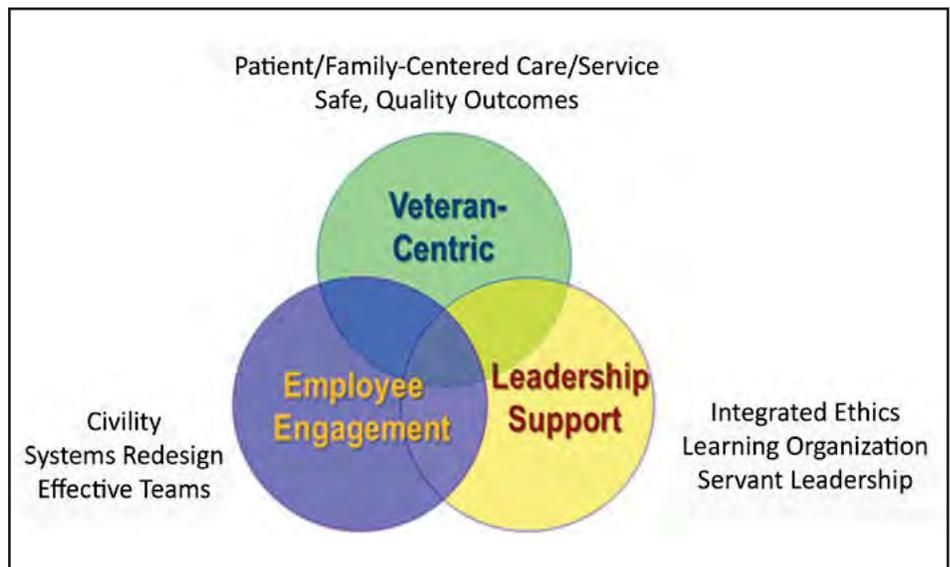


Developing servant leaders *contributes to VHA's improved organizational health*

By Jamie Lewis Smith, Ph.D., Staff Psychologist
and Heather McCarren, Ph.D., Staff Psychologist
VHA National Center for Organization Development

It is estimated that more than 50 percent of an organization's sustainability and success can be attributed to its level of organizational health (Keller & Price, 2011). Healthy organizations are places where employees want to work and customers want to receive services. It is clear that creating a healthy organization has many benefits to all stakeholders. Healthy organizations can address the needs of all stakeholders: customers, employees and leaders. Currently, there are many efforts underway to improve the organizational health of VHA, such as Patient Aligned Care Teams (PACT), Civility, Respect, and Engagement in the Workplace (CREW) and Systems Redesign.

One aspect of organizational health that impacts all other aspects of an organization's functioning, is its leadership. Leadership sets the direction and helps create the culture of an organization. It is identified as the "key factor for engaged employees and flourishing organizations"



(Van Dierendonck, 2011, p. 1,228). In an effort to address the needs of leadership development in VA in a way that will foster organizational health, VHA National Center for Organization Development (NCOD) is developing an initiative to assist VA leaders who want to further develop themselves as *servant leaders*.

Why focus on servant leadership?

Servant leadership is a philosophy and practice emphasizing care, authenticity and putting employees and Veterans ahead of other goals. This shift in focus

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Developing servant leaders

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creates a culture of collaboration, service, integrity and consensus, while emphasizing the personal growth and development of all employees. A servant leader believes making the needs of employees a priority creates more satisfied and productive employees, who in turn provide excellent service to customers.

Research shows that servant leadership gets results while promoting a positive work environment that values teams and employee growth. One study compared the stocks from the 500 largest companies to servant-led companies from 1995 through 2005 and found that while the 500 largest companies earned a 10.8 percent return, the servant-led companies had a 24.2 percent return (Sipe & Frick, 2009). Studies tie servant leadership to increased organizational citizenship behaviors of employees, such as altruism, conscientiousness and courteousness. Servant leaders create a positive climate in the workplace by promoting an environment of fairness, so their employees feel they can trust them. They also stress the importance of “nurturing followers, which encourages the creativity, helping behaviors and well-being of followers” (Parris & Peachey, 2013). In addition—and consistent with VA’s emphasis on the importance of working

in teams—research shows that servant leadership increases collaboration between team members and improves team effectiveness (Parris & Peachey, 2013).

So what is VA doing?

A team at NCOD is working on the creation of a comprehensive initiative to assist leaders within VA who want to embark on a personal and professional journey to become servant leaders. The ultimate goal is to work toward creating a culture of service across VA. Over the past year, the NCOD team worked on the development of a 360-degree personal development tool with an emphasis on servant leadership. This instrument will provide leaders with behaviorally relevant feedback to direct their personal development efforts as they work to strengthen their servant leadership behaviors.

The VA Servant Leadership 360-Degree Assessment (VASL360) is scheduled for its initial roll-out to the VA community by the end of this summer, and leaders are being recruited to help improve the measure. This assessment allows a leader to seek feedback from persons with whom they work, including supervisor(s), peer(s), and staff/direct reports. Leaders who choose to participate in the pilot will receive the results of their assessment and a session to review the results with NCOD staff to assist them in formulating a personal development plan to improve the identified areas.

Individuals who supervise at least three people are eligible to participate. Anyone interested in participating in the initial pilot of the VASL360 should contact Jaimee Robinson at Jaimee.Robinson@va.gov to be added to the waiting list.

Everyone can be a servant leader. Start today by asking yourself how you can make

the people around you feel like they are a priority. What can you do to make sure your co-workers or Veterans feel like their voice matters? How do you show people that they are important and of value? Focusing on ways to make the lives of people around you better is an important part of servant leadership. While it’s sometimes easier said than done, it’s an achievable goal for every single VA employee. What can you do now to achieve that goal?

“Everybody can be great because anybody can serve. You don’t have to have a college degree to serve. You don’t have to make your subject and verb agree to serve. You only need a heart full of grace. A soul generated by love.”

— Rev. Dr. Martin Luther King, Jr.

References

- Keller, S. & Price, C. (2011). *Beyond Performance: How Great Organizations Build Ultimate Competitive Advantage*. Hoboken, NJ: John Wiley & Sons, Inc.
- Parris, D.L. & Peachey, J.W. (2013). A Systematic Literature Review of Servant Leadership Theory in Organizational Contexts. *Journal of Business Ethics*, 113, 377 — 393.
- Sipe, J.W. & Frick, D.M. (2009). *Seven Pillars of Servant Leadership: Practicing the Wisdom of Leading by Serving*. New York, NY: Paulist Press.
- Van Dierendonck, D. (2011). Servant Leadership: A Review and Synthesis. *Journal of Management*, 37, 1228 — 1261.

Interactive Discussion:

What can you do today to become a servant leader?

Use our interactive link to start or participate in the discussion.
<http://organizationalhealth.vssc.med.va.gov/>



VA



U.S. Department of Veterans Affairs
Veterans Health Administration

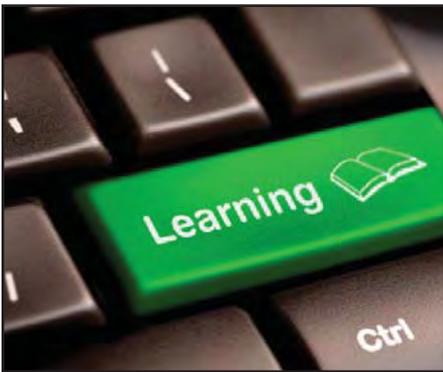
The Organizational Health Newsletter is produced by the VHA Employee Education System and National Center for Organization Development through the Organizational Assessment Subcommittee of the VHA National Leadership Council Workforce Services Committee. Its goal is, “Building and sustaining a satisfying and productive environment where employees want to work and Veterans want to receive service.” To learn more about Organizational Health, visit organizationalhealth.vssc.med.va.gov

The virtues of virtual training

By Volney J. "Jim" Warner
Chief Learning Officer
VHA Employee Education System

The ongoing sequester and Federal budget constraints are compelling government agencies to conserve critical fiscal resources, including those used to train our workforce. Face-to-face training will still be required – and used – to meet mission-critical, high-level training needs. EES has also worked hard to incorporate into its program offerings as many virtual Learning Options as possible to achieve VHA's critical training objectives.

Today, VHA learners have access to hundreds of quality, accredited



learning programs delivered via almost a dozen virtual Learning Options, including webinars; e-learning; simulation and gaming; and satellite-broadcast video that streams to the desktop:

- In the first half of the current fiscal year, 65 percent of VHA learning delivered nationally in VHA was via virtual Learning Options; the industry standard is 41 percent
- Evaluations demonstrate that a blended learning strategy – where multiple Learning Options are integrated into a single program – can be as effective as face-to-face training
- In addition to training programs developed by VHA staff, a national contract with Swank Healthcare gives employees access to hundreds of additional health care and general education e-learning courses. Most of these are accredited, and all are accessible via the VA Talent Management System (TMS)
- VHA now delivers learning via mobile devices. The priority



Volney J. "Jim" Warner
Chief Learning Officer
VHA Employee Education System

is to make all mandatory training available to learners on the go, followed by the most heavily utilized programs.

We will continue to support and provide professional development and training to VHA clinicians and staff, so that our VHA workforce can continue to provide world-class health care to our Nations' deserving Veterans. 



NCOD is in the process of developing some guidelines and tips for managing and dealing with virtual teams and meetings, so please stay tuned for future newsletter editions. Click [here](#) to learn more about virtual Learning Options available to the VHA workforce.

Ethics quality

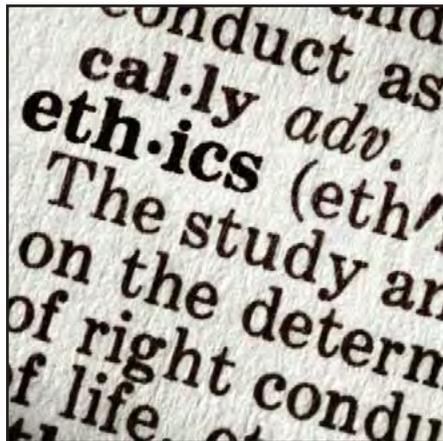
helps build healthy organizations

By Melissa M. Bottrell, MPH, Ph.D.

Chief, Integrated Ethics, National Center for Ethics in Health Care

VA is committed to excellence in health care, and quality is an essential component of that excellence. However, there are different types of quality. Technical quality (for example, a surgery that was performed well) and service quality (a patient who was satisfied with the care received) are important—but not enough. For the achievement of true excellence, ethics quality is also indispensable.

In general terms, ethics quality means that clinical and administrative practices are consistent with accepted ethics standards, norms or expectations for the conduct of a health care organization and its staff. In VA, it means that these practices align with VA's commitment to patient-centered care, which enables our patients



to make voluntary and well-informed health care choices. Ethics quality also means employees find it easier and more encouraging to “do the right thing.”

Ethics quality contributes significantly to the health of any organization, and VA is no exception. Data from the 2012 [Voice of VA Integrated Ethics Staff Survey \(IESS\)](#) (see Graph 1) show links between employee perceptions of their organization as ethical and indicators of patient care quality and organizational health. Notably, higher perceptions of the organization's ethical environment are correlated with better patient satisfaction on the Survey of Healthcare Experiences of Patients (SHEP) survey, fewer sick leave hours and less nursing turnover. Positive perceptions of the ethical environment are also associated with better scores on VA's All Employee Survey (AES), including higher levels of psychological safety, greater overall satisfaction and lower levels of employee burnout.

Graph 1: Strength of Association (correlation coefficient)* between Organizational Health Factors and Overall Rating of Facility as an Ethical Organization (IESS D1).



*Correlation Coefficient is a measure of the strength and direction of the linear relationship between two variables. The bigger the bar above, the bigger the positive relationship between the items listed and survey respondents' overall rating of their organization as ethical.

Specific leadership behaviors, such as whether or not senior managers communicate that ethics is a priority; follow up on ethical concerns; and do not tolerate retaliation for reporting ethics concerns; and whether employees believe they are treated fairly, influence whether staff perceive the organization as ethical (*see Graph 2*).

Importantly, leaders may be highly ethical, but may not be perceived that way by others. Leaders who are “ethically silent,” and who do not publically and regularly demonstrate a commitment to ethics, can leave staff believing that ethics is not as important as other organizational priorities. On ethics, leaders need to lead from the top, just as they do on other VA strategic goals.

To support an organizational commitment to ethics, VHA Integrated Ethics (IE) program staff have, at regular intervals since 2008, reviewed IESS data to identify ethics quality deficits, particularly around

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Ethics quality

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ethical leadership practices. Using IE tools and local ingenuity, they undertook more than 400 quality improvement activities to foster leadership behaviors supporting an ethical environment and culture in VHA:

- Prioritizing “doing the right thing” over “getting to green” in performance goals;
- Making organizational processes (e.g., hiring committees, leadership decision-making) more equitable by reducing the influence of personal relationships; and
- Ensuring that employees feel safe and encouraged and do not fear retaliation when they bring forward potential ethical concerns

Overall, these projects seek to make it easy for all employees to take actions consistent with **VA I CARE core values**.

Leaders and supervisors throughout VA who wish to assess whether their own behaviors support an ethical environment and culture can use these IE tools:

- An informational [primer and video](#) explaining ethical leadership concepts

- The [Ethical Leadership Self-Assessment Tool](#), which leaders can use to assess and make action plans to improve specific ethical leadership behaviors;
- Tools to spark discussion of how **VA I CARE core values** apply in the workplace and to open the space to bring forward ethical concerns
- Quick (15 minute) activities that can be used to build ethical leadership skills
- A [checklist](#) to support ethical leadership improvement project design

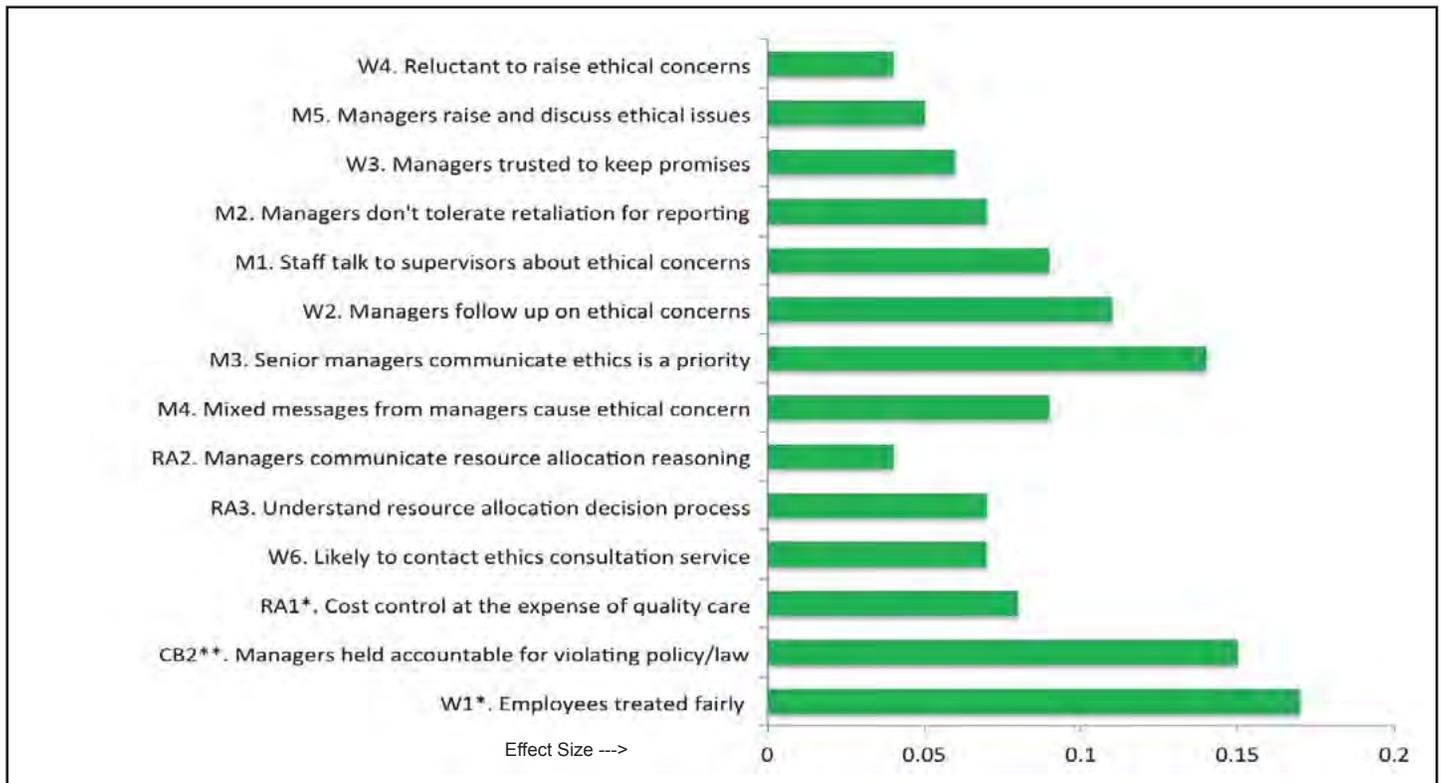
All staff can use the “[Talk about Ethics](#)” tool, which suggests ways staff can help bridge conversations about ethics.

To achieve ethics quality and build healthy organizations, all VA staff must bring organizational values into their work each day. In turn, leaders must model ethical leadership excellence. By creating a tone of ethical leadership at the top and empowering staff in an ethical culture to consider ethics in everyday decisions, we can achieve this goal.

The letter/number combinations, below relate to information listed in Graph 2:

1. Demonstrate that ethics is a priority
 - Talk about ethics (M3)
 - Prove that ethics matters to you (W2, W3)
 - Encourage discussion of ethical concerns (W4, M1, M2, M5)
2. Communicate clear expectations for ethical practice
 - Recognize when expectations need to be clarified (M4)
 - Be explicit, give examples, explain the underlying values
 - Anticipate barriers to meeting your expectations
3. Practice ethical decision making
 - Identify decisions that raise ethical concerns
 - Address ethical decisions systematically
 - Explain your decisions (RA2, RA3)
4. Support your local ethics program
 - Know what your program is and what it does
 - Champion the program (W6)
 - Support participation by others (W6)

Graph 2: Strength of Influence (effect size)* of Ethical Leadership Practices on Overall Rating of Facility as an Ethical Organization (IESS D1).



*Effect size provides the estimated magnitude of a relationship between a set of items and an outcome.



CREW: *Changing VA culture one workgroup at a time*

By Maureen Cash, Ph.D., Supervisory Program Analyst
and Brian Foltz, MHA, Management Analyst
VHA National Center for Organization Development

The Civility, Respect, and Engagement in the Workplace (CREW) initiative, overseen by VHA's National Center for Organization Development (NCOD), continues to grow and evolve to meet the needs of VA. The initiative began in 2005 at eight pilot sites. CREW is now active at 85 sites in VA and is recognized as one of VA's most successful programs.

The goal of CREW is to increase the type of employee engagement in the workplace that leads to positive outcomes. CREW has been introduced in more than 1,100 workgroups across VHA, resulting in improved staff morale by encouraging respect,

fairness, positive attitudes, teamwork, engagement in problem resolution and motivation for personal development. Results show enhanced supervisory/ staff relationships, reduced absenteeism and lower Equal Employment Opportunity (EEO) complaint rates.

In 2011, The Joint Commission named CREW a best practice in the areas of employee health and safety, and the program attracts international attention from both private- and public-sector groups as a result of its highly positive, data-driven outcomes.

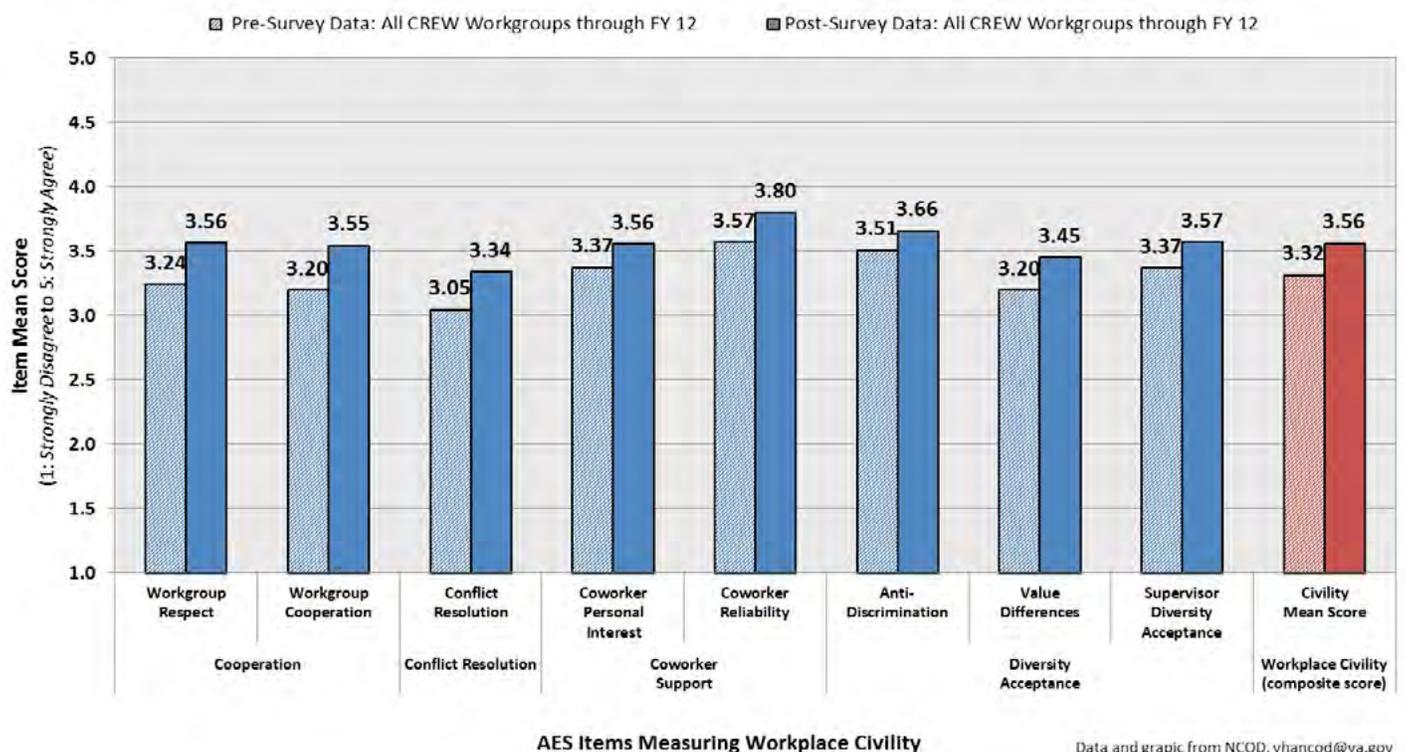
CREW's success relies heavily on the work of its local facilitators and

coordinators. They are the face of CREW, and the ones who move the initiative forward. NCOD is very proud of the more than 800 VA staff around the country who devote time and energy to this endeavor. They understand the important connections between civility and a wide variety of organizational health indicators, including patient satisfaction, employee satisfaction, retention/turnover, sick leave, EEO complaints and workplace injury/ workers' comp claims.

A recent illustration of the positive impact of the CREW initiative and

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Comparison of Pre-Post AES Items Measuring Workplace Civility across All Completed CREW Groups. *Data: CREW Pre-Post Survey, 2005-2012.*



Being faithful in little things: *Conquering micro-inequities with micro-affirmations*

By David Rabb, LICSW, ACSW

Director, VHA Diversity and Inclusion Office, Workforce Management and Consulting Office

Co-Chair, VHA Diversity and Inclusion Subcommittee

of the VHA National Leadership Council Workforce Services Committee

Do little acts of kindness, like greeting your colleagues in the morning, or shaking the hand of a patient or beneficiary, really matter in the scheme of organizational success? What about allowing team members to speak without interruption or putting away your Blackberry or cell phone during a meeting? Small considerations like these are sometimes overshadowed in our workplace environments.

Believe it or not, the payoff in finding time to be faithful and doing the small, considerate things

“Sometimes when I consider what tremendous consequences come from little things, I am tempted to think there are no little things.”

Bruce Barton—author, advertising executive and politician

is quite large. Subtle slights and insults can demoralize and devalue colleagues and the people we serve.

The concept of “micro-inequities” was first coined by Mary Rowe, Ph.D.; an MIT professor conducting research on gender and racial exclusion in the workplace in 1973. What Rowe discovered while conducting her research with women and people of color was counterintuitive. Traditional big-ticket discriminatory and equal opportunity employment issues of the day (e.g., disparity in pay, promotion, career advancement opportunities or perceptions of fair

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CREW ...

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the influence of CREW facilitators occurred in March. Kristy Suhr, chief of nutrition and food service (N&FS) at the Salem, N.C., VA Medical Center (VAMC) wrote to Marsha Garrison, Salem’s CREW co-coordinator, and shared the positive changes the CREW process had in N&FS. The impact included staff communicating with each other more often rather than remaining angry and quiet; the workgroup instituting a successful employee recognition program; and staff providing more open, tangible shows of support for each other. Suhr attributed much of this success to the influence of the CREW facilitator for the group, Rita Cone.

“I was hesitant about the idea of CREW due to hearing about the last ‘go around’ in N&FS,” said Suhr. “I have to say that my experience with CREW has been incredible. I see and feel positive impacts. I attribute these gains to Rita’s dedication to our group.”

Recognizing the significant impact well-trained facilitators have on the CREW process, NCOD provides beginner and advanced levels of training in CREW facilitation skills. NCOD restructured its CREW facilitator training model from a centralized training format to a regionally based one in order to meet the ongoing training needs of local CREW programs,

while continuing to be responsible financial stewards of VA resources. In fiscal year 2012, NCOD offered 20 training events at VA sites around the country, saving over \$500,000 in travel and conference costs and training nearly 500 people. Feedback from participants was uniformly positive with many stating it had been one of the best training experiences they’ve had in their careers.

High-quality facilitators need a leader to provide support, structure and resources, and the CREW coordinator at each site fills this role. In fiscal year 2012, NCOD began offering coordinator-only meetings in Cincinnati. These meetings provide opportunities for CREW coordinators around the country to share best practices, engage in strategic planning/visioning activities and gain a deeper understanding of their role as a CREW coordinator at their site.

Ongoing training for facilitators and coordinators is vital to the growth and success of the CREW initiative. NCOD plans to continue offering opportunities that fulfill the needs of the CREW community while staying fresh and relevant, and aligning with the goals and guidelines of VA. Together, we can enhance our culture of civility in VA one workgroup at a time.

For more information on CREW, please contact Dr. Kasey Krueer at 502-287-6323 or kasaundra.krueer@va.gov.



Being faithful in little things ...
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performance evaluations) were secondary to the daily, smaller ignoring behaviors that kept women and people of color from flourishing in the workplace (Rowe, M. 1990).

Micro-inequities tend to be automatic, unconscious and difficult to recognize in ourselves. As human beings, we tend to absorb endless streams of perceptions, feelings and thoughts, on both conscious and unconscious levels. The notion that we are not aware or in control of our behaviors can be hard to accept and can lead to unconscious bias (Mlodinow, L. 2012).

Here are examples of micro-inequities:

- Repeatedly being interrupted while talking
- Being treated like an object or number - not a person
- Giving a presentation and having someone in the audience texting or using their Blackberry
- Having someone mispronounce or misspell your name on a recurring basis
- Not being introduced in a meeting
- Praising an idea or suggestion by one, but ignoring the same idea presented by someone else
- Being greeted with a fake, masked or forced smile
- Encountering someone who appears defensive based on their body posture or tone of voice (e.g., crossing of the arms, looking away from you, shaking of the hands, tapping of feet or change in voice/pitch/volume)
- Being isolated or ignored

Interactive Discussions:

What micro-inequities and/or micro-affirmations would you add to the list?

Can you identify any behaviors you intend to change?

Use our interactive link to start or participate in the discussion.

<http://organizationalhealth.vssc.med.va.gov/>



“Micro-affirmations,” according to Rowe, are small acts, which occur wherever people wish to help others succeed. They are subtle forms of acknowledgment or recognition of a person’s value and accomplishments. They can occur in public and private, are often ephemeral, unconscious and hard to recognize, but can be very effective. (Rowe, M. 2008).

Here are examples of micro-affirmations:

- Being professional and demonstrating loving-kindness
- Listening deeply, matching your facial expression and body language
- Showing personal interest in what’s being communicated by paraphrasing, empathizing and asking questions
- Seeking opportunities to acknowledge / praise strengths and contributions of others
- Respecting differences of opinion and diversity of thought
- Modeling fairness and equal opportunity
- Being flexible and considerate with others
- Providing timely and constructive feedback, and being open to feedback
- Encouraging professional growth and mentoring

- Reframing or redirecting micro-inequities when you witness or experience them

Awareness is a powerful tool. By consciously, intentionally and generously infusing micro-affirmations into our work environment, we can overcome the negative effects of micro-inequities. Moreover, we can build upon positive regard, consideration for others, and team work. Simple acts of kindness can be the fuel that drives organizational success. It can also change lives in the world in which we live.

For more information and training on micro-inequities contact David Rabb, david.rabb@va.gov or Michael Youngblood, Michael.youngblood@va.gov in the VHA Diversity and Inclusion Office.



References

Rowe, M. (1990). Barriers to Equality- The Power of Subtle Discrimination to Maintain Unequal Opportunity. *Employee Responsibilities and Rights Journal*, Vol.3, No.2 pp. 153-163.

Mlodinow, L. (2012). *Subliminal: How Your Unconscious Mind Rules Your Behavior*. Vintage Books. Random House Inc. New York.

Rowe, M. (2008), Micro-Affirmations & Micro Inequities. *Journal of the International Ombudsman Association*, Vol. 1, Number 1.



All Things Connected ...

By Linda W. Belton, Director, Organizational Health
VHA National Center for Organization Development

A Veteran waiting for service runs out of patience and loses his temper with the primary care assistant. Upset, the assistant considers calling security. Instead, she puts her hand on the Veteran's shoulder and says, "You must feel like you're lost in the system. Let me see what I can do." The assistant could have written off the Veteran and contacted security. Why didn't she?

A travel clerk notices a Veteran patient standing in a long line at the pharmacy window, seeming to have difficulty. The clerk grabs a chair from his office, offers it to the Veteran and waits with him a few minutes to be sure he's alright. The travel clerk is not 'responsible' for the pharmacy patient. Why didn't he let pharmacy staff handle it?

An employee makes a significant mistake which could have resulted in harm to a Veteran. The supervisor would be justified in pursuing termination, but the employee shows remorse and insight, and he or she has performed well in the past. The supervisor elects to give the employee another chance. Why?

A manager has been "losing it" lately – public outbursts, short-tempered with staff, bouts of crying, missing some critical deadlines. The work unit has become tense and employees are complaining. When they learn that the manager is caring for her dying mother, they decide to offer their support. The employees could have lodged a formal complaint or transferred off the work unit. Why didn't they?



Think back to the opening examples. Each potential action would have been justifiable: calling security, letting the servicing department take responsibility, firing the employee, reporting the manager. However, in each situation, the participants chose to go a different way. By doing so, they achieved different and more desirable outcomes:

- The primary care assistant defused the situation by personally connecting with the Veteran
- There is no such thing as, "He's not my patient." The Veteran received immediate assistance, and the travel clerk modeled serving behavior
- The supervisor knew this employee would be exceptionally careful in the future
- Staff accomplished an immediate change in the manager's behavior and built more honest team relationships

There is a one-word answer; **compassion**. Compassion is empathy, kindness, benevolence, consideration or caring for others. It is not just an observation from outside a person's experiences, it enters into the experience with the person. Being compassionate is the opposite of being dispassionate (detached or indifferent). Compassion reflects the capacity and desire to serve.

Having a compassionate attitude toward Veteran customers is strongly connected to patient-centered care, customer service and ethics. The need for compassion also extends to our workplace and mirrors concepts of Civility, Respect and Engagement in the Workplace (CREW), servant leadership, teams, psychological safety and micro-affirmations.

Compassion is customer service on "steroids!" Business literature now references compassion as a professional norm and a public expectation. It also says that compassionate care/service equals high-quality service. Compassion can't be mandated or policy-driven. The potency of compassion is not that we have to, but that we can.

We also know that transactional work inhibits compassion; that multi-tasking is the opposite of mindful presence; and that serving via

technology can be distancing or depersonalizing. What if your job relates more to tasks than to people? What if your "customer" competes for attention with your taking notes or accessing your computer? What if your only connection with the Veteran is by phone or email? Many of our functions are "hard-wired" to be transactional, remote, disconnected and dispassionate. How, then, can we build compassion into our work lives? Here are some small but meaningful opportunities:

- Offer to help a co-worker who's behind in their work
- Help a Veteran caller being shuffled from one extension to another
- Forgive someone who's treated you badly
- Give honest, respectful feedback
- Cut a teammate some slack when they're having a bad day
- Assume the best about a co-worker
- Extend a word of encouragement
- Advocate for a Veteran, even when it's uncomfortable
- Choose to ignore a slight
- Stand with a colleague who's in trouble
- Be truly happy for someone else's good fortune/achievement
- Treat each other the way you would like to be treated

We don't use the term compassion very often. We sometimes see it as connoting weakness, lack of accountability, letting people off the hook or being soft. I believe compassion is the ultimate expression of power, in all its altruism, generosity and possibility. Only those with courage can accept the vulnerability of showing compassion. Only those firmly facing their own "true north" can serve imperfect individuals in uncertain situations. Only those comfortable with their own humanity can risk entering into the humanity of others.

... All Things Are Connected



Where's My Data?



The Organizational Health Portal:

This portal can serve as your “one-stop shop” to learn about developing a healthy organization. Organizational Health is fostered by a number of VA programs designated as Organizational Health “Partners.” The Organizational Health portal is found at the following link: <http://organizationalhealth.vssc.med.va.gov/Pages/Default.aspx>

The AES Portal:

This site provides you with all the information you need about the All Employee Survey (AES) in one convenient location. The AES portal contains valuable information such as national and regional AES presentations, AES coordinator information, the AES instrument, AES marketing materials and information on how to use ProClarity Desktop. The AES portal is found at the following link: <http://aes.vssc.med.va.gov/Pages/Default.aspx>

2012 Fall Voice of VA (VOVA) Survey:

The Fall VOVA consisted of the FY13 RN Satisfaction Survey, administered by the Office of Nursing Services to all Registered Nurses Oct. 1-31, 2012.

To access the RN Satisfaction Survey results, click on the VSSC website: <http://vssc.med.va.gov/products.asp?PgmArea=20> and select RN Satisfaction Survey Reports or RN Satisfaction Survey Cube.

2012 Summer Voice of VA (VOVA) Survey:

The Summer VOVA consisted of the Integrated Ethics Staff Survey (IESS) survey module. The IESS was administered July 23-Aug. 20, 2012 to all VHA employees.

The 2012 Integrated Ethics Dashboard is found on the Integrated Ethics website: <http://vaww.ethics.va.gov/integratedethics/IESS.asp>

2012 VA All Employee Survey (AES):

VA administered the 2012 VA AES April 23-May 21, 2012, to all VA employees. The 2012 VA AES attained a national response rate of 63.6 percent (195,340 responses), and the survey data was published via ProClarity data cube on June 27, 2012. The National Center for Organization Development (NCOD) provided face-to-face or video conference feedback sessions with VHA VISN, VBA Area, and program office leadership. The AES presentations were published on the AES portal <http://aes.vssc.med.va.gov/Pages/Default.aspx>

2012 Winter Voice of VA (VOVA) Survey:

VA administered the 2012 Winter VOVA to all VA Agencies (VHA, VBA, NCA, and VACO) Jan. 17- Feb. 13, 2012. Each VA employee participating in the 2012 Winter VOVA was randomly assigned to one of the three modules:

1. Learning Organization Survey (LOS) and the Systems Redesign Survey
2. Library Survey
3. Office of Diversity and Inclusion Survey

The Learning Organization Survey (part of module 1) is published in a ProClarity data cube. The data are accessible in two ways:

- Desktop ProClarity (server: vhaausbi19.vha.med.va.gov) go to the “Learning Organization” folder.
- VSSC briefing books in a ProClarity Data Cube on the AES Portal. Click on the URL below, go to page 2, then select “Learning Organization Survey 2012 Cube” - <http://aes.vssc.med.va.gov/SurveyData/Pages/Access.aspx>

The System Redesign Survey (part of module 1) is published in a ProClarity data cube. The data are accessible in two ways:

- Desktop ProClarity (server: vhaausbi19.vha.med.va.gov) go to the “Systems Redesign Survey” folder.
- VSSC briefing books in a ProClarity Data Cube on the AES Portal. Click on the URL below, go to page 2: then select “Systems

Redesign Survey 2012 Cube” - <http://aes.vssc.med.va.gov/SurveyData/Pages/Access.aspx>

- Select “Systems Redesign Survey 2012 Cube” for those with ProClarity installed
- Select “Systems Redesign Survey 2012 (BBK)” for the ProClarity Analytics Server (online version for those without Desktop ProClarity installed).

The Office of Diversity and Inclusion Survey (module 2 of the Winter VOVA) results are available by contacting the Office of Diversity and Inclusion – website: <http://vaww.wmc.va.gov/Diversity/default.aspx>

The Library Survey (module 3 of the Winter VOVA) results are published on the VA Library Network (VALNET) website: http://vaww.vhaco.va.gov/VALNET/Surveys/Voice_of_VA/default.asp

What's Coming Next?

The Office of Personnel Management (OPM) conducted the Federal Employee Viewpoint Survey (FEVS) from April 30 to June 7 to a random sampling of all Federal employees. OPM offered about 27.5 percent of VA employees the FEVS. Results of the survey will be announced soon.

Prior to 2010, employees were asked to take more than a dozen different national surveys each year. The Voice of VA (VOVA) survey debuted in 2010 by creating quarterly seasonal survey periods in an effort to reduce the number of national surveys each employee is invited to complete. In response to feedback about “survey fatigue,” VHA further determined to reduce the number of national survey periods to two in fiscal year 2014. To reach this goal, there was no Winter VOVA in 2013. Also, there will be no Summer VOVA in 2013. The 2013 All Employee Survey (AES) is scheduled for the fall. The 2013 AES will be administered Sept. 9-30, 2013. The 2013 AES will feature an updated survey instrument containing fewer questions than previous surveys.



Organizational Health

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