



# NCOD Research Division

## Journal and Academic Conference Research Papers and Posters

The following document is a summary of accepted and presented research articles, papers, and posters disseminated by NCOD through scholarly journal articles or at national and international academic conferences. For additional information on a study, please contact the lead author at NCOD Research: [vhancod@va.gov](mailto:vhancod@va.gov).

Articles and book chapters are listed in chronological order. NCOD contributors' names are in bold. (NOTE: Papers and presentations in preparation are not included)

Last updated 01/21/2016

[Scholarly Journal Papers](#) (2009 to present) ..... page 1

Academic Research Presentations

[2015 conferences](#) (7 NCOD acceptances) ..... page 12

[2014 conferences](#) (9 NCOD acceptances) ..... page 15

[2013 conferences](#) (10 NCOD acceptances) ..... page 18

[2012 conferences](#) (23 NCOD acceptances) ..... page 22

[2011 conferences](#) (27 NCOD acceptances) ..... page 32

[2010 conferences](#) (20 NCOD acceptances) ..... page 42

### Scholarly Journal Papers (Published, alphabetical by year)

Bologna, D.A., **Carameli, K.A.**, Furst-Holloway, S., Howe, S., Weiskircher, K., & Cominsky, C. (2015). A mixed-methods analysis of engagement driving leadership practices. *Academy of Management Annual Meeting Proceedings*, 17671, DOI: 10.5465/AMBPP.2015.275.

*Recently, employee engagement has emerged as a topic of great interest to both practitioners and academics, likely due to its association with numerous positive individual and organizational outcomes. While these associations are informative, leaders require specific practices, which they may enact in order to maximize the engagement levels of their employees. Utilizing a mixed methods approach, this study investigates specific practices that may foster employee engagement. First, 32 key informant interviews were conducted across the U.S. Department of Veterans Affairs, Veterans Health Administrations (VHA) to understand what practices lead to a more engaged workforce. Seven categories of practices emerged, including modeling engagement, information sharing, acquiring resources, promoting psychological safety, employee recognition, building a team orientation, and taking a personal interest in employees. Second, these seven practices were quantitatively tested and validated on a sample of 183 VHA medical facilities. Using multi-source, all seven practices correlated significantly with engagement and its three subfactors (i.e. cognitive, physical, and emotional engagement), with the exception of acquiring resources and employee recognition with emotional engagement. Findings are discussed, along with practical and scientific implications, limitations, and directions for future research.*

**Derickson, R., Fishman, J., Osatuke, K., Teclaw, R., & Ramsel, D.** (2015). Psychological safety and error reporting within Veterans Health Administration hospitals. *Journal of Patient Safety*, 11(1), 60-66.

*In psychologically safe workplaces, employees feel comfortable taking interpersonal risks, such as pointing out errors. Prior research suggested that psychologically safe climate optimizes organizational outcomes. Psychological safety levels were evaluated in Veterans Health Administration (VHA) hospitals and their relationship assessed to employee willingness of reporting medical errors. This study used ANOVA on psychological safety scores from a VHA employees census survey (N=185,879), assessing variability of means across racial and supervisory levels. Organizational climate assessment interviews (n=374) were examined evaluating how many employees asserted willingness to report errors (or not), and their stated reasons. Based on survey data, two hospitals (psychologically safe versus unsafe) were identified and compared in their number of employees who would be willing /unwilling to report an error. Psychological safety increased with supervisory level ( $p < .001$ ,  $\eta^2 = .03$ ) and was not meaningfully related to race ( $p < .001$ ,  $\eta^2 = .003$ ). Twelve percent of employees would not report an error; retaliation fear was the most commonly mentioned deterrent. Furthermore, employees at the psychologically unsafe hospital (71% would report, 13% would not) were less willing to report an error than at the psychologically safe hospital (91% would, 0% would not). A substantial minority would not report an error and were willing to admit so in a private interview setting. Their stated reasons as well as higher psychological safety means for supervisory employees both suggest power as an important determinant. Intentions to report were associated with psychological safety, strongly suggesting this climate aspect as instrumental to improving patient safety and reducing costs.*

**Hernandez, W., Luthanen, A., Ramsel, D., & Osatuke, K.** (2015). The mediating relationship of self-awareness on supervisor burnout and workgroup civility and psychological safety: A multilevel path analysis. *Burnout Research*, 2(1), 36-49.

*The purpose of this study was to examine whether managerial self-awareness (defined as degree of agreement between self and subordinate ratings of leaders' behaviors) mediates the relationship between supervisor burnout and supervised workgroup climate. An SEM approach was used. Supervisor depersonalization and personal accomplishment exhibited significant indirect effects on workplace civility and psychological safety, via managerial self-awareness. No direct effects between supervisor burnout and workgroup climate were found, suggesting that self-awareness may be an important mediator for individual characteristics of leaders previously thought to be non-significant. Additional post-hoc comparisons indicated that workgroups with supervisors who over-rated their own performance behaviors reported the lowest levels of civility and psychological safety compared to workgroups with supervisors who accurately rated or under-rated their own performance behaviors. However, supervisors that under-rated their own performance reported the highest levels of burnout, highlighting the importance of self-awareness (accurately rating oneself) in relation to individual and group outcomes. Practically, organizations should consider the role of managerial self-awareness in influencing subordinate performance and creating desirable work climates. Also, this study suggests the effects of burnout extend beyond the individual and have significant implications for the performance of those in the supervision of the burned out manager.*

**Yanchus, N., Beckstrand, J., & Osatuke, K.** (2015). Examining burnout profiles in the Veterans Administration All Employee Survey narrative comments. *Burnout Research*, 2, 97-107.

*This mixed-method study examined burnout profiles: statistically generated configurations reflecting relative levels of the three MBI-based burnout dimensions – exhaustion, depersonalization, and reduced personal achievement – within individuals. These profiles, based on quantitative ratings, were examined in parallel with open-ended employee comments in the same survey (a large organizational census in the USA Veterans Administration; N = 179,271). We were able to distinguish between the quantitatively defined profiles based on the raw data of the comments. Summary themes (derived from comment data through content analysis) did not differentiate between the profiles. We discuss the conceptual and pragmatic and implications and recommendations for future research.*

**Yanchus, N.J., Periard, D., Moore, S.C., Carle, A.C., & Osatuke, K.** (2015). Predictors of job satisfaction and turnover intention in VHA mental health employees: A comparison between psychiatrists, psychologists, social workers, and mental health nurses. *The Human Service Organizations: Management, Leadership, & Governance*, 39(3), 219-244.

*This exploratory study compared job satisfaction and turnover intention among psychiatrists, psychologists, social workers, and mental health nurses in the Veterans Health Administration, focusing on four predictors: civility, procedural justice, autonomy, and psychological safety. A sample of 11,726 VHA mental health employees was used. Results of the structural equation modeling showed that, for all occupations, civility, procedural justice, and autonomy predicted job satisfaction, which in turn predicted turnover intention. Psychological safety directly predicted turnover intention, a unique finding to this study. There were, however, no differences in the predictors across occupations. Implications and directions for future research are discussed.*

**Yanchus, N.J., Shoda, E.A., Derickson, R., & Osatuke, K.** (2015). Organizational change and sensemaking in the Veterans Health Administration. *Journal of Organizational Psychology*, 15, 74-89.

*This study examined employee perceptions of change using qualitative and quantitative data from the VHA census of organizational climate, the All Employee Survey (AES). Using sensemaking theory and Freedman's (1997, 2010) realistic managed-resistance model as an integrative framework, we investigated differences in organizational climate perceptions between survey respondents who used the word "improvement" in free text responses and those who did not. We also examined the specific meanings in which respondents used the word "improvement." Employees suggesting improvement were least satisfied with their work environment, indicating possible resistance to change. Conceptual implications and future directions for research are discussed.*

**Del Giudice, M., Yanovsky, B. I., & Finn, S.** (2014). Personality assessment and feedback practices among executive coaches: In search of a paradigm. *Consulting Psychology Journal: Practice and Research*, 66(3), 155-172.

*Personality assessment (PA) is frequently used by executive coaches with little reported about the specifics of its application. To fill this void, this study explored the current state of PA and feedback in coaching and the extent to which these practices resembled collaborative/therapeutic assessment (C/TA). Using a quantitative and qualitative approach, 112 psychologist-executive coaches were surveyed about various aspects of PA. Frequency data indicated that common methods exist in the areas of PA administration, analysis, and feedback as well as coaches' beliefs associated with the process. Qualitative findings revealed several themes describing coaches' approach to PA feedback, including an emphasis on*

*building client self-awareness and a preference for exploring PA data in a highly collaborative and contextualized fashion. Overall, current practices aligned closely with C/TA, suggesting that a collaborative coaching assessment paradigm may represent an organizing framework for PA in coaching.*

**Derickson, R., Osatuke, K., Teclaw, R., & Ramsel, D. (2014).** Processing large quantities of qualitative data in organizational surveys: Challenges, solutions, and applications. *Journal of Organizational Psychology*, 14(2), 93-101.

*Qualitative comments provide rich information useful for organizational action planning. Before releasing comments, it is often necessary to scrub them of identifiable information and profanity to maintain the integrity of the survey and protect respondents from repercussions or false accusations. However, processing large quantities of comments (e.g., >50,000) is prohibitively time consuming. We present the method used to develop an automation to filter identifiable information and profanity from comments which greatly expedited the review process and allowed useful applications of comments in the field. We observed high sensitivity, specificity, and accuracy rates comparable to common medical screens with diagnostic utility.*

**Moore, S., Osatuke, K., & Howe, S. (2014).** Assimilation approach to measuring organizational change from pre- to post-intervention. *World Journal of Psychiatry*, 4(1)13-29. DOI: 10.5498/wjp.v4.i1.13.

*The presented research explains conceptual and pragmatic aspects of measuring organizational change in a real-world healthcare setting, considering as an example an organization development intervention at a U.S. Veterans Affairs medical center. Within a year, the intervention addressed the hospital's initially serious problems and multiple stakeholders (employees, management, union representatives) reported satisfaction with progress made. Traditional quantitative outcome measures, however, failed to capture the strong positive impact consistently reported by several types of stakeholders in qualitative interviews. To address the paradox, full interview data describing the medical center pre- and post- intervention were examined by applying a validated theoretical framework from another discipline: psychotherapy research. The Assimilation model is a clinical-developmental theory that describes empirically grounded change levels in problematic experiences, e.g. such as problems reported by our participants pre- intervention. The results were consistent with participants' reported perceptions of the intervention impact. These results illustrated a working solution to the challenge of objectively evaluating progress in resolving organizational issues that multiple participants subjectively experienced as problematic. Relevance of this approach to conceptualizing and measuring change is discussed, generally as pertains to evaluating psychologically based interventions with groups or organizations, and specifically as pertains to healthcare settings.*

**Osatuke K., Cash, M., Belton, L., & Dyrenforth, S. R. (2014).** Civility, Respect, and Engagement in the Workplace (CREW): Creating organizational environments that work for all. In C. Biron, R. Burke, & C. Cooper (Eds.) *Creating healthy workplaces: Stress reduction, improved well-being, and organizational effectiveness*. London: Gower Publishing.

*This chapter explains and describes the intervention CREW (Civility, Respect, and Engagement in the Workplace) that promotes civil climate within organizations. CREW was designed within the Veterans Health Administration (VHA) as an intervention to strengthen organizational-level outcomes by improving the culture of employee interactions. Civility in*

*CREW refers to workplace behaviors that express interpersonally valuing and being valued by others, and are based on a consciously cultivated awareness of one's interpersonal impact. The documented success of CREW in achieving the intended outcomes (Osatuke et al., 2009) resulted in its quick spread. The intervention model has been freely shared with interested organizations within and outside the U.S.A., in government and private sectors, in healthcare and other industries. This chapter explains the CREW approach, processes involved in implementing it within the largest healthcare system in the U.S.A., summarizes its outcomes and sustained impact. To aid organizational leaders and consultants in evaluating their interest, we include illustrations of CREW concepts, tools and results. We also discuss organizational contexts, barriers encountered, and working solutions. This chapter is based on summarizing the authors' experience of implementing CREW at more than 1000 workplaces within the U.S.A. Department of Veterans Affairs (VA), from year 2005 until now.*

**Osatuke, K., Leiter, M., Belton, L., Dyrenforth, S., & Ramsel, D.** (2013). Civility, Respect, and Engagement in the Workplace (CREW): A national organization development program at the Department of Veterans Affairs. *Journal of Management Policies and Practices*, 1(2), 25-34.

*This paper is written for individuals and organizations interested in systematically supporting the climate of civility, respect and engagement within their workplaces. An organization development program is discussed called Civility, Respect and Engagement in the Workplace (CREW), conducted at the national scale within the second largest U.S. government agency the Department of Veterans Affairs. The program is based on a process-focused, client-centered approach to organizational change (Reddy, 1994; Schein, 2006), with the intent of improving group members' experience of their shared work environment. CREW facilitators support the group members' dialogue about the meaning of civility within their particular group and about their personal interpretations of each other's behaviors as civil or not. CREW proceeds for at least 6 months, using trained facilitators and a variety of supporting materials and activities from the centrally maintained toolkit that is freely shared by the designers of the program. CREW has been empirically demonstrated to improve civility in participating workgroups within and outside of the U.S. Department of Veterans Affairs. Levels of civility in general and participation in CREW specifically have been connected to positive outcomes for employees and organizations in prior research. This paper overviews the operating principles of CREW, describes the process of conducting the program and briefly summarizes the results available thus far. Enough detail is provided to allow individuals and organizations to evaluate how this approach may benefit them and suggestions are shared on where to start if there is interest in implementing the program.*

**Osatuke, K., Yanchus, N., White, S., & Ramsel, D.** (2014). Change in the Veterans Health Administration: Theory and applications. *Journal of Organizational Psychology*, 14(1), 77-95.

*Veterans Health Administration (VHA), the largest public healthcare system in the U.S.A, undergoes large-scale changes to address the needs of Veterans returning from two concurrent wars. The organizational approach to managing these changes is informed by Freedman's realistic managed-resistance model. This model is compared to five other organizational change theories, reviewed for its conceptual advantages which caused its adoption within VHA, summarized by the conceptual account of the change process and its progression, illustrated using theoretical expectations with qualitative data from VHA employees' interviews, and presented through a new survey instrument created and used within VHA for assessing employees' response to organizational changes.*

**Teclaw, R., & Osatuke, K.** (2014). Nurse perceptions of workplace environment: Differences across shifts. *Journal of Nursing Management*. Published online Dec. 2014. DOI: 10.1111/jonm.12270.

*The purpose of this study was to evaluate whether nurse work shift affected employee workplace perceptions (e.g., satisfaction). Although the importance of work schedule in shaping work attitudes, generally (and specifically for nurses) is well-accepted, much work remains in characterizing how and why nurses' perceptions might differ across shifts. Using an exploratory study of observational data, we examined whether shift influenced non-supervisory nurses' job perceptions in VA All Employee Survey (VHA-only, N=4,362; years 2008, 2010, 2012). The size of differences in item means (95% C.I.'s) across shifts was evaluated graphically. Using ordinal logistic regression, we accounted for the ordinal outcome variables and controlled for the demographic and survey year effects. Nurses' perceptions of workplace climate differed across shifts. Items with the greatest differences, consistent across years and analytic methods, involved supervisors and fairness. Night and weekend shift nurse ratings were more negative than for weekday shift nurses. Findings suggest that off-shift nurses are less satisfied with work/life balance, their supervisors, and especially fairness. Overall satisfaction and turnover intention are not affected to the same extent. These results indicate several specific areas of employee perceptions that nurse managers can address through workforce support and communication.*

**Teclaw, R., Osatuke, K., Fishman, J., Moore, S., & Dyrenforth, S.** (2014). Employee age and tenure within organizations: Relationship to workplace satisfaction and workplace climate perceptions. *The Health Care Manager*, 33(1), 4-19.

*This study estimated the relative influence of age/generation and tenure on job satisfaction and workplace climate perceptions. Data from the 2004, 2008, and 2012 Veterans Health Administration All Employee Survey (sample sizes >100 000) were examined in general linear models, with demographic characteristics simultaneously included as independent variables. Ten dependent variables represented a broad range of employee attitudes. Age/generation and tenure effects were compared through partial  $\eta^2$  (95% confidence interval), *P* value of *F* statistic, and overall model *R*<sup>2</sup>. Demographic variables taken together were only weakly related to employee attitudes, accounting for less than 10% of the variance. Consistently across survey years, for all dependent variables, age and age-squared had very weak to no effects, whereas tenure and tenure-squared had meaningfully greater partial  $\eta^2$  values. Except for 1 independent variable in 1 year, none of the partial  $\eta^2$  confidence intervals for age and age-squared overlapped those of tenure and tenure-squared. Much has been made in the popular and professional press of the importance of generational differences in workplace attitudes. Empirical studies have been contradictory and therefore inconclusive. The findings reported here suggest that age/generational differences might not influence employee perceptions to the extent that human resource and management practitioners have been led to believe.*

**Yanchus, N., Derickson, R., Moore, S., Bologna, D., & Osatuke, K.** (2014). Communication and psychological safety in VHA clinical work environments. *Journal of Health Organization and Management*, 28(6), 754-776.

*This study explored employee perceptions of communication in psychologically safe and unsafe clinical care environments. Clinical providers at the U.S. Veterans Health Administration were interviewed in the context of planning organizational interventions. They discussed strengths, weaknesses and desired changes in their workplaces. A subset of*

respondents also discussed workplace psychological safety (i.e. employee perceptions of being able to speak up or report errors without retaliation or ostracism--Edmondson, 1999). Two trained coders analyzed the interview data using a grounded theory based method. They excerpted passages which discussed job-related communication and summarized specific themes. Subsequent analyses compared frequencies of themes across workgroups defined as having psychologically safe versus unsafe climate based upon an independently administered employee survey. Perceptions of work-related communication differed across clinical provider groups with high versus low psychological safety. The differences in frequencies of communication-related themes across the compared groups matched the expected pattern of problem-laden communication characterizing psychologically unsafe workplaces. Previous research implied the existence of a connection between communication and psychological safety whereas this study offers substantive evidence of it. The differences in perceptions of communication in high versus low psychological safety environments were summarized drawing from qualitative data that reflected clinical providers' direct job experience. Findings may inform health providers seeking to improve communication within care delivery teams.

**Yanovsky, B., Osatuke, K., Shoda, E., & Ramsel, D.** (2014). Exploring leadership team behaviors and subordinate employee attitudes in VA hospitals. *World Medical & Health Policy*, 6(4), 419-445.

*A Top Management Team (TMT) is an integral component of an organization as it serves the role of a primary leader. The dynamics between TMTs and their subordinate organizational units are similar to leaders and their subordinates in that both leadership entities (TMTs and individual leaders) exert a level of influence over their subordinate entities. This study sought to investigate the mechanisms whereby a TMT functions as a leader within the organization, by applying the two factor leadership theory to the relationship between TMTs and subordinate units. Results suggest that TMTs may influence their subordinate organizational units in ways behaviorally similar to those which express an individual leader's influence on subordinate employees.*

**Naimon, E.C., Mullins, M.E., & Osatuke, K.** (2013). The effects of personality and spirituality on workplace incivility perceptions. *Journal of Management, Spirituality, & Religion*, 10(1), 91-110.

*This study tested the relationships between negative affectivity, locus of control, agreeableness, and workplace spirituality with workplace incivility perceptions. The sample included 102 part- and full-time college students, 90 of whom were aged 25 and older, who completed measures of the previous variables; measures of remaining Five Factor Model traits, civility, and social desirability were administered for supplemental purposes. Significant relationships were found between negative affectivity and incivility, agreeableness and incivility, and workplace spirituality and incivility. Workplace spirituality provided a unique contribution in the prediction of incivility perceptions. The spirituality measure was factor analyzed to test factors' relationships with incivility when controlling for the related construct of civility. Spirituality components of meaning and spiritual blocks were found to predict incivility perceptions independently of civility scores. Results suggest that spirituality levels affect incivility perceptions above and beyond that of traditional personality variables.*

**Osatuke, K., McNamara, B., Pohl, M., Moore, S.C., Meterko, M., Charns, M.P., & Dyrenforth, S.R.** (2013). Response rates and incentives in a national employee survey: The Case of the Veterans Administration. *Applied H.R.M. Research*, 13(1), 37-50.

*This study examined the impact of non-monetary incentives used to encourage employee participation in the voluntary, confidential Veterans Health Administration (VHA) All Employee Survey (AES) in 2007 and 2008. The AES is an annual census survey of employee job satisfaction and workplace perceptions. Its results inform organizational improvement efforts; addressing AES-based findings through action plans partly defines VHA managers' performance measures. This prominent organizational role of the survey makes high response rate important, therefore many facilities incentivize employee participation. Federal government systems allow only non-monetary incentives. While cost-efficient, their effects have been insufficiently examined in prior research. We examine the association of nonmonetary incentives types with response rates in two years of the AES administration and discuss working strategies of applying nonmonetary incentives to boost response to voluntary organizational surveys.*

**Osatuke K., Moore, S. C., & Dyrenforth, S. R.** (2013). Civility, Respect, and Engagement (CREW) in the Workplace at the Veterans Health Administration (pp. 55-68). In M. P. Leiter (Ed.) *Analyzing and theorizing the dynamics of the workplace incivility crisis*. Amsterdam: Springer.

*This chapter discusses an intervention that promotes civil climate within organizations, designed within the U.S.A. Veterans Health Administration and called CREW (Civility, Respect, and Engagement in the Workplace). Civility in the CREW model refers to workplace behaviors that express interpersonally valuing and being valued by others, and are based on a consciously cultivated awareness of one's interpersonal impact. CREW process within groups involves regular meetings that create opportunities for an ongoing dialogue where participants clarify and negotiate their understanding of group norms for civil interactions at work. The content of workplace behaviors considered civil is culturally specific to each workplace and is therefore defined by the participating groups themselves, a practice which results in an intentional (conceptually driven) variability in interpreting what constitutes civil behaviors across sites. We discuss the implications of this variability for designing and studying CREW interventions, understanding the mechanisms of change in CREW, and evaluating outcomes.*

**Yanchus, N.J., Fishman, J.L., Teclaw, R., & Osatuke, K.** (2013). Employee perceptions of job demands and resources and relationship to engagement. *Applied H.R.M. Research*, 13(1), 1-23.

*Using the job demands-resources model (JD-R) (Bakker & Demerouti, 2007), this study explored VHA employees' perceptions of job demands and resources, and their relation to employees' organizational engagement. Mixed-method analyses included two quantitative survey samples: 7600 employees across VHA representing five distinct occupations (respiratory therapy, police, human resources, fiscal services, and dental services) and 472 VHA employees from specific workplaces within those same five occupations, in addition to a separate qualitative sample of 350 employee interviews derived from VHA workgroups associated with the five distinct occupations. Interview data were coded into 11 themes conceptualizing perceptions of job demands and resources. Quantitative results showed that job resources and overall job satisfaction best predicted employee engagement. Qualitative analyses showed that employees experience job demands and resources as 'helpful' or 'hindering' pending their situational context. For example, coworker relationships or supervision might prompt job demands in one situation and job resources in another, depending on whether the interaction was experienced as helpful or as hindering. Conceptual implications, possibilities for future research, and OD applications are discussed.*

**Osatuke, K., Draime, J., Moore, S.C., Ramsel, D., Meyer, A., Barnes, S., Belton, S., & Dyrenforth, S.R.** (2012). Organization development in the Department of Veterans Affairs (pp. 21-76). In T.

Miller (Ed.), *The Praeger Handbook of Veterans' Health: History, challenges, issues, and developments, Volume IV: Future directions in Veterans' healthcare.*

*Ten years ago, the practice of organization development was non-existent in the Department of Veterans Affairs (VA). Today, organization development is alive and well within VA and spearheaded by the Veterans Health Administration National Center for Organization Development (NCOD). NCOD provides organization development services to all of VA by integrating practice, training, and research. NCOD's main purpose is to be a change agent in one of the largest U.S. government agencies with a specific goal to increase workforce engagement, satisfaction, and productivity in order to improve employee and patient satisfaction, health outcomes, and quality of care. This chapter discusses the five core functions of NCOD: (1) administering the All Employee Survey to the entire Department of Veterans Affairs, and analyzing and reporting its results to the system; (2) organizational assessments, interventions, and consulting services; (3) research into best practices of leadership (i.e., management studies); (4) pre- and post-doctoral fellowship training of organization development professionals; and (5) organizational interventions directed at workplace culture in the Veterans Affairs system.*

Schult, T.M., Awosika, E.R., Hodgson, M.J., Hirsch, P., Nichol, K.L., **Dyrenforth, S.D., & Moore, S.C.** (2012). Innovative approaches for understanding seasonal influenza vaccine declination in healthcare personnel support development of new campaign strategies. *Infection Control and Hospital Epidemiology*, 33(9), 924-931.

*This study explored reasons for seasonal influenza vaccine acceptance and declination in employees of a large integrated healthcare system (i.e., VHA) and to identify underlying constructs that influence acceptance versus declination. The study also sought to determine whether vaccine acceptance varied by hospital location and to identify facility-level measures that explained variability. A national health promotion survey of employees was conducted that included items on vaccination in the 2009–2010 influenza season: approximately 40% of participating employees were randomly assigned to complete the health promotion survey (RR: 30.4% of 98,120 employees). The survey indicated a mean overall vaccination rate of 76.7% with highest vaccination rates reported by MDs and dentists (88.7%), then by mid-level healthcare providers (PAs and NPs; 86.3%), and lowest by employees directly involved in patient (71.1% of LPNs and 78.6% and 78.7%, respectively, of RNs and other clinical staff). Female employees had higher rates of declination, as did the youngest age group (20–29 years of age), and Black employees. The reasons for vaccine acceptance seemed to be explained by 3 underlying factors, which we labeled as: (1) believes in value of vaccination, (2) agrees with recommendations for vaccination, and (3) believes vaccination is accessible. Reasons for vaccine declination were explained by 4 underlying factors: (1) vaccination not important enough to me, (2) dislike or fear of vaccination, (3) philosophical objections to vaccination, and (4) vaccination does not pertain to me*

Singer, S.J., **Moore, S.C.**, Meterko, M. & Williams, S. (2012). Development of a short-form Learning Organization Survey: The LOS-27. *Medical Care Research and Review*, DOI: 10.1177/1077558712448135

*Despite urgent need for innovation, adaptation, and change in health care, few tools enable researchers or practitioners to assess the extent to which health care facilities perform as learning organizations or the effects of initiatives that require learning. This study's objective was to develop and test a short-form Learning Organization Survey to fill this gap. The authors applied exploratory factor analysis and confirmatory factor analysis to data from Veterans*

*Health Administration personnel to derive a short-form survey and then conducted further confirmatory factor analysis and factor invariance testing on additional Veterans Health Administration data to evaluate the short form. Results suggest that a 27-item, 7-factor survey (2 environmental factors, 1 on leadership, and 4 on concrete learning processes and practices) reliably measures key features of organizational learning, allowing researchers to evaluate theoretical propositions about organizational learning, its antecedents, and outcomes and enabling managers to assess and enhance organizations' learning capabilities and performance.*

Benzer, J.K., Young, G., Stolzmann, K., **Osatuke, K.**, Meterko, M., Caso, A., White, B., & Mohr, D.C. (2011). The relationship between organizational climate and quality of chronic disease management. *HSR: Health Services Research, 46*(3). DOI: 10.1111/j.1475-6773.2010.01227.x

*The purpose of this study was to test the utility of a two-dimensional model of organizational climate for explaining variation in diabetes care between primary care clinics. Secondary data were obtained from 223 primary care clinics in the Department of Veterans Affairs health care system. Organizational climate was defined using the dimensions of task and relational climate. The association between primary care organizational climate and diabetes processes and intermediate outcomes were estimated for 4,539 patients in a cross-sectional study. All data were collected from administrative datasets. The climate data were drawn from the 2007 VA All Employee Survey, and the outcomes data were collected as part of the VA External Peer Review Program. Climate data were aggregated to the facility level of analysis and merged with patient-level data. Key findings indicate that relational climate was related to an increased likelihood of diabetes care process adherence, with significant but small effects for adherence to intermediate outcomes. Task climate was generally not shown to be related to adherence. Findings suggest that the role of relational climate in predicting the quality of chronic care was supported. Future research should examine the mediators and moderators of relational climate and further investigate task climate.*

**Teclaw, R., Price, M.C., & Osatuke, K.** (2011). Demographic question placement effect in item response rates and means of a Veterans Health Administration survey. *Journal of Business Psychology*, doi 10.1007/s10869-011-9249-y

*This study examined whether demographic question placement affects demographic and non-demographic question completion rates, non-demographic item means, and blank questionnaire rates using a web-based survey of Veterans Health Administration employees. Data were taken from the 2010 Voice of the Veterans Administration Survey (VoVA), a voluntary, confidential, web-based survey offered to all VA employees. Participants were given two versions of the questionnaires. One version had demographic questions placed at the beginning and the other version had demographic questions placed at the end of the questionnaire. Results indicated that placing demographic questions at the beginning of a questionnaire increased item response rate for demographic items without affecting the item response rate for non-demographic items or the average of item mean scores. In addition to validity issues, a goal for surveyors is to maximize response rates and to minimize the number of missing responses. It is therefore important to determine which questionnaire characteristics affect these values. Results suggest demographic placement is an important factor.*

**Yanovsky, B., Osatuke, K., Graff-Reed, R., & Dyrenforth, S.R.** (2011). Factor structure of two different developmental assessment center rating formats. *Journal of Organizational Psychology, 11*(2), 70-80.

*Construct validity of assessment center (AC) dimensions has long been scrutinized. Although ACs remain some of the best predictors of job performance, their construct validity repeatedly falls short. This study investigated construct validity of two rating formats within a developmental AC (DAC) – a traditional rating format (Within-Exercise) and a modified hybrid rating format (Within-Dimension). Mid-level managers (N=63) from the U.S. Department of Veterans Affairs participated in the DAC in January, 2010 as part of a national leadership development program. Mentors and preceptors provided ratings on managers' performance dimensions at both the conclusion of each exercise (Within-Exercise) and the completion of the entire AC (Within-Dimension). Results indicate that within-exercise ratings loaded onto their exercises, while the within-dimension rating factors represented multiple dimensions. Our findings suggest that dimensions within ACs exist, but AC designers must be aware of how to structure the rating process to enable the raters to accurately observe these dimensions. This is particularly important for DACs, where dimensions serve an important role.*

Stolzmann, K., Shwartz, M., Pekoz, E., White, B., Mohr, D., Young, G.J, **Osatuke, K.**, & Benzer, J. (2010). Accounting for variation in technical quality and patient satisfaction: The contribution of patient, provider, team and medical center. *Medical Care*, 48(8), 676-682.

*The delivery of healthcare depends on individual providers, coordination within teams, and the structure of the work setting. This study analyzed the amount of variation in technical quality and patient satisfaction as accounted for at the patient, provider, team, and medical center level. Data were abstracted from Veterans Health Administration patient medical records for 2007 and were used to calculate measures of technical quality based on adherence to best practice guidelines in 5 domains. Outpatient satisfaction was obtained from a 2007 standardized national mail survey. Results indicate that providers accounted for the largest percent of system-level variance for all technical quality domains, ranging from 46.5% to 71.9%. For the single-item measure of patient satisfaction, medical centers, teams, and providers accounted for about the same percent of system-level variance (31%–34%). For the doctor/patient interaction scale providers explained 59.9% of system-level variance, more than double that of teams and medical centers. For all the measures, the residual variance (composed of patient-level and random error) explained the largest proportion of the total variance. Providers explained the greatest amount of system level variation in technical quality and patient satisfaction. However, in both of these domains, differences between patients were the predominant source of nonrandom variance.*

**Teclaw, R., Osatuke, K., Yanovsky, B., Moore, S.C., & Dyrenforth, S.R.** (2010). Comparison of paper, web, and IVR responses in the Veterans Health Administration All Employee Survey. *Survey Practice*, October: [www.surveypractice.org](http://www.surveypractice.org)

*This study examined whether employee characteristics influence one's AES participation mode (paper, web, or telephone). Data came from the VA All Employee Survey (FY2004, 2006-2008). Findings show that males selected paper over web modes more often than did females (2004, 2006, 2008); persons <20 yrs of age selected telephone mode more often than other age groups (all years), and use of paper and telephone (over web) modes increased with age (all years); Hispanics selected telephone and paper (over web) modes more often than non-Hispanics although this difference is narrowing (all years); wage grade employees (hourly, non-professional) were more likely to select paper and telephone (over web) modes than did other groups with this difference now narrowing (all years); and no mode selection differences were noted by tenure (new vs. long term staff) or supervisory status (general employee vs. supervisor). Finally, demographic data was more often missing from telephone (all years) and paper (2006, 2008) modes than from the web mode. To conclude, AES respondents largely*

*prefer web mode (≈92.5%) over telephone or paper (≈7.5% combined). When assessing mode preferences across major demographic categories, more similarities than differences occurred. Of notable exception, persons <20 yrs old and wage grade employees selected the web mode less often, suggesting these groups may have limited access to workplace computers.*

**Osatuke, K., Fishman, J.L., Moore, S.C., & Dyrenforth, S.R.** (2009). Relationship between portrayals of VA hospitals in the media, and employee and patient satisfaction: An exploratory analysis. Electronic publication of a paper presented at the annual national conference of the American Association for Public Opinion Research 15 May 2009, Hollywood, FL. [www.amstat.org/sections/srms/proceedings/y2009/Files/400012.pdf](http://www.amstat.org/sections/srms/proceedings/y2009/Files/400012.pdf)

*This study examined the relationship between public perception of Veterans Health Administration (VHA) hospitals as reflected in the media, and employee and patient data associated with these hospitals. The media data consisted of daily briefings of VA news coverage for the year 2006. Using the grounded theory method, categories were developed for coding the media articles. Once finalized, the categories included the scope, valence, informativeness, format, and content of the media coverage. Each specific VHA hospital was assigned a value (e.g. high, medium, low) on each of the media coverage categories. Several significant relationships in the expected direction were found between these data and employee satisfaction and patient satisfaction data for the specific VHA hospitals, independently collected through annual VA surveys of employees and patients.*

**Osatuke, K., Moore, S.C., Ward, C., Dyrenforth, S.R., & Belton, L.** (2009). Civility, Respect, Engagement in the Workforce (CREW): Nationwide organization development intervention at Veterans Health Administration. *The Journal of Applied Behavioral Science*, 45(3), 384-410.

*This research presents a description and preliminary evaluation of a nationwide initiative by the Veterans Health Administration (VHA) called Civility, Respect, and Engagement in the Workforce (CREW). The goal of CREW is to increase workplace civility as assessed by employee ratings of interpersonal climate in workgroups. Once endorsed by the VHA leadership and adopted by the leaders of particular VHA hospitals, CREW was conducted by local facility coordinators who were trained and supported by the VHA National Center for Organization Development. This article explains the conceptual and operational background of CREW and the approach used to implement the initiative, presents results from two CREW administrations with a total of 23 sites, and reports significant pre-intervention to post-intervention changes in civility at intervention sites as compared to no significant changes at comparison sites within each administration. It discusses these findings in the conceptual (theoretical) and operational (intervention evaluation) context of interventions targeting civility.*

## **Academic Research Presentations (Accepted or Presented)**

### **2015 Conferences**

Bologna, D.A., **Carameli, K.A.**, Furst-Holloway, S., Howe, S., Weiskircher, K., & Cominsky, C. (2015). *A Mixed-Methods Analysis of Engagement Driving Leadership Practices*. Paper presented at the annual national conference of the Academy of Management in Vancouver, British Columbia, August 2015.

*Recently, employee engagement has emerged as a topic of great interest to both practitioners and academics, likely due to its association with numerous positive individual and*

organizational outcomes. While these associations are informative, leaders require specific practices, which they may enact in order to maximize the engagement levels of their employees. Utilizing a mixed methods approach, this study investigates specific practices that may foster employee engagement. First, 32 key informant interviews were conducted across the U.S. Department of Veterans Affairs, Veterans Health Administrations (VHA) to understand what practices lead to a more engaged workforce. Seven categories of practices emerged, including modeling engagement, information sharing, acquiring resources, promoting psychological safety, employee recognition, building a team orientation, and taking a personal interest in employees. Second, these seven practices were quantitatively tested and validated on a sample of 183 VHA medical facilities. Using multi-source, all seven practices correlated significantly with engagement and its three subfactors (i.e. cognitive, physical, and emotional engagement), with the exception of acquiring resources and employee recognition with emotional engagement. Findings are discussed, along with practical and scientific implications, limitations, and directions for future research.

**Hernandez, W., Yanchus, N. J., Osatuke, K.** (2015). *Investigating a Burnout Taxonomy on the Relationship between the JD-R Model and Job Satisfaction*. Poster to be presented at the annual national convention of the American Psychological Association, Toronto, Canada, August 2015.

*The Job Demands-Resources model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) posits that burnout results from both an excess of job demands and a depletion of work resources. It is insufficient to have one or the other but rather it is a combination of the two situations that creates burnout. In this poster, burnout was conceptualized as three dimensions (emotional exhaustion: EE; depersonalization: DP; and personal accomplishment: PA) that combine into eight unique burnout profiles (Beckstrand & Osatuke, 2014). Participants (N=368,593; 60.8% Female) were Veterans Health Administration (VHA) employees across two years (2013-2014). Participants completed the VA All Employee Survey with the relationships between job satisfaction and job demands/work resources examined via linear regression and the slopes of the predictors of job satisfaction compared across burnout cluster groups. Many statistically significant differences were observed across burnout clusters, suggesting that job demands and work resources affect satisfaction very differently depending on the level or type of burnout currently experienced. The use of burnout clusters can help organizations, like VA, identify workgroups whose satisfaction levels may be more sensitive to fluctuations in job demands and work resources, and to better focus attention and resources to those workgroups most at risk.*

Furst-Holloway, S., **Carameli, K.A.**, Bologna, D.A., Weiskircher, K., Howe, S., Cominsky, C., **Moore, S.**, & **Ramsel, D.** (2015). *Veteran Retention in VA: Role of Occupation, Age, and Gender*. Paper presented at the annual national conference of the Society of Industrial and Organizational Psychology, Philadelphia, PA, April 2015.

*Since 2001, nearly 3 million men and women who have served in the U.S. military ended their service and returned to civilian life (Greengard, 2012). Despite a wide range of efforts from private and public sector organizations to hire more Veterans, the unemployment rate for this segment of the workforce remains high. The purpose of this study was to further explore factors relating to Veteran retention, paying particular attention to potential triggers for turnover. Using data from more than 200,000 employees in VA, we examined retention patterns for Veterans and nonveterans according to age, tenure, gender, and occupation. When stratified by workplace tenure, quit rates were higher for Veterans following initial onboarding and early tenure periods (0-4 years, 2-5% greater) compared to late tenure*

(10+years, 1% greater). *Survival analysis by occupation, gender, and Veteran status indicated two distinct patterns. In some occupations, gaps between male and female Veterans and nonveterans occurred in the first years of employment, suggesting issues with poor job fit. In other occupations, gaps did not develop until year 3 of employment or later, suggesting performance issues. Further analyses revealed that Veterans tend to receive lower performance ratings than nonveterans, to be promoted at slower rates, and to be terminated involuntarily. Findings suggest that issues of fit may exacerbate turnover for Veterans early in their employment while performance issues may manifest in the longer term.*

**Luthanen, A., Beckstrand, J., Yanchus, N.J., & Osatuke, K. (2015).** *Profiling Burnout: Implications for Researchers and Practitioners.* Poster accepted at the annual national conference of the Society of Industrial and Organizational Psychology, Philadelphia, PA, April 2015.

**Periard, D.A., Yanovsky, B.I., & Osatuke, K. (2015).** *Refining 360-Degree Feedback Measures: A Case Study.* Poster presented at the annual national conference of the Society of Industrial and Organizational Psychology, Philadelphia, PA, April 2015.

*This paper presents a methodology to evaluate the 360-degree feedback instrument used by the U.S. Department of Veterans Affairs. We conducted a three-part analysis for each set of raters: an item analysis using the Graded Response Model, established relationships between the 360-degree feedback instrument and the VA All Employee Survey, and examined the correlations of items within subscales and between subscales. A brief description of the results is given as well as recommendations for practitioners.*

**Peyton, E. J. & Osatuke, K. (2015).** *Psychological Safety Mediation of the Gender and Employee Development Relationship.* Poster presented at the annual national conference of the Society of Industrial and Organizational Psychology, Philadelphia, PA, April 2015.  
*Medical errors account for about 210,000 to 400,000 deaths per year in the United States (James, 2013). The more information staff have, the higher quality care they provide to patients (Preuss, 2003). Research finds that female employees have fewer development opportunities than male employees (Allen, Eby, Poteet et al., 2004). In addition, women tend to feel less comfortable speaking up than men (Detert & Burris, 2007; LePine & Van Dyne, 1998). This poster examined psychological safety (PS) as a mechanism that underlies gender differences in employee development levels in the Veterans Health Administration (VHA), where women constitute 61% of the VHA workforce. Data came from the 2013 U.S. Department of Veteran Affairs (VA) All Employee Survey using a random selection of 1000 workgroups across VHA medical facilities for a final sample of 13,085 VHA employees from 140 medical facilities. Employee perceptions of development opportunities (Employee Development) and willingness to raise tough issues (Psychological Safety) were assessed by gender, as controlled by occupation and supervisory status. Psychological safety significantly mediated the relationship between gender and employee development. This finding informs researchers seeking psychological underpinnings for demographic group differences that differences between genders do exist in the workplace, specifically, VHA. Our study provides support for an underlying mechanism that helps to explain these differences.*

**Shoda, E.A., & Osatuke, K. (2015).** *An Examination of the Prevalence and Patterns of Burnout among Critical Occupations in VHA.* Paper presented at the annual national conference of the Association for Psychological Science in New York, NY, May 2015.

*We compared burnout scores for doctors and nurses at the U.S. Department of Veterans Affairs (VA) using burnout measurements. Burnout was evaluated by occupational differences,*

examining whether VA-based results were consistent with findings in non-VA healthcare settings. Data came from the VA 2013 All Employee Survey (AES); specifically, VHA frontline employees with no supervisory responsibilities ( $n = 124,706$ ). In addition, this group was segmented by occupation for physicians ( $n=3,664$ ), nurses ( $n=25,614$ ), and administrative personnel working in clinical settings ( $n=2,906$ ). Burnout was measured in the AES by three items, each representing one of the three subscales of the Maslach Burnout Inventory (MBI-HSS): Emotional Exhaustion (EE - "I feel burned out from my work."), Depersonalization (DP - "I worry that this job is hardening me emotionally."), and Personal Achievement (PA - "I have accomplished many worthwhile things in this job."). Independent sample *t*-tests were used to examine differences between demographic categories (gender and race) and the three burnout items. Significant differences in burnout were found between genders, races, and occupations. Individuals identifying as a race other than white consistently reported lower personal accomplishment experiences. These results may inform the development of burnout reduction strategies aimed at particular workforce populations (i.e. physicians, nurses, administrative personnel) working in VA healthcare settings.

## **2014 Conferences**

**Beckstrand, J., & Osatuke, K.** (2014). *Using Statistical Exploratory Graphical Analyses to Quickly Determine the Effect of Reducing the Number of Items in a Questionnaire Sub Scale*. Poster presented at the annual national conference of the American Association for Public Opinion Research (AAPOR) in Anaheim, CA, May 2014.

*The purpose of this paper is to demonstrate how Statistical Exploratory Graphic Analyses can be used in existing and archival data to determine whether items might be dropped from an employee perceptions questionnaire without producing "clinically significant" changes to the previous stability and comparability of scores. The process is illustrated using the Civility Scale from the Veterans Affairs "All Employee Survey" (AES), which was reduced in 2013 from eight to four items. Findings suggest that graphical statistical exploration provides a new method for discovering important relationships among items useful for improving employee measures.*

**Cochran, J., Draime, J., Day, J.R., Thorn, I.M., & Ramsel, D.** (2014). *The Joy of Conflict: Embracing Discord to Improve Team Performance*. Presentation for the Society of Psychologists in Management Conference in New Orleans, LA, February 2014.

*In most organizations, workplace conflict is perceived negatively as something to be avoided and/or eliminated. In the Veterans Health Administration, a paradigm shift is being attempted to perceive conflict as something to embrace and purposefully orchestrate in order to achieve better outcomes for the organization. This is the basis of Constructive Conflict – "Pursuing greater good through respectful disagreement." Although skills in conflict management and resolution are crucial, the goal is to help our executives, supervisors, and employees productively engage in and use conflict in proactive, strategic ways. In the literature, little is written about the benefits of intentionally engaging in constructive conflict. We intend to change this in our VHA organization by harnessing the power of constructive conflict.*

**Cochran, J., Osatuke, K., & Teclaw, R.** (2014). *A Method of Determining the Typology of Surveyed Employee Groups*. Presentation for the Annual Federal Computer Assisted Survey Information Collection (FedCASIC) Workshops in Washington, D.C., March 2014.

*The Department of Veterans Affairs (VA) All Employee Survey (AES) is a yearly census of employees' job satisfaction. To maintain employee confidentiality, reported results are*

*aggregated by workgroups, or small organizational units, which are created ('mapped') differently at each VA site. This process poses questions regarding the best ways to summarize results across different types of workgroups. This study aimed to examine the mapping logic and its impact on AES results. Five key dimensions of mapping logic, consistent with workgroup demographics, were found. This presentation will be useful for institutions interested in using location-customized methods of reporting aggregate survey results.*

Furst-Holloway, S., **Carameli, K.**, Howe, S., Bologna, D., Carle, A., **Moore, S., & Ramsel, D.** (2014). *Understanding the Veteran Employment Experience: Lessons from the Veterans Administration*. Poster presented at the annual national conference of the Society for Industrial and Organizational Psychology in Honolulu, HI, May 2014.

*This paper explores differences between Veteran and non-Veteran experiences in the VA federal employee workplace. Results show that Veterans differ from non-Veterans in their reasons for joining the VA, in their perceptions of work, and in the timing and reasons for turnover. Since 2001, nearly 3 million men and women who have served in the U.S. military ended their service and returned to civilian life. These returning Veterans seek to re-enter the workforce by translating their military skills and experiences into the public and private civilian sectors. This paper explores differences between Veteran and non-Veteran experiences in the VA federal employee workplace. Findings show that Veterans differ from non-Veterans in their reasons for joining the VA, in their perceptions of work, and in the timing and reasons for turnover. Implications for research and practice are discussed.*

**Hernandez, W., Luthanen, A., Osatuke, K., & Ramsel, D.** (2014). *The Mediating Effect of Self-Awareness on Supervisor Burnout and Workgroup Climate*. Poster presented at the annual national conference of the Association for Psychological Science in San Francisco, CA, May 2014.

*Supervisors with high self-awareness are more able to self-regulate and more likely to reorganize resources in order to cope with burnout, thus alleviating negative effects on workgroup climate. Supervisor burnout was found to be significantly related to subordinate workgroup perceptions of civility and psychological safety only when considering managerial self-awareness.*

**Hernandez, W., Osatuke, K., & Ramsel, D.** (2014). *Factorial Validity and Measurement Invariance of the MBI-HSS across Occupations*. Poster presented at the annual national convention of the American Psychological Association in Washington, DC, August 2014.

*It is not always feasible for many organizations to employ multiple scales to measure single constructs. As such, it is important to determine whether a single scale appropriately measures a respective construct within an employee population. The Maslach Burnout Inventory is the most common scale used to measure burnout in employees and has been adapted into three separate versions. For an organization such as the Veteran's Health Administration, employing predominately healthcare workers, it is logical to employ the Health Services version of the MBI to the overall employee population. The MBI-HSS was found to be invariant across the medical and nursing professions, whereas differences in interpretation of individual items were found for social workers. Modifications to the hypothesized model were required for the business office and human resources occupations.*

**Hernandez, W., Yanovsky, B., & Osatuke, K.** (2014). *Relationships between Supervisors' Burnout and Subordinates' Perceptions of Workplace Civility*. In M. Gloria González Morales

(Moderator), *Novel Approaches to the Study of Workplace Incivility and Victimization*. Podium paper presented at the annual national conference of the Society for Industrial and Organizational Psychology in Honolulu, HI, May 2014.

*Using 360-degree supervisor assessment data and employee perceptions survey data (AES) from the Veterans Health Administration (VHA), the relationships were examined between workgroup supervisors' burnout levels and their supervised employees' perceptions of civil workplace. The effects of supervisor burnout on workplace civility were assessed using hierarchical regression analyses. Findings suggest a connection between leaders' personal, emotional stances towards people—i.e. lack of interpersonal connection—and the led groups' perceptions of interactional culture at work. These findings imply that interpersonal stances leaders take at work are not private, but rather “spill over” (c.f. Carameli et al, 2012) into the shared environment, much like healthcare providers' interpersonal stances “spill over” and affect patients (Furst-Holloway et al, 2013). Leaders and organizations should recognize “public” implications of depersonalization and exert conscious efforts of counteracting the negative “spill over” through preventive and remedial measures.*

**Luthanen, A., Hernandez, W., & Osatuke, K.** (2014). *The Mediating Effect of Self-Awareness on Supervisor Burnout and Performance*. Poster presented at the annual national convention of the American Psychological Association, Washington DC, August 2014.

*Individuals higher in self-awareness are likely more able to self-regulate and more likely to reorganize resources in order to cope with workplace stressors contributing to burnout. Supervisor self-awareness was hypothesized to act as a mediator between burnout and performance, which was operationalized as subordinates' ratings of direct supervision, supervisory support, work/life balance, and subordinates' turnover intentions. Data came from 5,042 VHA employees (2008-2012, VA All Employee Survey) at the workgroup level and from 360-feedback assessments of matched workgroup managers/supervisors. Relationships between burnout and workgroup perceptions were tested using structural equation modeling. Supervisor burnout was indirectly and significantly related to all workgroup perceptions, suggesting a significant mediating effect of self-awareness. Results show that supervisors experiencing a decreased sense of personal accomplishment or higher levels of depersonalization, but with high self-awareness, have workgroups with higher satisfaction of their supervisor than do supervisors with low or moderate self-awareness.*

**Shoda, E.A., Yanchus, N.J., Derickson, R., & Osatuke, K.** (2014). *Using Big Data to Inform Organizational Change within VA*. Presentation at the annual national conference of the Association for Psychological Science in San Francisco, CA, May 2014.

*Differences in organizational climate perceptions (quantitative metrics) were assessed across VHA employee survey respondents who used the word “improvement” in free text responses (qualitative metrics). Differences on several quantitative subscales, such as Civility and Psychological Safety, were observed, and these differences were dependent on the context in which respondents discussed their qualitative free text “improvements”. Respondents whose context represented a need for specific improvements had the lowest overall subscale means. Those who referenced specific improvements they observed had more moderate subscale scores, while those who mentioned improvement in a general positive context had the highest subscale means. Findings suggest that while qualitative free responses are often an underutilized data source for decision-makers, they can provide a wealth of information about employee behaviors and attitudes.*

## 2013 Conferences

**Beckstrand, J., Crowe, E., Carameli, K., & Osatuke, K.** (2013). *Healthcare Employee Surveys: Reporting Methods that Improve Quality of Services*. Poster presented at the AcademyHealth annual research meeting in Baltimore, MD, June 2013.

*In data-driven healthcare systems, the ultimate goal of sharing information is to effectively support improvements in costs and quality of services. Towards these ends, data must be delivered in a form well fitted to its appropriate use (Harris, 1999). Visual displays are often superior in communicating complex information contained in data. While healthcare employee survey data have proven their relevance to optimizing healthcare organization outcomes (e.g. Benzer et al., 2011; Osatuke et al., 2009; Warren et al., 2007), optimal methods of summarizing survey results have not been studied. Using Veterans Health Administration All Employee Survey (VHA AES) and three additional public data sources, we applied several known strategies (Friel, et al., 2001; Lane, & Sandor, 2009; Peebles, 2008; Shah & Hoeffner, 2002; Tufte, 1983, 1990) to construct alternative displays that, by our criteria, made relevant trends visually more salient for their intended purposes (health care system improvement). Alternative graphs require greater investment, both in data analysis and in optimal graphical representations, but provide better information and reduce time required for comprehension.*

**Crowe, E., Teclaw, R., Beckstrand, J., & Osatuke, K.** (2013). *Measuring Burnout and its Effects within Veterans Health Administration*. Poster presented at the AcademyHealth annual research meeting in Baltimore, MD, June 2013.

*Since employees are the main vehicle of care delivery, beyond personal costs to employees, burnout impacts patient care and satisfaction (Garman, Corrigan, & Morris, 2002), thus ultimately affecting the quality of services. Veterans Health Administration (VHA) is committed to improving its employees' work lives and providing excellent patient care. VHA measured burnout in its confidential census survey to gauge its incidence and correlates. This study presents results of this pilot assessment. We applied exploratory analyses to data from the 2012 All Employee Survey (AES), VHA census of workplace perceptions and job satisfaction (N=173,413; 63.4% participation). The piloted burnout measure asked respondents to select their ratings from 1=I enjoy my work, I have no symptoms of burnout to 5=I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help. Findings: Burnout is not evenly distributed among hospital staff. Paradoxically, younger employees are more likely to be burned out, but employees with less tenure in the organization are less likely to be so. Although burnout is statistically significantly associated with many specific workplace perceptions the AES measured, only a few items showed strong relationships: amount of work, working conditions, speed of work, overall satisfaction, and employee perceptions of whether VA cares about their satisfaction. These findings point to specific aspects of healthcare workplace that need to be monitored and proactively addressed to prevent burnout. We also identify demographic and occupational groups particularly vulnerable to burnout. These results directly inform workforce support initiatives in healthcare organizations.*

**Derickson, R., Fishman, J., Beckstrand, J., & Osatuke, O.** (2013). *Psychological Safety Assessment within Veterans Health Administration Hospitals*. Poster presented at the AcademyHealth annual research meeting in Baltimore, MD, June 2013.

*In psychologically safe workplaces, employees feel comfortable taking interpersonal risks without fear of retaliation (Edmondson, 2002). Systematically supporting this climate optimizes clinical and operational outcomes (Edmondson, 1996; 1999). Race and supervisory level can*

*shape healthcare employee perceptions of workplace climate (DesRoches et al., 2010; Nembhard & Edmondson, 2006). Using mixed-method approach to Veterans Health Administration (VHA) data, we investigated relationships between psychological safety, race, and supervisory level. Race explained little variance in psychological safety, suggesting VA employees are not experiencing racially-dependent influences on psychological safety. The supervisory level results corroborated previous findings; psychological safety increases with power (Nembhard & Edmondson, 2006). Interview analyses suggested that some employees openly reveal they would not report an error; i.e. social desirability did not induce respondents to claim otherwise. Our mixed-method results linked psychological safety climate and intended behaviors of healthcare employees. Creating psychologically safe workplaces may facilitate error reporting, thereby lowering the operational and clinical costs of errors and improving patient outcomes.*

**K. Osatuke (2013).** *Connecting Employee Workplace Perceptions to Social-Environmental Workplace Determinants.* Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in Houston, TX, April 2013.

*Organizational health behavior change is often singularly directed to individual-level adjustments in attitudes, skills, or policy, rather than mutual responsibility individual and environmental changes. This symposium illustrates interplay between personal and environmental influences in shaping workplace climate and employee attitudes as well as their implications for patient healthcare perceptions.*

- (1) Furst-Holloway, S., **Carameli, K.A.**, Carle, A.C., Brown, A.B., Howe, S.R., Cominsky, C., **Moore, S.C.**, & **Dyrenforth, S.R.** (2013). The spillover effects of workplace-patient civility in VHA healthcare. In **K. Osatuke** (Moderator), *Connecting Employee Workplace Perceptions to Social-Environmental Workplace Determinants.* Podium paper presented at the annual national conference of the Society for Industrial and Organizational Psychology in Houston, TX, April 2013.

*This study examines the environment-to-individual effect of workplace civility as it trickles down to impact nurses' and doctors' perceptions of civility, and then the subsequent impact of this clinical provider civility on patient care perceptions of receiving civil treatment. In healthcare, employees (i.e., providers) and patients are exposed to a shared environment, where the effects of one group (e.g., employees) may logically "spillover" and impact the other (e.g., patients). Research suggests that positive patient experiences tend to emerge in work environments in which care providers also report more positive experiences. This study used hierarchical linear models to predict provider-patient experiences around workplace civility between clinical healthcare providers (i.e., physicians, nurses) and Veteran inpatients within VHA medical facilities. Results lend support to a "spillover" effect, where Veteran inpatient perceptions of receiving civil treatment from their care providers were significantly greater in VHA facilities where nurses and physicians also reported higher levels of overall civility. The findings suggest that healthcare environments, where clinical staff engage in "civil" workplace behaviors, also experience improved patient care experiences by creating care environments where patients are treated with courtesy and respect.*

- (2) **Yanovsky, B.I.**, **Crowe, E.A.**, & **Osatuke, K.** (2013). Rating discrepancies: Effects on turnover and supervisory support perceptions. In **K. Osatuke** (Moderator), *Connecting Employee Workplace Perceptions to Social-Environmental Workplace Determinants.* Podium paper presented at the annual national conference of the Society for Industrial and Organizational Psychology in Houston, TX, April 2013.

*This study examines the individual-to-environment effect through supervisory behavior; specifically, the impact of differences in self-other rating agreement (SOA, i.e., gaps between supervisors' self-ratings and those from their peers) from individual supervisor performance assessments on broader workgroup outcome measures (e.g., civility, psychological safety, turnover—as rated by employees in supervised groups). Research has shown that supervisor performance changes as a result of the discrepancies between their ratings and those of their subordinates and that feedback on these rating differences leads to positive changes in employee attitudes. This study extends the existing literature by investigating the effects of SOA for individual supervisors on the supervised workgroups' outcomes. Examining independently collected outcome data from supervised groups in parallel with 360 feedback data for supervisors represents an untypical feature given the general lack of availability of such data, and thus constitutes a methodological asset of this study. Findings demonstrate that the greater disparity between supervisors' self-believed performance and their actual performance as rated by their peers, the worse the workgroup is in terms of turnover intentions and supervisory support climate. These results have very practical implications for organizations; they underscore that organizations must work at fostering a shared perspective between supervisors and subordinates both on the importance of interpersonal climate and on its specific characterization in given workgroups.*

- (3) **Ohler, L.A., Crowe, E.A., & Teclaw, R.** (2013). Work-related injury: Impact on nurses' turnover and turnover intentions. In **K. Osatuke** (Moderator), *Connecting Employee Workplace Perceptions to Social-Environmental Workplace Determinants*. Podium paper presented at the annual national conference of the Society for Industrial and Organizational Psychology in Houston, TX, April 2013.

*This study offers a comparative analysis of the environment-to-individual impact of workload, staffing, and teamwork relationships between various nursing workgroups within VHA. In the literature, imbalanced workload distributions and insufficient staffing levels of nurses are associated with increased medical errors, more negative patient health outcomes, and diminished team effort. This combination of overworked and understaffed nursing units impedes team unity and ultimately the quality of patient care. In fact, the Institute of Medicine cites clinical "teamwork" as a crucial healthcare component contributing to improved patient trust and satisfaction with care services, and fewer medical errors. This study examines the correlations between workload, staffing, and teamwork when these concepts are defined as "strengths" or "challenges". Data come from facility-level workplace assessments (30-minute interviews, N =217) conducted with nursing units within VHA medical facilities. Results indicate that nurses perceive less unit teamwork when workload is perceived as a weakness, and greater unit teamwork when workload is identified as a strength. Findings suggest that nursing workload levels affect nurses' ability to engage in teamwork behaviors, and that the work-demands per nurse can influence the overall cohesion of the group thereby affecting the climate in healthcare delivery workplaces. As nursing teamwork becomes a workplace strength, it provides a protective factor through improved group cohesion, which ultimately has positive effects on the quality of care experienced by patients.*

- K. Osatuke** (2013). *Workplace Civility: Longitudinal Relationships, Employee Perspectives, and Intervention Practices*. Symposium presented at the annual national convention of the American Psychological Association in Honolulu, HI, July/August 2013.

*Workplace climate and specifically civility have been shown to impact organizational and healthcare outcomes. This symposium presents several perspectives on examining civility-related data, including multilevel modeling of longitudinal relationships between workplace climate aspects; employees' versus supervisors' perceptions of interpersonal behaviors; and*

*process and outcome aspects of an intervention promoting civility. The following papers will be presented in this symposium.*

- (1) Brown., A.B., Holloway, S., Howe, S.R., Carle, A.C., Langmeyer, D., **Moore, S.C., & Dyrenforth, S.R.** (2013). Civility, job satisfaction, and intention to quit. In **K. Osatuke** (Moderator), *Workplace Civility: Longitudinal Relationships, Employee Perspectives, and Intervention Practices*. Podium paper presented at the annual national convention of the American Psychological Association in Honolulu, HI, July /August 2013.

*This study examines longitudinal patterns in perceptions of workgroup civility using two leading indicators of employee turnover, associated with substantial operational costs to organizations: job satisfaction and intention to quit. These three variables are assessed through an application of cross-lagged models over 3 years of data adjusting for multilevel relationships in order to examine workplace climate variables and the directionality of their effects. The sample includes 85,000 VHA employees from nearly 6000 workgroups per year, within 160 separate organizations. The findings suggest a greater importance of workplace civility in influencing employees' job satisfaction from one year to the next, than of the inverse relationship (i.e. job satisfaction influencing civility climate). Civility was also found to be a stronger predictor of employees' intentions to quit than the converse. These conclusions inform the potential strategy and focus of organizational interventions aimed at promoting positive climate and reducing employee turnover.*

- (2) Leiter, M.P., & Day, A. (2013). Contrast of self and follower ratings of first line managers' leadership. In **K. Osatuke** (Moderator), *Workplace Civility: Longitudinal Relationships, Employee Perspectives, and Intervention Practices*. Podium paper presented at the annual national convention of the American Psychological Association in Honolulu, HI, July/August 2013.

*This is a study of health care providers in eastern Canada, who completed survey-based workplace assessment of quality of social interactions specifically including incivility and civility (the latter assessment used the VHA civility scale). This study examines the extent to which supervised employee ratings of first line managers' leadership behaviors reflected the influence of raters' professional efficacy perceptions as well as influence of their social-interpersonal environment (coworkers' incivility, supervisors' incivility, workgroup civility, and psychological safety). The findings demonstrate that whereas managers' own self-ratings were predicted by efficacy perceptions only, employee ratings of managers also reflected perceptions of supervisor incivility, coworkers' incivility, workgroup civility, and psychological safety. Furthermore, the interpersonal climate aspects demonstrated stronger relationships to perceptions of managers than the professional efficacy aspects did. In addition to underscoring the influence of interpersonal climate perceptions on employee assessment of their leaders, these results reveal a potentially problematic disparity in perspectives: non-supervisory versus supervisory employees in healthcare may not attribute the same level of importance to the interpersonal climate. Addressing this difference may suggest a promising direction of leadership development and point to low-cost, effective strategies of improving on-the-job communications and employee satisfaction with their leaders.*

- (3) **Osatuke, K., & Judkins, S.** (2013). Intervention promoting civility: Facilitators' process perceptions in relation to outcome. In **K. Osatuke** (Moderator), *Workplace Civility: Longitudinal Relationships, Employee Perspectives, and Intervention Practices*. Podium paper presented at the annual national convention of the American Psychological Association in Honolulu, HI, July/August 2013.

*This study examines process-outcome relationships in an organizational intervention called CREW (Civility, Respect, and Engagement in the Workplace), designed within VHA to promote positive workplace climate. Data reflect the facilitators' perspective on the intervention process and were collected longitudinally (monthly) across 66 CREW groups in VHA in 2011. The results align with the expectation that within an interpersonally grounded intervention, participants' subjective perceptions of programmatic impact show a stronger relationship to independently measured outcomes than their ratings of more specific and narrow (i.e. more objectified) intervention process elements. This is consistent with psychotherapy research revealing patient-interventionist alliance as the strongest predictor of outcome and mediator of most, if not all, influences from specific intervention elements (a.k.a. intervention ingredients). Given the intentional unpredictability (flexibility, adaptability) of CREW intervention processes, our findings offer an informative direction for inquiry into process-outcome relationships within interpersonally grounded organizational interventions, i.e. programs based on moment-to-moment responsiveness to participants' unique and changing needs.*

**Yanovsky, B., Osatuke, O., Beckstrand, J., & Ramsel, D. (2013).** *Leadership Teams and their Effects on Employee Attitudes.* Podium paper presented at the AcademyHealth annual research meeting in Baltimore, MD, June 2013.

*Characteristics of leaders and effective teams are both well documented, however the characteristics of effective leadership teams are less known. Although leadership within small teams has been studied (Stewart & Manz, 1995; Zaccaro, Rittman, & Marks, 2001), leadership teams have received surprisingly little attention. We examined leadership teams within Veterans Health Administration (VHA). Applying the behavioral leadership theory (Stogdill, 1974), we studied whether characteristics of effective leaders explicate the effectiveness of top leadership teams (TMTs). TMTs from 162 VHA hospitals completed an Executive Team Assessment (ETA) survey in summer 2011. Workplace perceptions and satisfaction of hospital employees were assessed through the All Employee Survey (AES), an annual voluntary VHA census of spring 2011. Exploratory Factor Analysis (EFA) procedures were conducted on both instruments. Relationships between TMT behavior and workplace perception were examined through correlational and multivariate multiple regression analyses.*

## **2012 Conferences**

Benzer, J.K., Young, G., Stolzmann, K., **Osatuke, K.**, Meterko, M., Caso, A., White, B., & Mohr, D.C. (2012). *Relationships between Organizational Climate and Diabetes Quality of Care.* Poster presented at the AcademyHealth annual research meeting in Orlando, FL, June 2012.

*This study tested the utility of a two dimensional model of organizational climate for explaining variation in diabetes care between primary care clinics. In VA primary care teams, organizational climate is positively associated with diabetes quality of care. Data came from two independent data samples (2007 data): VA All Employee Survey and the External Peer Review Program (EPRP), which assesses clinical practices using patient chart data. The sample included 233 VHA primary care clinics and 4,539 patients (average of 30 employee respondents per clinic). Findings indicate that "relational climate" employee ratings were associated with all patient diabetes process measures and both blood pressure and cholesterol control (e.g., with likelihoods of patients receiving annual foot inspections, HbA1c tests, and maintaining blood pressure at recommended levels). Comparatively, "task climate" employee ratings were not significantly associated with patient diabetes quality of care, but the results did support a negative relationship with the receipt of HbA1c exams and blood pressure control. Findings illustrate that workplace relational climate was shown to be a robust predictor of diabetes quality of care across five of the six diabetes quality of care*

measures, and that the social healthcare environment can be linked to guideline-based medical care for specific chronic conditions.

**Carameli, K.,** Brown, A., Furst-Holloway, S., Cominsky, C., **Moore, S.,** Carle, A., Howe, S., **Osatuke, K., & Dyrenforth, S.** (2012). *Monetizing Civility in the U.S. Department of Veterans Affairs.* Podium paper presented at the AcademyHealth annual research meeting in Orlando, FL, June 2012.

*Workplace civility encompasses courteous and considerate employee behaviors evidenced by coworkers' mutual respect toward each other, cooperation, fair resolution of conflicts, and valuing individual differences. Still, to motivate healthcare leaders to invest in organizational civility initiatives, financial and strategic business case models are needed. This study examined the impact of workplace civility on organizational outcomes and costs in the U.S. Department of Veterans Affairs (VA). Archival data (2010) was matched at the facility level from the VA All Employee Survey (AES) and other VA datasets tracking employee sick leave usage, EEO complaint activity, patient care experiences, and compensation and pension claims processing. Findings suggest that in VA, progressively greater civility results in progressively positive organizational changes. Specifically, as workplace civility increases, facilities experience significantly greater employee job satisfaction, satisfaction with supervisors/leaders, patient satisfaction with quality of care, and faster claims processing times, and significantly lower sick leave usage, turnover intentions, and EEO complaints. In financial terms, shifting lower-civility facilities to the next higher-civility quartile can incur substantial cost savings, such as 2.5 million from fewer EEO complaints and 16.5 million in retained worker productivity (i.e., fewer sick leave absences). This study highlights the organizational and financial benefits of investing in workplace civility; particularly within a large federal organization.*

**Carameli, K.,** Carle, A., Furst-Holloway, S., **Moore, S.,** Brown, A., Cominsky, C., Howe, S., **Osatuke, K., & Dyrenforth, S.** (2012). *Connecting Veterans' Access to Care, Employee Attitudes, and the Work Environment in the Veterans Health Administration.* Podium paper presented at the AcademyHealth annual research meeting in Orlando, FL, June 2012.

*In healthcare, employee attitudes and workplace climate likely "spillover" to affect patient care experiences. This study explored the relationships between patient access to care, employee attitudes, and high-performing healthcare environments. The study used cross-sectional archival data (2009-2010) collected from the Veterans Affairs (VA) All Employee Survey (AES) and the VHA Survey of Healthcare Experiences of Patients (SHEP)/Consumer Assessment of Healthcare Providers and Systems (CAHPS). Data were matched at the facility level. Findings indicate that most (>80% ) Veteran outpatients report 'usually' or 'always' having access to care when needed, although females and minority Veterans perceived less access to care. Access to care is higher in VHA facilities characterized by lower employee turnover intentions and job demands, and higher employee job satisfaction, satisfaction with supervisors, job control, and access to resources. Likewise, VHA work environments that are innovative and entrepreneurial, but also bureaucratic facilitate greater access to care. As these findings suggest, in healthcare, employees and patients share interconnected environments, where the effects of the employee workplace likely "spillover" to impact patient experiences. This study found that healthy, high-performing VHA employee environments predicted improved Veteran patient perceived access to care.*

**Derickson, R., Brassell, T., & Osatuke, K.** (2012). *The Effect of Turnover Intentions on Patients' Satisfaction with Care.* Poster presented at the AcademyHealth annual research meeting in Orlando, FL, June 2012.

VHA is committed to providing patients with quality healthcare, as well as satisfying healthcare experiences. This study examined factors that potentially influence patients' perceptions of care, specifically, the relationship of both nurse-specific and unit-level turnover intentions with patients' perceptions of care and overall hospital experience. Data came from two independent VA datasets (2010 data): VA All Employee Survey, specifically medical/surgical nurse attitudes and the Survey of Healthcare Experiences of Patients, specifically Veteran inpatient perceptions of care. Findings show that nurses' turnover intentions significantly predicted patients' reports of: nurses listening carefully to the patient, showing respect for what the patient had to say, treating the patient with courtesy and respect, and the perception that nurses cared about the patient as a person. Nurses' turnover intentions also significantly predicted patients' likelihood of recommending VHA to others and patients' overall care satisfaction. Our findings demonstrate that employees' turnover intentions tangibly affect patient perceptions of care, likely through patient-employee interactions. Ensuring that medical/clinical staff are satisfied and intend to stay with VA can positively impact inpatient care experiences in VHA.

**Fishman, J., Brassell, T., Osatuke, K., & Dyrenforth, S.** (2012). *Workplace Mass Media Coverage and Employee Psychological Safety*. Poster presented at the AcademyHealth annual research meeting in Orlando, FL, June 2012.

Mass media plays an important, complex role in shaping public healthcare perceptions and contributes to employees' attitudes of organizational identification. This study explores the impact of VHA mass media coverage on VHA employees' psychological safety. Data came from two independent sources (2008 data) matched at the facility level across 140 VHA Medical centers: media coverage reports and the VA All Employee Survey (i.e., psychological safety). Media coverage data included six months of articles coded by evaluative tone (neutral, positive, or negative portrayals) and source (perspective attributed to an "insider," e.g., VHA employee or patient, or "outsider," e.g., congressperson or community member). Findings illustrate that positive media coverage of a VHA facility predicted higher psychological safety scores at that facility, while negative coverage predicted lower scores. In addition, positive and negative coverage from "insider" sources predicted higher and lower, respectively, psychological safety scores, while only negative coverage from "outsider" sources significantly predicted psychological safety. These findings contribute new understanding on the role of mass media in influencing employee workplace perceptions and may prompt new conceptual frameworks on how media coverage affects patient safety practices that are directly influenced by health care employees' psychological safety.

**Leiter, M.P., Laschinger, H.K.S., & Osatuke, K.** (2012). *Leadership as Integral to Improved Workplace Civility*. Poster presented at the AcademyHealth annual research meeting in Orlando, FL, June 2012.

This study analyzed an intervention to improve workplace civility by examining employees' evaluation of first line leadership and management in general before and after the intervention. The intervention was that Civility, Respect, and Engagement in the Workplace (CREW) initiative designed by the Veterans Health Administration (VHA) National Center for Organization Development (NCOD) to enhance civility among colleagues within the US Department of Veterans Affairs (VA). For this study, the intervention was implemented within the Canadian healthcare system. Using a quasi-experimental design with treatment groups and control groups health care providers in five Canadian hospitals completed surveys assessing a variety of constructs including supervisor incivility, supervisor support and management trust at two times (Time 1, N=949; Time 2, N=674). Participants from eight hospital units participated in CREW modeled directly on the VHA program. Another 25 units

were control units that participated in a variety of other programs occurring at the five hospitals in the study (N=691 at Time 1; N=495 at Time 2). Consistent with expectations, CREW Canada groups experienced significant improvements in employee attitudes towards supervisor incivility, supervisor support, and management trust. The intervention was effective, improving collegial and supervisor relationships in the treatment groups in contrast to steady state in the control groups.

**Moore, S.C., Yanchus, N.J., & Osatuke, K.** (2012). *Predictors of VHA Workplace Engagement among Administrative and Clinical Samples*. Poster presented at the AcademyHealth annual research meeting in Orlando, FL, June 2012.

*Work in healthcare settings is demanding, with burnout being a frequent occupational outcome (Deckard, Meterko, Field, 1994; Greenglass, Burke, Fiksenbaum, 2001; Wright, Banas, Besserabova, Bernard, 2010). Following two concurrent wars, an increase in the number of Veterans with serious or multiple injuries (e.g., spinal cord injury, traumatic brain injury) creates greater workload demand within Veterans Health Administration (VHA), increasing the potential burnout. Workplace engagement serves as an antipode to job burnout (Leiter, Bakker, 2010). Understanding what factors engage the VHA workforce therefore becomes critical. Data came from 79,635 VHA employees participating in the 2011 VA All Employee Survey (AES). Results from multi-level modeling showed that managers' goal setting behavior, coworker support, psychological safety and innovation were stronger predictors of employee engagement than type of service provided (administrative or clinical) or satisfaction with direct supervision. In the context of the challenging environment of healthcare delivery, findings suggest that VHA employee work engagement is positively related to psychological safety, opportunities for innovation, leader goal setting behavior, and the ability to rely on coworkers for assistance. Employees who are comfortable bringing up problems and taking risks without fear of repercussions, experience an environment of creativity, have proactive supervisors, and are able to depend on their coworkers are more engaged in their work.*

**Osatuke, K.** *Predictors of Turnover Intentions*. Symposium accepted at the annual national conference of the Society for Industrial and Organizational Psychology in San Diego, CA, April 2012.

*This symposium addresses employee turnover. Employee turnover is undesirable in any organization. It is especially so in healthcare settings where it not only affects the bottom line but can potentially endanger patients. Keeping turnovers low depends on knowing why employees choose to leave. This symposium explores several approaches to identifying predictors of turnover intentions. The following papers will be presented in this symposium.*

- (1) **Yanchus, N.J., Brassell, T., & Osatuke, K.** (2012). Predictors of turnover intentions in VA mental health workers: An examination of psychiatrists, psychologists, social workers, and nurses. In **K. Osatuke** (Moderator), *Predictors of Turnover Intentions*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in San Diego, CA, April 2012.

*As our U.S. Veterans return from two wars and continue to experience increasing mental health issues, the ability of mental health staff to meet these growing needs has raised concern about the effect of excess work demand and job strain on staff turnover (Rosenheck and Fontana, 2007), particularly within the U.S. Veterans Health Administration (VHA). Although much of the previous work on mental health staff turnover has focused on social workers, this paper examined a broader mental health workforce (psychologists, psychiatrists, social workers, and nurses) specifically within VHA and the predictors of their turnover*

*intentions. Data came from the 2010 VA All Employee Survey (N=11,726 VHA mental health staff). Results across all VHA mental health staff show turnover intentions as significantly predicted by overall job satisfaction, other job satisfaction elements (e.g., praise, promotion opportunities, type of work), workplace civility, supervisor support, and perceived organizational support. Findings can help develop and implement organizational interventions that improve work environments for VHA mental health employees.*

- (2) Tenbrink, A. N., Weinhardt, J.M., & Griffeth (2012). The influence of burnout and shocks on turnover intentions. In **K. Osatuke** (Moderator), *Predictors of Turnover Intentions*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in San Diego, CA, April 2012.

*Although it may appear logical to think that intention to quit results from accumulating job dissatisfaction, several studies have shown that a critical event (shock) can lead to the decision to leave (e.g., Lee and Mitchell (1994)). The current study applied the newly developed Turnover Events Shocks Scale (TESS) to determine the effect of shocks on nurse turnover intentions and the role of burnout in moderating this relationship. Participants were 960 registered nurses from a large Midwestern city who completed surveys via the hospital's computer network. Results show that the interaction between emotional exhaustion and shocks is significantly moderated by burnout, and that shocks have a stronger effect on individuals already experiencing burnout. Organizations can use these findings to develop interventions to minimize workplace burnout before workplace shocks push staff, such as nurses, to the threshold of intending to quit.*

- (3) Kwantes, C.T., & Arbour, S. (2012). Work-related injury: Impact on nurses' turnover and turnover intentions. In **K. Osatuke** (Moderator), *Predictors of Turnover Intentions*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in San Diego, CA, April 2012.

*Nurses face a variety of occupational hazards that place them at an increased risk for experiencing an injury while on the job. This study's authors found in their previous research (Arbour and Kwantes, 2008) that work-related injuries affect nurses' job attitudes. Based on these findings, the authors hypothesized that one's previous work-related injuries might lead to different factors affecting turnover intentions, as well as a differential effect of work-related injury on turnover behaviors as opposed to intentions. Data came from 232 Canadian nurses who completed an online survey designed to assess a variety of work-related variables, including how often the nurse had experienced a work-related injury. Results indicate that for nurses who had been injured, person-job fit was the strongest predictor of turnover intentions, while work tension was the strongest predictor of turnover behaviours. For those who had not experienced a work-related injury, person-job fit was the strongest predictor for both intentions and behaviours.*

- (4) Furst-Holloway, S., Brown, A.B., Cominsky, C., Howe, S.R., Carle, A.C., **Carameli, K.A., Moore, S.C., & Dyrenforth, S.R.** (2012). The costs and timing of senior level turnover. In **K. Osatuke** (Moderator), *Predictors of Turnover Intentions*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in San Diego, CA, April 2012.

*Senior executive turnover creates a sizeable organizational impact on staff replacement costs, human and social capital losses, and loss of executive knowledge, skills, and experiences. Despite senior leaders' strategic role in their organizations, little research has examined the factors predicting their turnover and retention decisions or the effects of those decisions on*

employee- and unit-level outcome. This study assessed turnover and retention rates among Senior Executive Service (SES) members in the U.S. Veterans Health Administration (VHA) using a variety of individual- and unit-level predictors. Findings show that the overall rate of SES turnover in VHA (13%) was higher than typically reported in industry. Higher turnover occurred among SES with lower tenure (1-9 years) and around periods of political administration change. SES job satisfaction and workgroup perceptions were also lowest in the initial year of tenure and rose steadily thereafter. Finally, high performing SES stayed longer than low or average performing SES.

**Osatuke, K.** *Perspectives on Organizational Change*. Symposium accepted at the annual national conference of the Society for Industrial and Organizational Psychology in San Diego, CA, April 2012.

*Organizational culture and workplace climate impact organizational and healthcare outcomes, but few if any intervention models are available. This symposium summarizes the current state of knowledge about conceptualizing and implementing change through organizational culture interventions. The focus will be on transformational changes that affect workplace climate and then accumulate to make a broader impact on organizational culture. The following papers will be presented in this symposium.*

- (1) **Yanchus, N.J., & Osatuke, K.** (2012). Conceptual perspective on change: A review of transformational change theories. In **K. Osatuke** (Moderator), *Perspectives on Organizational Change*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in San Diego, CA, April 2012.

*Organizations undergo transformational change by necessity or by choice. This study reviews theories of transformational change, including Freedman's (1997) realistic managed-resistance model, Porras and Robertson's (1992) planned organizational change theory, Burke-Litwin (1994) model of organizational performance and change, the punctuated equilibrium model (Gersick, 1991), and Kotter's (1995) eight steps organizational transformation model. Comparing and contrasting these models, Freedman's model is the only model specifically addressing how employees might react to change and how leaders can respond. The flexible, realistic approach of Freedman's model became the selected approach guiding the nation-wide organizational change initiative currently undertaken by the Veterans Health Administration (VHA).*

- (2) **Judkins, S., Osatuke, K., & Dyrenforth, S.R.** (2012). Change facilitation: The impact of process variables in the outcome of a civility-focused initiative. In **K. Osatuke** (Moderator), *Perspectives on Organizational Change*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in San Diego, CA, April 2012.

*CREW (Civility, Respect, and Engagement in the Workplace) is a nationwide intervention in the Department of Veterans Affairs (VA) that promotes organizational culture change by improving civility in hospital and office settings. The CREW program (Osatuke et al., 2009) originated in the Veterans Health Administration (VHA) in 2004 and quickly acquired a reputation of an approach effective for facilitating cultural transformation within VHA workplaces, including positive impact on individual employee health outcomes, satisfaction, job performance, and organizational performance (e.g., Leiter et al., 2011). This paper explores the processes that support change within CREW (i.e. how civility is improved) by presenting data that describe variability in the intervention processes from the intervention practitioners' perspective. The authors systematically examined these data throughout the*

*duration of the intervention, and compare process variables to CREW outcomes—that is, to the amount and direction of changes in workplace civility from pre- to post- intervention.*

- (3) Leiter, M.P., Day, A., Spence Laschinger, H.K., & Gilin Oore, D. (2012). Inconsistency between civility and incivility as a predictor of change in workplace communities. In **K. Osatuke** (Moderator), *Perspectives on Organizational Change*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in San Diego, CA, April 2012.

*Following its origination in the U.S. Department of Veterans Affairs, the CREW intervention was adapted and applied to non-U.S. settings, specifically in Canada. Informed by the Canadian experience of implementing CREW, this paper presents a new method that identifies the intervention participants who are more likely to change their evaluation of their coworker relationships (the intervention target) over the subsequent year. The analysis confirms the predictive power of the method and identifies, within those likely to change, qualities that differentiate employees who would subsequently change for the better from employees who would change for the worse. Individuals who moved towards greater civility had a more positive view of their workplace community, experienced less coworker incivility, were less frequently uncivil towards their colleagues, and were less likely to justify their lapses in civility as demonstrating a necessary sense of toughness. In contrast, those who reported higher levels of being rude towards others were more likely to receive more incivility later, especially when they justified their own rudeness as being appropriate to their situation.*

- Osatuke, K., Judkins, S., Teclaw, R., Leiter, M.P., Dyrenforth, S.R.** (2012). *Civility, Respect, and Engagement in the Workplace (CREW) in U.S.A. Veterans Affairs: Predictors of Successful Outcomes*. Paper presented at the 10<sup>th</sup> Annual international conference of the European Academy of Occupational Health Psychology in Zurich, Switzerland, April 2012.

*Civility, Respect, and Engagement in the Workplace (CREW) is an organization development intervention designed by the U.S. Department of Veterans Affairs (VA). It uses a strengths-based approach for improving the organizational culture by systematically promoting civility of workplace interactions. Civility (Anderson & Pearson, 1999) builds on interpersonally valuing and being valued by others. CREW interventions are based on defining, then supporting civil behaviors based on norms within specific workgroups. Civility is assessed by participants' ratings (e.g. of coworkers' respect, cooperation, fair conflict resolution); the average of 8 ratings, civility index, measures pre- to post-intervention outcome. Empirical support is available for CREW effectiveness in improving civility (Osatuke et al., 2009) and related outcomes (Leiter et al, 2011). Variability in CREW outcomes, however, has not been sufficiently examined. This study examines 402 VA workgroups that participated in CREW waves 1-11 (September 2005- February 2011) and had both pre- and post-surveys data. Regression analyses included the following predictors: baseline civility levels; agreement on civility levels pre-intervention; workgroup occupation (e.g., nurses, clerical); level of familiarity with CREW (i.e. number of participating groups) within the broader organization; level of familiarity with CREW in the broader VA system (number of previous CREW waves); geographical region as a proxy for socio-cultural context. The relative effects of these predictors on outcomes are reported within and across occupational group types and baseline civility levels. The results illustrate predictors of success in an intervention designed as adaptable to various types of groups and organizational environments.*

- Teclaw, R., Osatuke, K., & Dyrenforth, S.** (2012). *Do Healthcare Employees' Race, Ethnicity, and Generation Affect their Perceptions of Workplace Characteristics?* Poster presented at the AcademyHealth annual research meeting in Orlando, FL in June 2012.

Healthcare organizations strive to provide a workplace environment that is conducive to recruiting and retaining a high quality workforce. Because employees differ in their perceptions of their workplace, it is useful to know as much as possible about the causes of those differences. The objective of the research reported here was to determine to what extent race, ethnicity, and generation influence employee perceptions of workplace characteristics. The study population consisted of respondents to the 2011 Veterans Administration All Employee Survey (n=198,851; response rate=66.5%). Perceptions of overall satisfaction, civility, psychological safety, opportunity to develop skills, and work/life balance were compared across races, ethnicities, and generations. Findings indicate that American Indians and mixed race respondents, in general, had lower scores than the other racial groups. Hispanics often had lower perception scores. Ethnic/racial differences tended to persist regardless of occupation, supervisory status, and administrative subdivision. For generations, the difference in group means was slight and only between Baby Boomers and Millennials for civility. Adding gender and race to the model as independent variables did not change the relationship between generation and the DV's. This study demonstrated that there are few important differences in how members of racial and ethnic groups perceive the VA workplace. Policies and initiatives for increasing employee satisfaction might be better directed at other determinants of perceptions than race and ethnicity. Contrary to theories of generational differences in the media, the differences across generations were small and of little practical significance.

**Teclaw, R., Osatuke, K., & Dyrenforth, S. (2012).** *Workplace Perceptions: Occupational differences during Patient Aligned Care Team implementation at the Veterans Health Administration.* Poster presented at the AcademyHealth annual research meeting in Orlando, FL, June 2012.

The Veterans Health Administration (VHA) began formal implementation of the patient centered medical home model (PCMH), known in the VA as PACT (Patient Aligned Care Team), in the fall of 2009. Although the PCMH model had been previously adopted in many VHA facilities, the PACT rollout, with its commitment of resources and organizational emphasis, signaled a system-wide effort to transform the way VHA delivered health care to Veterans. The success of the PACT implementation at VHA will largely depend on employee acceptance of the changes involved. Identifying predictors of acceptance could improve efforts to increase acceptance. Participants included primary care physicians (MD), nurses (RN), psychologists and social workers (PSY-SW), and administrative staff (ADMIN) who completed the 2011 VHA All Employee Survey (AES) (n=198,851). Dependent variables reflected organizational characteristics likely impacted by PACT implementation: how well services are designed to meet customer needs (NEEDS), how well customers are informed about feedback protocols for service quality (FEEDBACK), how much employees perceive having a say in their job (SAY), and whether employees are able to bring up problems (PROBS). Two additional variables with little relation to PACT implementation were assessed: supervisors' fairness (FAIR) and lack of tolerance of discrimination (DISC). Occupational group differences were found across all of the dependent variables. Most notably, although all occupational groups had the lowest scores on the SAY variable, MD's had the lowest perception of having a say in their job. PSY-SW generally had the highest scores for all but one DV, DISC. ADMIN employees had the lowest scores for FEEDBACK, DISC, FAIR, and PROBS. Findings show that primary care occupational group's members differed on perceptions of workplace aspects relevant to PACT implementation. Implementation of PACT will need to take into account core primary care providers' perspectives on organizational climate aspects involved in program implementation. In particular MD's might perceive working in teams as a loss of job control. Assessing and responding to these perceptions should facilitate the VHA goal of enlisting providers' support for PACT.

**Teclaw, R., Price, M., & Osatuke, K.** *Demographic Question Placement and Its Effect on Item Response Rates and Means of a Veterans Health Administration Survey* (2012). Paper presented at the annual national conference of the American Association for Public Opinion Research (AAPOR) in Orlando, FL, May 2012.

*There are various opinions about the most advantageous location of demographic questions in questionnaires; however, the issue has rarely been examined empirically. This study uses an experimental design and a large sample size to examine whether demographic question placement affects demographic and non-demographic question completion rates, non-demographic item means, and blank questionnaire rates using a web-based survey of Veterans Health Administration employees. Data were taken from the 2010 Voice of the Veterans Administration Survey (VoVA), a voluntary, confidential, web-based survey offered to all VA employees. Participants were given two questionnaire versions - one had demographic questions placed at the beginning and the second had demographic questions placed at the end of the questionnaire. Results indicated that placing demographic questions at the start of a questionnaire significantly increased item response rate for demographic items without affecting the item response rate for non-demographic items or the average of item mean scores. This research has implications for surveyors who, in addition to ensuring measure validity, set data collection goals to maximize response rates and minimize the number of missing responses. Therefore, it is important to determine which questionnaire characteristics affect these values. Results of this study suggest demographic placement is a key factor.*

**White, S., Osatuke, K., Barnes, S., Mohr, D., Benzer, J., White, B., Dyrenforth, S.R.** (2012). *Strategies Supporting the VA Transition to Patient Aligned Care Teams*. Workshop presented at the Annual national conference of the HSR&D in Boston, MA, April 2012.

*Traditionally, healthcare systems including Veterans Health Administration (VHA) have delivered patient services through structures and processes centered on providers' tasks. VHA leadership determined this approach had to change and patient-centered care became a focus of the organizational transformation. A major component of this change is a patient-driven team approach to primary care delivery, consisting of four-person "teamlets" with the patient as a fifth team member. VHA National Center for Organization Development is heavily involved in this transformation, developing and disseminating the national training module for working in teams. COLMR has been investigating team structure and process characteristics related to effective primary care delivery. This workshop reviews and systematizes the state of empirical and practical knowledge relevant to supporting the VHA transition to team-based care. The workshop includes: (a) a presentation explaining the team-based approach to primary care, prior research, and its importance to VHA; (b) an experiential component for participants to use the just-introduced team dimensions to identify core attributes for engaged and effective teams; (c) a summary of VHA strategies promoting team-based primary care; (d) an interactive review of qualitative research findings based on interviewing VHA primary care providers. (e) a brain-storming session to identify successful take-home approaches to disseminate and implement these strategy.*

**Yanchus, N.J., Derickson, R., Moore, S.C., Balogne, D., & Osatuke, K.** (2012). *Perceptions of Communication in Psychologically Safe and Unsafe VHA Clinical Work Environments*. Poster presented at the AcademyHealth annual research meeting in Orlando, FL, June 2012.

*Issues with communication and psychological safety in healthcare settings frequently contribute to medical mishaps (Edmondson, 1996; Sutcliff, Lewton, & Rosenthal, 2004). Psychological safety is individuals' perception of the consequences of interpersonal risks in*

work environments and consists of beliefs about how others will respond when one puts oneself on the line, such as by asking a question or reporting a mistake (Edmondson, 2004). The purpose of the current study is to investigate communication characteristics, such as quality and amount, in VHA clinical work environments that have high or low psychological safety. Data came from employee interviews collected during organization development interventions with 20 VHA medical facilities (N=641 participants) (2010-2011) in which VHA employees discussed strengths, weaknesses, and desired changes at their hospitals. Findings indicate that in psychologically safe environments, communication was identified as a strength (155 mentions) more than in psychologically unsafe environments (19 mentions). In psychologically safe environments citing communication strengths, employees felt it was safe to communicate (82 mentions) whereas they did not feel safe in low psychological safety workgroups (6 mentions). These feelings seemed partly due to management; in low psychological safety workgroups, the manager's response to communication was often mentioned as a barrier to effective workgroup communication. Our findings provide evidence for the value of promoting psychological safety in healthcare organizations due to the more frequent and functional communication patterns a psychologically safe environment invites. There are concrete implications for patient care as well, since workgroup communication can facilitate the prevention, early detection, and mitigation of medical errors.

**Yanchus, N. J., Osatuke, K., Leiter, M.P., Dyrenforth, S.R.** (2012). *Changes in the Department of Veterans Affairs (VA): Employees' perspective*. Paper presented at the 10<sup>th</sup> annual international conference of the European Academy of Occupational Health Psychology in Zurich, Switzerland, April 2012.

*The U.S. Department of Veterans Affairs (VA), the 2<sup>nd</sup> largest federal agency, is transforming to address changing service needs due to a rapidly growing population of Veterans returning from two concurrent wars. Given this transformational scope, VA employees face changes within their work environment. This qualitative study describes how VA employees think of desired workplace changes. Using 100 workplace assessments (each comprised of 15 to 150 interviewed employees) collected by VA's National Center for Organization Development, a grounded theory approach was applied to develop thematic coding categories of employees' perceptions toward workplace strengths, weaknesses, and desired changes within their organizations. Multiple regression was used to examine which themes best predicted the content of changes seen as desirable. Overall, there was no disconnect between stated weaknesses and perceived necessary improvements. The results facilitate organizational understanding of employee priorities with respect to change within a large federal agency. Employees experience the effects of organizational transformations at their workgroup level. Accurately identifying what employees' perceive as needed workplace change is therefore critical to designing effective interventions that support large-scale organizational change.*

**Yanovsky, B., Dyrenforth, S. R., & Osatuke, K.** (2012). *Supervisors' Expected Relationship Building Behaviors and Their Supervised Workgroups' Workplace Climate Perceptions*. Poster presented at the AcademyHealth annual research meeting in Orlando, FL, June 2012.

*Managerial performance has immediate impact on organizational outcomes (Mount, 1984) and organizations often utilize Multi-Source Feedback (MSF) systems, such as VA's 360 degree assessment, for managerial development (Murphy & Cleveland, 1995). This study examined the relationship between ratings of supervisors' behaviors on their developmental MSF (360°), with perceptions of the workplace climate as identified by their subordinates. Data came from 264 VHA mid-level supervisors and their employee workgroups. Two datasets were matched at the workgroup level (2010 data): 360° assessments (i.e., employee expectations of supervisors) and AES workgroup data (i.e., employee satisfaction with supervisors and work*

climate). Findings demonstrate that employee satisfaction and workgroup climate perceptions were significantly related to supervisors' behavior of "Uses facts and logical arguments to resolve conflicts and negotiate effectively". The findings show a distinct relationship between the expectations employees hold for managers (360°) and both workgroup climate and employee satisfaction (AES). Results highlight the importance of supervisors' relationship building skills in shaping employees' workplace perceptions and attitudes.

**Yanovsky, B., Osatuke, K., & Dyrenforth, S.** (2012). *Team Building Components in Clinical Settings: One Size Does Not Fit All*. Poster presented at the AcademyHealth annual research meeting in Orlando, FL, June 2012.

*People in a wide array of organizations engage in teamwork with others to accomplish tasks. The effectiveness of teamwork has been documented in the literature (Applebaum & Brat, 1995); therefore, organizations use Team Building interventions to improve team performance (Klein et al., 2009). Although researchers have demonstrated both the importance of teamwork (Applebaum & Brat, 1995), and the critical roles that leaders play (Northouse, 2007), much less is known about teamwork within leadership teams, and how it affects other organizational units. The purpose of this study is to examine how teamwork components within a leadership team relate to clinical settings in hospitals. Data were obtained from two independent datasets matched at the facility level (N = 162 facilities): An Executive Team Assessment (ETA) of facility-level leaders and a workgroup climate survey known as the All Employee Survey (AES). Results indicate significant positive correlations between an Executive Team's Relationships scores and Nurses' workplace climate perceptions of Civility, and Intrinsic and Extrinsic Job Satisfaction ( $r=.17, p<.05$ ;  $r=.25, p<.01$ ;  $r=.19, p<.05$ ), but not for any Physicians' workplace climate perceptions. Furthermore, an Executive Team's Team Functions scores showed positive significant correlations with Physicians' Workplace Elements, Achievement Culture, and Intrinsic and Extrinsic Job Satisfaction ( $r=.16, p<.05$ ;  $r=.20, p<.05$ ;  $r=.19, p<.05$ ;  $r=.17, p<.05$ ), but not with any Nurses' workplace climate scores. These findings offer an empirical perspective on addressing leadership teamwork components in clinical settings. Executive team functioning was found to be related to employee perceptions of their workplace climate for both Nurses and Physicians, but there are notable differences across these professions.*

## **2011 Conferences**

**Barnes, S., White, S., Carameli, K., Yanovsky, B., & Dyrenforth, S.R.** (2011). *Are Happy Teams Better Teams?* Workshop presented at the 2<sup>nd</sup> World Congress on Positive Psychology in Philadelphia, PA, July 2011.

*Leaders and managers expect their employees to be engaged and effective, and employees want to feel like real contributors. The US Department of Veterans Affairs (VA) is developing and implementing a framework for building cohesive, high-performing teams. This workshop presented an overview of the model, its synthesis with other national initiatives, and the importance of team development via application of positive psychology principles (goal-driven behaviors, appreciative inquiry, relationship skills, learning, and mutual helping behaviors). As VA continues this effort to transform its healthcare delivery system into a team and learning environment, our patient and employee outcomes indicate that happier, cohesive work teams do exemplify higher potential in providing exceptional services to our Veteran clients.*

**Belton, L., Moore, S.C., Osatuke, K., & Dyrenforth, S.** (2011). *Respect, Civility and Engagement at the Workplace (CREW): Nationwide initiative at the Department Veterans Affairs, Its*

*Organizational Impact and Implementation.* Workshop presented at the 2<sup>nd</sup> World Congress on Positive Psychology in Philadelphia, PA, July 2011.

*The workshop introduced an organization-wide civility initiative developed and utilized by the US Department of Veterans Affairs (VA) known as CREW: Civility, Respect, and Engagement in the Workplace (CREW). The session examined VA's decision-making process toward supporting a strengths-based approach to improve civility culture, the engagement of multiple stakeholders from the national level down to frontline supervisors and intervention participants, and the training process that occurs for the coordinators, facilitators, and companions responsible for the successful orchestration of the CREW intervention.*

Benzer, J., Young, G., Stolzmann, K., **Osatuke, K.**, Meterko, M., Caso, A., White, B., Mohr, D. (2011). *Organizational Climate and Chronic Disease Management.* Paper presented at the annual national conference of the HSR&D, February 2011.

*The purpose of this study was to test the utility of a two-dimensional model of organizational climate for explaining variation in diabetes care between primary care clinics. Secondary data were obtained from 223 primary care clinics in the Department of Veterans Affairs health care system. Organizational climate was defined using the dimensions of task and relational climate. The association between primary care organizational climate and diabetes processes and intermediate outcomes were estimated for 4,539 patients in a cross-sectional study. All data were collected from administrative datasets. The climate data were drawn from the 2007 VA All Employee Survey, and the outcomes data were collected as part of the VA External Peer Review Program. Climate data were aggregated to the facility level of analysis and merged with patient-level data. Key findings indicate that relational climate was related to an increased likelihood of diabetes care process adherence, with significant but small effects for adherence to intermediate outcomes. Task climate was generally not shown to be related to adherence. Findings suggest that the role of relational climate in predicting the quality of chronic care was supported. Future research should examine the mediators and moderators of relational climate and further investigate task climate.*

**Carameli, K. A., Osatuke, K., Judkins, S., & Dyrenforth, S.** (2011). *The Role of Perceived Organizational Support in Shaping Healthcare Employees' Job Satisfaction, Organizational Commitment, and Turnover Intentions.* Poster presented at the AcademyHealth annual research meeting in Seattle, WA, June 2011.

*Healthcare organizations are routinely challenged to improve the quality and efficiency of their systems, often with limited resources. This study explored the role of perceived organizational support (POS) in shaping employee attitudes of employee job satisfaction, organizational commitment, and turnover intentions. Data came from the U.S. Department of Veterans Affairs All Employee Survey (N ≈ 245,500, years 2008-2010). After controlling for demographics, multivariate regressions revealed an environment → individual pathway where greater POS strongly and positively predicted higher job satisfaction and greater organizational commitment (34% and 38% variance), and negatively predicted turnover intentions (18.7% variance). This study highlights the value of a supportive work climate and organization-employee relationships in retaining a committed, satisfied workforce.*

**Carameli, K. A., Yanchus, N.J., Judkins, S., Osatuke, K., & Dyrenforth, S.** (2011). *Employee Job Satisfaction: How Intrinsic and Extrinsic Determinants Differ across Healthcare Occupations.* Poster presented at the AcademyHealth annual research meeting in Seattle, WA, June 2011.

*This study used archival data (2007-2010) from the U.S. Department of Veterans Affairs All Employee Survey (N ≈ 245,500) and factor analysis to explore whether a multi-item job satisfaction scale reduced to intrinsic (person-controlled) and extrinsic (organization-controlled) factors, and if these factors differed across healthcare occupations and in the prediction of overall job satisfaction and turnover intentions. Findings confirmed a two-factor model defined by intrinsic (satisfaction with type of work, quality of work) and extrinsic qualities (satisfaction with pay, promotion, praise, etc.). Extrinsic satisfaction was a stronger positive predictor of overall job satisfaction and negative predictor of employee turnover intentions, and had universally lower and more variable means; often increasing with occupational rank or differing by service line. Intrinsic satisfaction means were universally higher and exhibited less variation by rank or occupation.*

**Derickson, R., Moore, S.C., Dyrenforth, S.R., & Osatuke, K. (2011).** *Influence of Leader Behavior on Psychological Safety in a Healthcare Setting.* Poster presented at the annual national conference of the Association for Psychological Science in Washington, DC, May 2011.

*The behavior of workplace leaders is an important determinant of organizational success. This study explored the relationship between VA leader goal-setting behaviors and their employees' perceptions of workgroup psychological safety. Data on leadership behavior came from the FY2010 VA All Employee Survey, and psychological safety data came from the FY2010 VoVA Learning Organization Survey with both datasets matched at the facility level (N=152 facilities). Findings show that VA leadership behavior (i.e., goal-setting) significantly and positively predicts psychological safety among employees. As healthcare organizations strive to improve performance and reduce costs (i.e., greater psychological safety = lower medical errors), these results may encourage organizations to invest more attention in how their leaders' behaviors affect psychological safety.*

**Moore, S.C. (2011)** *Complex Report Production using PROC REPORT and the slider\_tagset.* Web presentation made at the VA SAS Day Conference in Austin, TX, November 2011.

*This presentation covered the use of PROC REPORT in combination with the slider\_tagset to generate reports for the VHA 360-Degree assessment instrument. This process was initially handled by an external contractor using pivot tables in Microsoft Excel and has been converted to an automated SAS process with electronic .PDFs vs. paper reports. As the reports have been in use for nearly 10 years in VHA, it was critical to recreate the reports as closely as possible to the original format. The flexibility of PROC REPORT along with BY group processing, ODS Destinations, and the ability to construct three-segment HTML bar charts inside a report using the slider\_tagset made it possible to create one report per participant that can be securely transmitted via encrypted email.*

**Moore, S.C., McKnight, S., Derickson, R., Fishman, J., & Osatuke, K. (2011).** *Psychological Safety and Adverse Patient Event Reporting.* Poster presented at the AcademyHealth annual research meeting in Seattle, WA, June 2011.

*Understanding the relationship between the level of comfort expressed by healthcare workers for reporting mistakes and adverse patient outcomes is a critical component of improving patient care and reducing the number of adverse events. If events are not reported, it is impossible to learn from them. This study used data from the FY2011 VoVA Learning Organization Survey and patient safety datasets to explore the relationship between reports of patient safety events and principles associated with characteristics of a learning organization (i.e., psychologically safe workplaces → help employees proactively avoid and learn from mistakes → create learning environments). Datasets were matched across 137 VHA hospitals.*

Results show psychological safety was significantly correlated with the number of basic safety reports ( $r=.19, p<.05$ ), as was employee training ( $r=.25, p<.01$ ). Management reinforcement of learning was not significantly correlated to the number of basic safety reports. Using GLM analysis, training had a significant main effect on safety reporting  $F(1, 132)=5.71, p<.05$ ), but psychological safety and leadership reinforcement of learning did not. Findings suggest that access to training for both new and current employees may lead to greater rates of reporting of patient safety events

**Osatuke, K.** *Psychological Safety in the Workplace: What Does it Mean in Healthcare?* Symposium presented at the 2<sup>nd</sup> World Congress on Positive Psychology in Philadelphia, PA, July 2011.

*This symposium focused on workplace psychological safety, a climate aspect that supports employees in openly disclosing mistakes or concerns (Edmondson, 1999). In medical settings, psychological safety takes a unique meaning, making a difference between preventing medical errors or letting harm happen to patients (Nembhard, Edmondson, 2006; Tynan, 2005). The following five papers were presented in this symposium.*

- (1) **Teclaw, R., & Osatuke, K.** (2011). Demographic and organizational correlates of psychological safety perceptions in a large healthcare organization. In **K. Osatuke** (Moderator), *Psychological Safety in the Workplace: What Does it Mean in Healthcare?* Symposium presented at the 2<sup>nd</sup> World Congress on Positive Psychology in Philadelphia, PA, July 2011.

*Veterans Health Administration (VHA) routinely collects and uses workplace survey data to address employee concerns, to increase staff satisfaction, and ultimately to maintain a high level of care for clients. VHA employee data from the 2010 VA All Employee Survey (N=185,459, 71% response rate) were used to explore demographic differences in perceived psychological safety. Perceptions of psychological safety differed by occupation, supervisory status, tenure at VA, age, race, administrative service, and survey mode (paper, web, phone). These results indicate that how an employee perceives his/her psychological safety depends on his/her characteristics and organizational climate.*

- (2) **Osatuke, K., Fishman, J.L., Derickson, R., Moore, S.C., Price, M., & Dyrenforth, S.** (2011). Factors that influence psychological safety in healthcare settings. In **K. Osatuke** (Moderator), *Psychological Safety in the Workplace: What Does it Mean in Healthcare?* Symposium presented at the 2<sup>nd</sup> World Congress on Positive Psychology in Philadelphia, PA, July 2011.

*Interview data were collected from 570 Veterans Health Administration (VHA) healthcare workers across 12 VHA healthcare facilities to explore which factors facilitate and hinder psychological safety as measured by healthcare employees' willingness to report medical violations. Findings suggest that increased psychological safety is facilitated by personal ethics and values, concern for patient care, and having approachable supervisors. In contrast, factors that hinder psychological safety include low organizational accountability, a lack of organizational responsiveness, and fear of repercussions from management and/or co-workers. Workplace interventions that promote ethical behavior, emphasize patient-centric care, and build supervisors' communication skills may strengthen staff psychological safety and consequently staff likelihood to report medical violations.*

- (3) **Leiter, M.P., & Laschinger, H.K.S.** (2011). Psychological safety, respect, and values: foundations of a psychologically healthy workplace. In **K. Osatuke** (Moderator), *Psychological Safety in the Workplace: What Does it Mean in Healthcare?* Symposium presented at the 2<sup>nd</sup> World Congress on Positive Psychology in Philadelphia, PA, July 2011.

*A survey of Canadian health care providers (N=850) was used to examine whether two factors influence workplace psychological safety: (1) civility and respect as evident in workplace encounters, and (2) the extent to which employees perceive a good match of personal and organizational values within the workgroup. Analyses confirmed a model that proposed respect and value congruence as predictors of psychological safety, and further that psychological safety and value congruence predicted work engagement. Psychological safety also mediated the relationship of respect with work engagement. Findings suggest that initiatives that both increase the level of civility in workplace discourse by improving collegial relationships and that develop basic agreement on core values have a potential to increase work engagement.*

- (4) **Dyrenforth, S., & Yanovsky, B.** (2011). Supervisors' behaviors that predict psychological safety perceptions in supervised employees. In **K. Osatuke** (Moderator), *Psychological Safety in the Workplace: What Does it Mean in Healthcare?* Symposium presented at the 2<sup>nd</sup> World Congress on Positive Psychology in Philadelphia, PA, July 2011.

*Supervisors and managers can influence the psychological safety of the workplace. This study explored the relationship between 12 specific interpersonal behaviors of workgroup managers (having to do with courtesy/consideration, power sharing, fairness, objectivity, and networking) and their supervised employees' perceptions of psychological safety. Supervisors' behaviors were measured through 360° feedback ratings by their staff, which were then matched to VA All Employee Survey data on psychological safety (N=264 matched workgroups). Predictive models suggested that courtesy/consideration behaviors by supervisors accounted for more variance in employee psychological safety than any other supervisory behaviors ( $R^2=.10$  to  $.12$ ,  $p<.001$ ). The strongest predictor being the supervisor behavior of: "Encourages and listens to the ideas and opinions of others."*

- (5) **Carameli, K., & Dyrenforth, S.** (2011). The relationship between healthcare employees' psychological safety and patient care experiences. In **K. Osatuke** (Moderator), *Psychological Safety in the Workplace: What Does it Mean in Healthcare?* Symposium presented at the 2<sup>nd</sup> World Congress on Positive Psychology in Philadelphia, PA, July 2011.

*Workplace studies show that employees' psychological states (e.g., stress, strain, safety) "spillover" between work-home and self-coworkers, but little is known about spillovers between employees-patients in shared health environments. Using matched Veterans Health Administration (VHA) employee and patient data from 2008 (N=140 healthcare facilities), correlation analyses explored whether employee psychological safety affects VHA patients' perceptions of courteous and respectful treatment, emotional support, involvement in healthcare decision-making, and overall healthcare satisfaction. Results indicate a positive, small ( $r=.221$  to  $.363$ ), yet significant ( $p<.01$ ) relationship between employee psychological safety and patients' satisfaction with quality of care and overall healthcare experience; inpatients' perceived courteous and respectful treatment; and outpatients' receipt of emotional support and involvement in healthcare decision-making.*

**Osatuke, K.** (2011). *Workplace Civility Perceptions: Measurement, Effects of Organizational Roles and Demographics.* Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in Chicago, IL, April 2011.

- (1) Naimon, E.C., Mullins, M., & **Osatuke, K.** (2011). Workplace incivility and civility: Related but different? In **K Osatuke** (Moderator), *Workplace Civility Perceptions: Measurement, Effects of Organizational Roles and Demographics.* Symposium presented at the annual national

conference of the Society for Industrial and Organizational Psychology in Chicago, IL, April 2011.

*This study examined the relationship between civility and incivility, the effect of demographics on civility and incivility perceptions, and whether respondents answer civility and incivility measures in a socially desirable manner. Data came from student responses collected at a small, private, Midwestern university (N=102 respondents). The VA All Employee Survey civility scale was used as a primary measure. Findings show a weak relationship between civility and incivility measures ( $r=-0.36$ ), differences in civility scores by ethnicity (higher for Whites, lower for Blacks) but not by age or gender, and no relationship between civility or incivility and social desirability. These findings add to the literature on workplace civility.*

- (2) **Brassell, T., Osatuke, K., Yanovsky, B., & Dyrenforth, S.** (2011). 360 degree feedback: Rater differences in rating workplace interpersonal behaviors. In **K Osatuke** (Moderator), *Workplace Civility Perceptions: Measurement, Effects of Organizational Roles and Demographics*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in Chicago, IL, April 2011.

*This paper explored whether raters' characteristics (e.g., demographics, work role) influence their assessment ratings of others' workplace interpersonal behavior. Data came from 360° Assessments (FY2009, N varied by analyses with range 173 to 3,776 cases), which are employee performance assessments made by oneself and one's colleagues or subordinates. Measures included a summary score of interpersonal effectiveness and two on workplace environment (respectful, courteous). Overall demographics (gender, ethnicity, race) did not account for rater differences in assessing interpersonal behavior across supervisor-subordinate dyads and within supervisors' ratings. Significant differences were only found in gender for "Treats people with courtesy and respect regardless of their backgrounds or characteristics" with congruent dyads having significantly smaller differences in ratings. Role of rater (supervisor, peer, self, and staff) did account for significant differences in ratings. As differences in scores were not a result of demographic dissimilarities, findings indicate that standards for rating interpersonal behaviors are well communicated in VHA.*

- (3) **Teclaw, R., Brassell, T., Dyrenforth, S., & Osatuke, K.** (2011). Gender differences in civility perceptions in a large healthcare system. In **K Osatuke** (Moderator), *Workplace Civility Perceptions: Measurement, Effects of Organizational Roles and Demographics*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in Chicago, IL, April 2011.

*This study assessed the influence of gender on workgroup civility perceptions using VA All Employee Survey data (FY2010, N=208,642 cases). Findings show that within the same workgroup, males perceived workgroup civility as higher compared to females. Being male raises a civility score by .054 points ( $p = .001$ ). To conclude, gender plays a small, but significant, role in shaping workgroup civility perceptions by employees. This difference may have application when working with males and females during CREW interventions.*

**Osatuke, K.** (2011). *CREW (Civility, Respect, and Engagement at Work): Intervention Increasing Workplace Civility*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in Chicago, IL, April 2011.

- (1) **Judkins, S., Osatuke, K., & Dyrenforth, S.** (2011). Organizational intervention that fosters workplace civility: Facilitators' view. In **K Osatuke** (Moderator), *CREW (Civility, Respect, and Engagement at Work): Intervention Increasing Workplace Civility*. Symposium presented at the

annual national conference of the Society for Industrial and Organizational Psychology in Chicago, IL, April 2011.

*This study explored VA's CREW intervention from a facilitator's viewpoint using in-depth key informant interviews (N=15 participants). Several themes emerged from these interviews. Facilitators' described their role as ranging from "just" facilitating to active education about CREW to "putting fires out." Facilitators described CREW successes as participants expressing mutual appreciation, feeling heard by others (including supervisors), and reporting greater interpersonal understanding (more empathy) which facilitated work-related interactions. Consequently, they saw CREW barriers as supervisors'/participants' misconceptions about CREW, participants using "yes but" reactions to demoralize group successes, insufficient workforce participation, and challenges in logistics (scheduling). To sustain the successes, facilitators encouraged persistence to keep CREW on the agenda in light of divergent or competing needs, networking with graduated CREW groups to share ideas and materials, communicating CREW successes to the broader organization, and recognizing that CREW is a cultural change that takes time and patience. These findings provide insider evaluative feedback on understanding of how CREW interventions work and can be used for process improvement.*

- (2) **Osatuke, K., Moore, S.C., & Dyrenforth, S.** (2011). CREW participants' view of the intervention process and relationship to outcomes. In **K Osatuke** (Moderator), *CREW (Civility, Respect, and Engagement at Work): Intervention Increasing Workplace Civility*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in Chicago, IL, April 2011.

*This paper explored whether participants' civility perceptions changed (pre-post) following CREW intervention, as well as the relationship between participants' perceived civility and key CREW intervention processes. Data came from CREW Wave 6 = 34 groups [10/08-4/09] and CREW Wave 7 = 29 groups [4/09-10/09] datasets and used measures of individual perceptions about civility, as well as conceptual aspects of the CREW intervention process: commitment to improving civility, focus on listening to and understanding others, and seeing eye-to-eye on what constitutes civil behavior. Significant pre-post changes in participants' overall civility were found in both waves (CREW 7, CREW 6). Both waves also showed meaningful, positive relationships between participants' civility outcomes and CREW intervention processes that are conceptually the key drives of change (i.e., commitment, empathy, and seeing eye-to-eye). Findings suggest that the process aspects of CREW that are theoretically linked to positive change were also significantly related (in this study) to overall civility levels post-intervention, specific civility aspects, and participant perceptions of civility improvement throughout the intervention. This study shows that the theoretical elements of change that guide CREW intervention processes are experienced by participants and also contribute to a positive change in their post-intervention perceptions of civility.*

- (3) **Leiter, M.P., Laschinger, H.K.S., Day, A., Gilin-Oore, D., & Gurnham, M.E.** (2011). Sustaining gains in collegiality: 1-year follow-up of the CREW intervention. In **K Osatuke** (Moderator), *CREW (Civility, Respect, and Engagement at Work): Intervention Increasing Workplace Civility*. Symposium presented at the annual national conference of the Society for Industrial and Organizational Psychology in Chicago, IL, April 2011.

Considerable research has examined relationships of the quality of collegial and supervisory relationships within work teams with job burnout (e.g., Halbesleben & Buckley, 2006). A central concept is that collegial relationships are resources in themselves that provide employees access to a variety of further resources through the energy, knowledge, and skills

of other people at work. It is also clear that colleagues can be a source of demands when those relationships are going badly. The CREW process, developed by the U.S. Department of Veterans Affairs and then adapted and implemented in Canadian settings, is a form of organizational development designed to improve employees' experience by enhancing the quality of their social environment. This study sought to test the long-term gains of CREW intervention (e.g., improved employee health, productivity, and attitudes) one year after program completion. Health care providers completed surveys assessing civility, incivility, areas of worklife, and burnout at three times with one-year intervals (Time 1, N=948; Time 2, N=669; Time 3, N=628). Participants from eight hospital units participated in CREW and another 25 units were control units that participated in a variety of other programs occurring at the five hospitals in the study. Results confirm that the CREW intervention leads to improved collegiality within workgroups in civility, satisfaction, retention, reduced exhaustion, and reduced burnout. Not only did key indicators change over the course of the intervention period, most of those changes remained evident one year after the intervention was complete.

**Osatuke, K., Moore, S. C., & Stiles, W. B.** (2011). Assimilation of shared problematic experiences in organizational settings. In: M. A. Gray (Moderator), *Assimilation Model: Extending the Concepts*. Paper in panel presented at the international meeting of the Society for Psychotherapy Research in Bern, Switzerland, June 2011.

*This paper extends a theory of overcoming problematic experiences by clients in psychotherapy to problematic experiences shared by groups of people in organizations. Data came from pre-post intervention interviews (N=240 participants) with employees at a VHA medical center in the Eastern U.S. Participants were asked about organizational strengths, weaknesses, and desired changes following an organizational development intervention. Findings indicate that pre- to post- intervention change was mainly a transition from more towards less avoidance of the problematic experiences at the hospital. This change initially resulted in more, rather than less, felt conflict, distress, anger, and resentment. Positive gain was the participants' increasing ability to face the problems and listen to the opposing perspectives without breaking contact with each other and with their work tasks. In addition, the intervention process became more important to the participants than its products, likely because of the relational aspects it afforded employees who had been stripped of pride in their organization by a series of highly publicized, negative events. The process gave the employees a way to bridge the previously disconnected or incompatible perspectives on their organization and on what was wrong and right with it. To conclude, addressing relational or interpersonal aspects of shared problematic experiences within the organization appeared a prerequisite to any other targets of the OD intervention.*

**Price, M., Moore, S.C., Dyrenforth, S.R., & Osatuke, K.** (2011). *Relationship of Innovation and Psychological Safety in a Healthcare Setting*. Poster presented at the annual national conference of the Association for Psychological Science in Washington, DC, May 2011.

*Innovation can reduce healthcare cost and improve patient care. This study builds upon prior literature by exploring the relationship between psychological safety and innovation within the Veterans Health Administration (VHA). Data came from two sources that were matched at the facility level: VoVA Survey FY2010 (N=27,754, 33%RR) and VA All Employee Survey FY2010 (N=185,784, 73%RR). Using quartiled psychological safety scores, ANOVA analyses indicated that psychological safety was strongly and significantly linked to perceptions of workplace innovation [ $F(3,148) 38.14, p<.001, R^2=.44$ ]. These results suggest that psychologically safe workplace climate may contribute to the process of innovation for healthcare employees, which is a particularly relevant workplace attribute for organizations like VA that are experiencing transformational change.*

**Teclaw, R.** (2011) *VA All Employee Survey*. Web presentation made at the VA SAS Day Conference in Austin, TX, November 2011.

*The VA All Employee Survey (AES) tracks employee perceptions of job satisfaction and organizational functioning and culture. It is offered to employees in all administrations and programs within VA. With an average response rate of over 70%, the AES provides a unique view into how VA employees feel about their work environment. This presentation explains how the AES is produced and used, challenges associated with data quality, and application of AES data into research publications. The presentation also introduced examples of how AES data have been combined with other datasets (e.g., patient outcomes, HR records, etc.) within VA to produce reports of interest to administrators and researchers. The presentation concluded with a discussion among the participants of other opportunities for combining VA datasets to produce information unattainable from any one of them alone.*

**Teclaw, R., Price, M., & Osatuke, K.** (2011). *Effect of Demographic Question Placement on Item Response Rates and Item Mean Scores in a Web-Based Federal Health Care Organization Employee Survey*. Poster presented at the AcademyHealth annual research meeting in Seattle, WA, June 2011.

*Researchers hold divergent opinions about where the demographic questions in surveys are best placed. This study explored whether demographic question placement affects item completion rates for demographic and non-demographic questions, mean scores of non-demographic items, and the rate of blank surveys. Data came from the FY2010 (Winter) Voice of the Veterans (VoVA) Survey (N=75,574 respondents, 33% RR). Three surveys were offered in two versions with demographic questions at the beginning (DB) or end (DA). Comparisons included total item completion, mean item scores, and total blank surveys. Findings indicate significantly lower completion of demographic items when placed at the end (DA) than at the beginning (DB) of the survey. No significant differences were found in DA or DB placement by mean items scores or blank surveys. Results suggest advantages to placing demographic questions at the beginning.*

**Teclaw, R., Yanovsky, B., Moore, S.C., & Osatuke, K.** (2011). *Organizational Survey: Comparison of paper, Web, and IVR Response Modes*. Poster presented at the annual national conference of the Society for Industrial and Organizational Psychology in Chicago, IL, April 2011.

*This study examined whether employee characteristics influence one's AES participation mode (paper, web, or telephone). Data came from the VA All Employee Survey (FY2004, 2006-2008). Findings show that males selected paper over web modes more often than did females (2004, 2006, 2008); persons <20 yrs of age selected telephone mode more often than other age groups (all years), and use of paper and telephone (over web) modes increased with age (all years); Hispanics selected telephone and paper (over web) modes more often than non-Hispanics although this difference is narrowing (all years); wage grade employees (hourly, non-professional) were more likely to select paper and telephone (over web) modes than did other groups with this difference now narrowing (all years); and no mode selection differences were noted by tenure (new vs. long term staff) or supervisory status (general employee vs. supervisor). Finally, demographic data was more often missing from telephone (all years) and paper (2006, 2008) modes than from the web mode. To conclude, AES respondents largely prefer web mode (~92.5%) over telephone or paper (~7.5% combined). When assessing mode preferences across major demographic categories, more similarities than differences occurred. Of notable exception, persons <20 yrs old and wage grade employees selected the*

web mode less often, suggesting these groups may have limited access to workplace computers.

**Yanchus, N.J., Carameli, K., Derickson, R., Dyrenforth, S.R., & Osatuke, K. (2011).** *Predictors of Job Satisfaction and Turnover Intention in the Veterans Health Administration Mental Health Workforce.* Poster presented at the annual national conference of the Association for Psychological Science in Washington, DC, May 2011.

*Healthcare organizations universally struggle with retaining a satisfied mental health workforce. Economically, poor retention (i.e., staff turnover) is costly to employers who must recruit and train replacement workers. This study explores the predictors of employee job satisfaction and turnover intentions using VHA mental health worker data VA All Employee Survey (FY2010, N=13,737 respondents). Outcomes were assessed using correlation analyses and hierarchical linear regression. Significant predictors of job satisfaction included type of work, organizational support, and civility, while predictors of turnover intentions also included type of work, organizational support, and civility, as well as psychological safety. Overall, the results suggest that mental health workers place high intrinsic value in their type of work, as well as workplace environment characteristics, such as organizational support and civility, in shaping their attitudes towards job satisfaction and retention*

**Yanchus, N.J., Carameli, K. A., Dyrenforth, S., & Osatuke, K. (2011).** *Intrinsic and Extrinsic Attributes of Job Satisfaction in Veterans Health Administration (VHA) Employees.* Poster presented at the 2<sup>nd</sup> World Congress on Positive Psychology in Philadelphia, PA, July 2011.

*Employee job satisfaction is often measured using intrinsic and extrinsic facets. This study explored whether these facets of employee job satisfaction as described using qualitative interview data differed from the quantitative findings of the VA All Employee Survey. Data came from eight facility-wide interviews, or Workplace Assessments (100-200 respondents per interview, N≈1000), conducted with VHA employees (e.g. physicians, nurses, administrators). Data were analyzed using the grounded theory approach. Findings show that employees describe “intrinsic” qualities as core mission, dedication, and amount of work, while “extrinsic” qualities include frontline supervisors, chiefs/managers, pay, and promotion. Employees also emphasized intrinsic attributes over extrinsic ones in contrast to quantitative AES findings. This suggests that employees reflect on their job satisfaction differently when responding to open-ended interview questions compared to closed-ended survey options. Therefore, both data collection techniques may be needed to develop a composite picture of employee job satisfaction.*

**Yanchus, N.J., Derickson, R., Dyrenforth, S.R., & Osatuke, K. (2011).** *Characteristics of Patient-Centered Care in the Veterans Health Administration.* Poster presented at the annual national conference of the Association for Psychological Science in Washington, DC, May 2011.

*Research indicates that patient-centered care creates improved communication, promotes better patient involvement in care, develops a positive relationship with the healthcare provider, and results in better treatment adherence. This study examined healthcare climate across VHA workplaces as a function of whether their employees described patient-centered care as a priority. Data came from two sources matched at the workgroup level: (1) Workplace Assessment interviews with VHA healthcare providers (N=1,200 interviews across 52 workgroups), and (2) VA All Employee Survey (same 52 workgroups). Using t-tests, differences were examined between workgroups citing patient-care-as-strength and those citing patient-care-as-weakness. Patient-care-as-strength groups cited higher customer satisfaction, teamwork, conflict resolution, accountability in work quality, and perceived*

*organizational support. Comparatively, patient-care-as-weakness groups cited higher job demands and lower satisfaction with type and amount of work. Findings suggest that workgroup setting plays a key role in patient-centered care initiatives.*

**Yanchus, N.J., Osatuke, K., Judkins, S., & Dyrenforth, S.** (2011). *Characteristics of Patient-Centered Care in the Veterans Health Administration*. Poster presented at the AcademyHealth annual research meeting in Seattle, WA, June 2011.

*Patient-centered care creates improved communication, promotes better patient involvement in care, develops a positive relationship with the healthcare provider, and results in better treatment adherence. Using employee data from Workplace Assessment interviews, this study examined the healthcare climate across 52 VHA workgroups (N≈1,200 interviews). The purpose was to explore if workgroups that frequently mentioned patient care during their interview also described organizational strengths and weaknesses differently than those groups that discussed patient-centered care less often. Commonalities between the two groups included organizational strengths of core mission, dedication, knowledge, and experience, while weaknesses included facility resources and staffing. Differences included patient-centered workgroups emphasizing warmer, more emotive staff characteristics as organizational strengths and less patient-centered workgroups emphasizing stress, workload, and patient demands as organizational weaknesses.*

**Yanovsky, B., Osatuke, K., & Dyrenforth, S.** (2011). *Factor Structure of Two Different Developmental Assessment Center Rating Formats*. Poster presented at the annual national conference of the Society for Industrial and Organizational Psychology in Chicago, IL, April 2011.

*Assessment Centers (ACs) have been shown to be good predictors of job performance and are largely used today with employees or applicants to determine selection, promotion, diagnosis of training needs, or development. This study investigated the dimensionality of Developmental Assessment Center (DAC) ratings within VA by comparing a traditional rating format (Within-Exercise) to a modified hybrid rating format (Within-Dimension). Mid-level managers (N=63) participated in the DAC in January, 2010 as part of a national leadership development program. Mentors and preceptors provided ratings on managers' performance dimensions at both the conclusion of each exercise (Within-Exercise) and the completion of the entire AC (Within-Dimension). Following factor analysis, findings suggest that when ratings are provided at the end of the exercise raters focus on the overall performance of that exercise and do not discriminate between dimensions. However, when ratings are provided at the end of the AC, some distinct dimensions seem to appear. These findings should inform DAC designers of rating process mechanisms to enable their decision-making on when best to rate the exercise or competency.*

## **2010 Conferences**

**Benzer, J., Young, G., Caso, A., Stolzmann, K., Meterko, M., Osatuke, K., White, B., Mohr, D.** (2010). *The Role of Primary Care Team Climate in Diabetes Care*. Paper presented at the annual national meeting of the Academy of Management in Montreal, Canada, August 2010.

*There is growing recognition in the literature that the delivery of health care services entails effective teamwork among various professionals, particularly for managing chronic conditions (Choe et al., 2009; Harrison et al., 2007; Zwar ate al., 2006). This study tested the utility of team climate for explaining variation in diabetes care between primary care teams in the Veterans Health Administration (VHA). Team climate was defined as extrinsic (focus on goals*

and rewards), social (teamwork and cooperation), and intrinsic (autonomy and innovation). Data came from the 2007 External Peer Review Program (EPRP), an independent chart review of randomly selected patients that evaluates compliance with patient care guidelines, and the 2007 VA All Employee Survey, an annual voluntary survey of all full-time VA employees that includes web, paper, and telephone modes of administration. The effect of 244 primary care team climates on diabetes processes and intermediate outcomes was estimated for 5,284 patients in a cross-sectional study. Results indicate that social climate was significantly related to an increased likelihood of diabetes care processes and intermediate outcomes. Also, a small link emerged between intrinsic climate and diabetes care, however, no significant effect emerged between extrinsic climate and diabetes care. Results provide preliminary evidence that positive social interactions in primary care teams affect a wide range of diabetes care outcomes.

**Brassell, T., Yanovsky, B., Osatuke, K., & Dyrenforth, S. (2010).** *The Effects of Demographic Dissimilarity on Performance Appraisal Expectations.* Poster presented at the AcademyHealth annual research meeting in Boston, MA, June 2010.

*Performance feedback is used to communicate an objective evaluation of an employee's performance, offering guidance on where to improve. Research has suggested that rater-ratee dissimilarities can affect performance ratings, decreasing their accuracy. Alternate perspectives argued these findings have been replicated with mixed success in applied settings. This study used applied data to examine effects of supervisor-subordinate dissimilarities in gender, race and ethnicity on differences between supervisor and subordinate ratings of expected subordinate performance. Using FY2009 360° performance feedback data from Veterans Health Administration (VHA) mid-level managers, the applied effects of rater-ratee demographic dissimilarity in performance expectations were examined. Eight One-Way ANOVAs were conducted to examine the differences between demographically congruent and incongruent groups for each demographic (gender, race, and ethnicity). For all three groups demographic dissimilarity was not significantly related to different perceptions of preferred performance. While distorted expectations may compromise potential benefits of performance feedback, evidence of such distortions being associated with demographic differences was not found in VHA data. Findings suggest that standards for delivering quality health care are well communicated to diverse individuals within VHA's large national healthcare network.*

**Brassell, T., Yanovsky, B. Osatuke, K., & Dyrenforth, S. (2010).** *The Effects of Qualitative Feedback on Mid-Managers' Improvement on Performance Behaviors in the Veterans Health Administration.* Poster accepted for presentation at the annual national conference of the American Evaluation Association in San Antonio, TX, November 2010.

*The Department of Veterans Affairs' (VA) commitment to employee development is expressed in the use of the 360-degree feedback appraisal system, designed for the professional evaluation and development of mid-level managers. The 360-degree feedback provides quantitative ratings of behaviors expressing job-related competencies, as well as qualitative feedback on employee strengths and areas for improvement from multiple raters (boss, peer, staff, self). Data collected from this performance appraisal allowed for the opportunity to examine the applied effects of different types of qualitative feedback. Results indicated no differences between types of feedback (simple or complex) in strength (praise) or improvement comments on performance improvement. Implications of this research are discussed.*

Mohr, D., **Moore, S.C., Osatuke, K.**, Meterko, M., Nealon Seibert, M. (2010). *Primary Care Workload and Staffing Differences in VA Urban and Rural Practices*. Poster presented at the HSR&D National Meeting on Improving Health Care for Rural Veterans in Portland, ME, May 2010.

*Effective workload management, the ratio of support staff, and use of non-physician providers can lead to operating efficiencies, practice productivity, and improved quality of care. The objective of this study was to compare panel size and staffing utilization for Veterans Health Administration (VHA) primary care practices located in urban and rural settings, and by type of facility (e.g., medical hospital or community-based outpatient clinic (CBOC)). Data came from the VHA's Primary Care Panel Management Module (PCMM) FY2009 (213 rural practices and 397 urban practices; 151 medical hospitals and 459 VA-staffed CBOCs). Results show that primary care practices in urban areas had higher workload values, while urban area practices more routinely met their target workload goal. A greater percentage of urban practices also used non-physician providers, while rural practices had a higher support staff to provider ratio. This pattern of urban and rural differences was consistent when restricting analyses by practice size and when comparing practices located in CBOCs to those in medical hospitals. To conclude, rural practices had a lower workload ratio and higher support staff to provider ratio compared to urban practice suggesting rural areas may be better positioned to manage greater patient demand in the future; although staff recruitment/retention to meet this rural demand may be challenging.*

Mohr, D., **Osatuke, K., & Brassell, T.** (2010). *Changing Nature of Healthcare Performance Measurement*. Paper accepted for presentation at the annual national conference of the American Evaluation Association in San Antonio, TX, November 2010.

*The interest in performance measurement in healthcare has greatly expanded in the past decade. Healthcare system managers, providers, purchasers, policy makers and consumers have become more interested in evaluating how effectively and efficiently the care is being delivered. This initial attention was motivated by reports that individuals were receiving suboptimal care. Since then, the interest in evaluation has been maintained and further motivated by changing policies around expense reimbursements, healthcare system accreditation and quality improvement priorities. While performance measurement can lead to improvements, there are possible tradeoffs that result from a focus on compliance with the quality standard measures versus prioritizing individual patient care needs. Additionally, challenges exist in implementing systems of tracking and measurement to support evaluation and in gaining support of providers when applying these systems. The paper discusses historical background, motivating factors, advantages/disadvantages and likely future directions on performance evaluation.*

Mohr, D., **Osatuke, K., Moore, S.C., Yanovsky, B., Brassell, T., & Nagy, M.** *Organizational Survey of Workplace Climate: Differences in Representation across Response Modes*. Paper accepted for presentation at the annual national conference of the American Evaluation Association in San Antonio, TX, November 2010.

*The Veterans Health Administration (VHA) All Employee Survey (AES) is a voluntary annual survey, and serves as an important workforce evaluation and feedback tool for VHA. The AES assesses employee job satisfaction, perceptions of workplace climate in employee workgroups, and perceptions of organizational culture (VHA hospitals, clinics, or program offices). Since 2004, the AES results are consistently used to inform local and national decision-making regarding human capital and workplace management priorities. AES response modes include paper, phone, and web formats. Given the changing perceptions of*

technology, we examined representation of employee groups by modes in years 2004, 2008, and 2010. We found the VHA workforce to be demographically similar to AES respondents, however, comparing AES respondents across mode of survey completion showed demographic differences. We conclude that offering several response modes maximizes demographically balanced participation. This is particularly important when evaluation of perceptions guides subsequent organizational actions.

Mohr, D., Stolzmann, K., & **Osatuke, K.** (2010). *Comparing Cancer Screening Rates in VA Divisions with and without Women's Health Clinics*. Poster presented at the annual national conference of the HSR&D on Women's Health topics in Arlington, VA, July 2010.

*This study examined whether female Veterans were more likely to receive breast and cervical cancer screening in VHA divisions that also had a women's health clinic in addition to a standard primary care/medicine clinic. Using patient-level chart review data from the 2007 External Peer Review Program (EPRP), 3,532 female Veteran charts with a breast cancer screening review were identified, as were 2,243 female Veteran charts with a cervical cancer screening review. These quality indicator reports were matched to additional demographic data: marital status, age, service-connected disability, means test indicator, mental health utilization, and race. Since EPRP assesses cancer screening measures on a two and three-year basis, a variable was created to indicate whether the VHA medical division had a women's health clinic that was new (1 year or less of operations), established (2 years or more of operations), or did not have a speciality clinic. This variable was then connected to the corresponding division chart review and assessed using nonlinear hierarchical models. Results show a high percentage of female Veterans had a completed screening for breast cancer (86.6%) and cervical cancer (91.6%). Of the 593 divisions in the sample, 24% had an established women's health clinic, and 4% had a newer women's health clinic. Significant variables for breast cancer screening were: being married (Odds Ratio (OR)=1.52)) and age (OR=1.03). Veterans seen at a division with an established women's health clinic (OR=1.43) or new women's health clinic (OR=1.95) were more likely to receive breast cancer screening. For cervical cancer, age was significant (OR=.97) as well as divisions with an established women's health clinic (OR=1.56). Findings indicate that while the majority of female Veterans received recommended cancer screenings, those who visited VHA divisions with an established women's health clinic were more likely to receive recommended cancer screenings.*

**Moore, S.C., Osatuke, K., & Dyrenforth, S.** (2010). *Civility Measure Shows Partial Factorial Invariance across Racial and Ethnic groups*. Poster presented at the 22<sup>nd</sup> annual national conference of the Association for Psychological Science in Boston, MA, May 2010.

*Organizational health concepts of civility and incivility have received important attention in recent years as concepts related to absenteeism, turnover, and employee job satisfaction. Despite their importance, little is known about the accuracy of these measures across diverse populations. This study sought to assess factorial invariance in a civility measure across ethnic and racial groups using confirmatory factor analysis (CFA) and invariance testing. Data came from the largest ethnic and racial groups represented in the Veterans Health Administration (VHA) All Employee Survey (2006): White, Asian, Black, Hispanic. An individual CFA was run for each ethnic/racial group and then a combined CFA of all groups for the purpose of invariance testing. Fit indices for the individual models provide evidence of good fit for the single factor model to each of the racial and ethnic groups. Results for the combined model were nearly equivalent to the individual models suggesting that elements of civility (excluding diversity acceptance) are perceived similarly by all groups. The findings are*

*conceptually and pragmatically important for organizations whose workforce is becoming increasingly diverse. Understanding the nature and strength that ethnic and racial backgrounds have on perceptions of interpersonal treatment at work will help practitioners develop effective interventions to improve workplace relationships.*

**Moore, S.C., Osatuke, K., & Dyrenforth, S.** (2010). *Factor Structure and Time Invariance of a Civility Survey Instrument*. Poster presented at the annual national conference of the Society for Industrial and Organizational Psychology in Atlanta, GA, April 2010.

*Building upon prior research (Meterko et al., 2007), this study sought to more fully understand the psychometric properties (i.e., factor structure and time invariance) of the workplace civility scale within the Veterans Health Administration (VHA) All Employee Survey (AES) instrument. Using confirmatory factor analysis, three years of AES survey data (2006-2008) were fit individually and then through multi-group analysis with nested models for the 8-item civility scale. Factor loadings indicated good model fit for a single factor structure (as identified by Meterko et al., 2007) and were shown to be invariant across time. Findings support continued use of the VHA AES civility scale and provide evidence for a reliable mechanism to use in future studies of this organizational construct.*

Naimon, E.C., Mullins, M.E., & **Osatuke, K.** (2010). *The Effects of Personality and Spirituality on Workplace Incivility Perceptions*. Poster presented at the 22<sup>nd</sup> annual national conference of the Association for Psychological Science in Boston, MA, May 2010.

*This study explored the dispositional predictors of incivility perceptions. The literature suggests that workplace incivility is more likely to be perceived by women and individuals with little power (Cortina et al., 2001), is linked to less agreeable personalities (Milam et al., 2009), and may be lower among more spiritual persons (Milliman et al., 2003). Data came from 102 graduate/undergraduate students at a small, Midwestern U.S. university who completed a survey instrument assessing incivility, civility, locus of control, agreeableness, and spirituality. Findings demonstrate a moderate, significant, and negative relationship between workplace incivility and employee agreeableness and spirituality. This study also lends further evidence to the notion that civility and incivility are not polar opposites, consistent with others who came to similar conclusions (Scriggs & Nagy, 2009).*

**Osatuke, K., McNamara, B., & Dyrenforth, S.** (2010). *Workplace Civility Perceptions Relate to Equal Employment Opportunity Complaint Rates*. Paper accepted for presentation at the annual national conference of the American Evaluation Association in San Antonio, TX, November 2010.

*This study assessed the relationship between workplace civility and Equal Employment Opportunity (EEO) complaints within the U.S. Department of Veterans Affairs. Civility concerns courteous workplace behavior that may contribute to fair resolution of conflicts, respectful valuation of individual differences, and coworker cooperation and teamwork. A civil work environment was theorized to share a negative relationship with the number of EEO complaints (as civility increases, EEO complaints should decline). Data came from the VHA All Employee Survey (2004, 2006-2008). Significant bivariate correlations were found between civility and EEO complaints (informal and formal) in the expected direction. The findings suggest that workplace civility may serve as an organizational indicator and precursor to EEO complaints. In VA, the CREW initiative (Civility, Respect, and Engagement in the*

*Workplace) plays a direct role in increasing workplace civility and may also have an indirect effect in reducing EEO complaint activity.*

**Osatuke, K., McNamara, B., Fishman, J., & Dyrenforth, S.** (2010). *Workplace Civility Perceptions Relate to Equal Employment Opportunity Complaint Rates*. Paper presented at the 116<sup>th</sup> annual national convention of the American Psychological Association in San Diego, CA, August 2010.

*This study assessed the relationship between workplace civility and Equal Employment Opportunity (EEO) complaints within the U.S. Department of Veterans Affairs. Civility concerns courteous workplace behavior that may contribute to fair resolution of conflicts, respectful valuation of individual differences, and coworker cooperation and teamwork. A civil work environment was theorized to share a negative relationship with the number of EEO complaints (as civility increases, EEO complaints should decline). Data came from the VHA All Employee Survey (2004, 2006-2008). Significant bivariate correlations were found between civility and EEO complaints (informal and formal) in the expected direction. The findings suggest that workplace civility may serve as an organizational indicator and precursor to EEO complaints. In VA, the CREW initiative (Civility, Respect, and Engagement in the Workplace) plays a direct role in increasing workplace civility and may also have an indirect effect in reducing EEO complaint activity.*

**Osatuke, K., Mohr, D., Stolzman, K., & Dyrenforth, S.** (2010). *Patient-Provider Gender Congruence: Effects on Patient Satisfaction*. Poster presented at the annual national conference of the HSR&D on Women's Health topics in Arlington, VA, July 2010.

*Providing patient-centered care for female Veterans has acquired an increased focus within the Veterans Health Administration (VHA). Patient-provider congruence is critical for effective patient-centered care; outcomes studied include: patient satisfaction, medication adherence for diabetes and hypertension, glycemic control for diabetes (Cvengros et al., 2009). This study sought to identify the extent to which patient-provider similarities, specifically their gender congruence, relate to Veteran female patient satisfaction specifically with communication about treatment. Data came from the 2007 Survey of Patient Healthcare Experiences (SHEP) and included a sample of female Veteran outpatients (N=2,000 patients) matched to their primary care team (N=200 teams). SHEP data included: patient age, physical health rating, mental health rating, and satisfaction with quality of care. Primary care teams were assigned a male-female ratio value for provider, nurses, and all other staff. Results show that primary care teams with a higher percentage of female providers was significantly associated with and predictive of greater patient education, while those with a higher percentage of female nurses were significantly associated with and predictive of greater access to care. Findings suggest that primary care practices with a greater number of female Veteran patients may want to consider increasing the representation of female providers and nursing staff, as this may lead to improved patient satisfaction with information about treatment.*

**Osatuke, K., Moore, S.C., & Dyrenforth, S.** (2010). *Demographic and Occupational Characteristics as Predictors of Differences in Workplace Civility Perceptions*. Poster presented at the 22<sup>nd</sup> annual national conference of the Association for Psychological Science in Boston, MA, May 2010.

*In healthcare environments, employee perceptions of workplace civility have an important effect on clinical outcomes (Rosenstein & O'Daniel, 2005). Prior research on correlates and predictors of workplace climate perceptions (e.g., incivility) suggests that employees at lower (vs. higher) levels of organizational hierarchy and women (vs. men) perceive higher incivility levels; findings, however, are mixed regarding race, age, and workplace environmental characteristics as predictors of incivility perceptions. This study sought to examine the demographic and workplace environmental characteristics associated with higher versus lower perceptions of workplace civility. Data came from the VHA All Employee Survey (2009) and included demographic qualities of age, gender, tenure, race/ ethnicity, supervisory status, and workplace setting (e.g., administrative, research, clinical, etc.). Mixed model analyses were applied to test main and interaction effects of these predictors on individual level civility scale scores. Results indicate that significant individual predictors of civility perceptions were tenure, race/ethnicity, workplace setting, age, and supervisory level. Gender was unrelated to individual civility ratings. Findings lend additional insight to the field on demographic predictors of workplace civility.*

**Osatuke, K., Moore, S.C., Fishman, J., Draime, J., & Dyrenforth, S. (2010).** *Employee Gender, Generation, and Experience: Relationship to Workplace Climate Perceptions.* Paper in session, presented at the annual national research meeting of AcademyHealth in Boston, MA, June 2010.

*In the literature, two strategies persist for studying generational differences – by age, or birth generation, and by stage, or experience in the organization/on the job. While there is partial empirical support for both perspectives, findings remain inconclusive. This study explored the relative importance of differences in satisfaction and workplace perceptions among generations of employees. Data came from Veterans Health Administration (VHA) workplace assessment interviews and the VHA All Employee Survey, and were grouped into three age categories: baby boomers (aged 50-59), GenX (age 30-39), and millennials (age 20-29). Findings show that at least for non-supervisory employees, organizational age (being a new versus old employee in a particular workplace) had stronger effects on workplace perceptions and satisfaction than employees' age per se. That is, differences in Generation (Baby Boomer, GenX or Millennial) may be less important at the workplace than length of experience within a particular facility. Additionally, both factors (generation and length of experience) may have different weight for male and female non-supervisory employees, in influencing their perceptions of civility, management for achievement, and customer focus at their workplace.*

**Osatuke, K., Snell, A., & Dyrenforth, S. (2010).** *Veterans Health Administration Polytrauma Rehabilitation: Provider Perspective on Patients' Family Involvement.* Poster presented at the AcademyHealth annual research meeting in Boston, MA, June 2010.

*Veteran polytrauma care is increasingly relevant in the aftermath of Operation Iraqi Freedom and Operation Enduring Freedom (OIF-OEF) due to the high percentage of soldiers returning from combat with multiple injuries (Belanger, Uomoto, and Vanderploeg, 2009). The Veterans Health Administration (VHA) defines polytrauma as "two or more injuries to physical regions...resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability." VHA Polytrauma Rehabilitation Centers are unique healthcare centers that allow Veteran families to be involved in the Veteran's care. This study examined the perspective of providers at VHA Polytrauma Rehabilitation Centers regarding the extent to which families of polytrauma patients are involved in their care as well as the providers' attitudes regarding this level of involvement. Family involvement and clinical provider perspectives were compared between VHA Polytrauma Rehabilitation Centers and*

comparable VHA sites that did not provide polytrauma rehabilitation care. Data came from qualitative workplace assessment interviews (Dec. 2006 – Dec. 2007). Family involvement in patient care was considerably more prevalent in polytrauma rehabilitation than non-polytrauma settings, and was perceived by providers as having some positive aspects (e.g., aligning providers with families, improved family education, treatment process meets family's needs, family helps in treatment process). Negative aspects, however, were mentioned more frequently and elaborated in greater detail (e.g., additional resources needed, families as 'special case', and disrupted care delivery). Employees in polytrauma care stressed the importance of balancing family-patient and provider-patient support and the boundaries between them. Articulating and reinforcing standard policies and procedures regarding family involvement may be part of the solution.

**Osatuke, K., Yanovsky, B., Moore, S.C., Brassell, T., & Dyrenforth, S.** (2010). *Evaluating Data Quality in the Veterans Health Administration All Employee Survey*. Paper accepted for presentation at the annual national conference of the American Evaluation Association in San Antonio, TX, November 2010.

*The Veterans Health Administration (VHA) All Employee Survey (AES) is a voluntary annual survey of workplace perceptions (2008: N=164502; 72.8% response rate; 2004: N=107576; 51.75% response rate). AES results are included in action plans at the VHA facilities, at the regional level, and nationally. The dissemination of results and improvement implementation are included in the performance standards for managers and executives. Such broad use of AES results underscores the importance of data quality. We examined data quality issues in two years of the survey. We examined survey response and item non-response rates as dependent of respondents' demographics, selected scores (e.g. satisfaction), and facility-level factors (incentives, organizational complexity). Variation in survey response rates and in rates of unanswered questions and survey break-offs was unrelated to significant differences in mean survey scores for VHA facilities. Variation in demographics was significantly related to individual-level item non-response rates but effect sizes were small.*

**Snell, A., Moore, S.C., & Osatuke, K.** (2010). *Civility Score Variation across Ethnic Groups in the Veterans Health Administration*. Poster presented at the 22<sup>nd</sup> annual national conference of the Association for Psychological Science in Boston, MA, May 2010.

*Hispanic representation in the U.S. workforce has grown in recent years and is projected to continue into the future. Previous research indicates there are differences between Hispanics, as well as other minorities, and Whites for organizationally relevant constructs such as job satisfaction, organizational commitment, and other measures of employee well-being. This study compared civility scores across Hispanic and White Veterans Health Administration (VHA) employees, and theorized that: (1) Hispanic employees would perceive their work environment as less civil than White employees and (2) as supervisory level increases, the perception of civility will also increase. Data came from the VHA All Employee Survey (2004, 2006-2009); specifically staff who identified as Hispanic or White non-Hispanic. A 2 x 2 x 5 (gender, ethnicity, & supervisory level) ANOVA was conducted to evaluate the effects of ethnicity, gender, and supervisory level on civility scores. Results indicate that Hispanic employees, as theorized, perceive their work environment as being less civil than White employees, and that as supervisory level increases, so does the perception of civility. The exception is a significant interaction between ethnicity and supervisory status among Hispanic executives who perceive their work environment as less civil than other supervisory levels. Results also indicate that female employees perceive their work environment as being less civil than male employees in both the Hispanic and the White sample. These differences*

*between Hispanic and White employee perception of civil behavior offer an initial insight for future workplace interventions.*

Stolzmann, K., Benzer, J., Meterko, M., **Osatuke, K.**, Mohr, D. (2010). *Primary Care Quality and Patient Satisfaction in Rural and Urban Veterans Health Administration Settings*. Poster presented at the HSR&D National Meeting on Improving Health Care for Rural Veterans in Portland, ME, May 2010.

*This study compared rural and urban Veterans Health Administration (VHA) medical settings with regard to primary care patient satisfaction and technical quality of care using a large national sample of Veteran patients who received care at VHA. Data came from: (1) 2007 Survey of Health Experiences of Patients (SHEP) measuring Veteran outpatients' satisfaction with access, continuity of care, visit coordination, overall coordination, emotional support, patient education, patient preferences, and courtesy, and (2) 2007 External Peer Review Program (EPRP) measuring facility technical quality adherence to best practice patient guidelines in five domains: diabetes, acute myocardial infarction (AMI), hypertension, cancer screening, and immunizations. Both datasets were matched at the patient-level to provider and facility-level information (e.g., Rural/Urban designation). Findings indicate that rural VHA divisions were significantly higher than urban divisions on outpatient access to care, but no significant differences emerged on outpatient perceived quality of care or any of the EPRP technical quality of care measures.*

**Yanovsky, B., Brassell, T., Osatuke, K., & Dyrenforth, S.** (2010). *An Examination of the Qualitative Comments within a 360-degree Performance Appraisal*. Poster presented at the AcademyHealth annual research meeting in Boston, MA, June 2010.

*Performance appraisal is integral to organizations in personnel decision-making, so its accuracy and comprehensiveness are important. One common performance feedback system is 360-degree assessment, which includes quantitative ratings by supervisors, subordinates, peers, and employees themselves. Veterans Health Administration (VHA) uses 360-degree assessments for mid-level managers' development, which includes qualitative comments regarding Strengths and Areas for Improvement. This study sought to understand the contribution of qualitative comments to describing performance, and specifically evaluate whether comments reflect the same themes as quantitative ratings. Data from VHA 360-degree assessments were randomly selected from 100 employees. We examined how well the qualitative comments fit and reflected the quantitatively measured core competencies. Results showed that agreement between Strengths and highest rated competencies occurred 29% of the time, and agreement between Areas for Improvement and lowest rated competencies occurred 25% of the time. These results suggest that qualitative comments partially reflect quantitative ratings, and that the qualitative comments may potentially add additional information. This study demonstrates the contribution of qualitative ratings, and helps us understand why managers attend to them closely when they receive performance feedback.*