Sound Ethics in Health Care in Depth: Ethical Leadership and Culture

A conversation between Jeffrey Gering and Dr. Melissa Bottrell
December 8, 2014

Dr. Jorge Cortina: Hello, everyone. This is Jorge Cortina, Acting Chief, IntegratedEthics®, with the National Center for Ethics in Health Care. I would like to welcome you to today's Improvement Forum call. Today we will be hosting a conversation about "Ethical Leadership and Culture" between Melissa Bottrell, the Acting Deputy Director for the National Center for Ethics in Health Care, and Mr. Jeffrey Gering, the Medical Center Director in San Diego and Acting VISN 22 Network Director. From the start of his term, Secretary McDonald has emphasized integrity and values as being very important to our mission, as well as the importance of the need to rebuild trust with Veterans and stakeholders. He has stated that among other things, *MyVA* means empowering employees to respond and react to Veterans at each point of interaction. Additionally, the *Blueprint for Excellence* shows that the Veteran experience is derived first and foremost from leadership, policies, culture, and values. Today we have a very special opportunity to hear firsthand from distinguished VA leaders speaking about leadership and culture. As Director and Chief Executive Officer of the VA San Diego Healthcare System, Jeff Gering is responsible for a dynamic health care organization that is responsible for ensuring the health of over 75,000 Veterans in the San Diego area. Mr. Gering came to San Diego in May of 2012 from Ohio, where he was director of the Chillicothe VA Medical Center. He is a fellow of the American College of Healthcare Executives and a member of the ACHE's CEO Committee. During his time as the Director of Chillicothe, the organization was identified as a Best Practice in creating a culture of improvement.   In 2014 he has led the strategic response to improving the organizational health for the Veterans Health Administration, and under his leadership, the VA San Diego Health Care System is recognized as a top-performing hospital by the Joint Commission. He will be interviewed today by Melissa Bottrell. Since coming to the National Center for Ethics in Health Care in 2003, Dr. Bottrell has played a significant role in the design, development and implementation of IntegratedEthics materials, particularly in the areas of Ethical Leadership and Preventive Ethics. Before assuming her current role as Acting Deputy Director, she has served as Chief of IntegratedEthics, where she led the development and implementation of IntegratedEthics across VHA. Let me express our appreciation and

gratitude to Mr. Gering and Dr. Bottrell for taking the time to discuss this timely and important topic. Melissa, I'm passing the mike over to you now.

Dr. Melissa Bottrell: Wonderful. Let me just first make the shout-out and make sure that Director Gering is actually on the line and we can hear him.

Jeffrey Gering: Yes, Melissa, I'm on the line. You can call me Jeff.

Dr. Bottrell: Thank you so much, Jeff. Let me just start by saying thank you. I know that everyone on the line is very excited and pleased to hear your thoughts about organizational health and how, as a Director, you go about creating the kind of community and the kind of VA that reflects the ICARE values that all VA employees want to work in. I know that's certainly the role of our IntegratedEthics programs, and they're keenly aware of how hard this work is. And so hearing from you, who's trying to do this work, will be really exciting and we're very pleased to have you here.

Mr. Gering: Great. It's great to be on the call.

Dr. Bottrell: So let's start with our first question. As a VHA leader, tell me, how do you personally take action to build a culture of integrity?

Mr. Gering: First off, right now I'm the Acting Network Director for VISN 22, which is the facilities in southern California and Las Vegas, but normally I'm the Director at the San Diego VA. And so I'm going to talk to more at San Diego, though it relates to both roles. And I think at first it's a belief that we can take deliberate steps and be purposeful in creating a culture that reflects the principles and values that we embody as an organization or want to embody as an organization. So with us, and particularly relevant with our new Secretary, who is a strong champion with ICARE, it's pretty evident what our core values are. And one of those core values is Integrity, which speaks directly to the importance of ethics, ethical leadership, IntegratedEthics, ethical activity or behaviors in everything we do. At San Diego we've purposely set out to create a, we call it a "culture of excellence." It's taken a number of months to develop, but one of the foundational elements — well, the three foundational elements of that is safety in terms of patient and employee safety, quality of care, and integrity or ethics. And those are three things that are foundational, meaning they're a part of who we are and are really non-negotiable. So I think that, from the start, sends a very strong message. More in a pragmatic or everyday type of reference, I think realizing the importance of integrity or ethics, the leader — there's moments during the course of a week or even a day that there's judgment

calls to be made. And those times for the director to say, well, what's the right thing to do? Or even to say, we might not look good in this and the results that we produce, but we should do what is truthful and the right thing to do. Those types of comments or those types of situations send powerful messages to staff in the room and all the staff in the rooms who talk to others who aren't in a room about what's important around here. And I think those are just two — one global example but one very concrete example of how a senior leader can create an important message across the organization that ethical behavior is a priority.

Dr. Bottrell: So what you're saying is that the leader begins by sort of setting that tone and creating that tone and working from the ICARE values. How do you encourage those best practices or those behaviors to trend down to any level of leadership in the organization?

Mr. Gering: Well, one is, personally, on what you model or what you say as a leader is very important. So one of the examples I'll just give as a specific example is that all the directors are supposed to do listening sessions with their schedulers and they're supposed to broaden them out to others. And I deliberately, when I met with our schedulers at San Diego, talked to them about that they need to schedule ethically, even if it makes the wait times look longer than they should, because that's the way that we determine we need additional resources in different areas, is if our data is accurate but reflects truly that we have gaps between demand and what we have in supply or resources. So that is a specific example of modeling the behavior or walking the talk. Also I meet with my service chiefs in those listening sessions for office staff, but also I have regular meetings with supervisors. And those front-line supervisors, they hear directly from me, again, about the importance of ethical behavior, integrity in what we do. I think it sends a very strong message that can start to create a culture that really embraces those principals.

Dr. Bottrell: Those are really wonderful examples. Building on these, your personal experiences and what you've seen walking around in these various facilities that you've worked in, and thinking about when you're tasked to lead the Leading Access in Scheduling Initiative Organizational Health workgroup, what was your approach in helping leaders across VHA create that environment that reflects the ICARE values to this big national workgroup as opposed to your ability to walk around and model directly?

Mr. Gering: A lot of you aren't familiar, but there's this term called LASI, which was Leading Access in Scheduling. It was started by Deputy Secretary Sloan Gibson as a deliberate effort for a 90-day plan to really right the organization when we were really at the depths of the

scheduling and access crisis. So there were a number of different, they're called work streams. One was the scheduling directive, another was training. But one of them was organizational health. And myself and the person that co-led it with me, there wasn't a lot of direction how to define organizational health. So we had the opportunity to integrate into that definition of organizational health — not just psychological safety and accountability, but the importance of instilling behavior norms that reflect importance of the personal ethics, integrity, and fidelity. So we were sensitive to the importance of ethics and the importance — if we're going to have a healthy organization, it has to be in there. So that was pretty overt, but there were other implied components that we really worked on that touched ethics, such as psychological safety, such as the importance of rationale. And when you provide direction, providing the rationale to that. So one of the things that came out of our effort is — well, there's a number of things, but two of the bigger things earlier on stage is, one is a leadership toolbox for executive leaders across the organization, across VHA, to work on, which includes whole categories of areas to function and build upon for senior executives in VHA, instilling ethical behavior and integrity throughout the organization. So that's one, we tackled it. But the other was to sensitize leaders, and particularly leaders at headquarters, to the importance of a rationale when they put out new taskings or directives. And so we still have a ways to go on that, but if you look at the performance plan for senior executives, every performance element now includes a rationale. And I think there's a real connection between that and ethics because we get to a culture where, if there's no rationale but you just do it because you're told to do it, then you start getting into trouble with acting with integrity, because you're just doing something because that's what the guidance says, without, "This is the right thing to do and this is why it's the right thing to do. And this is the greater good that we're trying to achieve." So my response is some conceptual things, but there's some very specific things we're trying to do across VHA to really, again, instill a deeper appreciation and importance of ethics in the culture we have, and also the actions we carry out as leaders across VHA.

Dr. Bottrell: Can you talk a little bit about some of the challenges that leaders encounter when they're trying to demonstrate the ethical behavior that they want and create the environment that they want in VA?

Mr. Gering: There are many times, and those on the call have seen these occurrences, where we're asked to comply with a directive or a requirement or performance goal that's completely unrealistic. And we're told to just comply and not speak up. There's a lot of problems with that, and that's partly one of the core root causes of how we got ourselves in

this situation. There were many folks that were, across VHA, were asked to do various things such as provide timely access to care but were faced with insufficient resources and were not given the latitude to speak up that they did not have sufficient resources. That creates in some ways an ethical dilemma because you've been put in a situation that is a no-win situation. But then your scope of influence has been reduced such that you can't even influence the situation to bring recognition that there's a problem here. So that is a common situation across VA, unfortunately. Another common situation that we've seen is where directors are asked that they have to certify something as true when it may not be true or they're not sure if it's true. They're basically basing their certification off someone that is telling them it's so, but they may be uncomfortable with that because the person's new or maybe they're not performing at a high level. So it puts a director in a very difficult situation. And I've been in situations where, well, you have to certify. You have no choice. So that's a problem. And so those type of situations, I think, if we're going to right this ship, we have to be able to speak up and say, you know, there is an issue here. I don't feel comfortable certifying this is true, or, I don't feel comfortable in this current situation where I'm not in a position to meet this requirement. And then instead of shutting people down and saying, well, you just have to do that or shut up and go away, you have to respect folks, listen to them and heed what they're saying and then provide them, obviously, with the psychological safety so they could go away feeling respected.

Dr. Bottrell: So it sounds like there's both sort of one-to-one activities or behaviors that you can do to create that psychological safe environments, you know, appropriate listening techniques and so on. But I'm wondering if there are also other things that you can programmatically or structurally do to help make an environment safe for people to bring things forward and talk openly about ethics or other, patient safety, other kinds of concerns.

Mr. Gering: There's a number of things, tools out there VHA has, and so t here's three I want to highlight there. One is, there's Stop the Line training which is coming out of the National Center for Patient Safety, that trains staff to basically stop the line if they feel there's something not right, and do so in a safe manner. There's also a VHA Psychological Safety Task Force that's working on tip sheets and kind of tools for front-line staff to feel safe to foster psychological safety in the workplace. And then the more recent one that's just come out recently is something called the Unconscious Bias Virtual Course that's being put out by the VHA Office of Health Equity. And that's really sensitizing us to our biases. And through that awareness, really improving our interactions and interpersonal communications with people coming from different backgrounds and different perspectives. And there's a lot of others. I think

in many ways it's showing courage, either as a leader or even as a front-line staff member, that when there is something wrong it takes courage to speak up and say there's an issue here. But doing it in a constructive assertive manner is, I think, the most healthy, productive way of handling that. Again, I realize a lot of staff in VHA aren't in a position where they feel psychologically safe, and that's something we have to work across the whole organization to make sure that we improve that situation.

Dr. Bottrell:	Are there steps that individual facility staff can particularly do? You sort of touched on it, having the courage themselves to bring things forward. Are there other things that individual staff — maybe not leaders — can do to help create a culture of integrity?

Mr. Gering:	I think first off, sensitivity towards ethics and integrity in what we do that, in many ways, when we say ethics, many folks try to limit that to medical ethics, which is very important. It's obviously a key part of it. But it goes well beyond that. It goes into integrity and ethical behavior. It goes to leadership ethics, situational ethics. All those aspects. So how you schedule someone may not be a traditional way we have, with our IntegratedEthics, looked at that, but that is very core of being ethical or the organization being ethical. How we rate employees on their performance can be looked at from an integrity standpoint. I've had supervisors that rated everyone as Outstanding because it was the easy thing to do. Is that necessarily acting with integrity when there's significant differences in performance? Probably not. So I think one is, awareness across the organization, the importance of ethics, and talking about it. And then speaking about it, I think, can do a lot to raise the level of ethical behavior across the organization through awareness and sensitivity and then through reinforcement. The tough part when you get into this is critical conversations and providing staff with tools that they can use to have those critical conversations. "Carefrontations" is a way of using care to confront someone. So "carefrontations" is the word we're starting to use in San Diego as a constructive way to have confrontations when, it could be for many differences. But "differences" I'm talking about here is when there's an ethical concern and bringing it up in a respectful manner.

Dr. Bottrell:	That's very interesting — you talk about fairness and justice and also care and respect. And one of the things we know from the literature is both of those aspects, feeling that various bonuses and benefits are meted out fairly, feeling that engagements with supervisors are fair and also that individual interactions are respected, from the literature and certainly from our conversations that we've had in the Ethics Center when we've done interviews with employees at all levels, those are so essential to whether or not people feel that

they work in an environment with integrity. And often, front-line staff may have a slightly different perspective of what respect and integrity looks like than leaders and supervisors may. But as a whole, those pieces together create that concept of integrity. So to see how they fit together is really important. Given that, what can — and given that we have our IntegratedEthics staff on the call — what can IntegratedEthics programs do to support facility and network leaders in building an ethical culture and environment?

Mr. Gering: I think feeling comfortable to speak up and help set the agenda is one of the first steps. And so you should be having regular meetings with your IntegratedEthics Committee. And so one is, getting the right people there. So that would include some administrative service chiefs, not just clinical service chiefs, for instance. But also obviously it's the director. If you can't get the director, the associate director, chief of staff, get senior leaders in the meeting. And then looking at setting the agenda so that you're broadening the discussion beyond some of the traditional topics of an IntegratedEthics Committee. And so one, scheduling should be on there. I mean, that is a significant ethical consideration. And whether you're without reproach right now or you're one of the facilities that have been under investigation from the Inspector General, every facility should be looking at scheduling from an ethical viewpoint. And so I think, creating an agenda. From there I think hopefully what you'll do is create initiatives to address, again, the broadened agenda of IntegratedEthics that will gain awareness across the organization. So I used examples of performance ratings and looking at it from a sense of justice or integrity. And working with the chief of HR, for instance, to send out guidance. It's probably too late now, but for next rating period that the supervisors look at that for not just a compliance viewpoint or what's pragmatic, but also a sense of, what's the just thing to do when I rate my employees. That could be pretty powerful, that one particular initiative, to really broaden the *recognition* of the importance of ethics in the organization, but also the *importance* of ethics in the organization. So those are some specific suggestions I would have, Melissa.

Dr. Bottrell: Those are really great, and that actually brings me to one of the questions I had, because I think there are so many competing priorities in VA, and very high profile, especially in some facilities. Given the competing priorities for activities and the ongoing push in health care more generally for measurable or tangible outcomes, how do you justify or show value assigning staff to ethics, to do ethics-related activities, which can be seen sometimes as hard to measure or intangible?

Mr. Gering: I just had a call with VA Headquarters earlier this morning on this. And there's a depiction or model that I was referencing in talking to them on high-performing organizations. And there's tangible and intangible components of high-performing organizations. And the inputs for tangible are your budget, human resources, policies, communications. The intangibles are really developing your mission, your vision, providing inspiration, recognizing employees, motivating the values. They call it the organization's soul. You know, it provides meaning and compassion and caring, those kind of soft skills. But the outcomes — if you only focus on the tangible elements you might have good quality and good patient satisfaction, which are all important. But there's the intangible components, too, you have to work on, as well, which is, the outcomes are a sense of commitment and belief that this is the right thing to do. This is a good organization to be a part of. A sense I'm really engaged and I have a voice and value, a purpose. It's the culture and really trust in leadership, trust in the organization that it's doing the right thing, and a belief the organization's doing the right — those kind of things. So you have to get the intangible inputs to get to the intangible outputs. And that's where really organizations thrive. And this goes back to the whole concept of organizational health. So a big part of that is spending time on the softer things or the intangibles, I call it. And I think focusing on the importance of integrity and justice and trust and ethics is really important. Again, to get to those intangible outcomes that, when defined, an organization is truly thriving.

Dr. Bottrell: Thank you. So thinking about those intangibles, and again, stating the intangible but going back to the structure along the way: if you had to appoint someone to an important ethics-related role in your facility, a key person in your IntegratedEthics Program, what qualities would be most important to you as a leader looking to bring someone into that role?

Mr. Gering: Let's see. They have a desire to make a difference. They have a strong sense of purpose, but the purpose is not for their self-promotion but for the betterment of the organization. So kind of an altruistic viewpoint of things. A commitment or willingness to see through the barriers, so a sense of perseverance. Obviously good interpersonal skills, can connect with people on a deeper level. And really touch them that this is something important, something essential, and it's something that people want to get drawn into. So that's the type of person I would be looking for on an IntegratedEthics Committee and in particular, the chair or the point person for the IntegratedEthics program.

Dr. Bottrell: Great. Thank you. So let me close up before we start to ask questions from our audience and say, you know, this year, this last year has been really a difficult one for VHA. We've seen a lot of widespread challenges certainly with respect to access to health care and integrity. What are some of the lessons that you've really learned respect to ethical leadership, or stepping back and looking across VHA, and where you see us going in the future?

Mr. Gering: When I was, this summer, acting as the VISN Director, we had a session, all the VISN directors did, with some of the VSOs, the Veterans Service Organizations at the national level in Washington, DC, and talked to them about really some of the root causes that got us into this situation. And that was very good to hear their perspectives. And what came out of that is a couple root causes. And one of them was the lack of authentic dialogue at all levels. So that's between facilities and VISNs, and VISNs and headquarters, but also between facility leadership and service chiefs, and facility leadership and the front-line staff, and service chiefs and the front-line staff. And when I say authentic dialogue, dialogue that allows for both sides to share views, perspectives, to gain an appreciation and better understanding. So I think that is hugely important. I think that's a lesson learned. And the other thing is prioritization, too. We don't do that very well in VA. And I think that's something that has been a root cause of why we're in this problem today. We can't be all things to all people, though sometimes we try. What happens is we end up doing nothing very well in the process. And so that gets back to, if we don't have enough resources to do everything that's required, can we really see what we can scale back and not do as much of? That's a painful process. But again, going back to the importance of one, psychological safety, using integrity and looking at things from critical viewpoint, it's necessary, as painful as that is. Otherwise you put people in impossible situations, in situations they have a very difficult time succeeding. And so that is another big lesson learned over the last six months.

Dr. Bottrell: And where do you see VA moving towards in the future as in this time of change and reorganization and new thinking?

Mr. Gering: One of the good things that's come out of this is I think there is a stronger realization of the importance of culture, or organizational health. And we have to be deliberative and focusing on that. So I think there will be much more effort on that going forward. I do think that with our new Secretary, Bob McDonald, there's much more sense of less silos and working collaboratively across VA. And you'll see more of that coming. There's a sense of shared

services, or he refers to it as sharing support services across all elements of the department to gain some efficiency. So I think that will be coming. Much stronger emphasis on the Veteran as perceived by the Veteran, as opposed to how we perceive things. And then our core values, which most of us have seen already. I think a much stronger emphasis on the core values, as well. And then the last thing is, I've heard the Secretary talk a number of times on "servant leadership." And he commonly says that most organizations, they think the Secretary, he is at the top of the pyramid, and really the pyramid is reversed, that he feels he's at the bottom of the pyramid. It's flipped, and that really the need for support and guidance and help rests on his shoulders, and he's in a position to really serve everyone else, which is a very different philosophy, I think, than we're used to, which is refreshing, as well. So I think he's very open to suggestions, change, challenging his staff. So I'm excited about the future. I think he's a refreshing change and I think he's got some very dynamic and forward-looking ideas.

Dr. Bottrell: Let me just say I want to thank you so much for sharing your thoughts. I'm going to open this up to questions from our audience. And, here's one of the questions we have from the audience: Can you talk more about how we can demonstrate trust?

Mr. Gering: I was at a listening session at one of the facilities in VISN 22 recently and talked with the staff about this. And one of the quickest ways to reduce the level of trust is to overpromise and underdeliver, which we've — VA has done that. We overpromised in that we could provide timely access to care, for instance, when in many sites we just couldn't deliver that. And then also there was a level of trust where Veterans entrusted us to be scheduling in an ethical manner, and then there are some sites unfortunately where that was not occurring. So those are examples of how trust can be reduced. So obviously spinning out of that, one way to gain people's trust is walk the talk or keep to your word. Some specific examples — and we've talked about this in Organizational Health workgroup — is be open to criticism, be open to input. But also, open to suggestions. And I talked about these listening sessions that are occurring across VHA. You really need to do something with the input you get. If you just hear that input and nothing happens, again, you've lost an opportunity to generate trust. So similarly, in the last two months, all the VHA facilities have gotten feedback on the All-Employee Survey as well as the Ethics Survey. And when staff fill out those surveys, their hope is that their comments, their feedback will make a difference. And if leadership doesn't do anything with that feedback, again, they've just lost another opportunity to build trust with their employees. So that is something deliberately we are really strongly encouraging VHA leaders to do, because that's a great tool, again, to build trust. So trust is kind of — to me, trust is a foundational element of any

organization. The greater the level of trust, the quicker things happen; the less amount of trust, the more re-work, the more things slow down, the more frustration. It's a hugely important dynamic in any organization, particularly with VA right now.

Dr. Bottrell: Thank you. That is, you know, in fact, the importance of sharing and transparency — and making it matter that people took the survey is one of the reasons why — that's certainly part of our IntegratedEthics Program measures with respect to the IntegratedEthics staff survey. Here's another question: Psychological safety is a core building block of the organizational learning culture. How do you see an education office locally driving this culture change?

Mr. Gering: I think there are many educational initiatives that are happening that an educational officer can really take those opportunities to foster integrity and ethics across their organization. So as an example, there is all the supervisor training, which tends to be someone from HR coming in and talking about HR rules and policy and procedures. That's a perfect opportunity to either take what's being presented or add to what's being presented, a component on the importance of ethics and integrity in how supervisors carry out their work. And there's, I'm not going to go into the specifics, but there's a lot of opportunity there on how you educate supervisors to do it with, is it rational? Is it a just way to behave or act? Are you building trust, engendering trust with your employees? So one of the things that I've heard from employees is that we see employees that are not performing well and, in fact, may be perhaps harming Veterans and that supervisor is not taking any action. Maybe that's a perception issue, but truly the supervisor wasn't taking action; that is affecting their trust in the organization because they have a sense of, justice isn't being done. That's one example in supervisor training. Another example is the Secretary, when I asked him about — he mentioned about using your better judgment in situations. And I said, what is a reference point on judgment? And he went, the Core Values serve as a great reference point. So one thing — and we did this at a Town Hall meeting — we not only just presented the core values, we actually presented each core value and then I turned and led a discussion with the audience on what that means, what behaviors define integrity. So that discussion, again, is educational, but it really can highlight the importance of ethics and integrity in the workforce. So those are just a couple of examples.

Dr. Bottrell: Thank you. I have another question from the audience: What are your thoughts about including the topic of ethics or IntegratedEthics as part — the availability of the

Ethics Consultation Service and other reporting mechanisms as part of new employee orientation?

Mr. Gering: There is a move nationally to look at new employee orientation, though I would say that's probably a number of months away because it's just being conceived now. But at my facility on Day Two — Day One tends to be the — more the required traditional new employee orientation. Day Two we've recently completely redesigned. And with a focus on our culture, with integrity being one of the building blocks of our culture. I think in that respect you can — integrating it, I think, is very important. My suggestion is, make it interactive if you include it in NEO. So one way to make that interactive is give some scenarios of common — employees face and then talk about, Is it permissible or not and why? Again, it goes back to the rationale and talking about the rationale of why we do things. And then, as you know, with ethics it's not usually a black or white thing. There's shades of gray. But talk about why there's shades of gray, and what principles are you relying on when you make that decision, that judgment? So I think that would be very powerful in a new employee orientation session. You could do it probably, you know, in a half an hour's time, but that would, again, reinforce to those new employees coming in the organization what's really important around here. And certainly having discussion of ethics integrity as part of that presentation as new employees come on is pretty important.

Dr. Bottrell: Here's another question from the field: At your medical center, do you consider yourself the ethical leadership coordinator from the point of view that you're the most senior executive leader, i.e., the one who sets the tone for ethical culture in the organization?

Mr. Gering: I hope so. But I think it's not for me to decide. I think it's for the other employees to decide in the organization. And so the better question would be to ask them how they see me. But I do chair our IntegratedEthics Committee. I help set the agenda for the committee. That's just one element. Of course there's many other elements. I mentioned about how you relate to employees, how do you welcome feedback and criticism and then how do you talk about issues, providing the rationale for them instead of, we just have to do it. And then the third thing is, in those discussions that come up, do you allow the interjection of principles such as what's the just thing to do, is it equitable to do this for all employees, what's the impact, are we building trust or reducing trust when we do that? Those are all things that really don't happen just from a monologue from a director. It should happen with a dialogue with senior leadership

and leadership at other levels and other employees in the organization. And I think that's how you create the culture that we're looking to strive to do, at least in San Diego.

Audience Member: Yes, I wonder if I might interject a question by audio?

Dr. Bottrell: Go ahead.

Audience Member: Our Director has just appointed me as the Organizational Health Coordinator, kind of a high-level position for the facility. And so my question would be, if there was a high priority or a top priority for such a position, what would you see as a top priority for a position like that to first tackle?

Mr. Gering: Okay. So I'm going to get in trouble here, but I'm going to say it anyway. Sometimes in Headquarters they like to say that most VAs are the same. I think many people say when you've been to one VA, you've been to one VA. I think there's a lot of truth to that. So my advice first is to get a sense of your organization and where is the pressing issues with organizational health. So I think to do that you have to get obviously familiar with some of the basic principles, the building blocks of a healthy organization. But once you have that, to do some type of assessment. So a couple of things you could do: One is, you could do listening sessions with staff. You could draw on the feedback from the All Employee survey, from the Staff Safety survey and the IntegratedEthics Survey, and those results were just shared. Based on those results, you could probably see some themes in the organization across those surveys that are concerning. And so then the next thing is to develop strategies to start addressing those concerns. So that's how I would suggest doing that. And again, all those results were just released in the last couple of months, so you can draw on them. But I think it's important you understand your organization. And it goes back again — I'm kind of really big on this rationale thing, because when staff say, why are you focusing on this, really, to say, look, we've seen the survey results. We've heard from employees and we figured this is where our greatest need is and this is where we're going to focus. And that's why.

Audience Member: Awesome. Thank you.

Dr. Bottrell: So I think this will be our last question, because we're starting to get to the end of the hour. But a question again from the chat: What types of things or what changes are in place or will be in place to increase the psychological safety for directors, and how can the IE Council assist with psychological safety for directors?

Mr. Gering: I think this is hugely important in many different aspects, but also it's very relevant to the IntegratedEthics efforts in the organization. I think one of the things on psychological safety where we go wrong — and I'll just give you a real synopsis of this model or reference point that I'd love to use — is staff can become passive, which means they're not bringing issues up though they know there are issues, and they don't feel comfortable speaking forward. And so then when they have a voice, sometimes they express it in an aggressive manner because they're not used to being assertive. And there's a difference between assertiveness and aggressive communication. Aggressive is overemphasis, or trying to make their point without trying to reach a win-win solution. And assertiveness is feeling confident and safe to speak up and share your views, but also in a constructive manner. So that's where we want to be. And that's where I think with psychological safety, that's the key to get there. To get there you have to, staff and in particular leaders have to set a tone that allows assertive communication, which is not challenging authority. It's basically sharing a viewpoint. And unfortunately, I think that takes a lot of work with leaders, and you have to have a willingness to do so. If you have a leader that's not willing to allow employees to feel safe or allow to be assertive, then we have a bigger problem. But as front-line staff, we can do some things to create that environment and put pressure on leadership that that's really the right thing to do. I realize the response I gave is perhaps not the most articulate and leaves a lot of questions, but that's — I think psychological safety is something we're trying to tackle from above, to the leaders, because they do set the tone. And I know it can be very frustrating from staff that don't have leaders that are allowing that to occur. What do they do next? So I realize that. I'm trying to help with that at a higher level. But I encourage employees to show courage to try to create environments where employees are being assertive in a respectful manner and to build allies within the organization that support you in doing that. So I know that's not a great answer, but it is a very difficult situation on psychological safety, it's a very important thing we have to really work on at many different levels.

Dr. Cortina: I think that was a very good answer, and I really appreciate your sharing that. I really want to take this time to thank Jeff and Melissa for joining us today. I know personally there was so much rich content that I intend to listen to the podcast at least once, if not twice again. Thanks again to all for joining the call today, and a particular thank you to Jeff and Melissa for what, from my perspective, was just a very wonderful call. Thank you.

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