

CHAPTER 4

Findings and Discussion

This chapter presents the findings from a descriptive correlational study and is followed by a discussion based on research objectives and the results of the study. The findings presented in this chapter include four parts with tables and descriptions as follows:

Part I: Demographic characteristics of the subjects

Part II: Level of workplace spirituality

Part III: Level of organizational citizenship behavior

Part IV: The relationship between workplace spirituality and organizational citizenship behavior.

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Findings

Part I: Demographic Characteristics of the Subjects

Demographic characteristics of subjects are demonstrated in Table 1.

Table 1

Frequency, Percentage, Mean and Standard Deviation of Demographic Characteristics of the Subjects (n=219)

Characteristics	Frequency (n)	Percentage (%)
Gender		
Female	217	99.09
Male	2	0.91
Age (years) (\bar{X} =33.53, SD =6.015, Range = 23-49years)		
23-30	78	35.62
31-40	103	47.03
41-49	38	17.35
Marital status		
Single	153	69.86
Married	66	30.14
Level of education		
Diploma in Nursing	152	69.41
Bachelor Degree in Nursing	67	30.59
Level of occupation		
Staff nurse	135	61.64
Trained nurse	84	38.36
Years of experience (\bar{X} = 7.85, SD = 5.285, Range = 1-22 years)		
1-10 years	159	72.60
11-20 years	59	26.94
21-22 years	1	0.46

Table 1 (continued)

Characteristics	Frequency (n)	Percentage (%)
Type of units/wards		
Operation theatre	36	16.44
Obstetric and Gynecological unit	28	12.79
Emergency and OPD	27	12.33
Medical unit	26	11.87
Child unit	24	10.96
Surgical unit	21	9.59
Others (Ortho, Eye, ENT, Physiotherapy, etc)	57	26.02
Name of hospital		
Sanpya General Hospital	73	33.33
West Yangon General Hospital	53	24.20
Insein General Hospital	50	22.83
East Yangon General Hospital	43	19.64

Table 1 shows that the majority of the subjects were female (99.09 %) with the average age of 33.53 years, and almost half of the subjects were between 31-40 years old. Approximately seventy percent of the subjects were single and held the Diploma of Nursing and more than half of the subjects were staff nurses. Over seventy percent of the sample had between 1-10 years of experience. The main group of the nurses had been worked at the operation theatre, and one-third had been working at the Sanpya General Hospital.

Part II: Level of Workplace Spirituality

This part demonstrates the level of workplace spirituality which was perceived by the subjects.

Table 2

Range, Mean, Standard Deviation and Level of Workplace Spirituality as Perceived by the Subjects (n-219)

Workplace Spirituality	Range	Mean	SD	Level
Overall workplace spirituality	2.67 6.86	5.18	0.80	High
Sense of community	2.86 6.86	5.37	0.80	High
Meaningful work	1.50 7.00	5.11	1.00	High
Alignment with organizational values	1.75 7.00	5.07	0.97	High

The overall mean score of workplace spirituality and mean scores of the dimensions of meaningful work, sense of community and alignment of values were all at high levels.

Part III: Level of Organizational Citizenship Behavior

This part illustrates the level of organizational citizenship behavior which was perceived by the subjects.

Table 3

Range, Mean, Standard Deviation and Level of Organizational Citizenship Behavior As Perceived by Subjects (n-219)

OCB	Range		Mean	SD	Level
Overall OCB	3.89	6.84	5.67	0.47	High
Generalized compliance	3.25	7.00	5.84	0.64	High
Sportsmanship	2.60	7.00	5.77	0.83	High
Courtesy	3.33	7.00	5.62	0.73	High
Civic virtue	2.00	7.00	5.54	0.77	High
Altruism	2.60	7.60	5.51	0.75	High

The overall mean score of organizational citizenship behavior and mean scores on the dimensions of altruism, courtesy, sportsmanship, generalized compliance, and civic virtue were all at high levels.

Part IV: The Relationship Between Workplace Spirituality and Organizational Citizenship Behavior

This part reveals the relationship between workplace spirituality and OCB among nurses.

Table 4

The Relationship Between Workplace Spirituality and OCB Among Nurses in Four General Hospitals, Yangon

	OCB	
	r	p
Workplace spirituality	.359**	.000

** p<0.01

The table reveals a significant positive moderate relationship between workplace spirituality and OCB as perceived by nurses from four general hospitals in Yangon.

Discussion

The results of this study were discussed in three parts based on the research objectives of the study.

Objective 1: To Describe the Workplace Spirituality Among Nurses in General Hospitals, Yangon, the Republic of the Union of Myanmar

The results of this study showed that nurses' perception of overall workplace spirituality from Sanpya General Hospital, West Yangon General Hospital, Insein General Hospital, and East Yangon General Hospital in Yangon, the Republic of the Union of Myanmar was at a high level ($\bar{X} = 5.18$, $SD = 0.80$) (Table 2). It meant that most of the nurses who worked at general hospitals perceived their work as greater meaning and purpose in hospitals and felt more connected with other co-workers in their workplace. Some possible reasons for having high workplace spirituality would be healthcare system reforms, happy and healthy environment encouragement, female dominated workplace, and career and professional development.

Nowadays, the health sector has been changing according to the transitional economies prompted by two issues of reform in the health sector in reviewing how well existing policies, institutions, structures, and systems deal with issues of efficiency and equity; and was more macroeconomic in nature and much less voluntary (MOH, 2013). Even though the Government expenditure on health care was still very low compared with other sectors (MOH, n.d.); it quadrupled (100,825 million Kyats) in the fiscal year 2011-2012 (MOH, 2013). This large increase was a result of strengthening the hospitals by deployment of competent human resources and support of modern diagnostic and therapeutic equipment to improve the country's health system image (MOH, 2013). Currently, public hospitals are much more able to provide services to patients with free, or nearly free, medicine and other services (The New Light of Myanmar Newspaper, 2014). Moreover, one family member viewed health services delivery as far better than before and most of the medicines, especially urgent needed ones, were provided by the hospital so they could spend less of their money (The New Light of Myanmar, May, 2014). According to Ashmos and Duchon (2000), the expression of workplace spirituality involved employees' own inner motivations, truths, and desires to be

involved in the work that give greater meaning to their life and the lives of others. Therefore, nurses from general hospitals might also perceive their work as more meaningful, with good purpose, and have a sense of contributing to the community which in turn showed their workplace spirituality to be at a high level.

Currently, the National Health Committee of Myanmar emphasizes the creation of a happy and healthy environment for both healthcare workers and for patients by providing more balance to staff-patient ratios across the country (The New Light of Myanmar, May, 2014). Nowadays, the Ministry of Health supplied increased numbers of nurses in all areas and nurse to population ratio was changed from 1:2305 in 2011 to 1:2124 in 2013 (MOH, 2012, 2013). Additionally, the Health Workforce Strategic Plan (2012-2017) was developed to solve issues of low motivation and performance of health workers at all levels and insufficient salaries to meet basic living costs and low incentives (MOH, n.d.). The Ministry of Health developed policies and strategies to ensure healthy and safe working conditions and environments by considering staff attitudes, communication and clinical skills (MOH, n.d.). For those reasons, nurse participants from four general hospitals were encouraged in the moral sense and considered their workplace as a trusting community which in turn led to their workplace spirituality being at a high level.

Moreover, Myanmar has a natural democracy and liberation for its womenfolk and women have enjoyed freedom and equality (Courtauld, 2013). The Health Workforce Strategic Plan (2012-2017) indicates that almost 75% of health workers were female (MOH, n.d.) and this study had also 99.09% female nurses. Even though the nursing profession in Myanmar is not a totally independent profession, some nurses and midwives show their commitment and sacrifice in their work, such as Major Daw Khin Ohn Mya (Army nurse/1963), Daw M. Yaw Nan (Nurse/1993), and Daw Thein Ye (Midwife/2001) who received the Florence Nightingale Medal Award. Recently, Daw Eileen Barbara, was awarded HRH the Princess Mother in 2012, by her virtue of her ability, commitment and dedication to the professional development of nursing and midwifery in Myanmar for more than 60 years. Therefore, those above situations are the reasons that the majority of the woman participants in four general hospitals perceived their workplace spirituality at a high level.

Another reason would be that nurses perceived their work as having more opportunities for their career development, which in turn promotes professional development. According to Lips-Wiersma (2002), spirituality can guide employees in recognizing and understanding meaning in their lives, thus benefiting their career development. In the Health Workforce Strategic Plan (2012-2017), the Ministry of Health guaranteed the availability of a competent and motivated health workforce through improved training and supervision; and developed a plan to upgrade all nursing and midwifery training schools into university or college level with view to have an entire nursing workforce with a minimum bachelor level qualification (MOH, n.d.). At the moment, more postgraduate training courses are being conducted for higher learning under the Department of Medical Science, Ministry of Health (MOH, 2013). Nowadays, nurses from Myanmar are encouraged not only to have in-service training at their hospitals but also to pursue higher learning in graduate and postgraduate training courses both locally and abroad. Moreover, nurses have a chance to get the same pay and benefits during their study. According to the data from four general hospitals in this study, 39 nurses (around 10%) were studying in Bachelor of Nursing (Bridge) and Specialty courses in two Universities of Nursing in Myanmar. Consequently, nurses from four general hospitals recognized their workplace spirituality at a high level because of the awareness of supports from their organization.

For the above four rationales, the workplace spirituality of nurses from four general hospitals in Yangon was shown to be at a high level. In detail, the subjects scored the 21 items of workplace spirituality with a range from 4.26 to 6.16 (Appendix M). Comparing among three dimensions of nurses' workplace spirituality, sense of community ($\bar{X} = 5.37$, $SD = 0.80$) had a higher mean score than meaningful work ($\bar{X} = 5.11$, $SD = 1.00$), and alignment with organizational values ($\bar{X} = 5.07$, $SD = 0.97$) (Table 2).

The top two highest score were "Working cooperatively with others is valued" ($\bar{X} = 6.16$, $SD = 0.61$), and "Believe people support each other" ($\bar{X} = 5.90$, $SD = 0.97$). It meant that nurses who participated in this study perceived their workplace as having a sense of community where they had deep connection and relationship with others. Therefore, sense of community was the highest among three dimensions of workplace

spirituality. It might be the effect of the Health Workforce Strategic Plan (2012-2017) which was operated by the Ministry of Health. It facilitated work teams and supportive networks for policy and plans on human resources for health (MOH, n.d.). According to Duchon and Plowman (2005), social values of healthcare professionals and the healthcare setting might encourage employees to see themselves as spiritually connected to their workplace. Giacalone and Jurkiewicz (2003) illustrated that workplace spirituality can be advanced by placing it within the context of a multidisciplinary arena.

However, the lowest item was “Feel free to express opinions” ($\bar{x} = 4.26$, $SD = 1.76$) one of the items of the sense of community dimension. It shows that nurses from four general hospitals perceived the expression of their own feelings as the least prevalent facet of workplace spirituality. The reason might be their value. Fletcher, Olekalns and De Cieri (1998) showed that Asians valued on group harmony and avoided conflict to preserve relationships and that could explain why they are not used to expressing their own feelings or impressions of others openly. Moreover, Hla (2002) stated that nursing in Myanmar still had the status of a dependent occupation.

Among the three dimensions of workplace spirituality, mean scores of half of the items aligned with organizational values had a moderate level. “Organization cares about whether my spirit is energized” ($\bar{X} = 4.27$, $SD = 1.70$). “Organization has a conscience” ($\bar{X} = 4.37$, $SD = 1.55$). “Organization cares about all its employees” ($\bar{X} = 4.75$, $SD = 1.61$). “Organization is concerned about health of employees” ($\bar{X} = 5.00$, $SD = 1.51$). These scores indicate that most nurses in this study perceived their workplace spirituality in the view of organizational level was not as high as the other two levels. Based on previous literature, describing the relationship with the organization was an obviously more delicate task than answering their daily work life and relation with others (Ashmos & Duchon, 2000).

The results of workplace spirituality in this study were congruent with two studies on workplace spirituality in non-healthcare settings. The study from Uganda conducted on permanent staffs from University and their result demonstrated that all mean scores

of workplace spirituality were high where meaningful work was the highest and sense of community was the least (Katonon et al., 2012).

Another study from Malaysia illustrated that all the mean score of three dimensions of workplace spirituality of full-time academic staffs from private institutions had high level where sense of community was the highest and alignment with organizational values was the lowest (Nasurdin et al., 2013). Among those two studies, Nasurdin et al. (2013) study was more consistent with the current study by showing that the sequence of all levels of three dimensions of workplace spirituality was similar. The reason for a high sense of a community among nurses at four general hospitals was because of the nature of the healthcare setting where multidisciplinary team approaches were more apparent by integrating several disciplines.

The result of workplace spirituality was not consistent with two studies which were from Zimbabwe and the US. Chinomona's (2012) study showed that 63.1% male employees from small and medium enterprises showed their workplace spirituality at a moderate level. Milliman et al. (2003) studied part-time evening MBA students from the southwestern United States and their result expressed that all dimensions of workplace spirituality were at moderate levels where meaningful work was the highest followed by sense of community and alignment with organizational values, respectively. They described the possible reasons for their results being at a moderate level were because of the high proportion of male subjects in part-time graduate business program (Milliman et al., 2003).

Objective 2: To Describe the Organizational Citizenship Behavior Among Nurses in General Hospitals, Yangon, the Republic of the Union of Myanmar

The results of this study illustrated that nurses from four general hospitals in Yangon, the Republic of the Union of Myanmar perceived the overall OCB to be at a high level ($\bar{X} = 5.67$, $SD = 0.47$) (Table 3). It meant that majority of the nurses who worked at general hospitals perceived their behavior as more likely to help each other and to extend an extra effort as a result of feeling a sense of obligation to do so. The possible reasons of why nurses' OCB was at a high level include nurse managers' leadership behavior, cultural context, and perception of support from the organization.

According to the literature, Organ et al. (2006) described that leaders can try to shape the work environment to provide greater opportunities for employees' OCB. Podsakoff et al. (1990) indicated that transformational leadership encourages employees' performance to rise above and beyond the expectations by articulating a vision, providing an appropriate role model, providing individual support and intellectual stimulation, fostering the acceptance of group goals, and expressing high performance expectations. In Myanmar, head nurses from general hospitals in Yangon, showed their leadership style as more transformational than transactional and laissez-faire style (Eh, 2010). For that reason, nurses at four general hospitals in Yangon perceived their work environment in such a way that it persuaded them to perform frequent acts of OCB.

As a cultural context, East Asian people had the strongest collectivist values and Asian cultures tend toward a higher degree of social hierarchy (Organ et al., 2006). Additionally, some studies illustrated that OCB was more common in collectivist cultures than in individualistic ones (Lam et al., 1999; Moorman & Blakely, 1995). In the study of Lam et al. (1999), their result revealed that participants from Hong Kong and Japan who worked in the same organization showed more OCB than participants from US and Australia. Being an Asian country, the majority of nurses from general hospitals at Yangon, the Republic of the Union of Myanmar perceived their behaviors as high OCB which went beyond their duties and roles.

For support from the organization, the Ministry of Health was offering free medical care to every patient with the help of the increased health budget and General Hospitals at Yangon had become attractive and reliable for Yangon's citizens (The New Light of Myanmar Newspaper, 2014). Even though the amount was not big enough, all government employees had obtained a salary which increased three times annually as 30,000 Kyats in fiscal year 2012-2013, 20,000 Kyats in 2013-2014, and 20,000 Kyats in 2014-2015 (Myanmar Television news, 2014). Furthermore, the Myanmar government permitted an increased duration of maternity leave which began on 26th March 2014 for every female civil servant from three months to six months and two weeks for male servants to take care of their baby (Myanmar Television news, 2014). Organ et al. (2006) recommended that taking steps to get better perceptions of support from organizations might be an effective way to increase employees' OCB. Therefore, nurses from four general hospitals in Yangon felt more trust in their organization and perceived their work as more valuable and felt more satisfied which in turn increased their OCB at a high level.

In evaluating among five dimensions of nurses' OCB, generalized compliance ($\bar{X} = 5.84$, $SD = 0.64$) had the highest mean score among dimensions followed by sportsmanship ($\bar{X} = 5.77$, $SD = 0.83$), courtesy ($\bar{X} = 5.62$, $SD = 0.73$), civic virtue ($\bar{X} = 5.54$, $SD = 0.77$) and altruism ($\bar{X} = 5.51$, $SD = 0.75$) respectively (Table 3). The subjects scored the 19 items of OCB with the range from 4.69 to 6.43 (Appendix N).

The top highest score "Gives advance notice when unable to come to work" ($\bar{X} = 6.43$, $SD = 0.75$) and the third highest item "Maintain a clean workplace" ($\bar{X} = 6.13$, $SD = 0.64$) were included in the generalized compliance dimension. It meant that nurses from four general hospitals at Yangon showed high obedience with the constraints upon individuals necessary to make a cooperative system. Altuntas and Baykal (2010) described that nurse professionals take care of human's health, without any negligence, delay, disregard, and even the smallest mistakes may result in substantial damage, work with maximum caution and attention as well as self-sacrifice at all times. According to the Law Relating Nurse And Midwife (1990), nurses have to avoid such behaviors as utterance and acts which may affect the nursing ethics and comply with directives issued from time to time by the Council and the respective Supervisory Body.

Therefore, nurses from four general hospitals in Yangon demonstrated their OCB as the highest in generalized compliance.

The second highest dimension of OCB among nurses was sportsmanship, as shown by this study. According to the law relating nurse and midwife (1990), nurses in Myanmar have the right to appeal to the Council or to the Minister of the Ministry of Health if they are dissatisfied with the order or decision of any Supervisory Body. However, Asian countries had a stronger emphasis on respect for authority than was found in the West and subordinates were less likely to challenge the views and opinions of seniors, especially professionals (Cherry, 2013). Among five items of sportsmanship dimension, the item of “pay attention to announcements, messages, or printed material that provide information about organization” was the highest (\bar{X} = 5.93, SD = 1.23) which might be due to the utilization of only paper-based documents in the public hospitals of Myanmar. Therefore, nurses from four general hospitals showed their behavior of sportsmanship to be the second highest mean score among the five dimensions of OCB.

For the courtesy dimension, “Informs supervisor before taking any important actions” (\bar{X} = 6.16, SD = 0.69) had the second highest score whereas “Consults with supervisor or other people who might not be affected by my actions or decisions” (\bar{X} = 4.69, SD = 1.74) was the least among all items. It meant that nurses from general hospitals might rather pay respect to their supervisor than discuss with others about their decisions. Eh (2010) illustrated that head nurses from general hospitals are used to working with a transformational leadership style, generating inspirational motivation by using a simple way and shared goals with their staffs than individual consideration for their staff. Thus, nurses from four general hospitals perceived their courtesy behavior of OCB at the third level among five dimensions.

The fourth level dimension of OCB perceived by nurse subjects in this study was civic virtue. It meant that nurses from four general hospitals perceived their behavior as accountable and participated in the issues of confronting their organization. In Myanmar, nurses are used to taking responsibility for their own activities based on the law relating to nurses and midwives (1990). Nowadays, around 10% from four general

hospitals are studying for their career development in order to advance professionally and are willing to praise their organization. Moreover, the Ministry of Health developed a plan to upgrade all nursing and midwifery training schools into University or College level with a minimum Bachelor level qualification (MOH, n.d.). Based on the concept of Organ et al. (2006), civic virtue was an employee's responsibility, as well as constructive involvement in the political or governance process of their organization. Consequently, the mean score of civic virtue perceived by nurses in this study showed at a high level whereas it was the second lowest dimension among five.

For the altruism dimension, it was lowest dimension of OCB among nurses from four general hospitals at Yangon and the second lowest item "Helps others who have been absent" ($\bar{X}=5.09$, $SD=1.33$) among 19 items that were included in the altruism dimension. It indicated that nurses from the general hospitals perceived that they are accustomed to helping coworkers who are not present in the workplace. Organ and his colleagues (2006) denoted that altruism prefers employees behave selflessly directed towards a specific individual or immediate beneficiary to a person. Nowadays, the number of patients seeking medical care has increased as the national healthcare budget enlarged while the number of staff numbers has not increased as quickly as the demands in Yangon (The New Light of Myanmar Newspaper, 2014). Although there was no extra pay for overtime or relieving duty in public hospitals, nurses were in the habit of helping each other by changing duty time. For those reasons, the subjects rated altruism dimension which was emphasized on helping others in face to face situation as the lowest among five dimensions.

The OCB results were consistent with the study of Konovsky and Organ (1996) which was conducted in the United States. Although they did not show the overall mean score of OCB, mean score of all dimensions were demonstrated to be at a high level. For the sequence of OCB dimensions, their results illustrated that courtesy was the highest, followed by generalized compliance, civic virtue, altruism, and sportsmanship (Konovsky & Organ, 1996). Half of their subjects were male who were working as hospital employees and they used supervisors provided rating of employees' OCB.

The result of OCB was also congruent with another study from China. Lv et al. (2012) studied on OCB of doctors and nurses from eleven big hospitals in Eastern

China. Without demonstrating overall mean score of OCB, all dimensions of OCB had a high level with the sequence of courtesy, followed by altruism, civic virtue, conscientiousness and sportsmanship (Lv et al., 2012). Seventy percent of their subjects were female with similar characteristics to individuals in the present study in terms of average age and average years of experience. Based on Organ et al. (2006), Asian cultures had a tendency toward a higher degree of social hierarchy and collectivist values and among Asian cultures, this was strongest among the East Asian peoples.

In comparing the level of the dimensions of OCB in this study with the study from Turkey, Altuntas and Baykal (2010) showed nurses' OCB levels as follows: conscientiousness was the highest, followed by altruism, courtesy, and civic virtue, which were all at high levels. However, the sportsmanship dimension was at a moderate level.

One doctoral dissertation illustrated that OCB can be different among groups in the southwestern United States (Liu, 2008). Both groups expressed their OCB at high levels as courtesy with the highest mean scores and, followed by conscientiousness, and altruism, respectively. However, the first group had a higher mean score of civic virtue followed by sportsmanship whereas the second group had a higher score in sportsmanship followed by civic virtue (Liu, 2008).

Objective 3: To Explore the Relationship Between Workplace Spirituality and Organizational Citizenship Behavior Among Nurses in General Hospitals, Yangon, the Republic of the Union of Myanmar

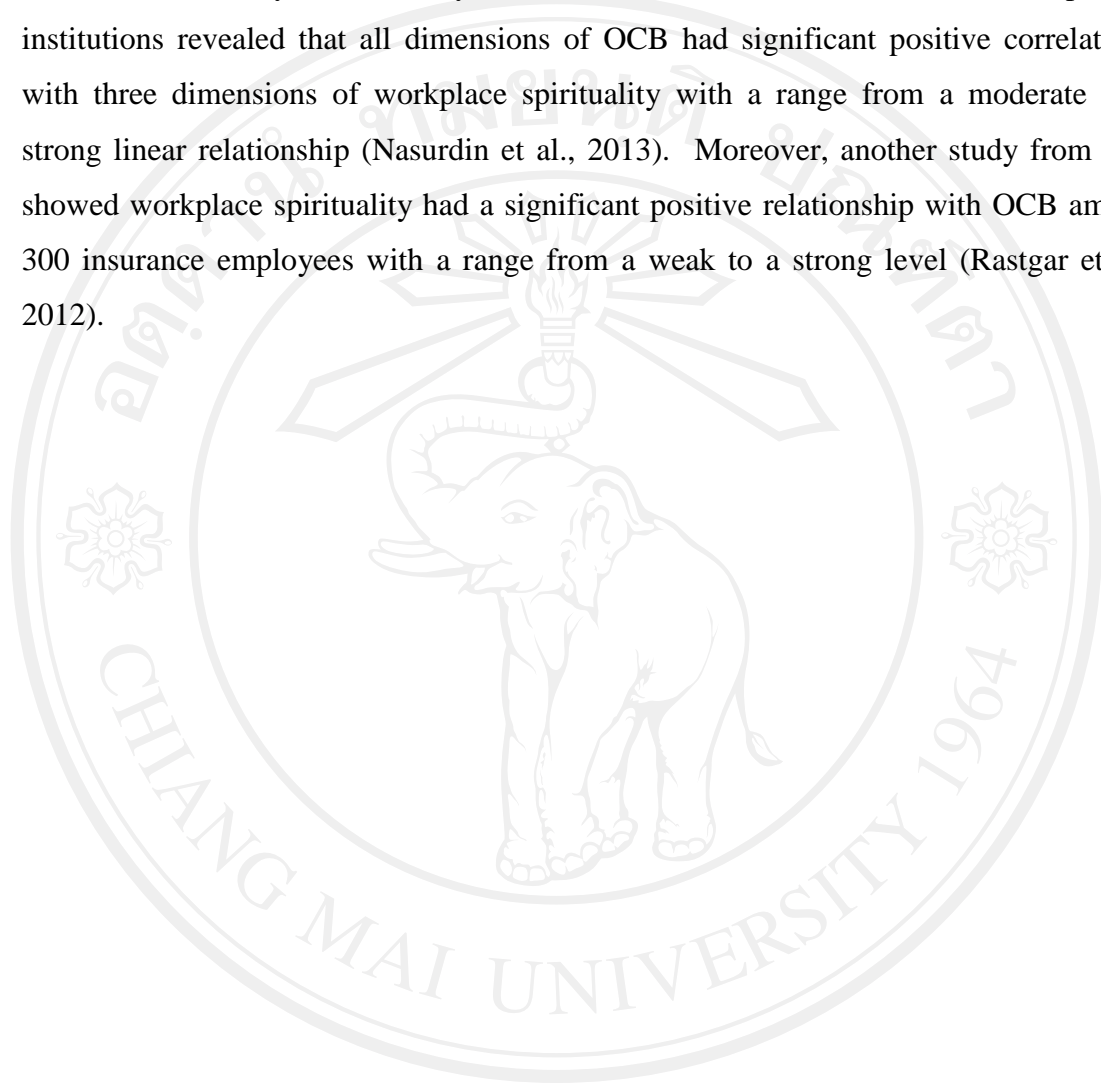
The third objective of this study was to explore the relationship between workplace spirituality and organizational citizenship behavior among nurses in general hospitals, Yangon, the Republic of the Union of Myanmar. The findings of this study pointed out that workplace spirituality had a significant moderate positive relationship with OCB ($r = 0.359$) at $p < 0.01$ (Table 4). It indicated with the meaning of the higher the level of workplace spirituality, the more expression of OCB. The lower the level of workplace spirituality, the less the performance of OCB was. This study's result contributed Bennett Tepper's concept (Tapper, 2003) that spiritual employees who perceived greater meaning and purpose from their work in order to perform frequent acts of OCB through three mediating psychological states: gratefulness, sensitivity to the needs of others and tolerance for inequity.

Additionally, the employees experienced a deep and strong alignment between their personal goals and organizational values, which guided them to consider their work as more than just a job in order to lead them to perform OCB (Kolodinsky et al., 2008; Milliman et al., 2003; Rego & Cunha, 2008). Pawar (2009b) integrated workplace spirituality with organizational literature and indicated that four organizational behavior concepts (transformational leadership, OCB, organizational support, and organizational justice) represented a precursor of workplace spirituality. Moreover, he proposed an emerging testable proposition from his study linkage that employee experiences of workplace spirituality will be positively associated with employee performance of OCB (Pawar, 2009b). Therefore, this study embraced the concept and existing literature on the relationship between workplace spirituality and OCB.

In an effort to compare the results of this study with the previous research, historically the demonstration of a relationship between workplace spirituality and OCB among nurses has not been very common. Nevertheless, this study result on the relationship between workplace spirituality and OCB was consistent with the result of Kazemipour et al. (2012), whose subjects had similar features of the current study with nurses from public general hospitals in Iran selected by stratified random sampling.

Their study revealed that there was a significant moderate positive correlation between workplace spirituality and nurses' OCB with the meaning that nurses who had spirituality in their workplace performed more acts of OCB (Kazemipour et al., 2012).

Another study from Malaysia of 171 academic staff members from private institutions revealed that all dimensions of OCB had significant positive correlations with three dimensions of workplace spirituality with a range from a moderate to a strong linear relationship (Nasurdin et al., 2013). Moreover, another study from Iran showed workplace spirituality had a significant positive relationship with OCB among 300 insurance employees with a range from a weak to a strong level (Rastgar et al., 2012).



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