Annual Report

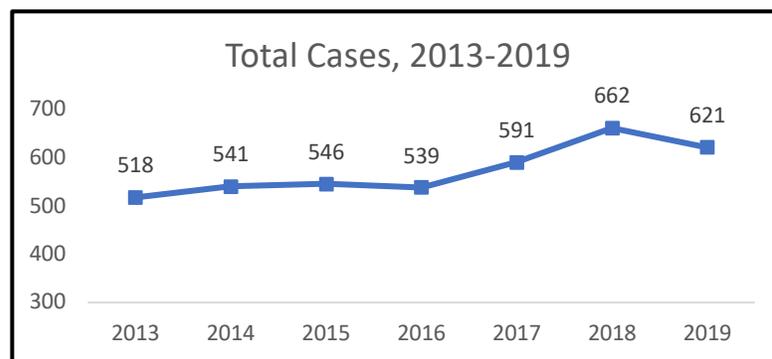## *2019*

National Institutes of Health
Office of the Ombudsman
Center for Cooperative Resolution

Executive Summary

The NIH Office of the Ombudsman assists the NIH community in addressing workplace and lab concerns. For approximately 20 years, our office has served as a resource to the entire NIH community. In working with the people who seek our services- referred to as our "visitors"- we follow the International Ombudsman Association's standards of practice: confidentiality, neutrality, informality, and independence (see Appendix).

We use a variety of tools and services to help visitors think through their situations, explore possible options for moving forward, and make proactive, productive decisions. Common services include coaching, facilitated conversations, workshops, and consultations. Year 2019 highlights at a glance are captured below:

Total Cases, 2013-2019

Year	Cases
2013	518
2014	541
2015	546
2016	539
2017	591
2018	662
2019	621

There has been an upward trend of utilization of the office by the NIH community over the last seven years

- An average of 6 educational activities per month
- 558 ombuds cases and 63 education cases in 2019

Overarching themes across cases for 2019:

- Hostile and toxic workplaces
- Ineffective systems for responding to concerns
- Fear in the workplace
- Breakdowns in scientific collaboration

Top issues for individual cases 2019:

- Bullying/harassment/inappropriate behavior
- Interpersonal communication
- Organizational policies
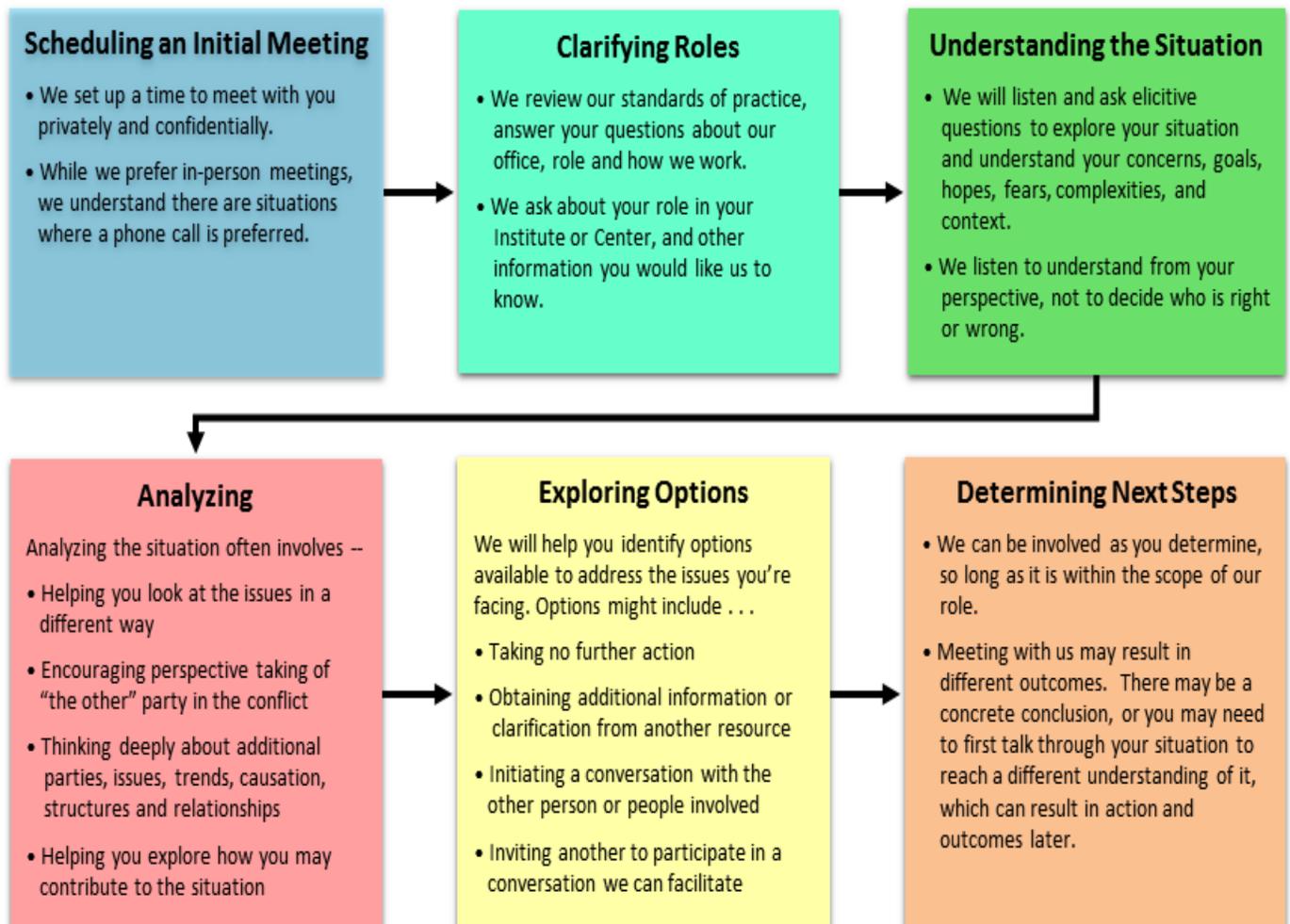
Top issues for group cases in 2019:

- Communication
- Roles/responsibilities
- Respect

Background

The mission of the NIH Office of the Ombudsman is to facilitate collaborative processes and the creative resolution of conflict for the entire NIH community.

The basic purpose of an organizational ombuds office is to have an independent and neutral place where individuals and groups may choose to go confidentially and informally to address workplace concerns. While challenging, conflict can offer opportunities for growth, strengthen relationships, improve morale and enhance organizational operations. However, engaging in conflict constructively is difficult without appropriate or sufficient skills, resources, or awareness of how to do so. This is why the work of our office focuses on the whole conflict cycle, from education and awareness to intervention, recognizing that resolution may not always be possible or ideal.
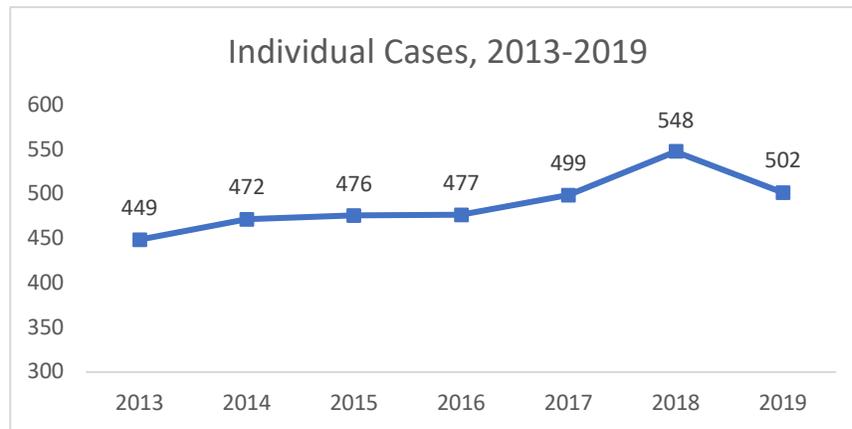
The flowchart below explains how our process works once we are contacted by a visitor or group of visitors.
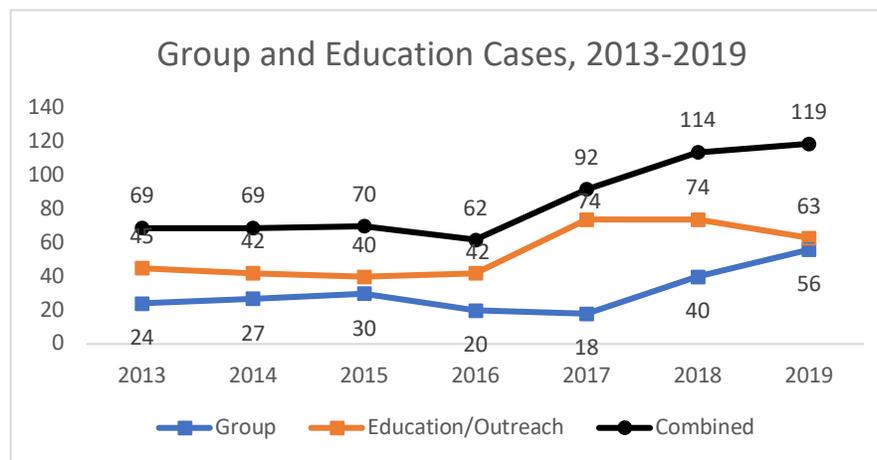
Scheduling an Initial Meeting

- We set up a time to meet with you privately and confidentially.
- While we prefer in-person meetings, we understand there are situations where a phone call is preferred.

Clarifying Roles

- We review our standards of practice, answer your questions about our office, role and how we work.
- We ask about your role in your Institute or Center, and other information you would like us to know.

Understanding the Situation

- We will listen and ask elicitive questions to explore your situation and understand your concerns, goals, hopes, fears, complexities, and context.
- We listen to understand from your perspective, not to decide who is right or wrong.

Analyzing

Analyzing the situation often involves --

- Helping you look at the issues in a different way
- Encouraging perspective taking of "the other" party in the conflict
- Thinking deeply about additional parties, issues, trends, causation, structures and relationships
- Helping you explore how you may contribute to the situation

Exploring Options

We will help you identify options available to address the issues you're facing. Options might include . . .

- Taking no further action
- Obtaining additional information or clarification from another resource
- Initiating a conversation with the other person or people involved
- Inviting another to participate in a conversation we can facilitate

Determining Next Steps

- We can be involved as you determine, so long as it is within the scope of our role.
- Meeting with us may result in different outcomes. There may be a concrete conclusion, or you may need to first talk through your situation to reach a different understanding of it, which can result in action and outcomes later.

2019 Case Data & Observations[1]

The NIH Office of the Ombudsman serves a population of approximately 18,000 employees, contractors, trainees, and volunteers from NIH's 27 Institutes, Centers and offices. Our work is divided into two different case types: ombudsman and education cases. Ombudsman cases can be either individual or group cases.

Case Totals

Individual Cases, 2013-2019

Year	Cases
2013	449
2014	472
2015	476
2016	477
2017	499
2018	548
2019	502

In 2019 the office handled 502 individual cases compared to 548 individual cases in 2018 and 499 in 2017. Of note, the office had two additional ombudsman vacancies in 2019 compared to 2018.[2] Despite the one-year dip (2018-2019), the number of individual cases handled by our office has increased steadily from 2013 – present, reinforcing the ongoing need for our services.

Group and Education Cases, 2013-2019

Year	Group	Education/Outreach	Combined
2013	24	45	69
2014	27	42	69
2015	30	40	70
2016	20	42	62
2017	18	74	92
2018	40	74	114
2019	56	63	119

There was a 133% increase in the number of group cases handled by our office between 2013 and 2019, with a sharp rise occurring since 2016. Because of a growing number of requests from members of the NIH community, in 2017 our office made a strategic decision to increase our

---

[1] This report is created from aggregated, anonymized information collected from each ombudsman case. Please note that case information from 54 cases is incomplete as a result of staffing changes.
[2] The previous quintennial report covered 2013-2017. A report was not issued in 2018.
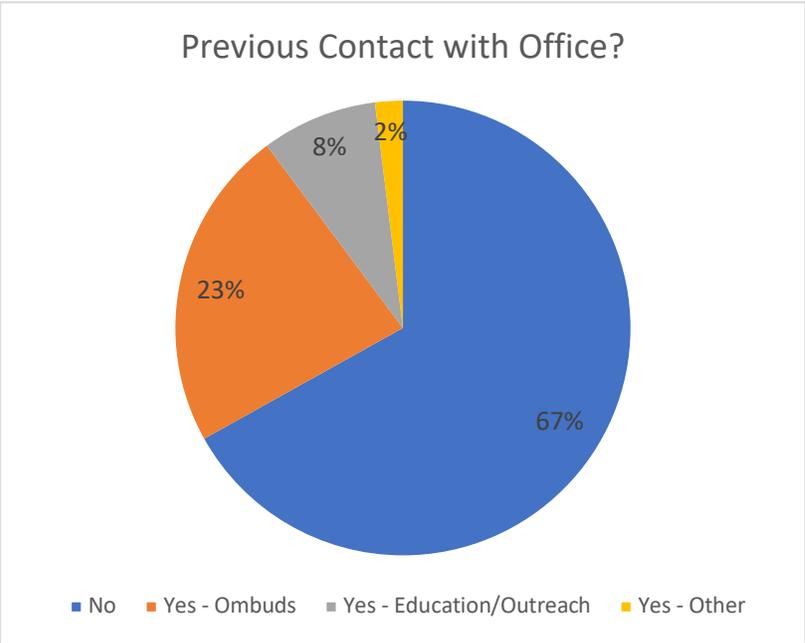
capacity for workshops and multi-party group work. Our increased outreach to the community resulted in more group cases and workshops.

Average time investment per case

Time Invested, per Case

Category	Percentage
< 1 Hour	9.9%
1-3 Hours	53.5%
4-5 Hours	19.3%
6-10 Hours	10.3%
11-20 Hours	3.7%
21-40 Hours	1.5%
> 40 Hours	1.8%
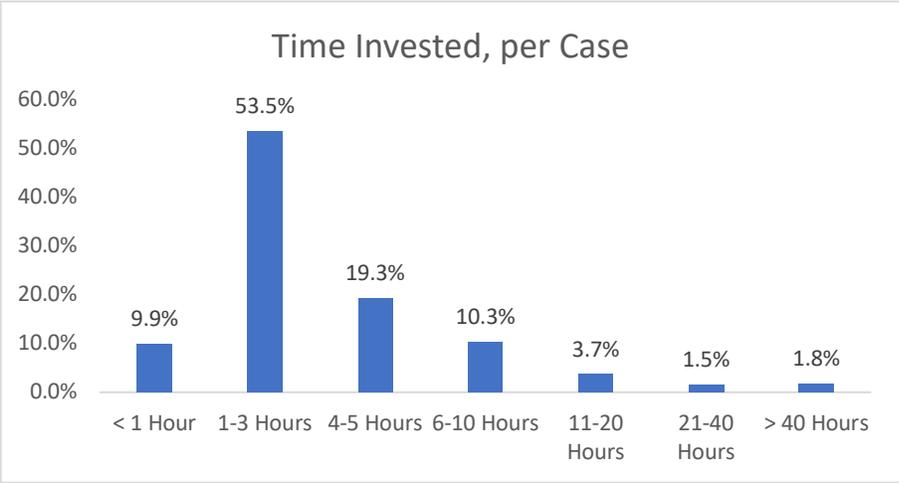
In most cases (63.4%), our work with visitors is completed in one or two meetings and under 3 hours total. However, over 35% of our cases required at least 4 hours and multiple meetings, indicating a high degree of complexity of issues. At least 10 cases each required more than 40 dedicated hours of ombudsman time.

Who Used Our Services

Previous Contact with Office?

Category	Percentage
No	67%
Yes - Ombuds	23%
Yes - Education/Outreach	8%
Yes - Other	2%

Sixty-seven percent (67%) of our visitors had no prior contact with our office before visiting us, reflecting the concerted outreach efforts made by our office over the last two years. Nearly one-third (31%) of our visitors contacted our office after having used our services in the past, suggesting some past level of satisfaction with the services provided by our office.

Visitor Roles and Program Areas

2018 Highest Frequency Visitor Roles		2019 Highest Frequency Visitor Roles	
Administrative Employee	147	Nurse/Nurse Practitioner	67
Other	78	Administrative Leader	58
Administrative Supervisor	72	Fellow/Trainee	56
Program Officer	61	Administrative/Staff Assistant	47
Fellow/Trainee	46	Staff Scientist/Staff Clinician	29
Technician/Support	34	Senior Investigator/Medical Officer	26
Nurse/Nurse Practitioner	27	Senior Leader	23
Senior Investigator/Medical Officer	26	Grants Management Officer/Specialist	22
Senior Leader	22	Extramural Program Officer/Medical Officer	20

In 2019 there was a large increase in the number of nurses visiting our office (67 in 2019 compared to 27 in 2018). There was a smaller increase in the number of fellows and trainees visiting our office (56 in 2019 compared to 47 in 2018).

Both of these increases reflect outreach efforts to trainees and clinical staff, which historically have been underserved by our office. These efforts include leadership training for Clinical Center staff, communication workshops for women science leaders, and targeted group work with interdisciplinary clinical care teams.

Visitor Program Areas

33.9% Administration
17.2% Intramural
41.9% Extramural
5.3% Non-NIH
1.6% Unknown

■ Administration ■ Intramural ■ Extramural ■ Non-NIH ■ Unknown
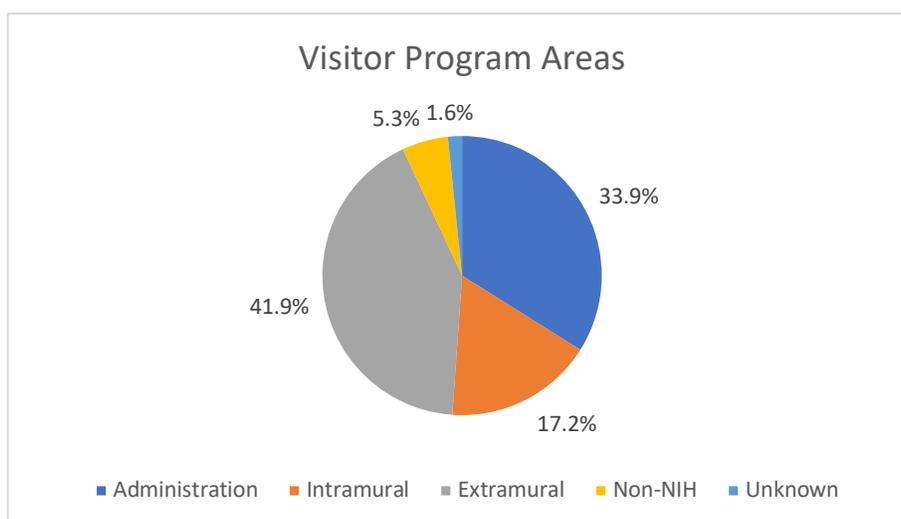
While all program areas are represented in our cases, the administrative program percentage is high and reflects the most common roles of our visitors. Additionally, we have emphasized outreach and awareness of our office in both the administrative and intramural programs, including new workshops and trainings for administrative staff in the Office of the Director and conflict resolution trainings for new principal investigators. The percentage of extramural visitors is not surprising, given the size of the extramural program area.

2019 Themes and issues

Overarching Themes

In addition to the individual case-issues discussed below, there are four overarching themes that cut across our individual and group cases.

(1) Hostile and toxic workplaces

The issues of respect, unfair treatment, climate, and harassment show up repeatedly in both individual and group ombudsman cases. Although there are substantial differences in the degree of distress experienced by our visitors, it is clear that large numbers experience their NIH workplace as an unwelcoming environment. This is true across program areas and visitor roles.

(2) Ineffective systems for responding to concerns

Visitors frequently expressed that NIH-wide initiatives designed to address unfairness have fallen short of their intended goals. In particular, visitors have described anti-harassment systems as frustrating to navigate, lacking procedural fairness, and with unclear outcomes. Many have found that, following the close of formal inquiries, workplace relationships often remain strained with unclear paths forward. Many have raised concerns about ongoing inequities in promotions, leadership roles, and career development.

(3) Fear and its negative effect upon workplace communication
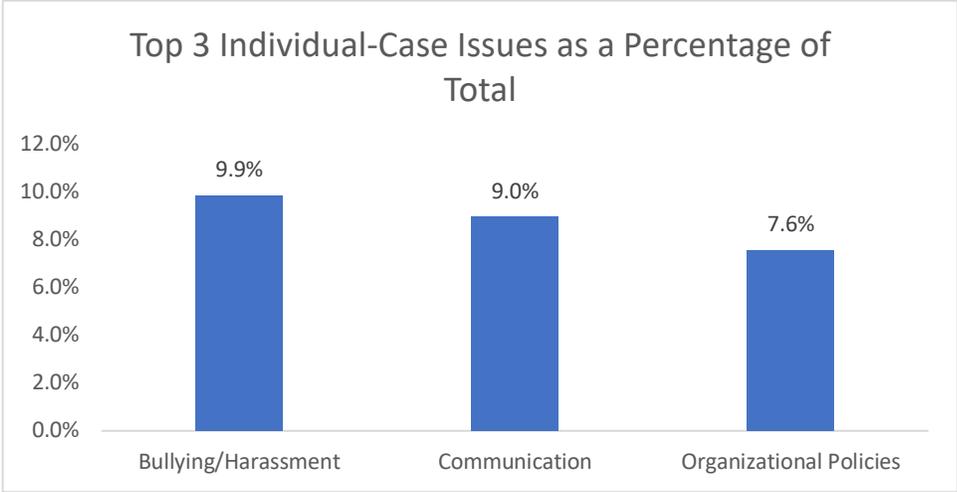
Many visitors shared that they feel afraid to speak to their supervisors or other authority figures about matters that are of pressing importance to them. They believed they would be retaliated against if they speak up. Some told us that their opinions and input are unwanted or devalued by management.

(4) Breakdowns in scientific collaboration

In 2019, 10.4% of our cases dealt with scientific disputes, such as strained scientific collaborations, conflicts related to lab resources, authorship disputes, lab closures, tenure denials, and concerns about scientific misconduct. Threaded within those disputes were issues involving communication, unclear policies, and relationships. While lab and scientific disputes contain the same misunderstandings and interpersonal concerns as do other workplace disputes, they can have a more direct impact on NIH's mission by stalling scientific research and discoveries. A recurring

issue has been the need for improved conflict management skills within the intramural program, which our office has helped to address through targeted workshops.

Top Issues in Individual Cases

Top 3 Individual-Case Issues as a Percentage of Total

Bullying/Harassment	Communication	Organizational Policies
9.9%	9.0%	7.6%

(1) BULLYING/HARASSMENT & UNFAIR TREATMENT

Bullying and harassment were key issues in almost 10% of our individual cases. Visitors experienced that behavior in various roles, including as bystanders, targets, and those being investigated. The range of behaviors described included the use of demeaning language, yelling, intimidation, slurs, and sexual overtures. As a confidential resource independent of other offices, the Office of the Ombudsman has a unique and needed role in this sensitive context: visitors often come to our office precisely because they are able to talk through their experiences and explore different resources and options, such as CIVIL, EDI, OITE and/or EAP. A significant number fear retaliation or being perceived as a troublemaker. We help visitors test their assumptions as well as consider different strategies for addressing these issues. In some cases, visitors opt to address their concerns with our informal services, e.g., through facilitated conversations or by being coached on proactive strategies for resolution. In other cases, visitors decide to pursue formal options.
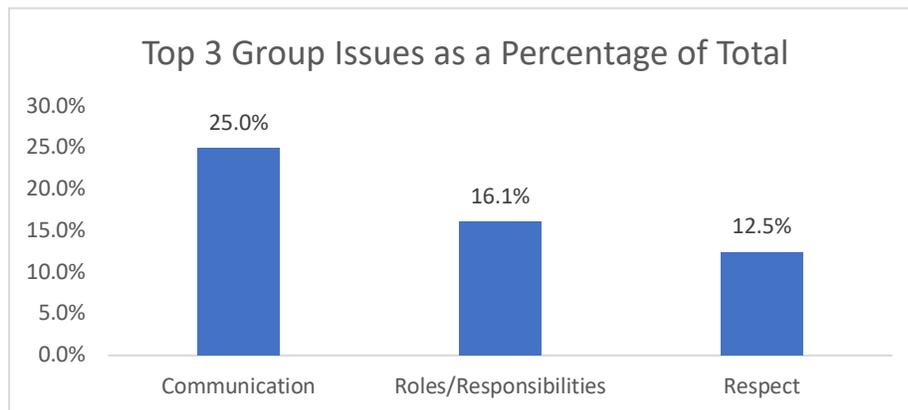
(2) COMMUNICATION

While communication is cited as a primary issue in 9% of our individual ombudsman cases, misunderstandings and a lack of communication figure in almost all of our ombudsman cases. For example, a supervisor's misunderstood directives may become an employee performance issue; an angry, hastily written email may be interpreted by others as a conduct matter or even a matter

for CIVIL. In these situations, visitors may act and react without making sure they understand or are being understood in the way they wish. Typically, we help visitors consider the other's perspective; we reframe each person's concerns so that they can be understood across differing frames of reference. We assist visitors in testing their assumptions and discuss the use of different communication strategies. We also offer voluntary, facilitated conversations for those who want assistance from a neutral party.

(3) ORGANIZATIONAL POLICIES

Approximately 7% of individual ombuds cases involved questions about NIH and HHS policy. In some instances, visitors had relatively straightforward questions. However, it is noteworthy that many visitors told us they contacted our office about these issues rather than contacting their supervisors, AO, or ER representatives. Often visitors told us that they feared retaliation or negative consequences as a result of their inquiry if it were directed elsewhere. Our office has also worked with employees who expressed confusion about policy or procedural requirements. For example, during 2019 our office worked with several prospective employees who were confused when their on-boarding process was halted because they truthfully answered a security question about their use of cannabis.

Top Issues in Group Cases

Top 3 Group Issues as a Percentage of Total

- Communication: 25.0%
- Roles/Responsibilities: 16.1%
- Respect: 12.5%

(1) COMMUNICATION

Communication presented as an issue in 25% of our group cases. This is not surprising, since our group work tends to be initiated when there are breakdowns in communication in a group. In the context of group work, our office offers tools for visitors to understand each other differently and to find new ways of communicating needs and preferences. Typically, we work by facilitating dialogue within a group, so that the group itself can brainstorm and develop new ways of working

together. This can be a helpful first step in resetting damaged relationships and in building a new foundation of team identity.

(2) ROLES/RESPONSIBILITIES

Roles and responsibilities are issues in more than 16% of all group cases. In the midst of structural and other changes within groups at NIH, roles and responsibilities can shift or be understood differently by members of a team. Often, disagreements about roles and responsibilities signify deeper concerns about trust, feeling included and valued, and feeling heard. It can come as a surprise for members of a team that others on their team understand their roles differently from the way they do. Typically, we work to help team members explore what functions are needed on a team and how those functions fit together to accomplish a team mission. Once those functional needs are articulated, the team can then explore how each person can support the team mission best and re-center the conversation on collaborative problem- solving. This approach can also help reset damaged relationships and build trust.

(3) RESPECT

About 12.5% of all our group cases involved issues of respect. Often these issues are tied to communication breakdowns, but they manifest in many other ways as well. Breakdowns in trust often take time to rebuild, but that work is not possible if team members are not aware that trust has been broken or that members of the team do not feel respected. In the context of group work, our office will facilitate dialogue designed to surface issues of disrespect so that the team can begin to understand the experiences of others. We might then facilitate conversations about how members of the team feel respected, or not, and what that means for collaborative work moving forward.

Educational Activities

In 2019 the NIH Office of the Ombudsman provided 63 educational activities in the form of workshops, presentations, retreats, and awareness activities to the NIH community. Over the course of 2018 our office provided 74, averaging approximately six per month. Approximately 77% of our educational activities were workshops and presentations focused on skill-building.

"Communicating effectively" was the most requested workshop topic in both 2018 and 2019. Specific communication workshops were presented on:

- effective interpersonal communication;
- communication in groups;
- effective email communication/responding to difficult emails; and

- difficult conversations, including giving and receiving feedback.

These topics also echo the key themes seen in our individual and group cases. Communication, and responses and reactions to it, are at the heart of how visitors function individually, within teams, and within the NIH. Our office recognizes that effective communication creates trust and psychological safety; allows for constructive conflict and promotes collaboration; and minimizes hurt feelings and the potential for toxicity and incivility. Our office continues to refine and add to these educational/outreach offerings.

In addition to our communications workshops, our office created and facilitated visitor-specific workshops on a range of topics. A few of the non-communication workshops conducted in 2019 include:

- Facilitating effective teamwork;
- Emotional intelligence;
- Negotiation styles for women scientists; and
- Implicit bias.

Workshops and presentations are tailored to the needs of the requesting group. The workshops are interactive and complementary to a variety of learning and participation styles. They can include a mix of lecture, group discussion, exercises, case studies, skits, role-plays, self-assessments, and multimedia.

In addition to workshops and presentations, we regularly engage in office awareness activities. This includes participating in support service panels for new fellows and trainees and presenting to individual ICs, branches, and groups on how we work and support the NIH.

In addition to our outward-facing educational activities, our team regularly engages in education activities by serving on a variety of NIH committees, including:

- NIH Diversity Catalysts
- Intramural Working Group on Women in Biomedical Careers
- Committee on Workplace Scenarios for new POSH Training
- Steering Committee Diversity Working Group
- OD Anti-Harassment Committee
- NIH Anti-Harassment Committee

Participating in these committees and groups in an ex officio capacity increases our knowledge and understanding of important issues and initiatives within NIH and enhances our abilities to assist our visitors, both in individual and group cases and in our educational activities. Committee participation also provides us opportunities to give systemic feedback to policy makers on pertinent topics.

Systemic Work

Among our office's most important functions is our ability to identify and/or help address systemic concerns within NIH. While most of our cases involve discrete individuals and groups, many of our cases also spotlight concerns that reappear repeatedly across groups and ICs. These reappearing concerns can be addressed by working to transform the organizational systems that contribute to the problem. Our office has successfully identified systemic issues and helped visitors including organizational leaders to adjust relevant systems and processes as needed. Systemic interventions are especially impactful because making key changes to relevant processes and structures can address the instant concern while also altering conditions which, left unaltered, might lead to similar concerns in the future.

Among our office's systemic interventions in 2019 are the following:

- We worked with a senior leader to address confusion and perceived inequities that resulted from the communication of erroneous information about scientific compensation and duties from unrelated program offices. Our interventions included helping the visitor devise a plan for coordinating the program offices and forming a working group of other NIIH offices to work jointly on this issue.

- We worked with a department where there were longstanding trust, accountability and collaboration issues. These issues were exacerbated by lack of transparency in the hiring of a new supervisor. Our interventions included providing safe avenues for honest feedback to managers from employees, and helping the group create new processes for holding other members accountable.

- We worked with intramural offices and programs to help them create conflict resolution and communication skills initiatives for their scientists.   Among our interventions in this area was the creation of workshops to address the particular needs of women scientists and lab managers.

- Through our director, our office provided ongoing systemic input, within the parameters of our role and professional standards of conduct, to the Associate Deputy Director, NIH.

Conclusion

The year 2019 continued the general upward trend of utilization of our office by the NIH community over the last seven years with 621 individual, group, and education cases over the year. As in previous years, communication breakdowns remained at the heart of both the workplace issues seen by our office and the requests we received for skill-building through our educational activities.

Communication breakdowns can lead to feeling disrespected, experiencing bullying or harassment or inappropriate behavior, and unclear roles and responsibilities. Recognizing this, our office continues to work with the NIH community to promote safe and welcoming work environments, effective systems for responding to concerns, and productive scientific collaborations.

We welcome you to contact us at any time to:

- Discuss this report
- Raise a workplace conflict concern involving yourself or others
- Consult with us about questions involving your team
- Discuss or schedule a presentation about the Office of the Ombudsman
- Discuss or schedule a training on a conflict-related topic

E-Mail: ombudsman@nih.gov
Website: www.ombudsman.nih.gov
Phone: (301) 594-7231
Walk-In: NIH Campus, Building 31, Room 2B63, between 8:30 am – 5:00 pm

Appendix: Our Standards of Practice

We are committed to the highest professional standards. We operate under the Code of Ethics and Standards of Practice enunciated by the International Ombudsman Association (IOA):

- **Independence:** We work independently of NIH management structures. The Director of the Office of the Ombudsman reports to the NIH Associate Deputy Director while maintaining our office's confidentiality, neutrality, and independence.

- **Neutrality and Impartiality:** We strive to treat everyone with equal respect. We also strive for fairness and objectivity in our dealings with visitors and consideration of issues. We advocate for fair and equitable processes but not for a particular person or point of view.

- **Confidentiality:** We do not reveal the identity of any individual who contacts us, nor do we reveal information provided in confidence without that individual's permission. We do not take specific action related to an individual's concerns unless we have permission from that individual. The only exception to confidentiality is if there appears to be an imminent risk of serious harm to self or another.

- **Informality:** We assist people by engaging in discussion and analysis of creative solutions available to them outside the formal procedures. We do not make binding decisions, mandate policies, or formally adjudicate issues for the organization. We do not participate in formal investigative or adjudicative procedures. Use of our office is voluntary and is not a step in any grievance process or policy. Contacting our office does not place the organization on notice, a critical distinction from many of the other resources within the NIH.