# NIH Office of the **Ombudsman**

## Center for Cooperative Resolution

Annual Report **2013-2017**

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# Message from the Ombudsman

I am pleased to conclude my first year as the NIH Ombudsman by providing this Annual Report. It has been seven years since our Office has published a report, so this "Annual Report" is more comprehensive than is customary. This past year we enhanced our database in order to better analyze trends, and are thus able to present data from approximately 3,000 cases over the last five years. We also provide an overview of our practice within the NIH community through our individual and group cases, and workshops. We highlight a number of organizational challenges that we have observed over time. These critical observations surface issues that are complex, multi-dimensional, and require trans-organizational engagement to resolve. We offer thoughts about how we may begin to address these systemic issues and look forward to our continued collaboration with many people at NIH to address them in the year ahead.

The basic purpose of an ombuds office is to provide a place where people may address concerns before contemplating formal procedures. There are various times one can be unhappy in the workplace that are unrelated to the violation of rules or rights. In fact, issues may arise that cannot be remedied by policies or procedures. We are able to provide a unique problem-solving discussion in a confidential, neutral, and independent space to explore alternative options to formal dispute resolution. Sometimes a person merely wants a sounding board or help reviewing a letter to confirm it conveys his or her perspective and goals accurately. Sometimes people request a facilitated discussion with another party, and sometimes it is more effective to address a systemic problem without reference to the particular individual. Our philosophy is that by helping prevent and manage conflict, and by fostering the sorts of working relationships that enable people to conduct better science, we can contribute to the ability of NIH to fulfill its mission.

Each of us in the office is dedicated and accountable to the NIH community, and I present this report on behalf of the entire team. We pledge to serve the NIH community by providing exceptional conflict resolution services through continued scholarship, vibrant collaborations, and creative problem solving, thus enhancing fairness and respect for all.

**J. Kathleen Moore, Ph.D.**
Director and Ombudsman
Office of the Ombudsman
Center for Cooperative Resolution

**The Office of the Ombudsman assists the NIH community in addressing lab and workplace concerns. We are a resource that is neutral, independent, confidential, and informal.**

## SUMMARY OF CASELOAD, OMBUDS ACTIVITIES, AND OUTCOMES

From 2013 to 2017 our office handled 2,983 cases. Over that time, our caseload increased by 15%. Half of the issues raised by individual visitors concerned supervisor-employee relationships. The most common ombuds activities were coaching, helping visitors explore their options, and policy clarification. Most visitors decided to proceed independently, using the resolution strategies discussed in our office.

Group cases typically involved working with others to address systemic concerns. Workshops and presentations covered a range of topics utilizing a mix of lecture, group discussion, exercises, case studies, skits, role-plays, self-assessments, and multimedia. Workshop topics included Conflict Management, Difficult Conversations, Giving & Receiving Feedback, and Implicit Bias.

## SYSTEMIC THEMES

A crucial component of our work is the identification of important trends and organizational concerns. Over the past five years, our office has identified four broad themes in the issues visitors bring to our attention: *perceptions of inequity and unfairness, leadership challenges, administrative policies, and organizational concerns*.



## A WAY FORWARD

The Office of the Ombudsman looks forward to partnering with the NIH community to address these systemic issues. We are encouraged by recent partnerships involving Civil, EDI, and the NIH Anti-Harassment Committee to create policies and implementation plans to address organizational concerns. In this report, we propose several additional approaches NIH might consider. These approaches include raising systemic issues to leaders and other stakeholders, the formation of multidisciplinary teams; expanding leadership resources, support, and accountability; and taking further steps to institutionalize fairness.

We value the role we play in supporting the NIH mission, and we invite you to read our full report.

**Case Totals**



| 2013 | 2014 | 2015 | 2016 | 2017 |
|------|------|------|------|------|
| 562 | 589 | 598 | 589 | 645 |
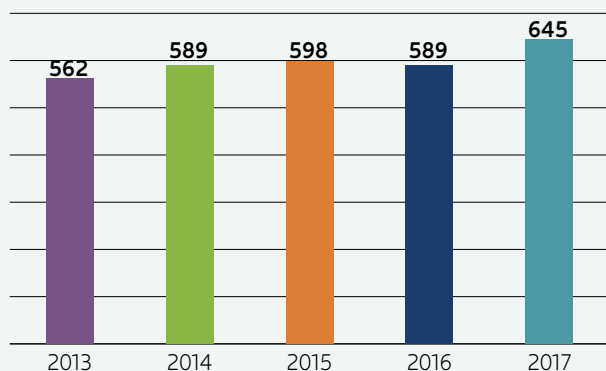
# Ombuds Office Overview

**Our Mission Statement:** The mission of the NIH Office of the Ombudsman, Center for Cooperative Resolution, is to facilitate collaborative processes and the creative resolution of conflict for the entire NIH community.

## WHAT WE DO

Individuals, groups, and organizations may face misunderstandings or disagreements. Such conflicts present challenges – but they also offer opportunities for growth, strengthened relationships, improved morale, and enhanced organizational operations. However, engaging in conflict constructively is difficult without skills, resources, or awareness of how to do so. Our office is a resource to the entire NIH community, helping to build both awareness and necessary individual and organizational skills. We provide these services to the NIH community through our individual and group cases and our workshops and presentations. We have also provided mediation services for EEO actions over the past years, until January, 2018. We also coordinate early mediation of administrative grievances through a pilot grievance process called the Peer Resolution Program (PRP).

## OUR OMBUDS SERVICES

We help visitors identify the underlying causes of disputes as well as behavioral responses to the situation. We listen and help visitors explore options for resolution. We may facilitate conversations between individuals or employ shuttle negotiation when requested and as appropriate. We use a variety of techniques and tools to assist members of the NIH community to address individual, interpersonal, or group concerns. We work through each concern with our visitors, and employ resolution strategies that address the unique needs of each situation.

**GROUP**
We use knowledge of group processes and conflict to help groups of all types and sizes to resolve conflicts and improve group health and functionality.

- Group Facilitation
- Group Conflict Resolution
- Scientific Collaborations
- Workshops and Presentations
- Systemic Interventions

**INTERPERSONAL**
We help people involved in interpersonal conflict engage in a collaborative and constructive manner.

- Facilitated Discussions
- Shuttle Negotiations
- Scientific Partnering Agreements

**INDIVIDUAL**
We help individuals think through their situations, explore possible options for moving forward, and make proactive, productive decisions.

- Consultation
- Coaching
- Policy Clarification
- Referrals

## 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 Director through the NIH Principal Deputy Director while maintaining our office's confidentiality, neutrality, and independence.

### Neutrality and Impartiality

Our standard of neutrality means we treat everyone with equal respect. We 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. 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 departure from many of the resources within the NIH.

*"Thank you for the conversation today — no one has ever given me feedback in that way before. I appreciate you taking a risk and pointing out certain things for me to think about and work on."*



**NIH Office of the Ombudsman Team 2018**
*Seated in front:* J. Kathleen Moore, Linda Brothers, Judith Gail; *Standing in rear:* Jason Byron, David Michael, Tyler Smith; *Not pictured:* Lisa Witzler, Denise Burns

**What to Expect When Working with Our Office:** When an individual or group of people reaches out to our office, we work through the steps below either in the initial meeting or over the course of several meetings.

### Initial Conversation

- 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 and 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 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

- We help you look at the issues in a different way.
- We encourage perspective taking of "the other" party in the conflict.
- We help you to think about additional parties, issues, trends, structures, relationships, and causation.
- We help you explore how you may contribute to the situation.

### Exploring Options

We help you identify options available to address the issues you are 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 others 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 concrete action steps or a decision to gather more information.

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Over the past five years the NIH Office of the Ombudsman has served a population of approximately 22,000 employees from NIH's 27 institutes and centers. Our work is divided into different case types: individual, group, workshops, EEO, and PRP. We define as a single "case" one or more individuals who experience a conflict.

### Individual cases

These cases involve one to four individuals seeking assistance from our office. Other individuals or parties to the conflict or situation may become involved if necessary.

### Group cases

These cases involve five or more people seeking assistance from our office. These individuals may be connected as work groups, work teams, divisions, branches, labs, centers, etc.

### Workshops & Presentations

These include workshops and presentations we provide for members of the NIH community and external audiences (students, conference attendees, other agencies, etc.).

### EEO Mediation cases

Equal Employment Opportunity (EEO) cases involved members of our staff acting as mediators for NIH EEO complaints (performed through 2017).

### Peer Review Program (PRP) cases

These cases involved members of our staff acting as mediators for Stage 1 PRP administrative grievances (performed through 2017).

### CASE TOTALS

Over the past five years our total caseload has increased by 15%. Much of this growth was driven by increases in workshops and presentations, which increased by 43% between 2016 and 2017. There was also modest growth in individual cases over the five years. Group cases held steady at 3% of our yearly caseload. Sixty-seven percent of group cases took more than 20 hours each of ombuds time.

**Case Totals**

| 2013 | 2014 | 2015 | 2016 | 2017 |
|------|------|------|------|------|
| 562 | 589 | 598 | 589 | 645 |
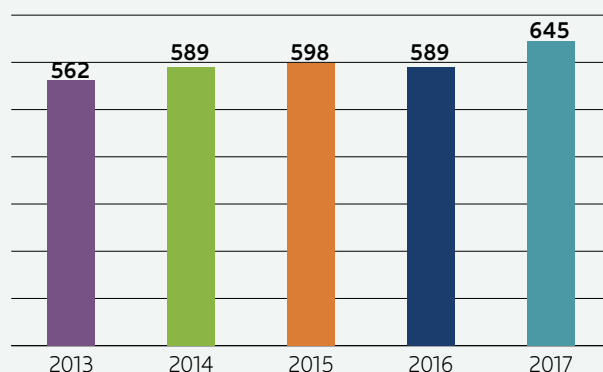
*"Thank you for facilitating our discussion today. You had a balanced approach that enabled us to have a very successful conversation."*
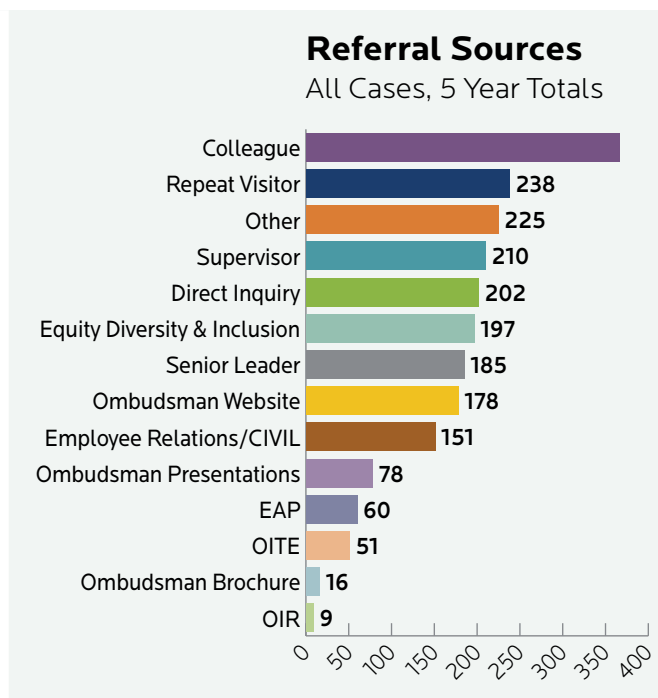
## PROGRAM AREAS

NIH is organized within the intramural research, extramural research, and administrative program areas. **Intramural research programs** refer to programs and scientific research initiatives conducted within NIH laboratories by NIH scientists. **Extramural research programs**, in contrast, refer to NIH programs and initiatives that support the funding and oversight of research conducted by non-NIH scientists in non-NIH settings. **Administrative programs** support the intramural, extramural, and overall functions of NIH and its 27 institutes and centers. Approximately 42% of our cases involved employees from the administrative programs from 2013 - 2017, while 39% have come from intramural research programs – and 13% from extramural research programs during the same period.
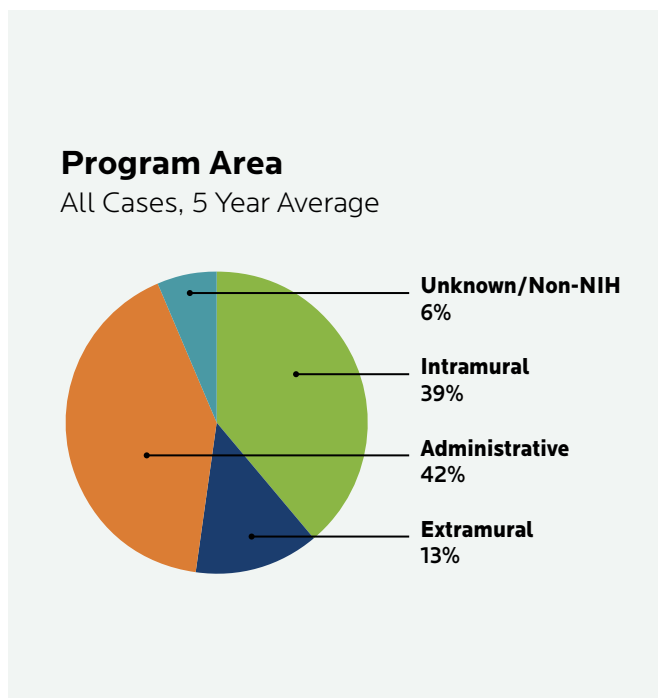
## REFERRAL SOURCES

We receive cases in a variety of ways. Over the past five years most visitors to our office were referred by one of their colleagues. You will also notice that many people return to our office – repeat visitors – after having worked with us in the past. The chart below summarizes our referral resources over the past five years.

*"I had a meeting with my supervisor . . . it was so helpful to ask for specific examples on how I can improve."*

### Program Area
All Cases, 5 Year Average

- Unknown/Non-NIH 6%
- Intramural 39%
- Administrative 42%
- Extramural 13%

### Referral Sources
All Cases, 5 Year Totals

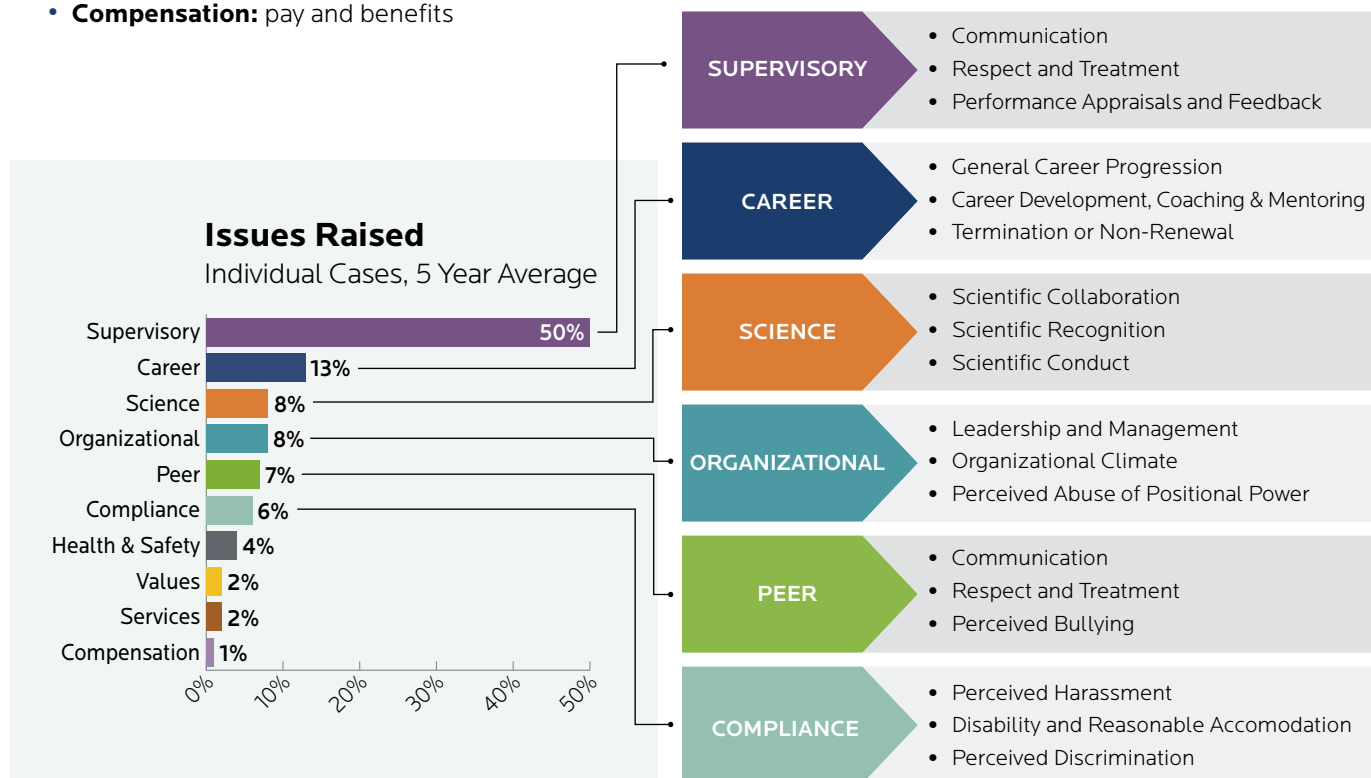| Referral Source | Total |
| --- | --- |
| Colleague | |
| Repeat Visitor | 238 |
| Other | 225 |
| Supervisor | 210 |
| Direct Inquiry | 202 |
| Equity Diversity & Inclusion | 197 |
| Senior Leader | 185 |
| Ombudsman Website | 178 |
| Employee Relations/CIVIL | 151 |
| Ombudsman Presentations | 78 |
| EAP | 60 |
| OITE | 51 |
| Ombudsman Brochure | 16 |
| OIR | 9 |

## ISSUES RAISED

People contact our office because they have a variety of concerns that they wish to address. Their concerns are grouped into ten categories:

- **Supervisory:** issues regarding leaders and those they supervise

- **Career:** career development, progression, and elimination

- **Science:** scientific collaboration, review, and resources

- **Organizational:** organizational leadership, climate, and change management

- **Peer:** peer and colleague relations

- **Compliance:** perceived discrimination, harassment, disability, and reasonable accommodation

- **Health and Safety:** physical working conditions and work-related stress

- **Values:** perceived discrepancies in organizational values

- **Services:** administrative decisions, rules, and procedures

- **Compensation:** pay and benefits

As shown in the accompanying chart, in our **individual cases** supervisory issues were by far the most frequently raised issues by those visiting our office; fully half of all issues were about problems between supervisors and those who report to them. The sustained prevalence of supervisory issues over the last five years strongly suggests that more needs to be done at an institutional level to educate supervisors and employees regarding strategies for effective workplace interactions. Suggested strategies are discussed in the section of this Annual Report entitled "A Way Forward: Potential Next Steps."

In the supervisory category the three most reported issues were problems with communication, concerns about respect and fair treatment, and questions about perceived problems with performance appraisals and feedback. Additional top three issues in each broad category are shown in the accompanying graphic.

### Issues Raised
Individual Cases, 5 Year Average

| Category | Percentage |
|---|---|
| Supervisory | 50% |
| Career | 13% |
| Science | 8% |
| Organizational | 8% |
| Peer | 7% |
| Compliance | 6% |
| Health & Safety | 4% |
| Values | 2% |
| Services | 2% |
| Compensation | 1% |

**SUPERVISORY**
- Communication
- Respect and Treatment
- Performance Appraisals and Feedback

**CAREER**
- General Career Progression
- Career Development, Coaching & Mentoring
- Termination or Non-Renewal

**SCIENCE**
- Scientific Collaboration
- Scientific Recognition
- Scientific Conduct

**ORGANIZATIONAL**
- Leadership and Management
- Organizational Climate
- Perceived Abuse of Positional Power

**PEER**
- Communication
- Respect and Treatment
- Perceived Bullying

**COMPLIANCE**
- Perceived Harassment
- Disability and Reasonable Accomodation
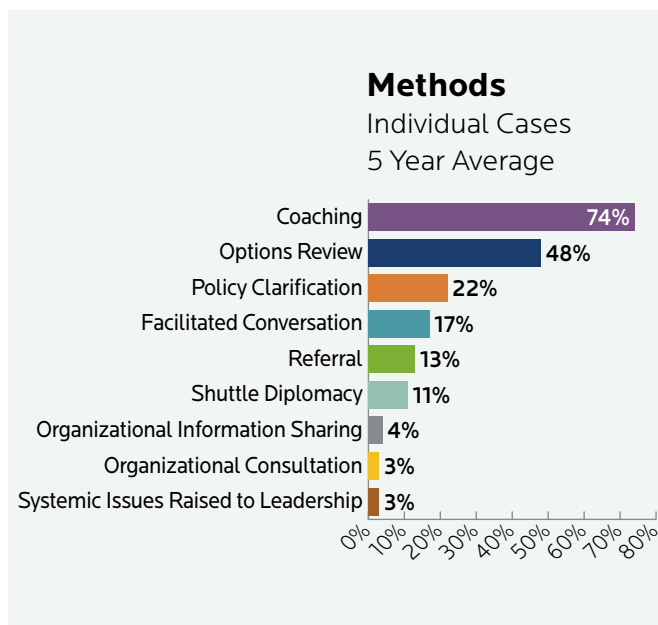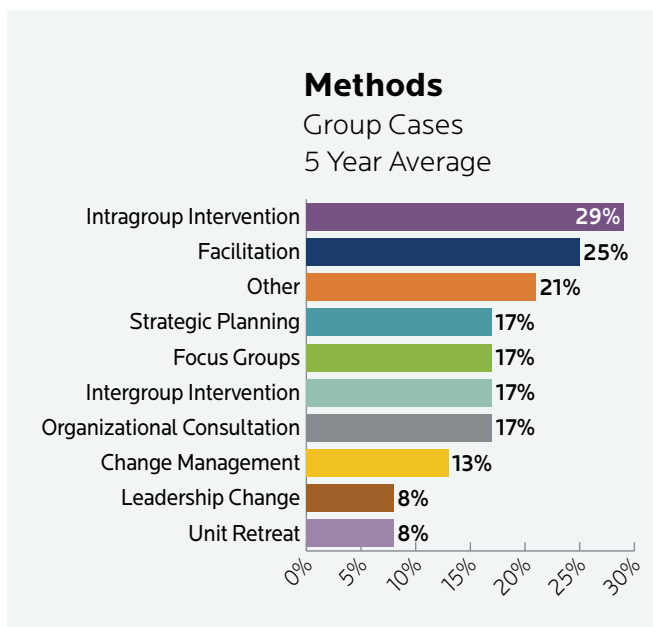- Perceived Discrimination

An overview of data over the last five years indicates that many **group cases** involved the following issues:

- Purpose, Goals & Mission
- Communication & Information Sharing
- Leadership & Management
- Roles & Responsibilities
- Resources & Mechanisms
- Assignments & Distribution of Work
- Personalities, Styles & Culture
- Trust & Respect
- Morale

## METHODS

We utilize a wide variety of methods to help resolve concerns. Our data show that in **individual cases** our most used mechanism is coaching. Coaching provides an opportunity for the visitor to sort through options, understand their own assumptions, and develop a more effective thinking and behavioral path to achieve their goals. The second most utilized mechanism is options review, where we answer visitors' questions and provide information about the use of informal and formal conflict resolution strategies.

As the chart demonstrates, the majority of our **group cases** have involved intragroup intervention and facilitation. Intragroup interventions often involve helping the group to identify and address sources of tension within the group. Facilitation involves a process of helping group members to address their own issues.

**Methods**
Group Cases
5 Year Average

| Method | Percentage |
|---|---|
| Intragroup Intervention | 29% |
| Facilitation | 25% |
| Other | 21% |
| Strategic Planning | 17% |
| Focus Groups | 17% |
| Intergroup Intervention | 17% |
| Organizational Consultation | 17% |
| Change Management | 13% |
| Leadership Change | 8% |
| Unit Retreat | 8% |

**Methods**
Individual Cases
5 Year Average

| Method | Percentage |
|---|---|
| Coaching | 74% |
| Options Review | 48% |
| Policy Clarification | 22% |
| Facilitated Conversation | 17% |
| Referral | 13% |
| Shuttle Diplomacy | 11% |
| Organizational Information Sharing | 4% |
| Organizational Consultation | 3% |
| Systemic Issues Raised to Leadership | 3% |

*"I want to thank you for the extensive work you did with our team. You thoughtfully analyzed the issues and helped us plan a productive way forward."*

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Over the past five years we have become increasingly involved in preventive conflict resolution work as represented by an increase in the number of **workshops and presentations** given to both administrative and scientific communities. Between 2013 and 2017 we provided 243 workshops and presentations; of those, 182 presentations and workshops were offered to internal NIH audiences. The remaining 61 workshops and presentation were provided for external audiences at conferences, universities, and other federal agencies.

Each of our internal workshops is tailored to the needs of a specific constituency and can include a mix of lecture, group discussion, case studies, role-plays, self-assessments, and multimedia offerings (such as film screenings on topics related to workplace difference).

Common training topics over the past five years included:

- Conflict Management & Resolution
- Interpersonal Communication
- Email Communication
- Giving & Receiving Feedback
- Interest-Based Negotiation
- Implicit Bias
- Cultural Differences
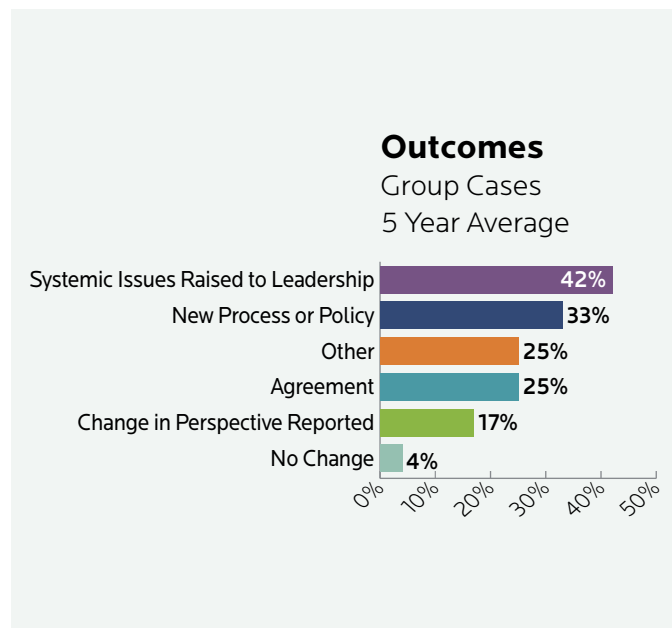- Emotional Intelligence

## OUTCOMES

The people who visit the Office of the Ombudsman do so for many reasons. Sometimes they want a particular result; other times they want to explore possible options before deciding whether or not to take action. As ombuds, one of our aims is to help all members of the NIH community become better able to resolve issues on their own if they are able to do so. In our **individual cases** this is reflected in the largest single outcomes category of "employee proceeds independently." Many visitors from our individual cases talk with us about their concerns, consider different options, receive coaching, and then decide to proceed independently using the resolution strategies discussed in our office.

**Outcomes**
Individual Cases
5 Year Average

| Outcome | Percentage |
|---|---|
| Employee Proceeds Independently | 53% |
| Change in Perspective Reported | 16% |
| Agreement | 15% |
| No Further Action or Contact | 8% |
| Detail or Position Change | 6% |
| Other | 6% |
| New Process or Policy | 3% |
| Formal Process Initiated | 4% |
| Systemic Issues Raised to Leadership | 3% |
| No Change | 3% |
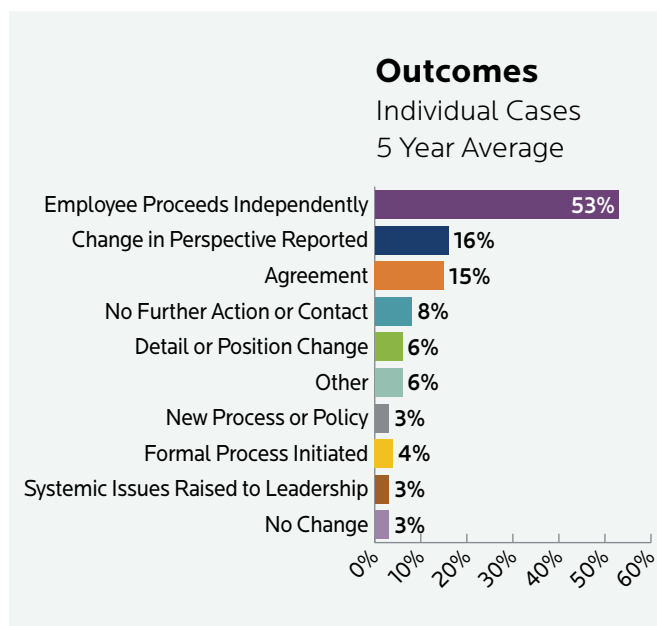
*"I wanted to thank you again for coming out yesterday to speak to our team. Several people said that the information and resources provided were relevant and can be used to their advantage."*

Many of our **group cases** involve working with others to address systemic concerns. Our group cases are among our most successful work in that over 40% of group case outcomes result in raising concerns to leadership for proactive interventions. At least 33% of group cases result in the creation of a new policy or process, and 25% of group cases result in express agreements.

**Outcomes**
Group Cases
5 Year Average

| Outcome | Percent |
|---|---|
| Systemic Issues Raised to Leadership | 42% |
| New Process or Policy | 33% |
| Other | 25% |
| Agreement | 25% |
| Change in Perspective Reported | 17% |
| No Change | 4% |

*"Thanks for leading such a rewarding discussion. You and your colleague did such a wonderful job sharing the different perspectives and encouraging such a candid dialogue. I really feel this was a necessary first step toward becoming unified . . . . I'm still reflecting on everything you shared, and will continue to follow up."*



**NIH Clinical Center**

An important component of our work as ombuds is our ability to identify important trends and raise concerns to leadership. We often see individuals and groups who raise systemic issues – those issues which are rooted in a policy, procedure, or practice.

Systemic concerns are especially difficult because, by their nature, they permeate multiple levels of the system in which they reside. Many of these concerns are noticed in different organizations, across different program areas and organizational roles which enable us to raise them without revealing confidential information.

These systemic themes and issues are drawn from among the approximately 3000 ombudsman cases from 2013 – 2017 and reflect issues raised by employees and supervisors throughout NIH. While these qualitative data are derived only from those individuals who work with our office, they provide a broad range of perspectives that often are not otherwise available within NIH. These systemic issues should not be seen as a definitive or complete characterization of the issues discussed but rather as a starting point to understand possible trends and concerns.

**Four overarching themes** frame the following systemic concerns. Understanding and addressing these systemic concerns could benefit NIH.



PERCEPTIONS OF INEQUITY AND UNFAIRNESS

LEADERSHIP CHALLENGES

ADMINISTRATIVE POLICIES

ORGANIZATIONAL CONCERNS

## PERCEPTIONS OF INEQUITY AND UNFAIRNESS

### Performance Appraisal Fairness

Many employees report that meaningful and substantive feedback about their performance and conduct at work is important to them but often absent throughout the rating period. We have also heard from some employees that their supervisors ask them to sign unrated end-of-year performance appraisals. Both of these practices can lead to surprise ratings at the end of the year and contribute to general anxiety about close-out evaluations.

### Perceived Discrimination and Inequity based on Race and Gender

Concerns about perceived discrimination are raised by employees of both the administrative and scientific communities of NIH. Female tenure-track and tenured principal investigators describe a perceived climate of unfairness which manifests in greater resources and opportunities for their male colleagues. Additionally, female scientists and science leaders report pay disparities as compared to similarly-situated male counterparts, along with more perceived difficulty in achieving research support and tenure. Perceptions of discrimination and inequitable treatment extend to racial groups and often impact morale, productivity, and team cohesion. These concerns have been recognized and a trans-NIH committee was formed in 2018 and charged with remediating these issues.

### Perceived Fairness in Tenure and Promotions

Over the years tenure track and non-tenure track investigators have expressed concern regarding a perceived absence of procedural fairness in the tenure process. Other employees denied grade promotions raise similar fairness concerns. The perceptions of unfairness are fed by limited and inconsistent information regarding certain aspects of the process, as well as a perceived lack of opportunity to address or appeal negative decisions. In addition, supervisors' failure to raise performance or tenure concerns prior to making these decisions contributes significantly to perceptions of unfairness and being "set up to fail."

### Perceptions of Disrespectful Behaviors

There are visitors who describe their supervisors as "bullying," "toxic," "hostile," or "abusive." Individuals are fearful of raising these concerns because they fear they will be subject to retaliation. Individuals also report feeling stress, anxiety, difficulty concentrating, and situational panic. In some cases, fellows have reported wanting to leave NIH and intramural science as a result of their experiences. These behaviors often have a negative ripple effect within the larger organization, elevating stress, lessening communication, productivity, and morale, and in extreme cases causing physical and emotional harm.

## LEADERSHIP CHALLENGES

### Leadership Effectiveness and Skills

Leaders within the organization hold positional power and are responsible for managing a complex ensemble of technical, administrative, interpersonal, and scientific activities. Many people report that supervisors possess limited technical and relational skills and insufficient understanding of the organization. In addition, perceived biases – such as favoritism and the selective enforcement of policies – are seen as causing unfair outcomes and impacting the work/lab environment. In addition, many trainees and fellows believe the expectation of leadership development through supervisory mentorship does not occur. This leads to an absence of collegial relationships, along with reduced opportunities to publish, and sometimes results in harmful situations that affect their ability to publish research and advance scientific careers.

## ADMINISTRATIVE POLICIES

### Perceived Bias in Administrative Inquiries

Administrative inquiries are initiated to investigate and resolve employees' claims of harassment or disparate treatment. Control of these inquiries by management at the Institute/Center level is often perceived as undermining the impartiality necessary for a fair understanding and resolution of issues. Management control of the inquiry's scope, funding, communication of information, findings, and follow-up determinations are perceived as a structural bias of administrative inquiries. These vulnerabilities limit the effectiveness of administrative resolutions that may end reported inequities. NIH has recognized this issue and in 2018 a new policy and procedure to centrally fund and handle harassment claims and effectively eliminate bias has been formed.

### Challenges of Reasonable Accommodations Process

The Americans with Disabilities Act (ADA) requires organizations to provide reasonable accommodations to qualified employees with a disability, unless doing so would pose an undue hardship. However, many visitors to our office have expressed a lack of clarity about the process, as have many of our supervisor visitors. In some cases, employees seeking reasonable accommodations have limited access to support, and management is not well-informed of the law. Employees report being told that making a request may subject them to termination, and their requests for reasonable accommodation are often denied without explanation or additional interaction.

*"Our philosophy is that by helping prevent and manage conflict, and by fostering the sorts of working relationships that enable people to conduct better science, we can contribute to the ability of NIH to fulfill its mission."*

### ORGANIZATIONAL CONCERNS

### Challenges of Change Management

Employees in the midst of organizational change sometimes report unclear objectives, roles, and expectations. These concerns add work stressors that can impact patient care, lab safety, and the ability to make sound decisions. *Employees* often express complaints about vague and confusing communication and about the failure of leadership to set clear expectations about the change process. Conversely, *leadership* sometimes report employee resistance to changes that seek to improve accountability and performance. These dynamics add to a decrease in organizational readiness for change intervention.



NIH Building 1

**Unrecognized and unresolved conflict creates a host of consequences that are often overlooked but deeply experienced.**

The cost of conflict includes decreased productivity, lost time, lowered motivation, increased attrition, and depressed morale. Expenses directly related to addressing employee turnover and hiring, and the filing of grievances and complaints are other costs of conflict. Lost opportunities for the organization include impaired decision making that can sometimes create dangerous workplace situations and diminished achievement of program strategic goals.

We suggest the following as four possible strategies for reducing the cost of conflict and addressing systemic concerns at NIH, many of which have been initiated in 2018.

## 1. RAISE SYSTEMIC ISSUES TO LEADERS AND OTHER STAKEHOLDERS

The Office of the Ombudsman will meet as needed with senior leaders to strengthen working relationships and discuss systemic issues affecting their institutes. The Ombudsman also will meet periodically with subject matter expert stakeholders (such as OHR/Employee and Labor Relations, Civil, and the Office of Equity, Diversity and Inclusion) to further explore systemic issues identified by the Ombudsman as well as potential remedies.

## 2. COORDINATE MULTIDISCIPLINARY PROBLEM-SOLVING TEAMS

Multidisciplinary teams from across the Institutes/Centers and disciplines can work through specific entrenched problems. These coordinated teams, chartered with the support of senior NIH leadership, should have the expertise and knowledge to identify the perceived problems from multiple perspectives, as well as generate a process for attempting resolution. For example, such teams could address the systemic issues of:

- reasonable accommodations;
- leadership effectiveness and skill building;
- performance appraisal fairness;
- tenure and promotion inequities related to gender and race; and
- harassment and bullying environments

We note that recent efforts and problem-solving teams have been created in 2018 to address issues pertaining to reasonable accommodations procedures, inequities related to gender and race, and harassment and bullying. We offer to participate in these teams and support efforts with EDI, Civil, and the NIH Anti-Harassment Committee to create needed change in these areas.

## 3. RE-IMAGINE LEADERSHIP SUPPORT, RESOURCES, AND ACCOUNTABILITY

**Leverage the FEVS**

The Federal Employee Viewpoint Survey (FEVS) is increasingly seen as a valuable indicator of organizational health that can be used to initiate constructive group discussions. Results from the recent FEVS indicate both the importance of, and progress that NIH has made in, the Leadership, My Satisfaction, and My Supervisor sections. Overall, NIH reported improvement beyond government wide or HHS results, with positive changes of 4% in all three categories. We will continue to support results-driven activities in these areas and provide services that enhance NIH's "Best Practices for Implementation."

## Provide Leadership Resources

We suggest that leaders be provided a full spectrum of resources for performance improvement and change management, including access to needed information, and ongoing training. These elements for leadership performance are consistent with the Joint Commission accreditation process for healthy organizations. Our office can assist leaders in two ways: continuing our coaching role to empower employees and supervisors to engage routinely in performance conversations, and by retooling and reshaping leadership effectiveness training so that it will be embraced by investigators, trainees, and administrators alike.

## Enhance Leadership Accountability

We also suggest expanding institutional accountability for all those in supervisory positions and by reinforcing these expectations in performance plans. One example would be to utilize periodic anonymous 360 degree evaluations of leadership that are tied to PMAPS and BSC reviews. We have initiated a partnership with the Training Center and other offices to develop a series of educational trainings or workshops that include a range of management skills (e.g., mentoring and coaching, effective listening, intercultural communication, giving and receiving feedback, etc.), as well as technical and interpersonal leadership skills needed in intramural or extramural environments.

The introduction of the new online performance appraisal (ePMAP) system reinforces the requirement of regular meetings between all supervisors and employees at defined intervals throughout the evaluation cycle including establishment of the performance plan, mid-year, and close-out discussions. We are encouraged by the transparency and accountability promoted by the ePMAP system and will continue to offer more informal resources for supervisors and employees to engage in meaningful conversations regarding performance.

## 4. INSTITUTIONALIZING FAIRNESS

People want a fair and responsive workplace. The fact that many visitors raise this concern implies that fair treatment, processes, and outcomes are expected at NIH. This idea is captured in the Fairness Triangle, developed by Ombudsman Saskatchewan, which describes the three dimensions of fairness that people need to function at their best: a) **Relational Fairness** – listening openly, respecting confidentiality, honesty, and providing information; b) **Procedural Fairness** – ensuring that decision-making is based on sufficient information, provides an opportunity to be heard in a fair and impartial forum, and is reached within a reasonable time along with the rationale for the decision; and c) **Substantive Fairness** – ensuring that decisions are based on relevant facts and law, are reasonable, and are not unjust, arbitrary, or discriminatory. Perceptions that policies, practices, or norms are not relationally, procedurally, or substantively fair motivate many individuals to visit our office.
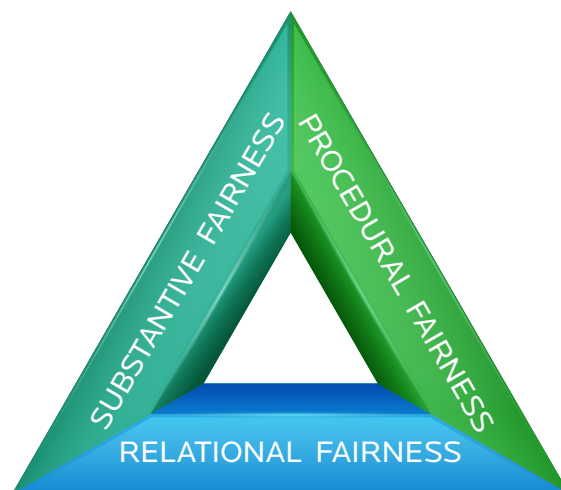


**The Fairness Triangle**

# Conclusion

*"Every conflict we face in life is rich with positive and negative potential. It can be a source of inspiration, enlightenment, learning, transformation, and growth - or rage, fear, shame, entrapment, and resistance. The choice is not up to our opponents, but to us, and our willingness to face and work through them."*

-Kenneth Cloke

NIH is a place of discovery, where scientists, administrators, administrative support staff, and contractors work together to advance the NIH mission. All of these individuals come from different countries and cultures, making NIH a microcosm of the world. We are also a community that has a demonstrated capacity for change and progress. We have confidence in our collective ability to work through conflict and challenges to create a community at NIH where each of us, and the science we support, can flourish. It is our mission in the Office of the Ombudsman to foster collaborative processes to support NIH in these efforts.

For more information about the NIH Office of the Ombudsman, Center for Cooperative Resolution and how we can support your work, see our website at **ombudsman.nih.gov**.

**We welcome you to contact us at any time to:**

- Raise a workplace conflict concern involving yourself or others

- Consult with us about questions involving your team

- Refer a colleague to us

- Discuss or schedule a presentation about the Office of the Ombudsman

- Discuss or schedule a training on a conflict-related topic

**For a confidential conversation, you may reach out to our office in any of the following ways:**
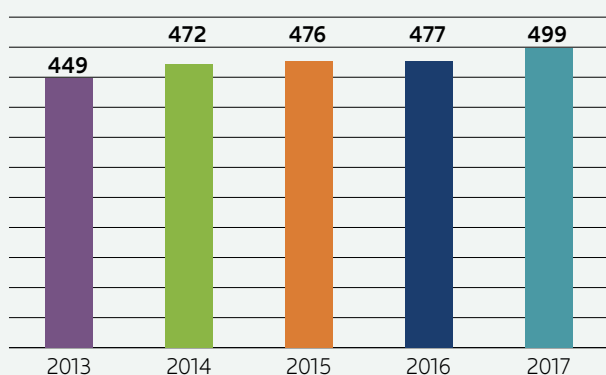
- **Email:** ombudsman@nih.gov

- **Website:** www.ombudsman.nih.gov

- **Phone:** (301) 594-7231

- **Walk-In:** NIH Main Campus, Building 31, Room 2B63, between 8:30 am – 5:00 pm
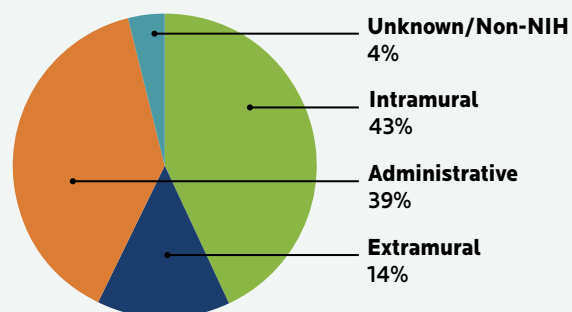


**NIH Building 31: Office of the Ombudsman location**

# Appendix A:
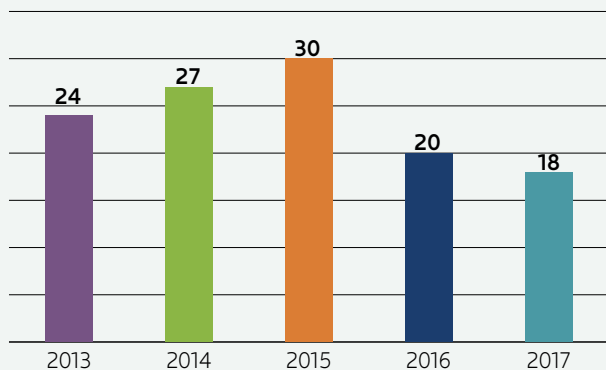# Case Totals & Program Area

## Individual Case Totals



Bar chart:
- 2013: 449
- 2014: 472
- 2015: 476
- 2016: 477
- 2017: 499

## Program Area
### Individual Cases, 5 Year Average



- Unknown/Non-NIH 4%
- Intramural 43%
- Administrative 39%
- Extramural 14%

## Group Case Totals



Bar chart:
- 2013: 24
- 2014: 27
- 2015: 30
- 2016: 20
- 2017: 18

## Program Area
### Group Cases, 5 Year Average



- Unknown/Non-NIH 6%
- Intramural 36%
- Administrative 42%
- Extramural 16%
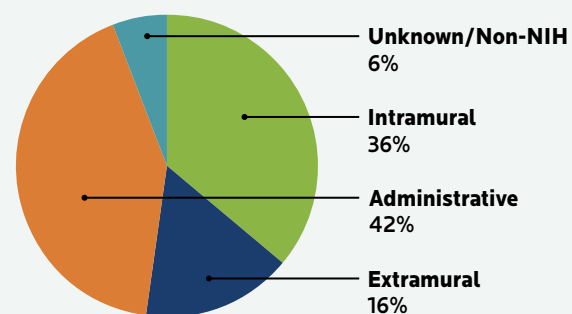
## Workshop & Presentation Case Totals

| Year | Total |
|------|-------|
| 2013 | 45 |
| 2014 | 42 |
| 2015 | 40 |
| 2016 | 42 |
| 2017 | 74 |
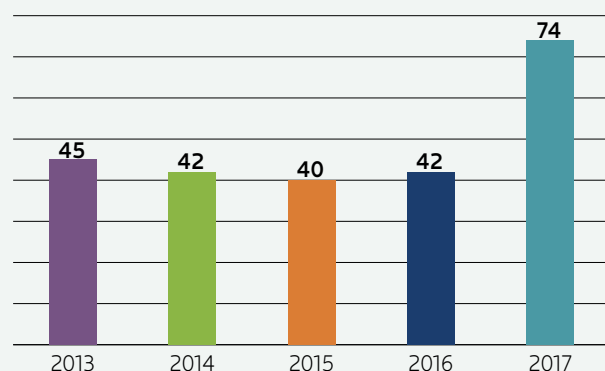
## Program Area
### Workshop & Presentations, 5 Year Average

- Intramural 15%
- Extramural 4%
- Unknown/Non-NIH 33%
- Administrative 48%

## EEO Mediation Case Totals

| Year | Total |
|------|-------|
| 2013 | 27 |
| 2014 | 41 |
| 2015 | 42 |
| 2016 | 43 |
| 2017 | 43 |
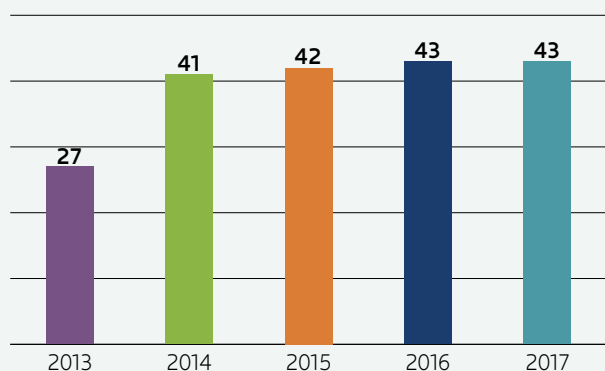
## Program Area
### EEO Mediation Cases, 5 Year Average

- Unknown/Non-NIH 5%
- Intramural 28%
- Extramural 11%
- Administrative 56%

## PRP Mediation Case Totals

| Year | Total |
|------|-------|
| 2013 | 17 |
| 2014 | 7 |
| 2015 | 10 |
| 2016 | 7 |
| 2017 | 11 |
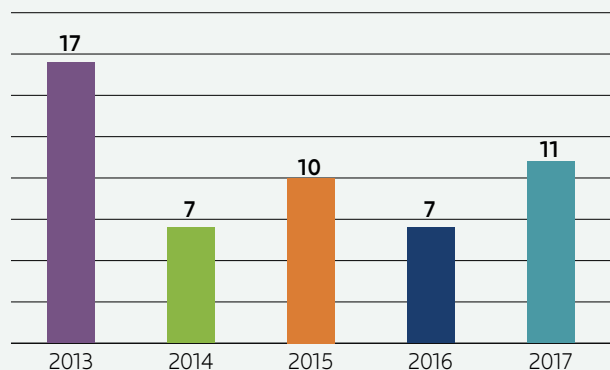
## Program Area
### PRP Cases, 5 Year Average

- Unknown/Non-NIH 4%
- Intramural 33%
- Administrative 52%
- Extramural 11%
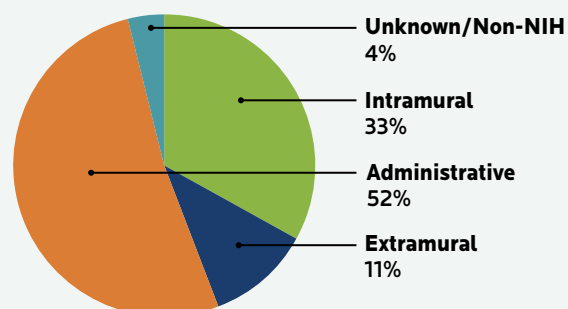
# Appendix B:
# Visitor Roles & Information

## VISITOR ROLES

Visitors who initiate contact with our office represent the spectrum of NIH's program areas, occupying many positions within the different NIH institutes. We have grouped these job positions and organizational roles into broad categories to preserve confidentiality and provide a longitudinal overview of visitor usage of our office. Specifically, we have grouped these initiating visitors into the following categories:

### Administrative Employees

includes non-supervisory employees whose job description directly supports the administrative program; it includes administrative assistants, budget staff, counselors, administrative officers, human resources staff, management and program analysts, etc.

### Initiator Roles
Individual Cases
5 Year Average

| Role | Percentage |
|------|-----------|
| Administrative Employees | 26% |
| Other | 11% |
| Fellows/Trainees | 10% |
| Program Employees | 9% |
| Administrative Supervisors | 8% |
| Investigators | 8% |
| Clinical Supervisors and Staff | 8% |
| Senior Leaders | 6% |
| Operations and Support | 5% |
| Scientific Staff | 3% |
| Unknown | 3% |
| Non-NIH | 2% |
| Tenure-Track Scientists | 1% |

### Other

includes roles not readily categorized into one of the existing categories; possible examples might include special volunteers

### Fellows/Trainees

includes post-doctoral and post-baccalaureate students, paid interns, etc.

### Program Employees

includes employees with responsibility for guiding or evaluating an administrative or scientific program, e.g. SROs, program managers, etc.

### Administrative Supervisors

includes supervisory employees whose job descriptions support the administrative program; it includes those who supervise administrative employees

### Investigators

includes senior and adjunct tenured scientists

### Clinical Supervisors and Staff

includes all clinical supervisors and employees, including physicians, nurses, and advanced practice providers
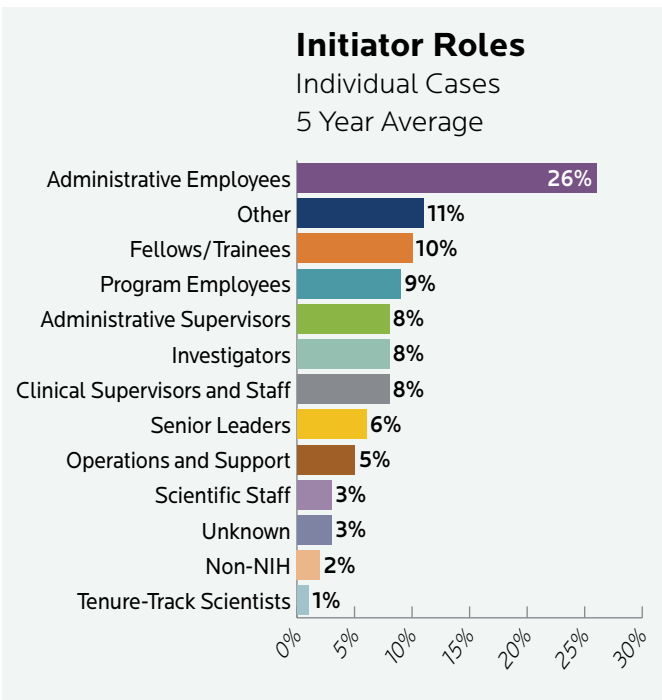
### Senior Leaders

includes senior NIH executives and senior NIH and IC science executive personnel

### Operations and Support

includes facilities and operations staff

### Scientific Staff

includes staff scientists, biologists, scientific technicians, etc.

### Unknown

often includes cases where there is incomplete information or the visitor is anonymous

### Non-NIH

includes former employees, job applicants, non-NIH contractors, etc.

### Tenure-Track Scientists

includes intramural scientists competing for permanent positions as tenured independent investigators

## OTHER INITIATOR INFORMATION

Over the past five years approximately one-quarter of the individuals initiating individual cases have been administrative employees. At the same time, a large majority of these visitors have been upper-level GS employees. Sixty-five per cent of them, on average, have been non-supervisors, while 35% have been supervisors or team leads. Initiators come to our office without regard to their longevity; visitors range from new employees to those with over 20 years at NIH.
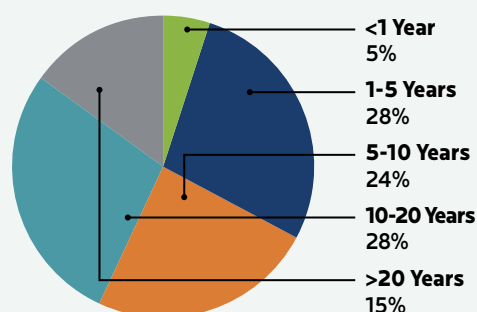
**Initiators' Supervisory Status**
Individual Cases, 5 Year Totals



Team Lead 2%

Supervisor 33%

Non-Supervisor 65%
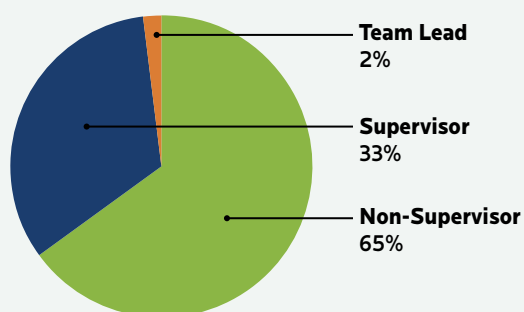
**Initiators' Years at NIH**
Individual Cases, 5 Year Totals



<1 Year 5%

1-5 Years 28%

5-10 Years 24%
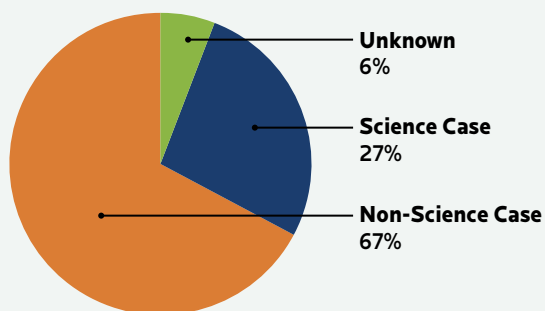
10-20 Years 28%

>20 Years 15%

# Appendix C: Science Cases

## SCIENCE/NON-SCIENCE CASE RATIO

In addition to keeping track of visitors by program area, we make note of "science cases" — that is, where visitors' concerns are focused expressly on the research and scientific work of the lab.
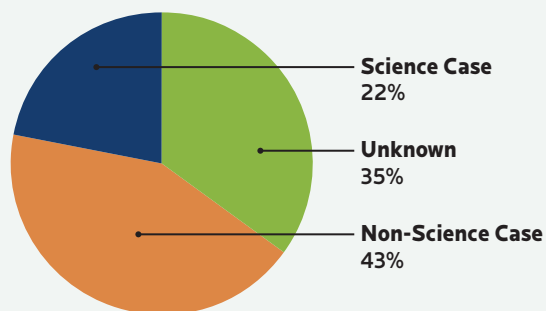
**Science/Non-Science Case Ratio**
Individual Cases, 5 Year Average

Unknown
6%

Science Case
27%

Non-Science Case
67%

**Science/Non-Science Case Ratio**
Group Cases, 5 Year Average

Science Case
22%

Unknown
35%

Non-Science Case
43%