STRICTLY CONFIDENTIAL

WORKPLACE ASSESSMENT REPORT SUMMARY

Prepared for:

Nova Scotia Health Authority ("NSHA")

Delivered by:

Dr. Jack Kitts **MD, MBA**
Elizabeth 'Joy' Noonan **LL.B, LL.M, C. Med**

February 3, 2023

There are three redactions in this report which were made to avoid the unreasonable invasion of individuals' personal privacy.

These redactions were required pursuant to section 20 of Nova Scotia's *Freedom of Information and Protection of Privacy Act.*

Overview

In May 2022 Stewart McKelvey LLP on behalf of its client the Nova Scotia Health Authority [the 'NSHA'] reached out to Dr. Jack Kitts and Ms. Joy Noonan regarding a decision to conduct an in-depth workplace assessment of its Cardiac Surgery Program. Dr. Kitts is the highly respected and long-serving past CEO of The Ottawa Hospital; a hospital system formed in 1998 through a merger of four Ottawa hospitals. Ms. Noonan is an experienced lawyer turned mediator/arbitrator who has conducted numerous complex workplace assessments, many in the healthcare field, and with a focus on working with management/leaders to move teams forward positively. Both are viewed as experts in their respective fields and neither has any prior relationship to the NSHA.

Short form CVs for Dr. Jack Kitts and Joy Noonan are attached hereto as **Appendix #1.** As the undersigned co-authors of this report, they have referred to themselves herein as the "Independent Panel' or the "Panel".

For clarity, the Cardiac Surgery Program (the "Program") included the Division of Cardiac Surgery, as well as the affiliated medical divisions, and the clinical and administrative elements of cardiac surgery within NSHA's Heart Health Program.

The assessment was conducted in response to information received from a variety of sources that there are serious concerns about the workplace culture within the Program. NSHA sought to understand the nature and extent of any such concerns, while at the same time appreciating that fear of reprisal might be an impediment to some of those feeling impacted speaking out. As such, all members of the Program were invited to participate on a confidential and, importantly, anonymous basis.

The Process

Once the Terms of Reference were finalized, the Independent Panel immediately began the process of gathering data. A short outline describing 'what is a workplace assessment' is attached hereto as **Appendix #2**. While there are similarities to an investigation insofar as there are interviews and information is provided, that is where the similarities end. A workplace assessment focuses on perspectives shared without requiring or 'testing' the accuracy of the data behind those perspectives. It answers the inquiry 'what are people experiencing?' and 'what, as outsiders looking in, appears to be going on in this workplace?'.

With the support of various administrative assistants, the Independent Panel began reaching out to all key players mid-May 2022. In order to ensure complete confidentiality and in many cases, requested anonymity, ZOOM interviews were arranged directly through Ms. Noonan. Word of mouth ensured that the fact of the assessment was quickly well-known, and many additional individuals contacted Ms. Noonan to request an opportunity to give their perspectives. Every request was granted and at the time of this writing, the Independent Panel has conducted 100+ interviews and has received a large volume of documents. Beginning on May 30, 2022, and running through to mid-October 2022, these confidential sessions ranged from 30 minutes to two hours or more. They were not recorded rather, the Independent Panel members both took notes and then compared/validated those notes. The format was wide open, following the same path with each interviewee:

- What is work like for you
- What do you see going on around you
- What is the overall feeling or 'vibe' in your work environment

These simple inquiries allowed the interviewee to share whatever was on their mind absent any direction whatsoever from the Independent Panel. All were assured of anonymity and that no names, or even examples where identities could be discerned, would be used.

At the interview #105 mark the Panel decided to pull up. There are most certainly more people who would have even more valuable input, however, the Panel felt at the 105 mark that it had a sufficiently rich data set with which to work.

Terms of Reference

The Independent Panel was asked to consider and provide recommendations on the following:

1. Review the leadership and administrative structure of the Program to determine whether there are any challenges within the structure impacting upon patient care or workplace safety.

   As the reporting below details, yes, there are definitely some challenges within the structure impacting upon patient care. One relates to the CVICU, and there have been some excellent ideas offered to improve that situation. Another structural area in need of attention is the overall sightline of accountability within the Program. The medical advisory committee [MAC] within the relevant zone[s] do not appear to be functioning in a way that holds individuals and/or teams accountable.

2. Examine the nature of the Program's working environment and culture of the Program to determine if all members, both clinical and non-clinical, are working collaboratively to meet the needs of the Program to ensure appropriate patient care and workplace safety.

This is a very clear 'No'. While there has always been some level of conflict among the various surgeons [not at all uncommon in high performing groups like this] a fragile balance was in place until approximately 2018. At that time a new Division Head stepped in to attempt to lead with a different vision. A series of events then followed that shattered the fragile trust within this group. Strong personalities have now polarized the group, and it is impacting both clinical and non-clinical staff.

3. Determine if all members of the Program, clinical and non-clinical, are working collaboratively to meet the needs of the Program to ensure appropriate patient care and workplace safety**.**

Despite the high levels of tension and anxiety amongst some of these staff – both clinical and non-clinical – they do still mostly collaborate and stay focused on patient care.

4. Review relevant policies of NSHA (including Respectful Workplace and the Code of Ethics) to determine if there are any identified issues in working environment and culture.

A. NSHA stated values

There are a number of angles from which one can frame this problem. To begin, the NSHA stated values are 'Respect, Integrity, Innovation, Courage, Accountability.' While there are pockets within the program where one sees tremendous efforts being made at innovation and while there is also abundant courage [105 people came forward to share their experiences] we also observed a lack of respect, in some instances a lack of integrity and a serious lack of accountability.

B. NSHA mission statement

The stated mission is '*to achieve excellence in health, healing and learning through working together'*. Some do work together, but too many are feeling affected by the tension in the group. As noted above, events described have quite obviously polarized these team members such that they are being pulled off the mission.

C. NSHA Respectful Workplaces Policy [the "RWP"]

The NSHA in the preamble to this policy commits to fostering an environment that values diversity and respect for all. And the policy carries on outlining how to operationalize that commitment, recognizing the need to:

* **Create an understanding of what is considered Offensive or Disrespectful Behaviour**

* **Promote prevention and prompt resolution of Offensive and Disrespectful Behaviour**

As will be discussed later herein, this assessment process has certainly helped to focus the Cardiac Program team on what reasonable outside persons [such as the Independent Panel] might consider to be disrespectful or offensive. While there are some obvious examples where individuals '*ought to have known'* that their actions or behaviours were out of step with the spirit of this Policy, there are others – mostly in regard to the inappropriate use of humour – where some additional learning/evolving will undoubtedly serve everyone well.

D. Code of Conduct [the "Code"]

The Code of Conduct is expansive in terms of its coverage. "Staff" includes any employee, physician, learner, or student ... all individuals performing work activities within the NSHA. The Code also outlines expectations in terms of respectful conduct, again in very broad terms:

- **Treat each other with dignity, fairness, and respect**
- **Respect diversity, which includes both visible and invisible characteristics and includes differences such as, but not limited to age, life stage, ability, culture, ethnicity, sex, gender identity, geographical location, language, physical characteristics, race, religion, sexual orientation, socioeconomic status, spirituality, and values;**
- **Communicate in a respectful manner;**
- **Interact without any abuse, harassment, discrimination, aggression, or violence;**
- **Report any inappropriate or unprofessional behaviour or conduct.**

Adding to this long list of expectations in terms of respectful conduct, all staff are further required to:

- **Fulfill expectations associated with their roles and responsibilities;**

- **Perform their duties impartially, responsibly, diligently, affectively, and with integrity;**

- **Conduct themselves in accordance with the Code of Ethics [presumably the Code] and/or standards of practice specific to regulated professionals and demonstrate expected service behaviors at all times.**

The list continues, however, these bullet points appeared most relevant. Certainly, there are many individuals reporting behaviours that, at least in their subjective view [and with their particular context in mind], do not align with stated Code expectations. However much of what has been shared is also highly contextual and that data must be taken and interpreted within that context. A fair point made, however, is that this Code has not been enforced with any consistency, or at all in the view of many. That may be because the statements are so broad and sweeping that it is hard to think of anyone who hasn't, on a less than stellar day, been in violation. How does the NSHA and hospital leadership operationalize the Code and the RWP such that they can be applied with consistency, practicality, compassion, and objectivity?

There are other related policies, however, the Code and the RWP are the most appropriate and applicable for reference in a workplace assessment.

5. Review the relationship dynamics within the Program to identify if there are interpersonal conflicts that create barriers to building a strong culture that promotes patient and workplace safety and growth of the Program.

Yes, there are a number of interpersonal conflicts creating barriers and making a positive culture more difficult. The most dramatic is between and among certain of the cardiac surgeons, but we observed a level of dysfunction among the perfusionists, the OR nurses and the anesthesiologists as well.

6. Review and consider prior reports that have been issued with respect to the Division to determine whether there are any outstanding action items.

These past reports are quite different in terms of their scope and focus. The Terms of Reference themselves [i.e., what questions those retained were asked to answer] are markedly different, but more significantly the past reports do not include [i] the breadth of interviews and the data such as this Independent Panel received through its 100+ interview process; and [ii] the separate added focus in this instance on outcomes, based on Dr. Feindel's mortality review and its likely impact on the

patient experience. The restorative work most recently recommended in the 2021 Leblanc Report has, for a host of reasons, not gotten off the ground.

Recommendations

1. Put new leadership into place within the Program and immediately begin recruiting for the future

[a] New Division Leader

There will need to be a recruitment process, of course. However, the Panel's overall impression was that there are currently several surgeons who are extremely respected operationally, truly trusted, but who may not have the patience for the more administrative side of leadership. If placed into the role those surgeons may need support to stay patient, calm in the face of administrative matters which they may not value. That is why we urge the NSHA to have any temporary leader actually 'co-lead' with a colleague who is strong on some of the non-operational aspects. The Panel also notes the feedback that one other of the surgeon group is viewed as excellent in organizing the service, and is also viewed as relatively neutral. That individual has made clear they are not interested in being chief, but that individual may nevertheless have a strong role to play in restructuring this team.

With strong leadership on the operational side coupled with someone strong on collaboration – this Program can right itself. New leadership needs to hold people accountable for:

i] Clinical
ii} Research
iii} Citizenship

[b] Reinstitute weekly meetings.

This needs to happen in order that crucial discussions, including difficult ones, are had as a group again. The current lack of structure has resulted in a few surgeons weaponizing the absence of regular communication. The cardiologists have shared that they are often working *around* the surgeons as a result of the current communication weaknesses. This is an obvious area for attention, and action on this front ought to result in some fairly immediate improvement.

[c] Start recruiting immediately.

A number of possibilities were offered in our process [and those individual's names have been shared] but obviously a wider net will need to be cast.

2. Renewed focus on and commitment to accountability

The structural and organizational issues currently in play are not conducive to the group working together. The manner and at times lack of communication between and among certain of the surgery team does impact patients psychologically[1] – and possibly also surgically.

[a] Added Awareness Training for Surgeons and Targeted Coaching

As we understand it, the NSHA does have an EDI office and position. There is also a robust website with content - it can play an active but positively themed role in responding to this complexity. [2] The key will be to engage these polarized groups of already time-starved, defensive, and sensitive people in a positive way.

There is a deep need to move past the current pattern of moral grandstanding and efforts to 'cancel' one another toward an honest and critical culture.

[b] A better, clearer way to manage conflict

Related to (a) above, bad behaviour goes beyond the surgeons. There is **no question** that there are unacceptable behaviours taking place from certain of the surgeons. Some are situational i.e., when things are going poorly in the OR. However, there are also now others

[1] The Panel obviously has received no direct information about the patient experience. We have infused the CVICU, and 7.1 Step-Down unit nurses' experiences shared as the proxy.

[2] https://library.nshealth.ca/DiversityandInclusion

behaving badly and contributing to the negativity. The way conflict gets addressed at the first instance must change; in two important ways:

(i) Poor behaviour by anyone must get reported and addressed immediately. Situational outlier examples will get different consideration than ongoing 'patterns' of poor behaviour which must be dealt with very firmly;

(ii) The backdoor 'behind the back' campaigns to 'cancel' others must also stop. It is pure poison. The current state of hysterical demands that people be 'fired' because of a disagreement, or because of a bad day – this is cancel culture behaviour. Cancel culture is a fundamentally **un**serious form of debate or discussion. It jumps to conclusions, it launches personal attacks, calls names, fails to consider facts. It is emotional, impulsive, irrational, immature – and several of the key players in the current conflict have displayed an extraordinary ability to unleash it. Cancel culture is a world away from the calm, fair, logical, civil standard of public discourse we should be aiming for. See **Appendix #3** for further discussion.

(c) **Working on Relationships / Changing the current patterns**

Human beings regardless of their professional stature are messy creatures, full of contradictions and anxieties, petty jealousies, complicated feelings, ambitions, hopes, longings, and fears. Imagine then that each of us is bumping up against other messy creatures all day long. This is what it means to be on this earth: our lives are composed almost entirely of the relationships we have with those around us. For most of us, those relationships aren't easy.

As recounted by Harvard scholar Michael Puett in his class teachings and in his 2017 best seller 'The Path'[3], we tend to fall into patterns of behaviour. We react in the same predictable ways. Encounters with people draw out a variety of emotions and reactions from us: One sort of comment will almost invariably draw out feelings of anger, while a certain gesture from someone else might elicit a feeling of calm. Our days are spent being passively pulled in one direction or another depending on who we encounter or what situations we are in. Worse still, these passive reactions have a cascading effect. We react even to the subtlest signals from those around us. A smile or a frown on someone on the 'other team' can cause a change in mood in an instant and an intention is assumed. The reactive patterns these cardiac team members have gotten stuck in — some good, but of late bad — have had a ripple outward and are now affecting others too.

[3] Professor Michael Puett, Harvard University [2015] https://scholar.harvard.edu/puett and a loose paraphrasing from 'The Path' [2017] which was an international best seller.

There is a real and immediate need to repairing fractured relations between the senior surgeons and certain of the nurses on their OR teams [including that respect is a 2-way street and appreciating that everyone has a bad day now and again]. The current pattern of negativity needs to be disrupted! We need an alliance of the *willing*, of the positive and supportive. We know those individuals are there – we met so many of them.

3. Ensure there is a structure in place to support the Division overall – with some immediate attention to the CVICU

(a) **What is the overall structure?**

Unfortunately, the reporting structure for the Medical Staff is difficult to understand and navigate and does not follow the traditional structure with Department Heads, MAC, Chief of Staff and Board. The University relationship with the hospital is even less clear for Residents, Fellows, and Division Heads and even the Chief of the Division of Cardiac Surgery.

The Independent Panel met with the Administrator and concluded that it may indeed be as confusing as it appears. The Independent Panel urges that some real time be taken to meet with the NSHA administrator, its top doctor, and legal counsel to go over the structures currently in place and to discuss oversight, lines of accountability for quality, professionalism, competence, and CPD.

(b) **Phasing out the surgeons and phasing in more Intensivists in the CVICU**

Medical coverage in the CVICU is provided by a hybrid staffing model which includes cardiac surgeons, intensivists, anesthesiologists, and a cardiologist. The coverage is currently divided among non-surgeon intensivists and three cardiac surgeons . The intensivists are viewed by all in the CVICU as indispensable and of extremely high value, There really needs to be an increase CVICU staffing; ideally by adding an individual who has additional training as an intensivist.

(c) **Take a closer look at the nursing management**

4. Review viability and appropriateness of current Fellowship Program

What are the Fellows reasonably expecting when they arrive? Based on the data they have shared with us, it appears that they are coming to Halifax expecting that they will be getting real OR experience, to become excellent surgeons – and have instead found themselves being tossed into areas where they don't want to work, like resident assistants.

It may be time to reflect upon the role the Program has been asking these Fellows to play versus their reasonable expectations. Is the Program able to properly attend to the educational needs of its Resident Trainees as well as train weaker Fellows? Some Fellows arriving are competent and very helpful to have on strength, clearly – but we are told that numerous Fellows have also arrived with skill sets inferior to the Program's own junior residents which has created a real strain between the two groups.

It appears that the current program is not overseen by the University at all. When Residents approached the University leadership with their concerns [even serious ones] about certain of the Fellows, the University struggled with how to intervene in the issues.

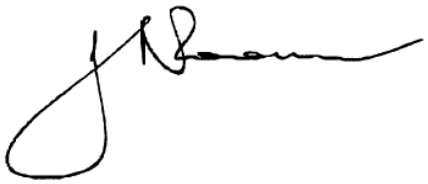
Very consistent perspectives were shared that the Fellows were, at least in the past, not getting onboarded well, or at all. It has resulted at times in frustration and, ultimately, resentment on both sides. Nurses also urged that new Fellows be oriented better so that the nursing staff, the residents, and the various surgeons might all know and understand what their experience might be.

5. Renewed focus on growing /deepening the partnership and collaboration between NSHA and the University

This is a good place to close. Relations between the University and NSHA are clearly complicated. Where do people go to hold one another accountable – and how can we strengthen the ties between the 'left and right' hands? A deeper relationship/collaboration on this level will enhance the working environment for Residents in particular.

We want to again thank every individual who leaned into this assessment work with us; you made this possible. It has truly been our honour to play the role of active listeners and also safe haven for everyone we met over the course of five plus months. We have done our very best to convey your key messages and perspectives herein.

February 3, 2023



Dr. Jack Kitts

Elizabeth 'Joy' Noonan

APPENDIX #1

Short form CVs for Dr. Jack Kitts and Joy Noonan

Dr. Jack Kitts MD, MBA

Leadership Positions

Commissioner, Ontario LTC COVID-19 Commission of Inquiry

Past President and CEO, The Ottawa Hospital

Past Vice-Chair, Ontario Hospital Board of Directors

Past Chair, Trillium Gift of Life Network Transplant Steering Committee

Past Chair, Health Council of Canada

Past Chair, Human Pathogens and Toxins Advisory Committee, Public Health Agency of Canada

Awards

Meritas Tabaret Award for Alumni Achievement, University of Ottawa, 2020

Best Ottawa Business Lifetime Achievement Award, 2019

Member, Order of Canada, 2018

University of Ottawa Exceptional Leadership Award, 2018

Honourary Degree - Algonquin College Police and Public Safety Institute and School of Health and Community Studies, 2017

Trudeau Medal for Leadership in Business and Community, Telfer School of Management, 2016

Queen's Diamond Jubilee Medal, 2013

Honourary Colonel, C F Health Services, Ottawa, 2012

Canadian Society of Physician Executives Award for Excellence in Medical Leadership, 2011

Dr. Jack Kitts received his medical degree from the University of Ottawa in 1980. After a 3-year tour of duty as a medical officer in the Canadian Armed Forces, he specialized in anesthesiology and completed a research fellowship at the University of California, San Francisco. He joined the Department of Anesthesia at the Ottawa Civic Hospital in 1988, where he served as the director of research and medical director of the preoperative assessment clinic prior to his appointment as Chief of the department and Associate Professor at the University of Ottawa, faculty of medicine.

In 1998, Dr. Kitts was appointed Vice-President of Medical Affairs and led the medical staff during a complex restructuring in which three hospitals and five large programs were merged into The Ottawa Hospital. He completed his master's degree in business administration in 2001 and was named President and CEO of The Ottawa Hospital in February 2002, a position he held until his retirement on June 26, 2020.

With more than I,000 beds, 12,000 employees and approximately 1,400 physicians, The Ottawa Hospital is recognized as one of the largest and most important research and teaching hospitals in Canada. Its research institute is one of the foremost institutes in Canada, involving more than 1500 scientists, clinical investigators, trainees and staff.

Dr. Kitts' inclusive team-oriented strategic leadership, passion for delivering quality patient-centered care, and the development and mentoring of emerging healthcare leaders, has been a central, unifying force in establishing and sustaining The Ottawa Hospital's vision - *To provide each patient with the world-class care, exceptional service and compassion that we would want for our loved ones*. Dr. Kitts is known nationally for his focus and expertise in patient experience, performance measurement and physician engagement, which make him a sought-after advisor and inspirational speaker on these key topics in healthcare today.

Elizabeth "Joy" Noonan, *LL.B., LL.M., Chartered Mediator (C.Med.)*

Ottawa, ON | joy@aptusrx.com | joy.noonan@potentialproject.com | (613) 258-8999 | @JoyNoonanOttawa

Member of the Canadian Academy of Distinguished Neutrals

Accomplished lawyer, former partner in a large national law firm, dedicated to full time neutral and conflict resolution work since 2007. Mediates and arbitrates employment, labour, civil and commercial matters, helping clients to resolve conflicts in a manner that is effective, pragmatic, durable and just. Long-time mindfulness practitioner, offers conflict coaching and mindfulness coaching/training.

Areas of expertise include:

- Arbitration
- Mediation
- Workplace Assessments
- Workplace Restoration
- Individual & Group Facilitation

PROFESSIONAL EXPERIENCE

PRINCIPAL/OWNER — NOVEMBER 2008 to PRESENT

APTUS Conflict Solutions Inc. (Ottawa/Toronto) ▪ www.aptusrx.com

Facilitate alternative dispute resolution with strong emphasis on mediations, arbitrations, workplace assessments and conflict coaching. Have overseen in excess of 3000 completed mediations, facilitations and other conflict resolution mandates. Have completed more than 700 workplace investigations and workplace assessments.

- Provide clients with specialized, results-focused mediation services in the context of employment, civil and commercial litigation proceedings, pre-litigation disputes, or to repair ongoing working relationships.
- Resolve multi-dimensional conflicts through keen insight and careful guidance to overcome impediments and find a lasting resolution.
- Investigate allegations of workplace misconduct while applying 20+ years of legal experience as well as an in-depth understanding of workplace dynamics and human behaviour. Make accurate, thoughtful, factual assessments and draw conclusions that will withstand scrutiny.
- Arbitrations and/or Med-Arb per collective agreement grievance proceedings; contractual arbitration clauses; the *Canada Labour Code* and other legislative arbitration provisions; or, by the voluntary agreement of all parties.
- Facilitate workplace restoration services through team and individual coaching, team building activities, training, mediation, investigation and dispute resolution to build and maintain a healthy and productive workplaces.

SENIOR FACILITATOR — MAY 2015 to DECEMBER 2022

Potential Project (International) ▪ www.potentialproject.com

Certified as a facilitator in 2015, the goal is to inspire, enable and encourage calm awareness in workplaces through leadership and small team programs and training. Assist teams and companies to increase performance, innovation, resilience and leadership capabilities through calm, focussed awareness [mindfulness].

- Facilitate programs that allow managers and leaders to create positive company cultures that enhance performance, motivation, and company results.
- Encourage and facilitate a more productive and less stressful work experience by improving focus, building emotional mastery, and enhancing self-management.

EQUAL PAY COMMISSIONER OCTOBER 2017 to OCTOBER 2021*

Northwest Territories

Appointed by the NWT legislature pursuant to the Public Service Act to assist in preserving the government's commitment to equal pay for work of equal value regardless of sex or gender.

- Receive and review complaints, conduct investigations and assist with any informal resolution efforts.
- Prepare and submit reports annually to the NWT Legislative Assembly.

(*declined reappointment)

PAST PROFESSIONAL EXPERIENCE:

Mediator/Arbitrator 2007-2008
ADR Chambers and the Stitt Feld Handy Group, *Toronto, ON*

Partner, Head of Employment and Administrative Law Group (Ottawa) 1994-2007
Heenan Blaikie LLP, *Ottawa, ON* (Toronto Partner in 1998)

Associate Lawyer 1989-1994
Fasken Martineau Walker LLP, *Toronto, ON*

EDUCATION

Master of Laws - LLM (specializing in ADR) Osgoode Hall Law School, *Ottawa, ON*

Bachelor of Laws LL.B, Dalhousie University**,** *Halifax, NS*

Bachelor of Arts (Hons), Mount Allison University, *Sackville, NB*

PROFESSIONAL DEVELOPMENT

Mindfulness Based Stress Reduction (MBSR) Training [8-week course] 2020-2021

Mediation-Arbitration [MED-ARB] certification training [ADR Institute of Canada] 2021

Zoom Masterclass Training [ADR Institute of Ontario] 2020

Alternative Dispute Resolution - Advanced Training, University of Winsor/Stitt Feld Handy Group 2007

DESIGNATIONS & MEMBERSHIPS

Canadian Academy of Distinguished Neutrals

Chartered Mediator (ADR Institute of Canada)

ADR Institute of Canada (and Ontario)

Law Society of Ontario

Canadian Bar Association (Ontario) Alternative Dispute Resolution Section

VOLUNTEER COMMITMENTS

ADR Institute of Ontario: Human Resource Committee; Membership Committee [2019-2022]

ADR Institute of Canada: Regional Chartered Mediator Accreditation Committee (Co-Chair ongoing)

Directorships: ADR Institute of Ontario 2019-2021; Westboro Academy (Ottawa) 2005-2007; Past Chair, Advisory Board Children's Wish Foundation (NCC)

CAUSES

Women for Mental Health Initiative (Royal Ottawa Hospital)

Michael J. Fox Foundation; Parkinson's Canada; PD Avengers, YOPD Network

Ottawa Food Bank

Youth Services Bureau (Ottawa)

APPENDIX #2

What is a workplace assessment?

APPENDIX 2

The Approach of a Workplace Assessment

A Workplace Assessment is a diagnostic tool used to gather timely, relevant information from employees, managers and leaders on **perceptions** about a number of workplace issues. The key objective is to identify and address factors that are impacting on the health of an organization at a point in time.

Workplace assessments are designed to capture views on organizational factors (e.g. how work is planned and organized), but also on individual behaviours (e.g. perceptions about how people treat one another), communications within the group and with external groups, and the overall cohesiveness of teams within a work unit or program.

Awareness/Acceptance/Action

Conducting a workplace assessment assists people at all levels to become ***aware*** of issues that are common to the group, to [hopefully] ***accept*** that they need to address these issues, and to take ***meaningful action*** to resolve them. In addition to highlighting strengths and positive factors at play in a work unit, the process identifies specific concerns and underlying causes of dissatisfaction, as well as negative impacts on morale, productivity and teamwork. Once identified, the intention is to motivate a team approach to address concerns and move forward in a positive, healthy manner.

Ultimately, the main objective is to allow a team to address common and priority issues which are creating workplace conflicts and a high level of dissatisfaction within the work environment.

Why conduct a Workplace Assessment?

Oftentimes, it is difficult for managers and leadership to properly diagnose the different sources of conflicts within the work environment which are having a negative impact on health and productivity. Wittingly or not, they are themselves a part of the dynamic. Based on experience, we know that delay and avoidance of conflict generally leads to the escalation of problems rather than solutions. A workplace assessment can help leaders to identify, validate and address, in a proactive manner, specific workplace issues that are keeping the larger team from working effectively together.

Joy Noonan

Chartered Mediator

APPENDIX #3

Rising above ‘cancel culture’

Appendix #3

Critical Culture versus Cancel Culture*

***The Panel spent time trying to find a way to articulate to participants why the downward spiral amongst some of the cardiac program seemed to have gained such power - and how to mentally unpack it. We found a recent 2020 text: *Grandstanding: the use and abuse of moral talk* very helpful. This thoughtful effort by Justin Tosi and Brandon Warmke, both professors of philosophy, contains a number of attempts to frame conflict which really resonated. The essence of the challenge to 'go high' i.e. critical culture versus the pull of cancel culture is discussed briefly here. Here are the ideas we thought framed the NSHA situation:**

Cancel culture is much more invested in something known as "moral grandstanding"[1]: the display of moral outrage to impress one's peer group, dominate others, or both. Grandstanders who condemn someone are not interested in persuading or correcting him/her; in fact, they are not really talking *to* that person at all. Rather, they are using that person as a convenient object in a campaign to elevate their own status. Pile-ons, personal attacks and bidding wars to show the most outrage are all ways of engaging in moral grandstanding.

> *Unfortunately. many people use moral talk irresponsibly. They use it to humiliate, intimidate, and threaten people they dislike, impress their friends, feel better about themselves, and make people less suspicious of their own misconduct.*[2]

Moral grandstanding is the use of moral talk for self-promotion. To grandstand is to turn your moral talk into a vanity project.[3] Conversely, concern for accuracy is the north star of a critical culture. Not everyone gets every fact right, nor do people always agree on what is true; and yet people in a critical culture try to present their own and others' viewpoints honestly and

[1] Reference: Justin Tosi and Brandon Warmke, **Grandstanding: The Use and Abuse of Moral Talk**, Oxford University Press 2020

[2] Ibid., at p.5-6

[3] Ibid., at p.6

accurately. That requires these staff leaders to slow down, listen to one another and to treat one another honestly.

> *It is also possible to deceive, manipulate, and take advantage of others by grandstanding. Grandstanders sometimes do this by cultivating impressions of themselves as trustworthy and then exploiting the trust they inspire - whether they mean to do so or not. Grandstanders often seek to establish reputations as being above reproach, or perhaps as merely decent people. But the truth of the matter may be far from the sterling image grandstanders' project.*[4]

A critical culture importantly seeks to correct rather than punish.

Canceling, by contrast, seeks to punish rather than correct—and often for a single misstep rather than a long track record of failure. Critical culture relies on persuasion. The way to win an argument is to convince others that you are honestly correct. Canceling, by contrast, seeks to shut up - and shout down - its targets. Cancelers often define the mere act of disagreeing with them as a threat to their safety or even an act of violence.

The Independent Panel does believe that this group is coming through the fire and moving toward a strong critical culture.

Sitting around a table with a group of smart, strong, thoughtful, people focussing on patient care — talking through the immediate issues at length, allowing room for dissent, disagreement, and nuance — accomplished more than weeks of backroom complaining, campaigning and calls to the CBC ever could.

'To make matters worse, grandstanding-driven polarization also encourages people to be unduly confident about their views, making those views more resistant to correction.' [5]

Put another way, it will take some real time to heal - but it has already begun.

[4] Ibid., at p. 106.
[5] Ibid., at p. 76.