

## Guest Editorial

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# Renewing focus and building capacity for enacting authentic collaboration in work rehabilitation

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## 1. Responding to the call

I was pleased to accept the honour of guest editor for this journal issue. Not only was it exciting to choose and decide the focus of the journal, it was a privilege. I chose the theme of collaboration and partnering, in the workplace, and in return to work processes from a number of perspectives. As a health professional I am an occupational therapist who has worked primarily with other disciplines in work rehabilitation and as director of health and safety, in the public sector. In clinical work, I have experienced first hand the need and benefit of collaboration among multi-stakeholders in the return to work (RTW) process. As a researcher, I am an occupational scientist interested in the study of work occupations and overcoming system barriers to work for persons with disabilities. As a university professor who teaches in health and rehabilitation sciences and occupational therapy at the undergraduate and graduate levels I see the need for more innovative methods to help entry – level professionals learn how to work as team members. I also recently became a research partner and advisor with the Canadian Injured

Workers Alliance through which I am personally learning how to become a better partner and be a resource to assist injured workers build networks of support across the nation as well as participate more in the knowledge transfer process. What I see as an issue common across all these collective roles and experiences is that we need a deeper appreciation, not of the merits of collaboration (the benefits of collaboration and client participation are well established in therapy) [2–5,7], but of the processes and how we enact more involvement and equitable participation of stakeholders in work practice settings to achieve the goals of return to work and return to functioning. More information is needed to assist interdisciplinary professionals in realizing authentic collaborative efforts with each other, with employers, with policy makers, with community agencies and most importantly in partnering with the clients or consumers we serve.

## 2. Looking backward to go forward

The trend toward involving consumers and clients more in decision-making, goal setting, making choices and directing their services needs has broadened the understanding and application of consumer or client participation in work rehabilitation [8–10]. However, health care and rehabilitation service providers continue to find it difficult to achieve optimal collaboration

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and partnership with consumers, clients, other health professionals as well as employers due to a lack of time and resources as well as increased accountabilities for higher workloads and evidence-based practice [10]. Interestingly, many of the stakeholders, such as consumers, persons with disabilities and injured workers, also express frustration at the lack of consistent collaboration in the health system despite the evidence that partnering achieves improved outcomes. Further to this, several recent systematic reviews of the literature continue to underscore the benefits and necessity of working towards shared goals to support return to work outcomes [1,6]. This tension or gap between what we ought to do and the types of collaboration that can be achieved in practice requires us to look beyond the rhetoric, of the lack of time and resources, to reflect on new opportunities to build capacity with the stakeholders and contexts in which work practice transpires.

Reflection on evidence, experience, actions and outcomes is a means through which we might foster awareness and garner creative energies toward solutions that might assist us in our efforts to build capacity for sustaining as well as enacting collaboration. In work practice, we need to do this on two fronts, in the creation of healthy workplaces that can support safe engagement in work occupations, prevent injury and disability, and in developing rehabilitation processes to support return-to-work (RTW) and functioning. For this special issue of *WORK* researchers, academics, clinicians and consumers were all invited to share current issues in the investigation of collaboration in the workplace and in RTW, as well as to explore and reflect upon the current trends, experiences and practices that may be needed or used to support and build capacity with stakeholders. One of the additional challenges forwarded to contributors was to include, where possible, real life examples of partnering with stakeholders. What resulted was the inclusion of the consumer or the client voice through participation in the research process and through co-authorship in the case studies. Extending the invitation to consumers was one step toward knowledge sharing and the process of building capacity for participation in partnering. In addition, most of the research papers in this edition used qualitative methods to explore and understand current issues of worker or consumer/client involvement in creating workplace health, preventing injury and participation in RTW.

In developing this special issue in consultation with the editor-in chief we also sought to include more case studies. In this issue there are five case studies that can

inform further reflection and discussion among professionals and be used in the training of new professionals on how to enact collaborative processes. While case study contributors were provided with a common guide for developing their case, what transpired was the unfolding of cases that were more aligned with the concept of partnering and collaboration than the traditional presentation of a clinical type of case study. The case studies in this issue represent the lived experiences of enacting collaboration between clients with mental and physical disabilities and professionals, between workers and their employers, and between the employer-coworkers-injured workers and professionals. Three of the cases are formatted using narrative, one used art and poetry to illustrate and elaborate the partnering process, and one used a clinical description to present the experience of a client in working with therapists to recover and navigate the road back to work.

### **3. Taking action toward building capacity for sustainable partnering and collaboration**

In keeping with the theme of collaboration I partnered with the President of the Canadian Injured Workers Alliance, Robert Lindsay to identify the main themes captured across the articles and cases in this issue. We then reflected on how stakeholders might move forward in their efforts to build capacity for sustainable collaboration in the workplace and in return to work processes. Together, we identified the following themes:

- 1) *the need for inclusion that draws upon the potentials of the workers, coworkers and injured workers;*
- 2) *the need for conscious attention in managing the complexity of collaboration; and,*
- 3) *the need for ongoing commitment to sharing and exchanging knowledge.*

#### *3.1. The need for inclusion*

Several articles in this issue support that collaborative strategies must be *inclusive and that efforts are needed to draw more upon the potentials and expertise of workers, co-workers and injured workers*. The study by Cann and colleagues underscored the need for workplaces to seek the input of food services workers in the management of ergonomic risks. Similarly, Kozzycki and colleagues found that injured workers with chronic disabilities are alienated from the health system and return to work systems. However, this study also

highlighted that injured workers can provide a credible source of social, emotional and informational support to other injured workers. Injured worker groups are an untapped resource by professionals and policy makers. MacDermid and her team of multidisciplinary colleagues found that frontline workers from a variety of workplaces (retail, construction, banking, driving etc.) expressed a common need to be included more in work organization issues and to be seen as credible participants in creating healthy workplaces. The Guptill and Bruijn case study very poignantly highlighted the need for therapists to attend to the knowledge and expertise that the worker brings to the table about the occupational demands of musicians and also to make the effort to understand the contextual influences that will support or hinder recovery. The Lysaght and Larmour-Trode study and the Hatchard case study similarly suggest that social supports in the work place such as co-workers can lend support to the RTW process. Strategies to enlist co-worker participation and input into RTW processes are also provided. More consideration of co-worker involvement is needed to build capacity for workplaces to support collaborative transitions and processes for RTW

### 3.2. *The need for conscious attention in managing the complexity of collaboration*

Managing the complexity of collaboration is essential for both the prevention of injury and in achieving RTW for persons with work injuries or disabilities. The case study by Rebeiro and Laporte and the case study by Rosenfeld and Hay both underscore the degree of intensity and the partnering that is required, over the long term, to assist clients with either chronic mental health or physical problems in monitoring their functioning to sustain engagement in work occupations. Acute workplace injuries such as shoulder injuries also require a conscious commitment to collaboration in the workplace to achieve high levels of return to pre-injury work. Findings from the Shaw, Domanski and colleagues investigation further suggest that a workplace culture that embraces and supports participation and equitable involvement of all workers is essential for workplace-based rehabilitation programs.

The need to find a way to manage the numerous stakeholders and persons (such as academics, researchers, policy makers, workers, consumers with disabilities, employers and therapists) that can contribute to creating healthy workplaces or in creating a community of practice to support best practices in RTW is an

ongoing problem. In this issue Guzman and colleagues posit a new framework and steps to help communities of interest come together, share and interpret information and evidence, and evaluate the process as well as the outcomes of collaborative actions. The Brunarski case study provides an example of how teams might function in community-based return to work care.

### 3.3. *Need for sharing and exchanging knowledge*

There is a need to foster opportunities for sharing and exchanging knowledge if we are going to achieve sustainable collaboration among communities of practice in work rehabilitation. As professionals we need to be aware not only of the impact of the changing nature of the work place, but also of the dynamic impact of contextual changes experienced by health and rehabilitation professionals [3]. These changes challenge professionals to network and continuously learn from one another about potential contributions and synergies that might be achieved in RTW processes. Shaw Walker and Hogue offer strategies that interprofessional teams might use to collaborate more in achieving shared goals for clients. The Jennings and Shaw article highlights the need for health professionals to pool their knowledge and design better ways to address the needs of the growing numbers of hard of hearing workers to remain productive at work. This article also reminds us of the need to include the clients and consumers in knowledge exchange, and that this is a reciprocal process that must be included to sustain collaboration.

As partners, committed to change and transformation toward more equitable participation, Rob and I challenge you, the readers, to reflect on the breadth of information in this issue and take action by sharing these articles and case studies with others. Encouraging others (workers, co-workers, injured workers, persons with disabilities employers, and insurers) to read these articles will lend toward building capacity among stakeholders for discovering new ways to sustain partnerships in creating healthy workplaces and supportive environments at work. Collaboration and partnering requires a conscious effort and commitment to ensure that a more equitable approach is used that includes participation of all stakeholders.

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