

Chapter 10

COMMUNICATION STRATEGIES TO IMPROVE RESULTS FOR THE ILL OR INJURED WORKER

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COMMUNICATION

Communication is defined in the Oxford Dictionary as "the science and practice of transmitting information". As it relates to disability management, it is the collaboration with all stakeholders to assess, plan, co-ordinate, implement, monitor, and evaluate the resources required to meet the desired outcome. Effective communication is crucial to achieving successful and durable results.

Often, this communication involves each of the following stakeholders:

- Client;
- Physician;
- Employer — Union/Management;
- Rehabilitation providers/treatment team;
- Sponsoring parties (Insurance, WCB, etc.).

This chapter will provide an overview of communication strategies amongst stakeholders, specifically as it relates to disability management, and the return-to-work process.

CLIENT-CENTRED COMMUNICATION

Establishing rapport and an environment of trust and open communication is the first step in the process. Clients develop trust when they feel they are being truly listened to, and understood, and when expectations are clear.

Throughout the rehabilitation process, from injury reporting to treatment to return-to-work planning, it is vital to encourage self-responsibility in the client. Being an active participant in their own treatment, goal setting and return-to work planning decreases resistance dramatically and fosters an attitude of "ownership" ("I have control over my rehabilitation/wellness"). Without this ownership, there is usually a fatalistic or passive stance ("there's nothing anyone can do").

Communication through Assessment and Treatment

Throughout the assessment, rapport is built and information is gathered through active listening techniques. A good rehabilitation assessment will review the following with the client:

- Mechanism of injury;
- Medical management to date;
- Brief medical history;
- Current subjective complaints;
- Current job status;
- Job duties/demands/activities of daily living.

These are all subjective findings, as reported by the client. The rehabilitation professional(s) will then take the client through a variety of tests, which will include:

- Neurological screen;
- Objective functional testing/measurements;
- Psychological/behavioural testing.

Once the interview and testing process is complete, recommendations and prognosis will be developed. It is at this time, that all other stakeholders are contacted, to review findings, recommendations, to discuss any identified barriers to successful recovery, and to confirm job demands.

At the commencement of rehabilitative treatment, the client is oriented to the treatment team, and the course of treatment is explained. The purpose of the orientation is to outline expectations, and instil confidence in the client, by reviewing:

- Treatment objectives/anticipated duration/attendance;
- Emphasis on client responsibility/empowerment;
- Emphasis on the importance of education in their treatment;
- Client awareness of our communication with doctor, sponsor and employer;
- Goal-setting process;
- Anticipated return-to-work date.

It is important that the client understands that the rehabilitation process has been designed with their specific needs in mind, that all stakeholders are involved to ensure that the goal of a safe and successful return to work is met.

Education

Education is vital in the prevention and management of an injury, as it encourages empowerment, self-efficacy, and independence. Throughout the rehabilitation management process, the client should receive education regarding such principles as hurt versus harm and the nature of the injury and healing process. Ongoing, the client should be instructed in the proper use of body mechanics in order to avoid injury, and in coping strategies to manage symptom "flare-ups".

Educational materials can also be developed specific to the client's occupation, and can be provided on an ongoing basis in association with intervention strategies and training of new employees. This preventative approach may include education specific to high-risk job tasks, and stretching and strengthening techniques that can be performed at the worksite.

Goal Setting

Intentions are a key predictor of behaviour. A client's outcome and efficacy beliefs concerning their ability to succeed are critical. By making informed decisions, the client participates in planning a course of action, and making a commitment to it, increasing the likelihood of success through their opportunity to provide input.

In goal setting, consider the following framework:

- Measurable/specific;
- Achievable/realistic;
- Client participation;
- Progressive.

Then, more specifically, the following:

1. Goals related to the progression of treatment (exercise, functional gains, and education);
2. Establishment of anticipated return-to-work date, return to activities of daily living;
3. Personal goals related to the client's recovery (client-generated);
4. Weekly team meetings to review progress;
5. Return-to-work planning.

Return-to-work planning may involve a variety of options, depending on factors such as the client's current physical capabilities, their critical job demands, length of time missed from work, and the employer's ability to accommodate. It is important to establish a return-to-work plan early in the treatment/recovery management process, and have the client demonstrate their commitment by signing the plan.

Goal setting also involves the other stakeholders: the physician, employer, and sponsor. Gaining consensus amongst all parties will keep the client focused on the objective, and ensure a cohesive team approach to the attainment of common goals.

Team Meetings

Team meetings are held weekly with the client in order to review progress, maintain focus with respect to return-to-work planning, and review interim goals set in that regard. All stakeholders are involved in the process (either through attendance, or by way of verbal or written communication), which will include:

- Review of treatment plan;
- Establishing new weekly goals (treatment progression, functional gains, work tolerance);
- Review progress to date;
- Confirm return-to-work date/expectations.

Cross-Cultural Communication

We are responsible for managing the care of unique individuals of varying ages, gender, and cultures. It is therefore necessary to be aware of how these differences impact communication.

Verbal language can present an obvious barrier if there is little or no understanding between parties. In such cases, family members or an independent interpreter can be accessed to assist in the communication process.

Non-verbal language can present an equal barrier. Being sensitive to cultural/gender issues will enhance your ability to effectively communicate, and avoid issues such as resistance/fear, which could result in early termination of treatment.

General things to consider when communicating:

- Personal space/privacy issues;
- Clothing/apparel;
- Gender (client and rehabilitation professional);
- Eye contact;
- Tone/volume of speech.

This open, ongoing communication with the client throughout the rehabilitation management process establishes trust and confidence, and enables the client to actively participate in their rehabilitation and return-to-work process, optimizing the success rate.

THE STAKEHOLDERS

When organizing treatment services and return-to-work planning, it is important to remember that you may be dealing with a variety of stakeholders, who may have a variety of expectations and differing issues. For example, a physician may be most interested in pain-related issues, while the employer may have limitations surrounding a transitional return-to-work or regulations, and the sponsor may have time/cost/compensable limitations. Facilitation of consensus in reasonable goal setting and expectations will eliminate "surprises" and is paramount to the ultimate achievement of a return-to-work goal.

PHYSICIAN INVOLVEMENT

Physicians have the primary relationship with the client and as such are an extremely important factor in the outcome. It is important that the physician, through early and regular communication, is made to feel an integral part of the "rehabilitation management" team, which in turn enables him/her to make informed decisions regarding their patient.

According to a physician survey conducted by CBI Health, the number one factor in selecting a provider of rehabilitation services for their patients was the results achieved in restoring function. Further, they indicated a desire to be involved not only in patient care issues, but also in the return-to-work planning. Based on the provision of objective information, the physician is in the best position to support a safe and effective return-to-work plan.

Communication with the physician throughout treatment should include:

- Confirmation of client referral and ensure that there are no contraindications to treatment;
- Discussion with respect to client's current symptoms;
- Recommendations, prognosis, and identified barriers;
- Medical input into treatment;
- Clarification of job demands;
- Ongoing objective data regarding client's functional ability;
- Confirmation of physician support of client treatment/progress;
- Early discussion/consultation of tentative return-to-work date and plan;
- Establish physician commitment to rehab/return-to-work plan.

By providing the physician with objective functional data, he/she is able to provide support and encouragement to the client, and assist in handling pain-related concerns in the return-to-work process.

There may be instances where more than one physician is involved in the rehabilitation process. For example:

- Further investigations are required;
- Outstanding medical diagnosis;
- Client requires specific medical treatment or post-surgical care.

In such cases, facilitation of a consensus regarding medical issues is vital in order that medical closure is obtained. Resolving diagnostic, treatment and return-to-work issues serves an important role in progressing the client through the disability management process with full medical support and confidence.

THE EMPLOYER

When communicating with the employer, it is important to immediately establish whether or not the work environment has union involvement. If so, all appropriate parties (labour/management) must be involved in communication in order that a return-to-work plan is fully supported, and complies with any collective agreements and regulations. For the sake of this section, it will be understood that reference to "the employer" will include all such parties (including Human Resources and Health and Safety, if appropriate).

Although many employers may already have an established disability management model, some may not. It is important to establish that there are supportive policies and procedures in place to manage clients through the return-to-work process.

Regular and ongoing communication with the employer will assist in return-to-work planning and increase the likelihood of a durable return to employment.

This communication begins with:

- Confirmation of job duties;
- Physical demands analysis/survey;
- Job site visit to
 - (a) assess job environment/workplace barriers;
 - (b) assess ergonomic issues;
 - (c) assist in developing appropriate work simulation activities in treatment;
 - (d) confirm/facilitate the employer's support of the return-to-work.

Ongoing, it includes:

Return-to-work planning and expectations:

- Job availability;
- Transitional or modified work accommodations;

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- Work return date setting;
- Updates regarding client's progression to return-to-work goal;
- Recommendations regarding "work style" or ergonomic issues;
- Expectations for success.

This communication will help ensure that the employer is informed and capable of providing the proper support to the client throughout the return-to-work process. It also ensures that the employer will have realistic expectations of the client, especially through a transitional return. Employers may have apprehensions surrounding the return of an employee, especially if the employee had previously failed in an attempt to return to work. Keeping them well informed of progress, expectations and functional abilities helps alleviate these fears.

Assisting the employer in understanding issues such as pacing and hurt versus harm will assist them in supporting the client through the return to work. Their thorough understanding of the return-to-work schedule (graduated or modified) and information regarding how they can support the plan will increase the likelihood of success. It is most helpful if the client is included in this communication, as expectations will be understood and agreed upon by all parties.

Education may also be provided to the employer and/or other employees. This may be necessary in situations where the work environment may be resistant to the return of the employee (for safety fears, etc.), or where there are non-constructive employee/employer relations.

A proactive approach to follow-up with the employer will assist in ensuring that recommendations have been implemented, and provide support to both the employer and employee through any difficulties they may experience in the return-to-work plan. This may include job coaching to ensure the client is utilizing the skills they have learned regarding body mechanics while allowing the client to maintain the required and agreed upon level of productivity safely.

THE SPONSOR

As the party responsible for funding the client's treatment, and possibly wage-loss, the sponsor must be kept well informed of status and progress of the client throughout treatment and the return-to-work process. Expectations must be clear in order that all parties understand the parameters in which they will participate.

According to a sponsor satisfaction survey conducted by CBI Health, sponsors report that the two most important factors in client rehabilitation are cost and outcome. That is, provision of a timely, successful and durable return-to-work that is cost-effective.

Communication with the sponsor begins with reporting the assessment findings, and discussing recommendations. Once recommendations have been agreed upon, communication continues as follows:

- Discussion regarding goals for treatment;
- Discussion regarding compliance to treatment;
- Updates regarding client progress, functional gains;
- Updates regarding any changes in treatment direction;
- Involvement in team meetings, if appropriate;
- Assistance in the return-to-work process;
- Discussion surrounding any barriers to return-to-work.

Keeping the sponsor well-informed, and providing an organized, progressive treatment and return-to-work plan will optimize success as it is defined by the sponsor: timely, cost-effective service with a positive outcome.

This can sometimes present a challenge to those facilitating a return-to-work where there may be barriers present that are not injury-related. For example, poor employee/employer relations may present an obstacle in obtaining support of a return-to-work, but this is not directly related to the physical injury. It is important that the sponsor is aware of these issues, and that an understanding is achieved surrounding how these types of issues impact success, and what can be done (within the appropriate parameters) to overcome them. By involving all stakeholders in these discussions, a solution may be found that satisfies the needs and requirements of all involved and supports the client through the process.

In situations where the employer is the sponsor, the goal is to ensure that the client/employees view the disability management program as a benefit, while at the same time producing a measurable cost-savings to the employer that exceeds the investment required to implement the program. This mutual support of the program will assist in ensuring its effectiveness.

THE FUTURE

Regular communication with all stakeholders ensures that all parties work cohesively toward establishing and achieving a common goal, and is crucial to achieving a successful return-to-work outcome. It is, simply, what differentiates an excellent disability management program from others. The need for high quality communication will only expand over time.