



Surfacing Theoretical and Practical Perspectives on a Disability Prevention Intervention for Healthcare Workers in British Columbia, Canada

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British Columbia



"Making Healthcare A Healthier Place To Work"

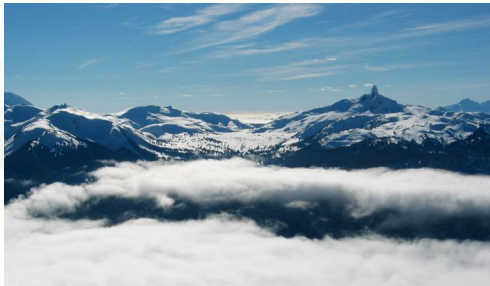
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British Columbia



- At 944,735 square km (364,764 square miles), BC is about the size of France, Germany and the Netherlands combined.
- 75% of the province is mountainous, 60% is forested, and only about 5% is arable (growing crops).
- British Columbia's **population** is 3,907,738 according to a 2001 census.





Outline of this talk



- Background
- Research Questions & Objective- MPhil
- Methods
- Findings
- Conclusions
- Next study- PhD:
 - Topics
 - Research objectives
 - Methods
 - Expected outcome





Background



- § **Health care sector employees** in Canada are relatively absent more from work as a result of illness or disability
- § Illness and disability among healthcare workers in **British Columbia' health authorities** costs an estimated one billion dollars, annually
- § Occupational Health & Safety Agency for Healthcare in Vancouver, BC
 - o Government Agency
 - o Bipartite governance
- § Prevention Early & Active Return-to-work Safely (PEARS) program
 - o Sector- specific work disability prevention program
 - o Focus on musculoskeletal injuries





Background



Effect evaluation PEARS (concurrent control study design):

- o Reductions of 20-50% in time lost related to musculoskeletal injuries among healthcare workers at 2 urban hospitals in BC (Davis, P. M., Badii, M., & Yassi, A. (2004). Preventing Disability from Occupational Musculoskeletal Injuries in an Urban, Acute and Tertiary Care Hospital: Results from a Prevention and Early Active Return-to-Work Safety Program. *Journal of Occupational and Environmental Medicine*, 46((12)), 1253-1262.)

§ Dissemination of program

§ Similar trends observed





Background



Evaluations also need to deal with how the program works, or is expected to work, from various stakeholders' perspective in the local context





Research questions:



- 1) How is this program expected to work from the perspectives of those who designed it, deliver it, and receive it (the stakeholders);
- 2) How do these perspectives relate to theoretical insights; and
- 3) What are the similarities and differences between the perspectives of the different stakeholders?





Objective



Goal pilot- project: To prepare the ‘theoretical framework’ of PEARS

- § Unearth the underlying theories of the program (social sciences)
- § Prepare a blueprint of ‘how’ this program works, or is expected to work





Methods



- § Document analyses: PEARS materials
- § Semi- structured interviews (n= 14)
 - o Occupational Health & Safety (OHS) Dept., Director & Staff
 - o Steering Committee members
 - o Physiotherapists
 - o Receivers
- § Literature review
- § Participatory observations
- § Group meetings (5)

- § Analyses of all data sets was carried out
 - o Claims, concerns & issues participating stakeholders
 - o Compare perspectives to theoretical insights
 - on sickness absence theories
- § Computer-assisted by NVivo
- § Constructivist approach

Ethics approval: BREB- UBC & local Health Authority was gained



Terms



- § Work organization level:
 - o Individual work station
 - o Individual's job and its format

- § Workplace organization level:
 - o Structure, climate, culture and practices of the organization
 - o Philosophy and state of labour-management relations
 - o WH& S activities and the management of OHS - including H& S committees and how they function

(Shannon, H., S., Robson, L., S., & Sale, J., E.M. (2001), Creating Safer and Healthier Workplaces: Role of Organizational Factors and Job Characteristics. *American J of Industrial Medicine* 40: 319- 334.)





(1) Expected to work: PEARS activities as designed (provincial level)



PEARS	Primary prevention (prior)	Early secondary prevention (frequency)	Late secondary prevention (duration)
	<ul style="list-style-type: none"> - Pro- active work site assessment 	<ul style="list-style-type: none"> - Case - coordinator 	<ul style="list-style-type: none"> -Occupational physician
<p>Work organization (incl. individual level)</p>		<ul style="list-style-type: none"> - Work site assessment (Individual education): Awareness, techniques, usage - Physiotherapy at the worksite - Early graduated return to work component 	
<p>Work place organization</p>		<ul style="list-style-type: none"> - Control measures <ul style="list-style-type: none"> § Work environment modification § Administrative controls (workload/work hours) § Equipment purchase/ implementation - Labour- management representation 	



(1) Expected to work: Perspectives of local deliverers & receivers



PEARS (evaluation-site)	Primary prevention (prior)	Early secondary prevention (frequency)	Late secondary prevention (duration)
	- Pro- active work site assessment (MSIP staff)	ü Case - coordinator <div style="background-color: red; color: white; text-align: center; padding: 5px; margin: 10px 0;">FOR SIX WEEKS</div>	-Occupational physician
Work organization (incl. individual level)		ü Work site assessment (focus on individual education): Awareness, techniques, usage ü Physiotherapy at worksite ü Early graduated return to work component	
		- Control measures § Work environment modification § Administrative controls (work load/work hours) § Equipment purchase/ implementation	
Work place organization		ü Labour- management representation	





(2) Perspectives as they relate to theoretical insights



Implicitly & explicitly related to theories explaining reporting an injury

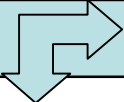
Designers	Local OHS reps. on PEARS committee	Union reps, mgr. rep. & receivers
Health professionals		
<p style="text-align: center;">1. Health related theories</p> <p style="text-align: center;">a) The work organization</p> <ul style="list-style-type: none"> - <i>Physical working condition</i> <ul style="list-style-type: none"> * work organization * social conditions - <i>Stemming from work stress paradigm i.e.</i> <ul style="list-style-type: none"> * job demands * job control * social support 		
<p>3. Behavioral theories (explain behaviour as conscious & rational)</p>	<p style="text-align: center;">b) Poor health worker</p> <p>2. Personality of employees</p> <p>3. Behavioral theories</p>	<p>2. Personality of employees (perceived being blamed)</p>



(2) Perspectives as they relate to theoretical insights



Implicitly & explicitly related to theories explaining returning to work:

Designers	Local OH& S reps. on PEARS committee + ex- leader	Union reps, mgr. rep. & receivers
	 Health professionals	

1 a) The work organization
 - *physical working conditions*

- Phase models
 (i.e. acute, sub- acute, chronic phases; biomedical phases)

1 a) The work organization:
 - *work stress paradigm*
 i.e. decision-control support model (job demand, job control & social support)

- Decisional theories
 (behaviour is under voluntary control i.e. attitude, motivation worker)



1 a) The work organization:
 - *work stress paradigm*
 i.e. decision-control support model
 (job demand, job control & social support)



(3) Similarities & differences in perspectives on explanations & solutions



Designers	Local OH& S reps. on PEARS committee	Union representatives & employees	
	& Health professionals		
<p>1a) Work organization</p> <ul style="list-style-type: none"> - <i>Physical working conditions</i> - <i>Stemming from work stress paradigm</i> 	<p>Issues w modification(s) not getting in place</p>		
	<p>1b) Poor health worker (PEARS= injured worker): <i>Phase- specific (biomedical) recommendations</i></p> <p>2+3) Personality & Behaviour: <i>Decisional & Behaviour change theories i.e. Health Belief Model, Social Cognitive Theory, Goal-Setting Theory</i></p>	<p>-Workers seeking social support i.e. --> case-coord. & HP</p> <p>- Workers perceived blaming for being injured & for 'timeline' to rtw</p>	



(3) Similarities & differences in perspectives on program planning



Local labour- management program planning committee		
Designers (provincial)	Designers (local) & Health professionals	Union reps.& receivers
<ul style="list-style-type: none">• expert knowledge• shared labour-management decision making	<ul style="list-style-type: none">• professional knowledge• knowledge- driven (top- down)	<ul style="list-style-type: none">• experiential knowledge• seeking input





Findings



- § Perspectives on causes of reporting an injury differed
- § Perspectives on supporting RTW differed
- § Perspectives on the program planning approach (decision making) differed
- § Differences were explained by stakeholders' roles, education and thus theoretical insights, and by differences in the local context





Other findings



- § Perceived lack of communication
- § Perceived lack of sharing knowledge
- § Perceived uncertain division of responsibilities
- § Perceived lack of evaluation/ monitoring of the program
- § Perceived conflicting interests among and between various stakeholder groups





Objective: To prepare the 'theoretical framework' of PEARS



Can PEARS be reflected in á theoretical framework?

- Program workings were not 'linear' (cause-effect)
- Local culture & outside stakeholders, i.e. WorkSafeBC & physicians, play a role in program workings in the local context

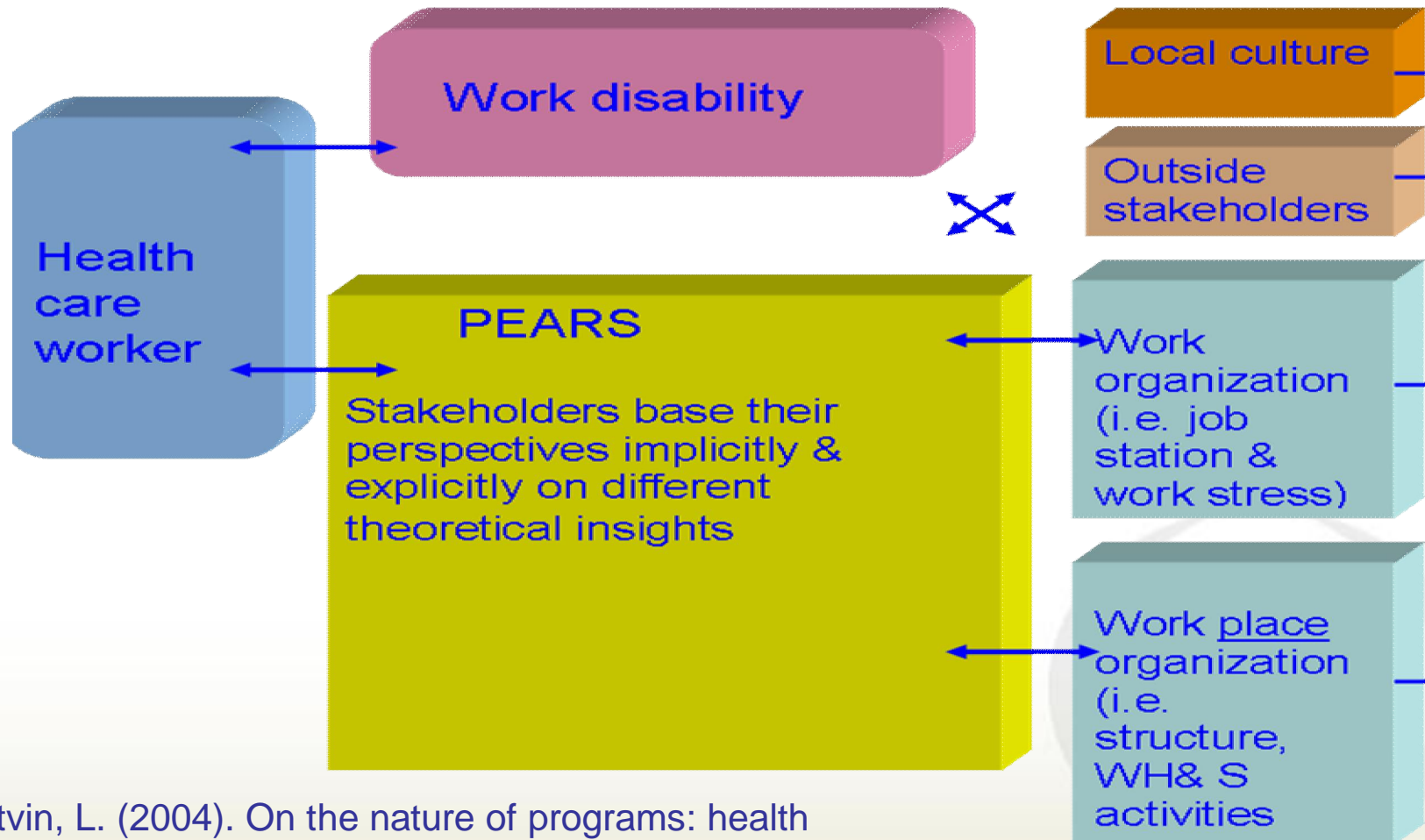
à Literature review





Objective: Theoretical framework for PEARS

A diagram of program workings (schematic)



(Potvin, L. (2004). On the nature of programs: health promotion programs as action. *Ciencia & Saude Coletiva*, 9(3), 731- 738.)



Conclusions



- § Insight into program' workings was gained
- § People implicitly & explicitly related to various theoretical insights
- § People's knowledge on DP differs
- § Consequently, there were contrasting viewpoints on:
 - o Program planning approach (decision making)
 - o Using knowledge and evidence (evaluations) for decision-making
 - o Division of responsibility
- § An empirical study is needed to understand the differences more in depth.





Next Study- PhD

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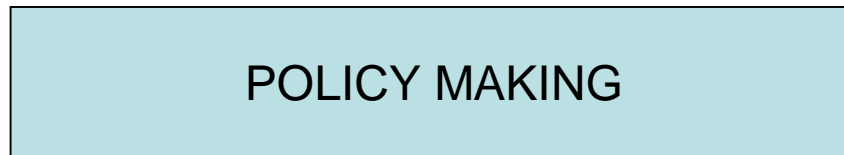


In RTW for work-related disability for HCW in BC



Two research topics:

- 1) The process of policy making on DP



- 2) The tension between RTW policy and practice





Research Objectives (draft):



- **To analyze the expectations, interpretation and experiences in viewpoints between stakeholders on disability prevention policy planning, and compare these to theoretical insights on:**
 - **Decision-making**
 - **Knowledge utilization**
- **To analyze the expectations, interpretations and experiences on DP policy and on how it works in practice, from the perspective of stakeholders, and compare this to theoretical insights on the division of responsibility**
- **To describe the consequence of the difference in viewpoints among and between stakeholders groups**



Research Objectives (draft con't):



- To develop within- joint constructions on the phenomena (how these stakeholders perceive DP policy planning, policy and practice in RTW for work-related disability), share these constructions with all of the relevant stakeholders, determine a participatory prioritizing process for action where they can select strategies to manage and measure it
- To develop a shared and well defined agenda for negotiation (unresolved claims, concerns and issues) for stakeholders in disability prevention intervention for healthcare workers in BC





Methods (draft)



- Grounded in the principle of the 'hermeneutic dialectic circle' (Guba & Lincoln, 1989)
- Qualitative methodology
 - Administrative document analyses of i.e. return-to-work policies
 - Interviews with those in practice who:
 - 1) *deliver* DP at the provincial level i.e. OHSAH-DP Team, PEARS Advisory Committee
 - 2) *receive* interventions i.e. injured HCWs
 - Participation in meetings
 - Discussion forums

The final deliverable will be an agenda for negotiation on disability prevention (policy and practice), to reach for consensus, or at least compromises on best solutions (Abma, 2006).



Expected outcome (draft)



The study aims to contribute to supporting, facilitating and encouraging relevant stakeholders, in relation to policy and practice, to:

- Identify underlying issues between stakeholders
- Develop and integrate a shared vision on DP and in RTW
- Engage in effective collaboration for finding solutions for policy and practice
- Identify unresolved issues





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Thank you!

Questions?

