

The use of collaborative research in the development of an intercultural communication tool

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Background : IRSST study



- 1) Describe the pathways to rehabilitation and the return to work for immigrants (key moments, turning points)
- 2) Identify the strategies, barriers and facilitators to achieve back to work goals

Main findings

Breakdown of the
employment
integration initiative

Accumulation of
stigmas

Development of a
bond of trust

Duration, frequency
of follow-ups, and
workload

Linguistics and
cultural barriers

Key findings: examples

« [...] sometimes, they'll go faster than they should, they'll try to receive less treatments, to return to work quicker [...] at the risk of reinjuring themselves, because they feel shame being off work. »

(Charlie, 34, rehabilitation counselor)

« It's just that I tend to sort them...but the occupational therapist, she'll never take 3 (from region A) at the same time. You know, she'll take one (from region A), but after that, she'll take another (from another region). Let's just say if that was the only clientele, I wouldn't be able to hack it [...] »

(Nathan, clinician and manager of an interdisciplinary rehabilitation program)

In my opinion, I find that with immigrants, if you quickly build trust, if it is strongly established, it becomes solid, they trust you. From what I've seen, with the women (of group C), if you build a connection, you become their daughter. You know, when they leave, they cry. It's always hugs, they are quite demonstrative, but after that, when you become rigid, they aren't in that frame of mind necessarily. You know, they are no longer, I don't how to explain it. »

(Emma, clinician)

«We must often repeat the same information more than once to make sure the injured workers really understand the next steps and to avoid prolonging the length of the interventions. »

(Susana, clinician)

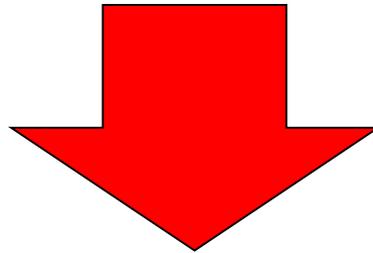
«It's really about making a good diagnosis [...] the issue of diagnosis, it's really important to understand the situation well. To really understand the situation [...], you must make a good diagnosis on the entirety of the elements and to separate the aspects that are cultural in nature. It is very difficult to tease out the factors that are specific to cultures »

(Charles, CNESST)

Consequences on the health of the clinicians and the other workers

- Feeling of failure and incompetence, doubt and guilt
- Isolation, feeling that you alone are responsible for the stress felt by the newcomers
- Need to develop new competencies

« did we do everything that should have been done? »
« are we not just making it worse for them? »



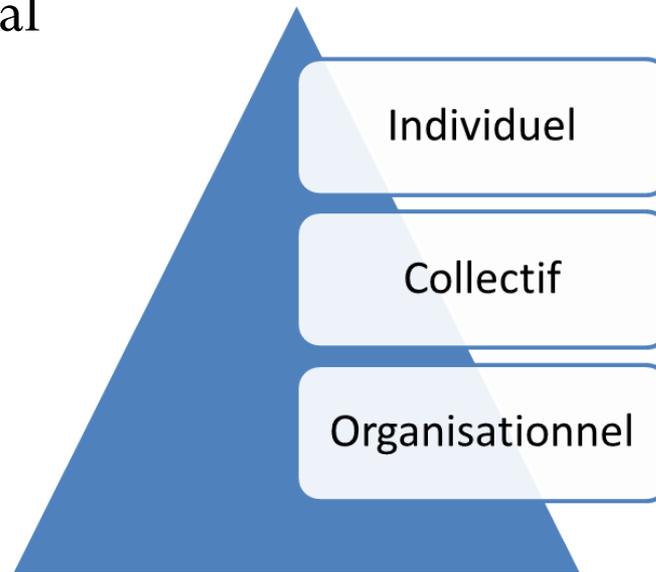
Significant psychological impact. Possible effect on employee turnover...

Development of intercultural competencies (IC)

- The workers do not start with a complete absence of IC
 - They have instituted, tested, and modified different strategies
 - The strategies in place are sometimes incompatible with the organisational context
- Knowledge gained via experience is not always spelled out, valued or leveraged.
- This knowledge is lost due to employee turnover and the whim of workers switching jobs
- Need to record this process through research in order to 'leave tracks'

Process of co-construction of IC

- Collaborative research
 - From our findings, the idea to directly involve the workers in the process of co-construction of a tool to help the improvement of intercultural competencies → co-building
- Recognition of the IRSST team's intercultural competencies model based on the following three levels: individual, collective, organisational



From a request for expert counsel to a research project

- **Initial request** from a team of rehabilitation counselors from one of the three Montreal regional administrations and that are grouped in a 'community of practice'
- **Objective:** build the content of a tool to help improve the intercultural competencies of workers of the CNESST employing a co-construction approach
- **Implementation of institutional arrangements to facilitate this process**
 - Vice president of operations, Montreal regional management team
 - Vice president of partnerships and consultancy(VPPEC):
 - Executive management of compensation and rehabilitation (DGIR)
 - Manager of competency development and regional support (DDCSR)
 - Scientific management team, IRSST
 - Director of research and expertise, IRSST
 - Research team(IRSST, UQAM)

Methodology

- Pedagogical approach based on co-development, knowledge exchange and analyses of situations
- Is part of a reflexive disposition and organisational theory (collective intelligence, exchange groups, and knowledge sharing based on experiences)

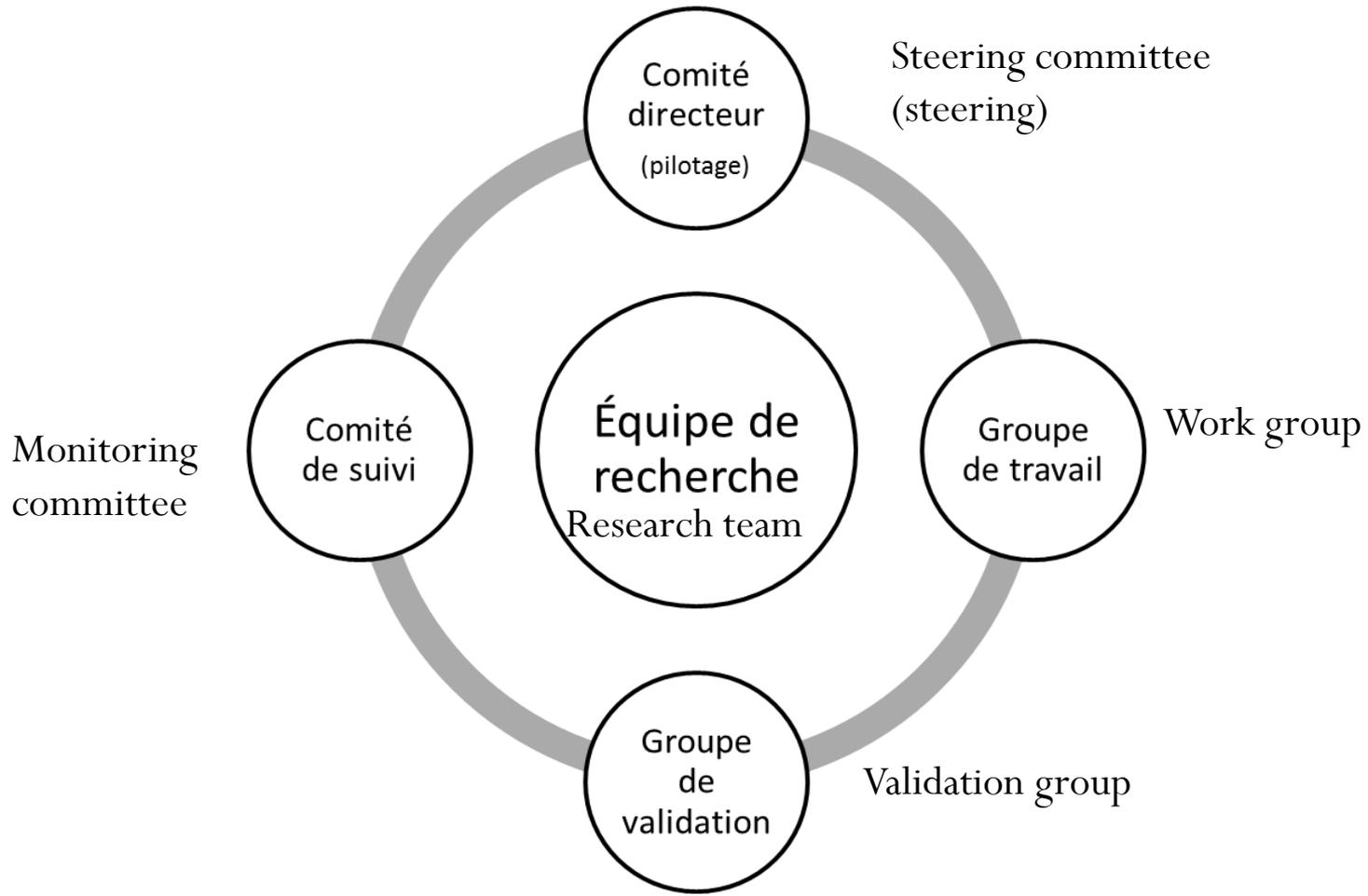
*Argyris et Schön,
1978;*

Beaujolin, 2001;

Schön, D.A., 1994



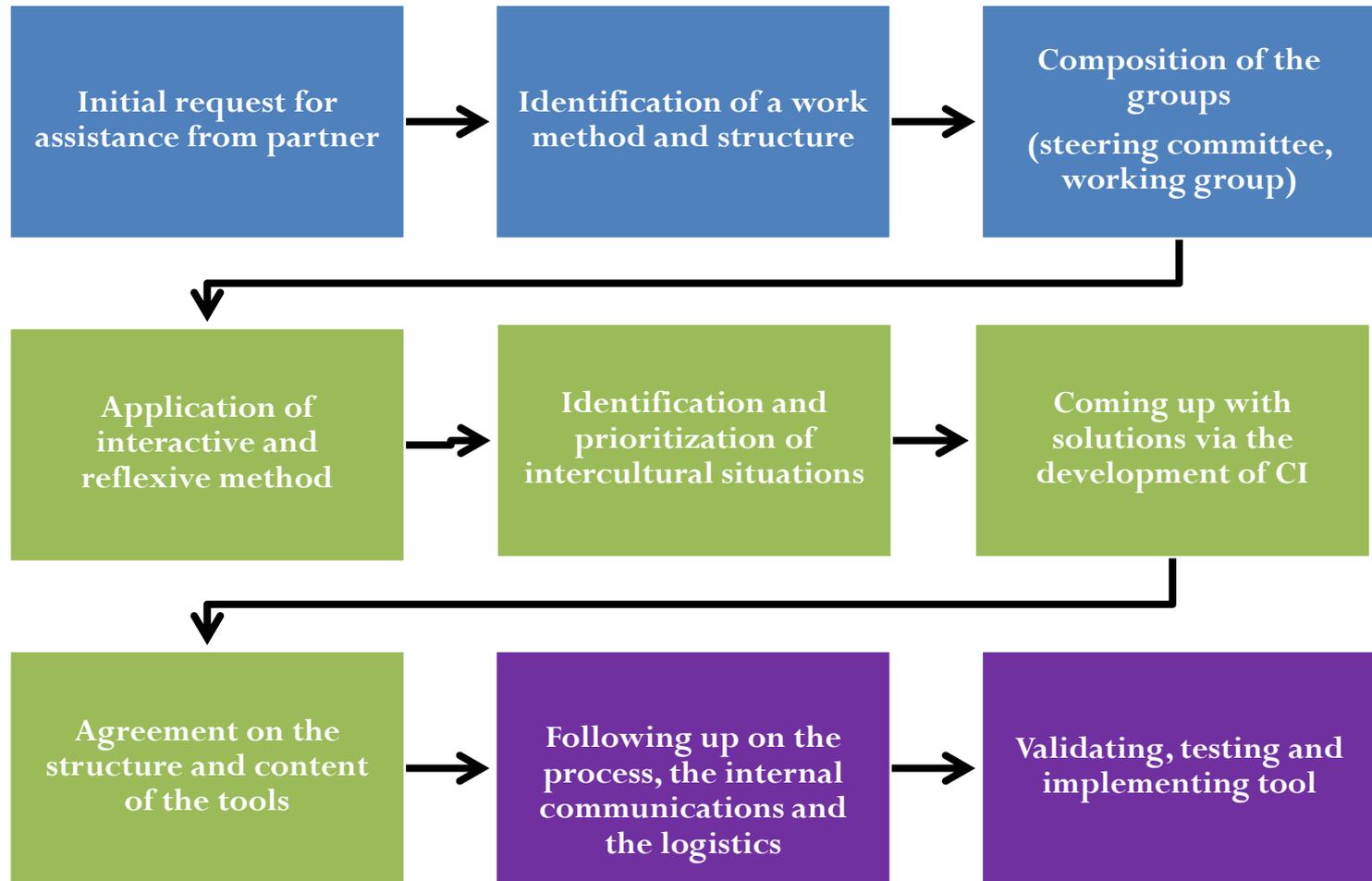
Implementation of an organizational structure



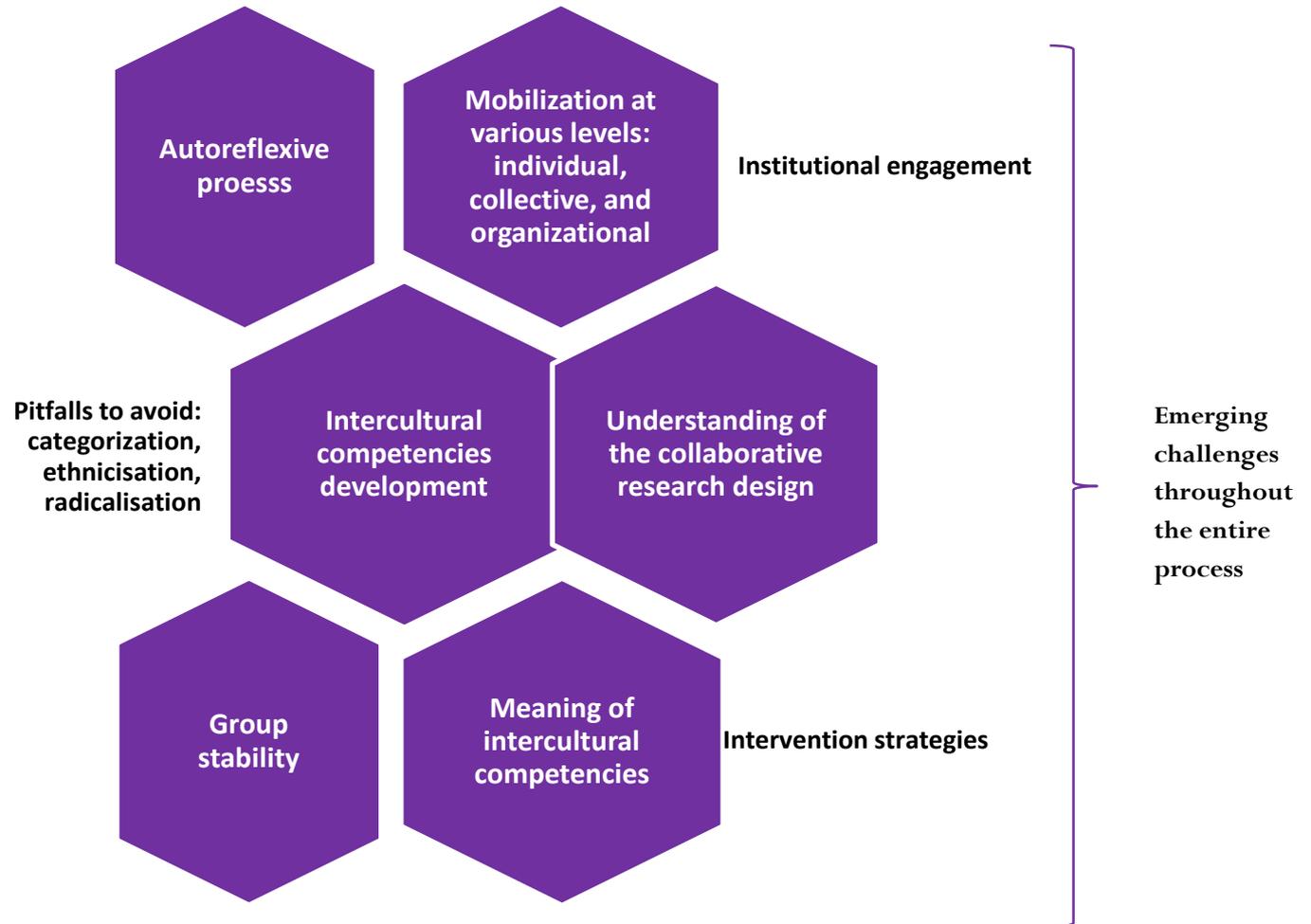
Methods used to document the process and for the development of the tool

1. Methods for intercultural context situations.
 - Identify, describe, and study intercultural situations
 - Prioritize highlighted situations: based on their frequency of occurrence and their impact of the improvement of intercultural communication
 - Develop intervention strategies based on the identified intercultural situations
2. Event log: maintained by two researchers
3. Intercultural Effectiveness Scale (IES) and Intercultural Sensitivity Scale (ISS) : T1, T2

Co-construction process of a tool used to facilitate intercultural communication



Key issues



Conclusion

- IC must be conceptualized and operationalized at three levels: individual, collective, and organizational
- This integrated vision of IC allows for a common understanding of the key issues surrounding cultural diversity and immigration, while solely focusing on the individual dimension of IC without the support of peers and administrators can lead to workers and clinicians being overworked and experiencing distress

Thanks for listening!



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