

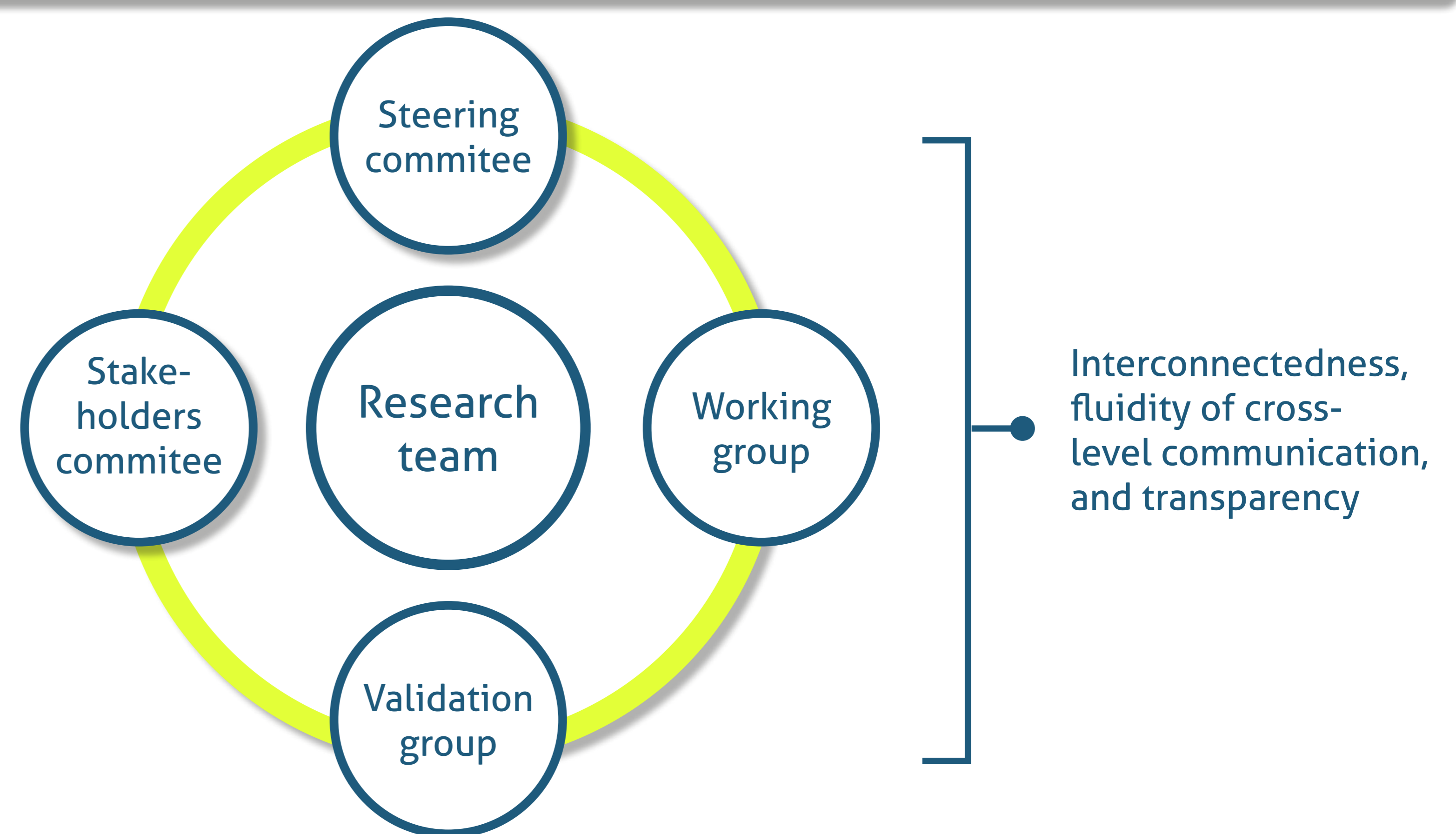
INTRODUCTION

Stakeholders often present the adaptation of healthcare services, policies, and return-to-work (RTW) practices as a necessity for dealing with immigrant and cultural-minority patients. This is particularly true in Montreal (Quebec, Canada), where over a third of the population was born abroad. Linguistic and cultural barriers may cause delays in the RTW process and undermine the building of a therapeutic/working alliance. Practitioners see the implementation of intercultural competency (IC) as a means of potentially supporting and improving their communication skills, attitudes, and awareness. This poster describes the process through which an intercultural communication toolkit was developed using a co-construction approach.

- 1 Stakeholders are not at the zero point of IC.
- 2 The knowledge gained from experience is not always explicit, valued, or used to advantage.
- 3 There is a need to "record" implicit IC-related knowledge for better knowledge transfer and exchange.

METHODS

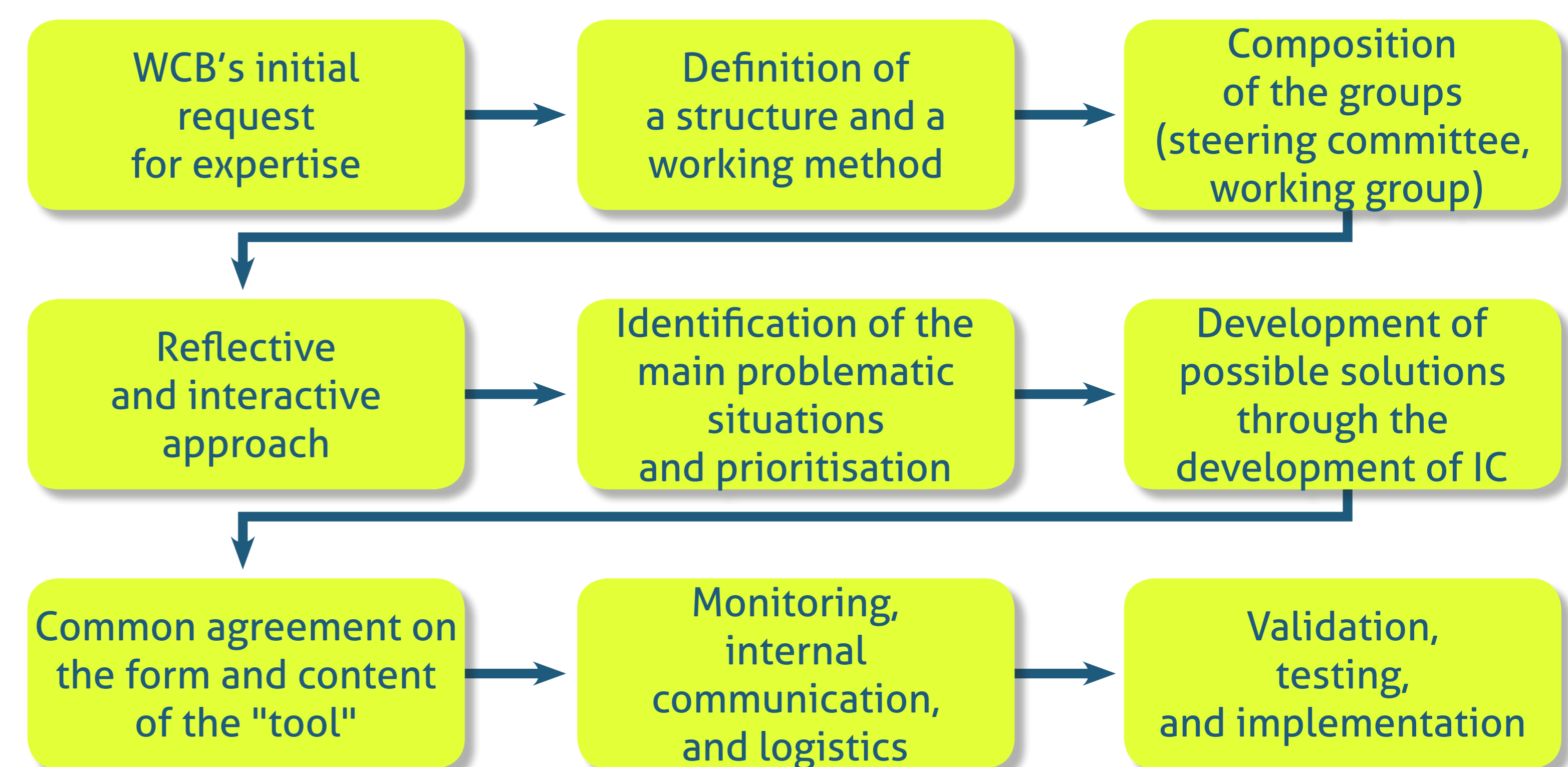
A working group and a steering committee were created at Quebec's workers' compensation board (WCB, known as the CNESST). Both included the researchers (DC, JD). Work sessions were held on a regular basis over approximately 15 months, allowing for a co-construction process. These sessions were audiotaped, and the researchers each kept their own research diary in accordance with participant observation techniques. A critical incident technique was used as the basis for identifying recurrent situations and their correspondence with specific obstacles, facilitators, and strategies. The steering committee ensured that the working group was provided with the appropriate resources and that the evolving tool was feasible and aligned with organisational policies. It also developed communication strategies at the organisational level.



RESULTS

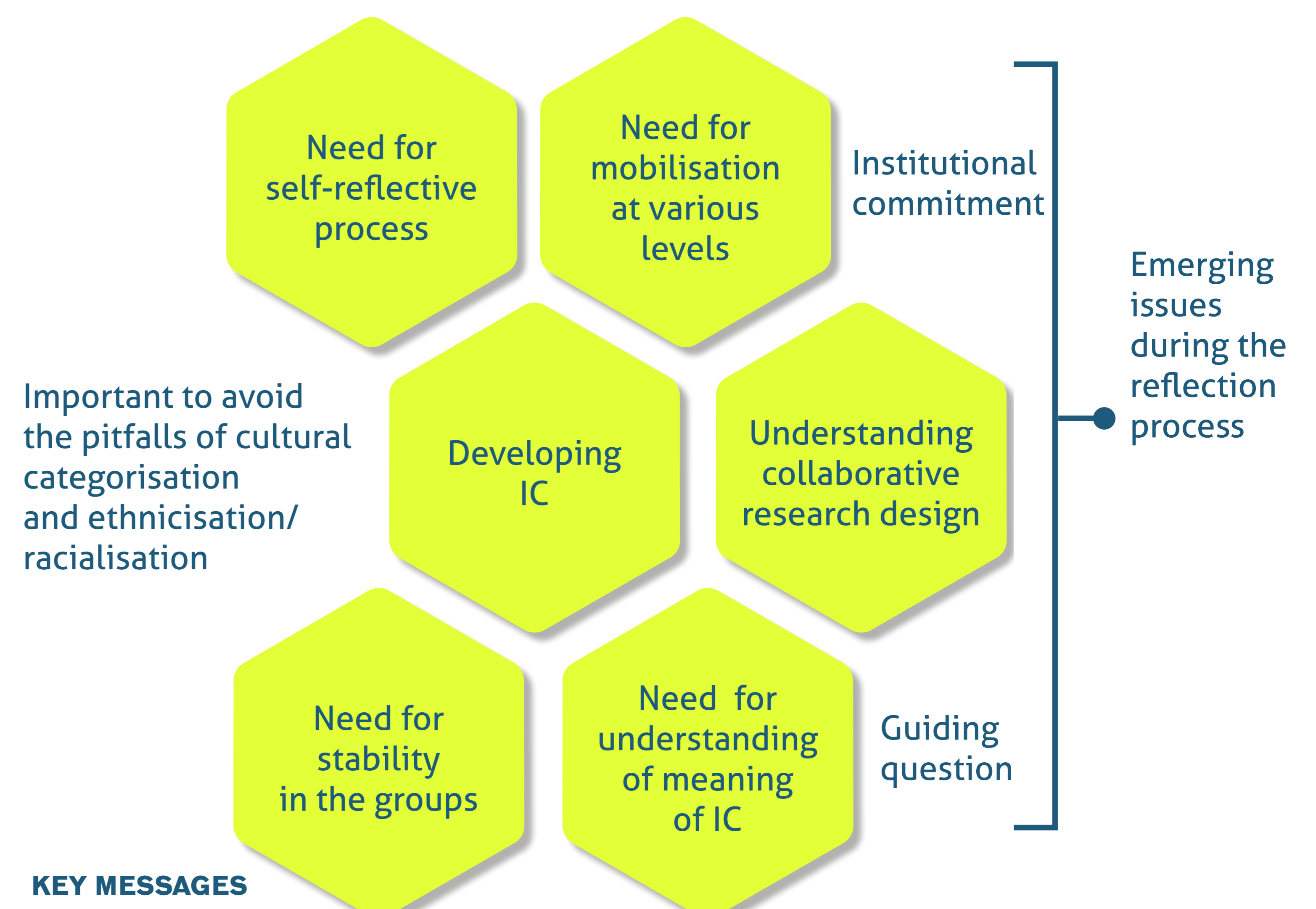
This study, which combined research with the transfer of expertise and knowledge, provides the essential ingredients involved in the implementation of intercultural competency (IC) in complex organisations. It shows the importance of mobilising managers and field staff in order to develop new tools, structures, and procedures that align with the policies and operations already in place. Implementing intercultural competency is regarded as a dynamic and interactive process to be promoted, initiated, and maintained among existing "communities of practice." Transformations witnessed in the self-perception of intercultural competency and efficiency among rehabilitation experts are also documented.

THE PROCESS OF DEVELOPING IC USING A COLLABORATIVE RESEARCH DESIGN



DISCUSSION AND CONCLUSION

These findings have implications that support the development of intercultural competency within occupational health organisations and government agencies. IC has to be conceptualised and operationalised at three levels: individual, collective, and organisational. This integrated view of IC allows for a common understanding of the issues involved in cultural diversity and immigration, whereas focussing solely on the individual dimension of IC without support from peers and managers may result in a work overload and distress for practitioners. It shows the importance of mobilising managers and field staff in order to develop new tools, structures, and procedures that align with the policies and operations already in place. Implementing intercultural competency is regarded as a dynamic and interactive process to be promoted, initiated, and maintained among existing "communities of practice."



KEY MESSAGES

1. Develop IC training material at three levels: individual, collective, and organisational.
2. A reflective and interactive approach is a core component for developing IC.
3. Develop IC by tailoring approaches to recurrent and problematic situations experienced within an organisation.
4. Important to avoid the pitfalls of cultural categorisation.

ACKNOWLEDGEMENTS

This research was funded by the IRSST with logistics support from Quebec's WCB (the CNESST).