# Effective vocational rehabilitation team working in Aotearoa New Zealand

**AUT**

## Why we did this study

To get a better understanding of teamwork in an Aotearoa NZ vocational rehabilitation context that can inform approaches to practice.

## What we did

- Interviews and focus groups with two VR teams working in Aotearoa NZ.
- One rural and one urban team.
- The transcripts from these interviews and focus groups were analysed to develop themes that capture the experiences of working in a VR team.

**VR professionals**

## What we found

### Being Human

*Working in a transdisciplinary team meant that team members had to engage in tasks that might usually be seen to belong within a different profession's scope of practice. This situation could cause anxiety and conflict. Therefore, the team had to find ways to ensure professionals felt valued in their roles. Seeing each other as 'human' (i.e. not just as their profession) was central to creating an environment where role boundaries could became more fluid. This could be achieved through doing activities that helped team members understand each other as people, such as sharing food or social events.*

### Having the Power

*Many VR professionals felt a lack of decision making power in their roles despite being specialists in the VR field. Traditional medical hierarchies directed decision making power to GPs and medical specialists. Clients also exercised power through the information they chose to provide to their GP or specialist. Case managers could make decisions about funding for clients without consideration of the VR professional's opinion. VR professionals' only decision making power was the way they chose to use an allocated budget with a client.*

### Vocational Rehabilitation is not for everyone

*Many practitioners described a conflict between their personal values & the expectations of them within their VR role. This was particularly apparent when practitioners grappled with how they could perform their role due to financial constraints. These constraints were experienced as putting business needs before client welfare, which conflicted with their training as a clinician. These challenges caused despondency & high turnover of staff. Practitioners remaining in a VR role were described as fitting a stereotype or mould and were able to shape their professional and organisational ideals into the restraints of their practice.*

## What you can do

### If you are a VR provider organisation

- ☑ *Find ways to enable staff to see each other as fellow humans, to build trust within teams that enables working together.*
- ☑ *Consider how business needs might be impacting on job stress for clinicians, and think about ways to minimise this impact.*

### If you are a GP or a funder

- ☑ *Consider how to facilitate collaborative decision-making in VR provision & funding recommendations so that the specialist skills that VR providers have are used productively for clients.*

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