

Abilities-focused language: Seeing the possibilities

Word choice and usage can have a powerful impact on someone's thoughts and perception of their situation, particularly in clinical settings.¹ Given this effect, WorkSafeBC has shifted to abilities-focused language when we discuss recovery, return to work, and return to function, both orally and in writing. This language is meant to help injured workers identify possibilities at home and at work and to be seen for what they *can* do, not what they can't. Employers, in turn, have a much easier time finding a place for an injured employee when provided with a list of functional tasks the worker can perform.

Recently, we adjusted the language on many of the report templates used to document injured workers' progress. These reports are completed by contracted treatment providers who deliver programs and services such as physiotherapy, mental health treatment, and occupational rehabilitation. Ideally, the worker's attending physician is copied on such reports, which now use this abilities-focused language, meaning words with negative connotations have been replaced with more neutral terms. For example, *limitations* and *barriers* are now *considerations* and *factors*, respectively. This allows contracted treatment providers to speak to injured workers' functional abilities and to facilitators that would support a safe and timely return to appropriate work duties.²

When treatment reports are written through a lens of inability, exclusively identifying return-to-work barriers and limitations, they can foster a belief that return to work may not be possible.^{1,2} Reports that speak to supportive interventions and the

worker's functional abilities foster a belief that recovery and return to work will occur. This information equips all clinicians, including attending physicians, with a better understanding of what the worker can do. Attending physicians can then readily encourage a return to safe and appropriate work duties and have more meaningful conversations with the injured worker about their recovery.

Reframing recovery in a positive light supports an earlier return to preinjury function.

Focusing on an injured worker's abilities doesn't mean that injuries aren't recognized or symptoms aren't validated. It simply allows injured workers to see possibility where before they may have only seen inability.² Given the well-known negative health effects of prolonged inactivity and being out of work,³ reframing recovery in a positive light supports an earlier return to preinjury function, helping mitigate these negative effects. To support this initiative, we've held workshops with contracted treatment providers throughout BC about the importance of and reason for this change.

Each practitioner involved in a worker's care postinjury has a shared responsibility to do everything possible to support a return to preinjury function in a timely manner.⁴ Recent legislative changes will soon add a legal duty and obligation for employers to cooperate in the worker's safe and timely return to work and to ensure that it occurs whenever possible.⁵ Word choice can, at first glance, seem inconsequential, but research has shown us otherwise.¹ Together, let's be mindful of using positive language

when engaging with injured workers in the recovery and return-to-work process.

For more information

To learn more about the programs and services we offer to injured workers, visit www.worksafebc.com/en/health-care-providers/rehabilitation. If you'd like to speak with a WorkSafeBC medical advisor about your patients who are injured workers or if you have questions about being copied on treatment reports, call the RACE line at 604 696-2131 or toll-free at 1 877 696-2131.

Partners in Care webinar

Shifting to abilities-focused language is just one way we're striving to support injured workers and their clinicians. Learn about WorkSafeBC supports and resources at our Partners in Care webinar on 21 September 2023. Register at <https://ubccpd.ca>. ■

—Karen Takai, MSc

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This article is the opinion of WorkSafeBC and has not been peer reviewed by the BCMJ Editorial Board.