

Facilitated Discussion Process for Workplace Grievances

Josephine Sau Fan Chow^{1,2,3,4,5}, Louise Collingridge⁶, Jacqueline Ramirez¹

¹South Western Sydney Local Health District, Sydney, Australia

²Ingham Institute for Applied Medical Research, Sydney, Australia

³Faculty of Medicine, University of New South Wales, Sydney, Australia

⁴NICM Health Research Institute, Western Sydney University, Sydney, Australia

⁵Faculty of Nursing, University of Tasmania, Sydney, Australia

⁶Qualitative Research Consultant, Sydney, Australia

Email: josephine.chow@health.nsw.gov.au, louise.collingridge@bigpond.com, jacqueline.ramire@health.nsw.gov.au

How to cite this paper: Chow, J. S. F., Collingridge, L., & Ramirez, J. (2023). Facilitated Discussion Process for Workplace Grievances. *Journal of Service Science and Management*, 16, 293-303.

<https://doi.org/10.4236/jssm.2023.163017>

Received: March 26, 2023

Accepted: June 13, 2023

Published: June 16, 2023

Copyright © 2023 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

Objective: To explore the role and implementation of the Facilitated Discussion process in workplace grievance management within a healthcare setting.

Methods: This is a qualitative study using semi-structured interviews with implementers, developers and participants involved in Facilitated Discussions which were recorded, transcribed verbatim and analysed for key themes using thematic analysis techniques. No limit was placed on the number of participants, which included staff working in human resource department as well as administrative and clinical staff who had engaged with the facilitated discussion process. **Results:** Participants mostly viewed the process as meritorious associated with restorative justice principles. However, implementation of the process in the healthcare facility faced barriers to wider adoption due to lack of certainty about the roles and processes, limited training, staff availability and perceived risk. Adoption of principles and skills across the organization were identified as necessary for effective implementation. The findings suggested that training for facilitators and promoting the benefits of Facilitated Discussions across all levels of the organization could improve implementation. **Conclusions:** The nature of the process of facilitated discussions for grievance management requires resources to promote awareness and trust in the process, skilled facilitators and defined procedures for use in large facilities.

Keywords

Facilitated Discussion, Workplace Grievances, Human Resource, Conflict Resolution

1. Introduction

Facilitated Discussions (FD) are distinct from traditional notions of negotiation or mediation by following the principles of Restorative Justice (Cutrona, 2014). Facilitated Discussion, whereby each party is listened to, and a mutually agreeable plan is put in place typically with a facilitator present, is a flexible tool by which restorative justice can be applied (Livne-Tarandach et al., 2021). Restorative justice principles are grounded in an approach to seeking to restore relations where a crime is acknowledged as having been committed (Suzuki & Yuan, 2021), and so the principles are often framed in terms of victim and perpetrator. The principles of restorative justice have, however also been applied to other settings such as school bullying, as a complete alternative to criminal proceedings, and to addressing workplace disputes (Acosta & Karp, 2018).

Where applied to the workplace, the purpose of restorative justice may be to avoid traditional punitive measures, or to restore disrupted workplace relations. Participants in the FD process are likely to be colleagues. Principles of restorative justice used within FD in the workplace can be used by managers to intervene early in tense situations, perhaps before a formal complaint has been lodged, or may be offered as an alternative, after a formal complaint has been initiated, to seek to restore relationships without formal investigation and punishment (Hutchinson, 2009).

Facilitated Discussions apply the principles of restorative justice by allowing participants to communicate their concerns in a respectful way, gain an understanding of the other's perspective, and identify steps to resolution (Weiss, 2017). Such features are characteristic of other mediation models, but their use in combination with the intent of restoring relationships marks them as distinctly within the Restorative Justice framework (Hopkins, 2015).

Workplaces where the principles of restorative justice are promoted and reinforced have the potential to replace punitive dispute resolution measures (Leonard, 2022). Such a transformation has been initiated at a large public hospital in Sydney, Australia where a shift in the culture was prompted by results of a staff survey. One aspect of that workplace culture shift was for FD to be offered where relationship restoration was likely to be possible before a complaint had been lodged. Over 72 FD resulting in agreement between parties were led by the hospital's Human Resources (HR) team between 2016 and 2018. A qualitative investigation reported in this paper identified facilitators and barriers to implementation of FD at the hospital. The purpose of the investigation was to identify benefits and drawbacks of the approach to inform future policy and practices at the facility.

The experience of implementing the FD in the above hospital has provided an opportunity to explore in greater detail the acceptability, challenges and lessons of FD. This study will evaluate the processes and implications the FD, which can lead to a wider implementation to other facilities.

2. Method

A qualitative investigation was conducted to capture any complexity associated

with adopting FD to dispute management and resolution. A semi-structured interview guide was developed that sought to capture the benefits and drawbacks of the approach.

Staff members of the hospital (both in the HR Department and elsewhere) who had been involved in FD between 2016 and 2018 were invited to participate if they were still associated with the hospital at the time of data collection. All staff members who consented to be interviewed were included in the study.

Before asking any questions, interviewer is to confirm that the participant had read and signed the Participant Information Sheet and Consent Form. The interview was aimed to last approximately 30 minutes and to be conducted virtually and recorded. The nature of the grievance/conflict or whether they were complainant/respondent were not the purpose of the study.

The data collection process was the responsibility of the independent researcher (LC) who collected consent forms, arranged and conducted semi-structured interviews and deidentified the data (interview audio-recordings and notes taken during interviews) before passing them to other researchers. Interviews were conducted via Zoom (cameras turned off) or phone. Audio-recordings were transcribed by a third party (JR) and checked by two research team members against original recordings before any analysis was undertaken.

Initial analysis of the data involved reading and rereading the transcripts, transposing transcript content to a large spreadsheet, and comparing responses to interview items across participants (LC). In this way the range of responses to each interview item could be examined as per the structure of the interview guide, as shown in **Table 1**. Summaries and the spreadsheet were shared with the rest of the research team.

Table 1. Semi structured interviews—topic guide.

Understanding of Restorative Justice
Human Resources process involved with facilitated discussions
Complaint process
Benefits of facilitated discussion
HR Workload in relation to facilitated discussions
Training needs/key elements to deliver facilitated discussions
Changes that occurred as a result of facilitated discussions
Barriers to taking up facilitated discussions as an option
Risks of taking up facilitated discussions
Impact of facilitated discussions
Negative Impact of facilitated discussions
Change to the way complaints are made
Top 5 Lessons from being involved in the facilitated discussion process
Problems with the facilitated discussion process
Doing facilitated discussions differently

In addition to the organization of data into a spreadsheet, thematic analysis of the transcripts was undertaken by JR with the aid of NVivo (QSR International Pty Ltd., 2020). The results of the theme identification from the spreadsheet and thematic analysis using NVivo were combined to arrive at the results described below.

3. Results

Eleven participants were interviewed between November 2020 and October 2021. Interviews ranged in length from 23 to 54 minutes, with the average time being 36 minutes.

Of the eleven participants, nine were employed in the HR Department of the hospital, ranging in experience from recent recruits to senior managers. Of those, three had observed FD only, four had served as facilitators and one had no experience of FD process. One participant was both employed in the HR Department and had experience as a participant. One of the nine participants from within HR Department had experience as a participant in a dispute. A further two participants were from outside of HR Department, having engaged in FD to address a grievance.

The themes and examples discussed below need to be interpreted in light of the bias in the sample to those working in HR Department. Unfortunately, in spite of repeated efforts to recruit participants from outside of HR Department, only a very small number agreed to participate. Given the voluntary nature of participation and the need for confidentiality, tracking down individuals and noting whether if those who had participated in FD were still employed by the hospital was beyond the scope of this study. Reasons for the lack of response from participants were thus speculative.

Progressive analysis of the data indicated that responses to interview items could be grouped under two main themes, benefits and barriers, in keeping with the focus of the interviews. Each of these was themed the focus of a direct interview topic, but answers to other topics also generated responses that fit within either of these main themes. The results are presented under these two main themes. The subthemes of each are shown in **Table 2**.

1) Benefits

The benefits of FD to emerge across the interviews were stated as early intervention, reflecting a positive organizational culture, supporting staff, effective communication between parties, reaching resolution and avoiding punitive measures.

“it has a lot to do about empowerment and culture in terms of the fact that I go into this process, you do achieve a sense of um, personal closure on those matters. Um, and also sort of for that to know that from organizationally we don't look at things purely from a mechanical decision-making ah formal point of view. Ah there is some empathy in the organisation ah and you know, opportunity that you know sometimes things are, wish we weren't able to get things wrong but also provide people the opportunity for growth.” (P04)

Table 2. Benefits and Barriers: subthemes to emerge in interviews.

Benefits of Facilitated Discussions	Barriers to Facilitated Discussion Uptake
Early intervention	Lack of clear processes
Reflecting a positive organizational culture	Unclear roles (Human Resources and Managers)
Supporting staff	Training needs
Effective communication between parties	Poor timing
Reaching resolution	Potential risk (to individuals and the organization)
Avoiding punitive measures	

“I think a process like this gives people an option to address their concerns directly and if they’re supported well to do so then that can resolve conflict and allow people to move on very effectively.” (P09)

“... a collaborative process and allows um both parties to sort of feel comfortable and working together, um rather than having if you are going through a formal process um it sort of creates sort of that stigma like this person done this to me. Whereas through a facilitated discussion it allows them to work together and sort of come to an understanding um and agreed actions of like moving forward.” (P02)

The three participants who were involved in the process to resolve disputes, rather than as HR Department’s facilitators, were more guarded in responses regarding benefits of FD:

“No, no benefit whatsoever. All I feel like is now that I’ve um um I highlighted myself for other things, I don’t know. But I don’t feel there’s any benefit...” I felt like um I’d had put a target on my back at that stage and I felt like it was all very much turned around on to me, um and that I was being um obstructive in moving forward. But it wasn’t the case...it was more of the processes. [yeah] and I just felt unsafe all the time [um] and not supported.” (P11)

“Um, yes, although as I said my expectations weren’t high. I wanted that person to know that this was serious, and I was taking it seriously. Seriously enough to undertake this process which was, took a long time to come about and I achieved mostly what I wanted.” (P10)

“Absolutely, in the beginning, you always hope for the best and you believe that you are being guided with the right advice from your manager and HR. Over time the path taken for the informal process has not worked...” (P03)

Participants conceptualized benefits of FD as a better option to a formal complaint process, which they characterized as punitive, costly, time consuming, and unemotive. That both the person who raised a complaint, and the person they had reported on being involved in the discussion was viewed as empowering and beneficial. Facilitated Discussions were characterized as a better, albeit not perfect, option:

“...Ah through formal management there’s a huge sink of ah or something costs in relation to resources um cost, risk attributed to utilising those um formal frameworks...” (P04)

“Um I think there was you know a lot of discussion at an executive level around...the time taken um to do you know formal investigations around matters that probably could have been resolved in a much you know less formal way.” (P09)

“it gives the person, like the aggrieved person or people that opportunity to actually be involved what the outcome looks like and there’s kind of more transparency to that process because it comes from them like they sit down together and they, you know work it out together.” (P01)

2) Barriers

Barriers to FD uptake emerged across interview topics, as well as when participants were specifically asked to identify what types of barriers they had encountered. Lack of clear processes, roles and procedures was the overarching barrier. Other barriers were training needs, timing and potential risk to individuals.

Some participants believed that the HR Department team decided the seriousness of all complaints that are lodged. Complaints deemed serious breaches of rules (hospital or health service) were directed to formal procedures. Those deemed less serious, such as interpersonal conflict, were directed to a FD. In contrast, FD was understood by some to be a usual first stage response to any complaint, and that should no resolution be found, a formal complaint could be pursued.

“probably be brutally honest, we don’t actually have a clear process as to how to do it per se.” (P04)

“if it is more serious in nature then we probably wouldn’t be looking at a facilitated discussion and we would probably be looking at some more of a formal um formal process I guess.” (P05)

Managers of organizational units were thought to request HR Department staff into discussions, only if they wished. In that sense, managers were expected to handle the whole FD process. For some, involving the HR Department team could be seen as potentially inflammatory. Some reported managers as being always present in meetings, witnesses to agreements and decisions, seeing the role of HR to support managers. Some acknowledged that taking on FD, managers took on the role of HR, and that this was so time consuming due to meetings and documentation that very few managers took up the option. Some who have participated in FD were wary of their managers being involved, considering that they were not impartial and may not be trained. Not all believed that managers had a central role. Some participants who believed that FD required an outside party, which could be HR or an external agency.

“how can we support um usually it’s the manager, um or the manager above them that would undertake facilitated discussions but often it’s a very uncomfortable thing um often we don’t have a structure on how to do that.” (P06)

“Um its less intimidating for the staff involved because there is a sort of local perception around human resources or HR being involved by the staff. Um, or the teams I suppose. Um so it allows those discussions to happen I guess with

managers where there's already a built trust and rapport.” (P07)

Participants differed in their reports as to who documents FD agreements, and what role documentation plays in the process. Some thought that FD was formal and documented, whereby a report remained on file that could be accessed by senior management if needed. Others described the process as informal, and that only the relevant parties received documentation regarding the agreement that was reached. Whilst it was generally understood that a facilitator would document the agreement reached during FD (either the manager or the HR staff member), and that the agreement would be emailed to the participants, there was less clarity whether FD documentation was also kept on file. Reports varied from documentation being kept for reference only, to decisions being documented by the manager, to reports kept on file, but only accessible to senior managers, to using FD records as evidence should a formal complaint be pursued. As noted by one participant, a policy is needed to decide what documentation is needed. One participant could not recall receiving any documentation.

“we actually um, it's still documented but consider it to be an informal process. So um, say the people are agreeable to doing a facilitated discussion, so those are usually facilitated by like my HR Director or my senior consultant from what I've seen, and we would normally just document what the two parties basically agreed to.” (P01)

“Me and the parties were given to understand that this was informal, and no notes were being placed on anyone's files.” (P03)

Training, timing and risks emerged as interrelated barriers that were consistently reported on across participants. The participants reported that training in running FD is needed and should include practical guidelines like scripts and role play practice. Training was needed to ensure more staff were available to serve as facilitators, as long delays and interruptions to the process during staff leave or staff changes were detrimental to individuals and risked jeopardizing the outcomes. Facilitated Discussions are promoted as quicker processes than formal complaints, but in reality, due to a shortage of trained facilitators, the process can be very lengthy. Lack of training at all levels of the organization was reported as a barrier to uptake. Not all participants were confident that all parties could be impartial, focused on the solution, and not allow the process to influence other aspects of life at work. Training for managers in this aspect was identified as a need. In that sense, offering FD with insufficiently trained staff posed the risk of negative outcomes for individuals and the organization.

Participants suggested that FD be championed at executive level to ensure necessary resources, and set processes, including appropriate time frames. Participants acknowledged that the long-term benefit of agreements and ongoing relationships for those that have participated in FD remain unknown.

Participants from within HR Department did acknowledge that on occasion, FD had not progressed well. One participant provided an account of how, from their perspective, the process had not been worthwhile. Participants acknowledged that if not done well, such as if facilitators are biased or the process takes

too long, then there will be a negative impact on the workplace culture.

“... I think it’s, I think um, it should be done as soon as you can as quickly as possible and is within a shorter period if possible...” “... if people go on leave or there’s other reasons that does make it more difficult, I think for the parties because it’s like a wound that’s open you know it, it delays that closure and that in itself creates another difficulty.” (P08)

“Um, in terms of like I guess our role in supporting managers as well sometimes managers aren’t aware of like the process or how to do these facilitated discussions. So I guess um if managers were more educated like I guess obtained more education with regards to doing facilitated discussions, they’d be able to pick this up.” (P05)

“So it does take time I think to get people to trust these things and they do sit a bit underground um I think that’s a barrier but by educating more managers and giving them a bit more information about alternatives I think that would be a positive way to help increase the confidence in these type of um advanced discussions and that’s qualifying that they’re done well and people are trying to do them well and manage it well.” (P09)

“There needs to be a level of sophistication in a sense that those who conduct it really are ah trained in a sense that they are impartial. Everyone comes to situations with their own personal biases ah unconscious or otherwise ah, so it takes someone that ah is probably aware of their own biases to put them aside in the best interests of getting a resolution for those matters because fundamentally a mediator shouldn’t have a position around that occurs because they should be facilitating that discussion between those parties for them to make an agreement for them to want to make that agreement so for them to stand by the agreement being made.” (P04)

4. Discussion

Martela (2019) describes effective organizations as needing defined task division, task allocation, rewards and penalties, information to provide direction, as well as information to ensure co-ordination. The results of this qualitative investigation into the use of FD between staff members in a large healthcare facility lend support to Martela’s description. The need for FD to involve defined tasks (processes and roles) as well as information (training) and co-ordination (timing) was clearly demonstrated, even by this small sample of participants. Further, all levels of staff, across the organization, need access to resources and knowledge in order for the uptake to increase, which is in keeping with reports on the adoption of Restorative Justice principles in other large institutions like schools (Sandwick et al., 2019).

Clear lessons for both this hospital, and others seeking to introduce FD as policy, are for clear processes and procedures to be put in place across the organization so that resolution can be reached in a timely fashion, thereby minimizing the risk of negative outcomes. These lessons are in keeping with Proctor

(Proctor et al., 2011) who advise that clear steps and guidelines are needed for organization wide commitment to policy. Ownership, governance and promotion are essential for effective policy change (Damschroder et al., 2009).

The very small number of participants in this study from outside of the HR Department limits the generalizability of these findings. The difficulty in recruiting participants from outside of HR Department suggests that those who have taken part in FD may not have wished to revisit their experience. Given ethical confidentiality practices it was not possible to profile or individually contact the 140 plus staff members who participated in seventy-two FD during the period investigated in this study. An unknown number may have left the organization. Decisions to leave may or may not have been influenced by their experience of the FD process. The low participation rate might also due to the fact that those undertook the FD were uncomfortable and unwilling to revisit the conflict matters again.

Literatures have described tensions that can emerge when introducing restorative principles to foster cultural change within organizations (Paul, 2017; Paul & Riforgiate, 2015). Staff unavailability (due either to lack of trained personnel or leave arrangements) was shown in this study to impact on the process resulting in delays that were damaging to at least one participant. A long, protracted process characterized by staff changes and scheduled staff leave without substitute staff being available added to tensions in that case. Escalation of conflict can be avoided by dealing with matters early (Lewitter et al., 2019). Insufficient resources including trained facilitators, means that so-called low level, or less serious disputes can escalate because they have not been dealt with in a timely way. Limited training and delayed attention to disputes leads to increased risk of negative outcomes, which is consistent with previous reports (Damschroder et al., 2009). Having few staff members trained in how to conduct FD also increases the risk that staff members from Culturally and Linguistically Diverse communities will not have access to a facilitator who may have an understanding of their expectations of dispute resolution. Training in conflict management and dispute resolution are needed across all levels within an organization in order for FD to be readily taken up (Kfoury & Lee, 2019). Further research into long term outcomes and organizational culture shifts are needed to fully assess the impact of FD on individuals and organizations in general, including at this healthcare facility.

5. Conclusion

This qualitative study aims to evaluate the implementation of a FD process to resolve disputes between staff members in a large healthcare organization. Benefits to the organization are the avoidance of potentially punitive measures through effective communication between parties and promoting a workplace culture aligned with restorative justice principles. Barriers to widespread uptake include poorly defined processes and roles, limited training and few resources,

all of which pose possible risk to potential participants. The findings here suggest training for facilitators and promoting the benefits of FD across all levels of the organization could improve implementation.

Acknowledgements

The ethical aspects of this research project have been approved by the Human Research Ethics Committee at South Western Sydney Local Health District. This project was carried out according to the National Statement on Ethical Conduct in Human Research (2007).

Data Availability Statement

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest. The authors have no financial or professional relationships which may pose a competing interest. All authors contribute to the study design, data collection, analysis and interpretation, and in writing of the article. They support the submission of the final manuscript for publication.

References

- Acosta, D., & Karp, D. R. (2018). Restorative Justice as the Rx for Mistreatment in Academic Medicine: Applications to Consider for Learners, Faculty, and Staff. *Academic Medicine*, 93, 354-356. <https://doi.org/10.1097/ACM.0000000000002037>
- Cutrona, C. (2014). Community Mediation in the United States. In J. M. Fritz (Ed.), *Moving toward a Just Peace: The Mediation Continuum* (pp. 69-89). Springer Netherlands. https://doi.org/10.1007/978-94-007-2885-1_5
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering Implementation of Health Services Research Findings into Practice: A Consolidated Framework for Advancing Implementation Science. *Implementation Science*, 4, Article No. 50. <https://doi.org/10.1186/1748-5908-4-50>
- Hopkins, B. (2015). From Restorative Justice to Restorative Culture. *Revista de Asistentă Socială*, 14, 19- 34. https://www.researchgate.net/profile/Belinda-Hopkins/publication/354630816_From_Restorative_Justice_to_Restorative_Culture/links/614345b0b5bdf5148e28209c/From-Restorative-Justice-to-Restorative-Culture.pdf
- Hutchinson, M. (2009). Restorative Approaches to Workplace Bullying: Educating Nurses towards Shared Responsibility. *Contemporary Nurse*, 32, 147-155. <https://doi.org/10.5172/conu.32.1-2.147>
- Kfour, J., & Lee, P. E. (2019). Conflict among Colleagues: Health Care Providers Feel Undertrained and Unprepared to Manage Inevitable Workplace Conflict. *Journal of Obstetrics and Gynaecology Canada*, 41, 15-20. <https://doi.org/10.1016/j.jogc.2018.03.132>
- Leonard, L. J. (2022). Can Restorative Justice Provide a Better Outcome for Participants and Society than the Courts? *Laws*, 11, Article No. 14.

- <https://doi.org/10.3390/laws11010014>
- Lewitter, F., Bourne, P. E., & Attwood, T. K. (2019). Ten Simple Rules for Avoiding and Resolving Conflicts with Your Colleagues. *PLOS Computational Biology*, 15, e1006708. <https://doi.org/10.1371/journal.pcbi.1006708>
- Livne-Tarandach, R., Steckler, E., Leigh, J., & Wheeler-Smith, S. (2021). Cultivating Organizations as Healing Spaces: A Typology for Responding to Suffering and Advancing Social Justice. *Humanistic Management Journal*, 6, 373-404. <https://doi.org/10.1007/s41463-021-00112-2>
- Martela, F. (2019). What Makes Self-Managing Organizations Novel? Comparing How Weberian Bureaucracy, Mintzberg's Adhocracy, and Self-Organizing Solve Six Fundamental Problems of Organizing. *Journal of Organization Design*, 8, Article No. 23. <https://doi.org/10.1186/s41469-019-0062-9>
- Paul, G. D. (2017). Paradoxes of Restorative Justice in the Workplace. *Management Communication Quarterly*, 31, 380-408. <https://doi.org/10.1177/0893318916681512>
- Paul, G. D., & Riforgiate, S. E. (2015). "Putting on a Happy Face," "Getting Back to Work," and "Letting It Go": Traditional and Restorative Justice Understandings of Emotions at Work. *Electronic Journal of Communication*, 25. https://cios.org/getfile/025303_EJC
- Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda. *Admin & Policy Mental Health*, 38, 65-76. <https://doi.org/10.1007/s10488-010-0319-7>
- QSR International Pty Ltd. (2020). *Unlock Insights with Qualitative Data Analysis Software*. https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home?_ga=2.135588343.712729840.1680145791-465159231.1678922329
- Sandwick, T., Hahn, J. W., & Hassoun, A. L. (2019). Fostering Community, Sharing Power: Lessons for Building Restorative Justice School Cultures. *Education Policy Analysis Archives*, 27, 145. <https://doi.org/10.14507/epaa.27.4296>
- Suzuki, M., & Yuan, X. (2021). How Does Restorative Justice Work? A Qualitative Meta-synthesis. *Criminal Justice and Behavior*, 48, 1347-1365. <https://doi.org/10.1177/0093854821994622>
- Weiss, R. (2017). *Mediation Skills (f)or Facilitated Discussion?* <https://www.rowan-consultancy.co.uk/Documents/RowanResources/May-Collaborate-2017.pdf>