



Best practice in injury management and return to work

Literature review

September 2007



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Foreword

Designing effective injury management and return to work programs has far reaching social and economic effects for many injured workers and their families, employers and the wider community.

By law, every Western Australian employer must have an injury management system that aims to help injured workers return to work as soon as medically appropriate. The economic cost of work injuries in Australia equates to several billion dollars annually, in addition to the associated significant social costs.

In 2007, WorkCover WA announced it was embarking on a key strategic initiative – the implementation of a long-term injury management program. This followed WorkCover WA identifying a 95 per cent non-compliance rate of employers who did not have injury management programs in place.

The overall goal of the program is to increase the awareness and practice of injury management, improve the level of compliance with legislation and provide greater support for return to work outcomes.

TNS Social Research (TNS) was engaged by WorkCover WA to undertake formative research that focused on delivering qualitative data to underpin future injury management campaign activities.

This literature review quotes contemporary research in the area of workers' compensation and injury management. Consequently, while it does not directly represent the views of WorkCover WA, it does provide solid information that stakeholders can use in developing their own ideas on how we can work together to improve return to work outcomes.

WorkCover WA would like to acknowledge the work of TNS and the collaborative spirit shown by our stakeholders in this early part of program design. Working together to improve outcomes for injured workers is an overriding focus for WorkCover WA, and having all Western Australian workplaces embrace this focus will be critical in improving injury management compliance and practice.

Disclaimer

The views and opinions quoted in this paper are drawn from a review of the current literature, and do not represent the views and opinions of WorkCover WA. Please note that all care has been taken to accurately represent the information prepared by TNS in this literature review. WorkCover WA, however, advises that neither the organisation nor any employee undertakes responsibility in any way for the information set out in this report, including any errors or omissions therein, arising through negligence or otherwise.

Contents

1.	Introduction	1
2.	Best practice: Injury management system design and implementation	3
2.1	Consultation and education	3
2.2	Early notification and intervention	4
2.3	Workplace-based rehabilitation and modified work	5
2.4	Stakeholder collaboration	5
3.	Best practice: Employers	7
3.1	IM policies and procedures	7
3.2	Organisational culture	8
3.3	Social processes	9
3.4	Size of the employer organisation	10
3.5	Employers' relationships with healthcare providers	11
4.	Best practice: Healthcare providers	13
4.1	Positive communication and reassurance	13
4.2	Improved communication with employers	13
5.	Best practice: Workers	15
5.1	Injury and rehabilitation practices	15
5.1.1	Early notification of injury by injured workers	15
5.1.2	Active participation of injured workers in rehabilitation	15
5.2	Individual characteristics of workers that influence RTW	15
5.2.1	Psychological health and well-being and RTW	15
5.2.2	Job satisfaction and RTW	16
5.2.3	Demographic characteristics and RTW	17
6.	What do the various parties want from IM and RTW? Marketing implications	18
7.	Conclusion	20
8.	References	21

1. Introduction

Workplace injuries impose a variety of costs on employers, workers, and the community as a whole. Such costs are well documented in the literature, with much of the focus being on the direct financial consequences of workers' compensation claims. For example, during 2004–05 in Western Australia (WA) alone, a total of \$439 million in workers' compensation payments were made to injured workers (WorkCover, Western Australia, 2006). However, this amount is only indicative of the cost associated with workers' compensation payments, and not the many additional indirect costs that arise from workplace injuries. Reductions in productivity, the loss of current and future earnings, and the cost involved in providing social welfare to incapacitated workers, represent a fraction of the many financial implications that workplace injuries can have on Australian businesses, workers and the government (Commonwealth of Australia, 2004). When such indirect costs are included into the equation, the monetary implications of workplace injury increase dramatically. This is evident from a study conducted by the Commonwealth of Australia in 2004, which estimated that, based on data from 2000–01, the total annual economic cost of workplace injury in Australia is in excess of \$34 billion, \$8.5 billion of which is estimated to be the burden of Australian businesses. Therefore, in order to contend with the many direct and indirect financial costs associated with workplace injury, organisations are beginning to invest in injury management (IM), which not only aims to reduce the financial costs associated with workplace injury, but also to facilitate the recovery and return of injured workers to the workplace.

Injury management involves facilitating the recovery and return to work of injured workers (WorkCover, Western Australia, 2005). IM presents a range of benefits to both workers and employers, including providing physical, psychological and vocational support to workers, reduced disruption to workplace functioning, and containing the costs associated with workers' compensation (WorkCover, Western Australia, 2005). However, for such benefits to occur, employers must have an IM system in place within their organisation. Such systems should consist of coordinated procedures that the employer will carry out when a workplace injury occurs, in order to return an injured worker to their pre-injury work capacity as quickly as possible (WorkCover, Western Australia, 2005). Consequently, 'return to work' (RTW) is seen as an important and necessary outcome of IM, and is often used to measure the efficacy of workers' compensation systems both in Australia and overseas. The reason RTW is considered such an important outcome of the IM process is that it is thought to reflect the successful resolution of a worker's injury from the many different perspectives of the key stakeholders involved, including the injured worker, the employer, the healthcare provider, the insurer and the authority responsible for workers' compensation (Campbell Research and Consulting, 2006). However, in Western Australia, the increasing costs and duration of compensation claims, together with the finding that less than five per cent of businesses that were visited by WorkCover in 2006 had implemented an IM system in compliance with the legislation, indicates that despite the importance and economic benefits of IM in returning injured workers to the workplace, the use and implementation of IM systems is still less than optimal (WorkCover, Western Australia 2007).

Consequently, this literature review aims to provide an in-depth analysis of the research concerning best practice in IM and RTW strategies. Specifically, this review will discuss:

- Best practice in the overall implementation of IM systems and RTW strategies.
- Best practice in IM and RTW pertinent to employers.
- Best practice in the provision of health care by providers, so as to facilitate IM and RTW.
- The role of the worker in IM and RTW, and the individual characteristics of workers that influence RTW following injury.
- The overall qualities each stakeholder group favours in IM systems, so that such qualities can be promoted in order to facilitate the RTW process within organisations.

Furthermore, the current literature review aims to expand upon Foreman, Murphy & Swerissen's (2006) review of the barriers and facilitators of RTW. Specifically, the current review will examine similar research topics as included in Foreman, Murphy & Swerissen's (2006) review and as much as possible, provide supportive and/or additional evidence regarding RTW and IM. It must be acknowledged, therefore, that Foreman, Murphy & Swerissen (2006) provided a strong foundation for the current literature review.

2. Best practice: Injury management system design and implementation

IM emphasises the provision of a timely, safe and durable RTW process in order to reduce the organisational and personal costs associated with workplace injuries (Chandra, Bush, Frank & Barrett, 2004). However, not all IM systems are effective. Instead, the efficacy of IM depends on the features of the system and the way in which it is introduced into the workplace (Armsworth-Maw, 2002). A number of system-specific features have consistently been associated with best practice in the design and implementation of IM systems, and these include:

2.1 *Consultation and education*

Consultation with employees, union representatives, insurance providers, healthcare providers and any other stakeholders of the IM system, is critical when implementing an IM system into the workplace (Armsworth-Maw, 2002). Such consultation should involve information being provided to, and feedback being obtained from, all of the parties involved and affected by the system, so that such feedback can be considered and, if appropriate, incorporated into the system design (Armsworth-Maw, 2002). By allowing employees and other stakeholders to have input into the development and implementation of the IM system, they are more likely to be committed to the strategies and procedures involved (Muchinsky, 2006).

Further to consulting with the stakeholders of the IM system, it is also important that education regarding the procedures involved is provided to all parties. Such education will ensure all users of the system are aware of their role, and that employees understand how to access the system if they become injured at work (Armsworth-Maw, 2002). The WorkCover Tasmania Board (2006) recommends that governing authorities responsible for workers' compensation, provide comprehensive education 'packs', in order to ensure all parties are aware of the relevant legislation and best practice regarding IM. Specifically, it is suggested that standard, comprehensible information packs, which include information on workers' compensation, injury management, the claims process, and each party's rights, responsibilities and obligations according to legislation and best practice, are available for employees, employers, healthcare providers and insurers (WorkCover Tasmania Board, 2006). Essentially, the extent to which the system is used by injured workers will depend upon the employees' understanding of the policies and procedures relevant to IM. Therefore it is important that the education that workers receive is clear and comprehensive, and accounts for language, religious, or cultural diversity within the workplace (Armsworth-Maw, 2002).

2.2 *Early notification and intervention*

The most important outcome of any IM system is the successful RTW of an injured employee (Productivity Commission, 2004). The general consensus in the literature is that early intervention is strongly correlated with early RTW. Tehrani & Rainbird (2005) report that after six months of absence there is a 50 per cent chance that an employee will RTW; at 12 months the likelihood falls to 25 per cent; and after two years there is virtually no chance that the individual will RTW. Likewise, Hagan, Erikson & Ursin (2000) found that early intervention involving information/education, diagnosis, and light mobilisation led to a significant reduction in work absence for workers with lower back pain. Specifically, the results showed that 69 per cent of workers who had received early intervention had returned to work at a 12 month follow-up, compared to 56 per cent of those who had not received early intervention (Hagan, Erikson & Ursin, 2000). This research therefore suggests it is essential that an organisation's IM system has clear and well-known procedures in place that prompt workers to notify their employer of an injury as soon as it occurs, so that early intervention can take place (Productivity Commission, 2004).

According to the research, the following practices can help promote early intervention (Productivity Commission, 2004; Armsworth-Maw, 2002):

- *Appropriate medical treatment.* Following a workplace injury, the injured employee's healthcare provider, who is usually their general practitioner (GP), should be contacted by the employer or claim manager for advice and to discuss treatment. In some situations, specialised diagnosis may be required that is beyond the skill of the employee's GP. When this occurs, the employer or claim manager should arrange for alternative, specialised medical diagnosis and treatment.
- *Ongoing communication.* Employers (or their claim manager) should contact an injured employee's treating healthcare provider regularly in order to discuss the employee's RTW restrictions and RTW plan. The employer should willingly provide the healthcare provider with information regarding the job demands and availability of modified work for the injured employee. Moreover, as well as communicating with the treating healthcare provider, employers must communicate with the injured worker on a regular basis, so as to determine their progress and ensure the intervention is proving effective.
- *A RTW plan.* Employers should establish a clearly defined RTW plan for the injured employee as soon as possible following the injury. This plan should outline the procedures that will help to manage the delivery of immediate medical intervention, but also include the RTW strategies that will be offered by the organisation, such as modified work, in order to assist the employee back to work as early as possible.

2.3 *Workplace-based rehabilitation and modified work*

Regular contact between the employer and injured worker has consistently been identified as a major contributor to successful RTW (Productivity Commission, 2004). Specifically, numerous studies have found that IM systems that involve workplace-based rehabilitation are associated with better outcomes (Chandra, Bush, Frank & Barrett, 2004). However, often an injured worker is incapable of performing at least some of the tasks required by their previous job and therefore employers may offer the option of modified work.

Modified work involves the injured employee returning to their previous job, but instead of performing all the tasks they did in the past, certain restrictions are placed on the job by the worker's treating healthcare provider (Chandra, Bush, Frank & Barrett, 2004). Subsequently, as the employee's health status improves, additional duties are added to the gamut of tasks the worker performs, so as to progress the RTW and to ensure maximum productivity for the organisation (Chandra, Bush, Frank & Barrett, 2004).

Modified work provides many benefits to injured workers as it helps maintain self-esteem, provides a social network, prevents the deterioration of skills, and enables the individual to earn an income while undergoing rehabilitation; all of which improve the likelihood that the worker will RTW (Productivity Commission, 2004). Moreover, modified work offers employers substantial financial benefits. For instance, IM systems that enable modified work have been found to halve absenteeism rates that result from workplace disability (Krause, Dasinger & Neuhauser, 1998). Likewise, Hawkins (2000) reports that Queensland employers who integrated workplace-based rehabilitation into their IM systems, reduced their average premium costs by 17 per cent and their average claim duration by five days, which is evidence that modified work can reduce the financial costs associated with workplace injury (as cited in Productivity Commission, 2004).

2.4 *Stakeholder collaboration*

IM inevitably involves the interaction of various stakeholders, including the injured worker, healthcare providers, the employer and the insurer. Research has suggested that a key factor in RTW is stakeholder collaboration; as successful IM requires stakeholders to work together in the best interest of the injured worker (Loisel, Durand, Baril, Gervais & Falardeau, 2005).

However, collaboration among stakeholders is difficult to achieve as there is often little agreement between the parties regarding the nature of the problem, the expected benefits and the intervention/s that should be used. Loisel et al., (2005) conducted a study that examined a rehabilitation team's perceptions of the facilitators and obstacles to collaboration among various stakeholders. The following strategies were found to be useful in overcoming the obstacles involved and therefore enhanced collaboration for the specified stakeholder:

- *Injured worker:* Strategies used to enhance collaboration on behalf of the injured worker included relaxation, pain management, education, and directly seeking his/her input into the process.
- *Employer:* Strategies used to enhance collaboration on behalf of the employer included education, asking for the employer's opinion regarding the work

environment, and informing the employer of their support role in relation to the worker.

- *Insurer:* Strategies used to enhance collaboration on behalf of the insurer included education, sensitising the insurer to the issues involved in intervention, clarifying the insurer's roles and objectives, acting without interfering, asking for the case worker's support for interventions, and presenting him or her with convincing information.
- *Healthcare provider:* Strategies used to enhance collaboration on behalf of the healthcare provider included informing the physician of the rehabilitation process, convincing the physician to take action in facilitating RTW, and recommending that the injured worker find another provider if the current physician was thought to be hindering the RTW process.

In order to enhance collaboration among the stakeholders involved in the RTW process, it is suggested that IM systems take the above strategies into account and adopt policies and procedures that facilitate their use. Furthermore, research shows that successful collaboration involves five key components, all of which are deemed important and should be integrated into IM systems (Gray, 1989). These components are:

- Stakeholders are interdependent.
- Solutions emerge by dealing constructively with differences.
- There is joint ownership of decisions.
- Stakeholders assume collective responsibility for the future direction of the worker.
- Collaboration is a developing process.

In general, the research regarding the key elements of a successful IM system is unequivocal, with consultation and education, early notification and intervention, workplace-based rehabilitation and modified work, and stakeholder collaboration being recognised as the most significant and necessary features of an IM system. However, no matter how well a system is designed and implemented, it must be supported by its users. Therefore the behaviours, attitudes, and beliefs of the key stakeholders of the system, namely the employer, healthcare provider, and injured worker, also play a part in determining its success.

3. Best practice: Employers

Employers play a crucial role in managing workplace injuries and facilitating RTW. Specifically, employers are responsible for ensuring that their organisation conforms to legislative requirements by providing timely and appropriate medical treatment to injured workers and, wherever possible, assisting the worker's healthcare provider in identifying safe and suitable duties for the injured worker to perform in order to facilitate their RTW (Roberts-Yates, 2006). Therefore, it is essential that employers are aware of their organisational practices that both facilitate and impede successful IM and RTW outcomes. Such practices may be related to the organisation's IM policies and procedures, the organisational culture, the social processes that occur within the organisation, the size of the organisation, and the employer's relationship with healthcare providers – all of which are discussed in more detail below.

3.1 *IM policies and procedures*

The policies and procedures an organisation puts in place to support its IM system are crucial to determining the overall effectiveness of the system. Not only do such policies and procedures influence the nature and operation of the RTW strategies used by the employer, they communicate the organisation's overall commitment to IM to its employees (Roberts-Yates, 2006). Therefore, it is necessary that employers implement policies and procedures that clearly portray their commitment to aiding injured workers to RTW.

According to James, Cunningham & Dibben (2006) – who were commissioned by the United Kingdom Health and Safety Executive (HSE) to identify the issues that employers need to address in order to facilitate the RTW of injured workers – the IM policies and procedures that are put in place in organisations influence such factors as the attitudes of supervisors and employees toward IM, the skills and knowledge of such employees regarding IM and RTW, as well as their access to relevant specialist support. Moreover, these researchers outline the policies and procedures that are central to effective IM and RTW. These policies and procedures include:

Monitoring the worker

- The prompt identification of injured workers whose attendance and/or job performance is being negatively affected by their work conditions.

Providing support to the worker

- The provision for workers to have access to medical treatment when required, as well as other forms of support such as re-training and education aimed at assisting the employee to adjust to changes in processes or the work environment.
- The development and implementation of adequate mechanisms aimed at facilitating communication, discussion and coordination among injured employees and the various support personnel within the organisation, such as human resource specialists, safety practitioners, occupational health advisers, trade union representatives, or any other persons who can contribute to and support the worker's progress and RTW.

Educating the worker

- The development of policies which clearly detail both what can and should be done for injured workers; but also who is responsible and accountable for taking care of their requirements within the organisation. It is also essential that these policies are clearly communicated to employees.

Maintaining and developing the IM system

- Systematic actions to ensure that all policies and procedures that are necessary to facilitate RTW are implemented correctly and do, in practice, positively influence IM and RTW.
- The development of mechanisms that monitor the operation and effectiveness of established IM and RTW policies and procedures, with the intention of identifying and addressing any weaknesses that arise.

By implementing the policies and procedures outlined above, James, Cunningham & Dibben (2006) assert that the needs of injured workers are able to be identified in a timely and collaborative fashion, so that they can be addressed in a coordinated and positive way by the employer. Furthermore, having such policies and procedures in place will enhance management commitment to IM and RTW and reduce the resistance of supervisors to invest time in RTW strategies, both of which are well-reported facilitators of effective IM (Tehrani & Rainbird, 2005).

3.2 Organisational culture

Like the policies and procedures in place to support IM, an organisation's culture can influence the effectiveness of IM and RTW strategies. In general, it is recognised that a strong commitment to the health and safety of employees, together with a no-blame response to workplace injury, are without doubt the most important elements of an organisational culture that is supportive of IM and facilitates RTW (Roberts-Yates, 2006).

According to Franche, Baril, Shaw, Nicholas & Loisel (2005) the attitudes of upper management in regard to health, safety and IM influence the resources allocated to RTW strategies, and consequently, the capacity of managers to implement and use RTW policies and procedures. Therefore, any initiatives aiming to change an organisation's culture must have the commitment of senior management. Once they are involved in the process of IM, a flow-on effect will occur throughout the entire organisation (Muchinsky, 2006).

Once management is committed to the process, it can use a number of strategies to promote a culture that supports IM and facilitates RTW. According to Butler (2002), these strategies include:

- Sending a clear message to all employees at all levels that the organisation is committed to RTW and will do whatever it takes to return injured workers to the workplace, in a capacity that is meaningful to both the worker and employer. This communication strategy must be carried out by senior management, and as much as possible, should be delivered in person.
- Involving the human resources (HR) department in communicating the organisation's internal and external RTW options. HR staff should be readily available to injured workers to provide prompt and accurate information about RTW policies which will help convey the message that the organisation views their absence from work as only temporary.
- Showing sincere concern for injured workers rather than blaming them for the injury. Employers should maintain contact with injured workers throughout the period of injury in order to monitor their recovery and express the importance of them returning to work.
- Avoiding disputes regarding workers' compensation. As much as possible, employers should avoid denying a specific medical treatment or physician, arguing payments or litigating minor issues; as such disputes may prevent RTW and will detract from the perception of the organisation's supportive culture.
- Providing proactive resources on site that encourages injured employees to remain at work. An example of such a resource is a binder full of alternative job descriptions within the company, which allows injured employees to actively seek a job they are capable of doing despite their injury. Such resources, together with increased training and support provided to supervisors who are managing injured workers can significantly enhance injured workers' commitment to remaining at work.

Using the aforementioned strategies will help create a culture that supports IM, and consequently cause employees to focus on RTW, rather than on their injury.

3.3 *Social processes*

The social processes that occur within organisations, particularly communication and support, play a pivotal role in determining whether an employee will RTW following injury. According to Roberts-Yates (2006), employers generally agree that positive communication on behalf of managers, supervisors and co-workers provides injured workers with essential social support and helps minimise their sense of detachment from the workplace. Moreover, Loisel, Buchbinder, Hazard, Keller, Scheel, van Tulder & Webster (2005) report that by training supervisors to respond to employees' injuries in a positive manner, such as showing concern and encouraging them to seek appropriate medical treatment, injury claims can be decreased by up to 47 per cent. This finding suggests that supervisory support can have a beneficial effect on IM and RTW. In another study commissioned by the British Occupational Health Research Foundation, the absenteeism rates of Royal Mail workers (n = 815), who had been exposed to a traumatic incident within the past 13 months, were monitored. The results showed that absenteeism had a negative correlation to how much support they felt they received from their employer following the traumatic incident (Anonymous, 2007). Therefore, it appears that the way in which managers, supervisors and co-workers communicate and provide support to injured workers can dramatically influence RTW outcomes.

In order to establish and foster a supportive workplace for injured workers, employers are encouraged to:

- *Prevent discrimination* from occurring against an injured worker. An employer must encourage workers to report all workplace injuries by assuring them that they will not be subjected to discrimination as a result of the injury (WorkCover Tasmania Board, 2006).
- *Discourage suspicion* of the injured worker. It is common for injured workers to feel that their co-workers doubt the legitimacy of their injury and therefore it is important that supervisors exhibit trust and confidence in the injured worker. One way in which this can occur is by the supervisor contacting the injured employee and empathetically explaining that they understand the difficulty caused by the injury and that they are willing to support the employee in returning to work (Chandra, Bush, Frank & Barrett, 2004).
- *Encourage support* from co-workers. Employees demonstrate higher RTW rates when they have support from their co-workers. In fact, having problematic relationships with co-workers has been found to negatively influence RTW outcomes (van der Weide et al., 1999; as cited in Chandra, Bush, Frank & Barrett, 2004). Thus, management should try to foster a sense of solidarity between employees, so as to assist the injured individual in returning to work (Chandra, Bush, Frank & Barrett, 2004).
- *Provide training and education* regarding workers' compensation and IM to managers and supervisors (WorkCover Tasmania Board, 2006). The manner in which supervisors use RTW interventions is closely associated with RTW outcomes; therefore, encouraging supervisors to be engaged in the process of IM is vital. To do this, supervisors must have a vested interest in improving RTW outcomes, which can be achieved by increasing their accountability for injury-related costs, and/or including IM practices in the performance appraisals of supervisors. Furthermore, supervisors must have the skills necessary to provide appropriate modified work based on the recommendations of the employee's healthcare provider (Franche, Baril, Shaw, Nicholas & Loisel, 2005).

By creating a supportive work environment where supervisors strive to return their injured employees to work, organisations can improve their IM strategies as well as their RTW outcomes.

3.4 Size of the employer organisation

The size of an organisation influences the amount of resources that are allocated to IM and RTW (Franche et al., 2005). Specifically, an organisation's size has been found to predict the extent to which RTW strategies are implemented, particularly modified work and reduced hours.

In general, research suggests that as the size of an organisation increases, so does the likelihood that it will have successful RTW outcomes (Loisel et al., 2005). In fact, it has been estimated that 80 per cent of injured workers from small to medium size businesses, who are still absent from work three months following their injury, will not return to the workplace (Productivity Commission, 2004). This finding is attributed to the common assertion that smaller companies simply do not have the human or financial

resources to implement an IM system that is in line with best practice and therefore lack the appropriate RTW strategies that are required (Loisel et al., 2005).

With the current growth in numbers of small businesses, the number of workers excluded from the workforce due to injury is likely to increase. Therefore it is critical that small and medium businesses are provided with assistance in developing and implementing appropriate RTW strategies into their workplaces. Such strategies must consider the conditions and social processes of small businesses as they can differ significantly from those of larger organisations and, consequently, a one-size-fits-all approach is discouraged. Instead, when developing appropriate RTW strategies, the administrative and managerial challenges, close social relationships, lack of understanding of IM and lack of resources (common issues that arise in small businesses in relation to IM), must be taken into account in order for such strategies to be used and promoted (Lee, 2003).

3.5 *Employers' relationships with healthcare providers*

Within the IM and RTW literature, it is commonly understood that the relationship between an injured worker's employer and their healthcare provider is generally less than optimal. Allegedly, the reason for this adverse relationship is due to the common bias healthcare providers show towards injured workers (Roberts-Yates, 2006). Healthcare providers are often accused of accepting an injured worker's story without scrutiny. This can have a negative effect on the RTW process due to perceptions that some employees may be abusing the system. Furthermore, many employers believe that healthcare providers lack an understanding of IM as well as the needs, conditions and duties of organisations (Roberts-Yates, 2006). However, the relationship that exists between employers and healthcare providers has been found to influence RTW outcomes. Specifically, a study commissioned by WorkCover Western Australia and conducted by Morrison, Wood, & Munrowd (1998) found that communication and collaboration between an injured workers' healthcare provider and employer had a significant association with improved RTW rates, as well as reduced compensation costs (as cited in Foreman, Murphy & Swerissen, 2006). Therefore, it appears that employers and healthcare providers need to collaborate more in order to improve RTW outcomes for injured workers.

Roberts-Yates (2006) suggests that in order to enhance the relationship between these two stakeholders, healthcare providers recommend work-based interventions to injured workers as much as possible. Furthermore, treatment plans should be provided to employers which specify the injured worker's outcome goals and functional capacity to RTW. Overall, there is a clear need for a better partnership based on greater mutual understanding, information sharing, and effective communication between employers and healthcare providers.

There is no doubt that workplace injuries are costly to employers. Therefore, it is crucial that organisations are proactive in their efforts to minimise the expenses associated with injury by aiming to return injured employees to the workplace as promptly as possible. After injury prevention strategies, the most obvious starting point to achieve this goal involves implementing an IM system that is supported by policies and procedures designed to enhance the commitment to, and use of, that system. However, even the most innovative and sophisticated system will fail if it does not exist within an organisational culture that supports it. Therefore, organisations must foster a strong commitment to the RTW of employees, by creating an environment that

supports injured workers and encourages managers, supervisors and co-workers to work together to facilitate recovery. However, RTW attempts often fail due to a deficiency in organisational resources or a lack of collaboration between stakeholders. Thus, the RTW strategies implemented within organisations must take into account the characteristics of the organisation while also facilitating collaboration among stakeholders, particularly employers and healthcare providers.

4. Best practice: Healthcare providers

Healthcare providers, including GPs and other medical practitioners who provide treatment for injured workers, play a pivotal role in IM. Not only are healthcare providers required to treat workplace injuries, they are also responsible for determining the cause of injury, the individual's disability level, and their readiness to RTW (Kosny, Franche, Pole, Krause, Côté, & Mustard, 2006). Therefore, healthcare providers play an influential role in determining RTW outcomes. However, many of the factors that facilitate or obstruct RTW are related to psychological, workplace or management issues, rather than the actual physical injury of the worker (Loisel et al., 2005). For that reason, it is suggested that, instead of being completely focused on making a clinical diagnosis, healthcare providers should attempt to identify and rectify the other factors that could be impacting on an individual's RTW (Loisel et al., 2005). Those factors that are related to the practices of healthcare providers include providing positive reassurances to the injured worker and improving communication with employers.

4.1 *Positive communication and reassurance*

The way in which healthcare providers communicate with injured workers can influence RTW outcomes. Specifically, it is asserted that when dealing with injured workers, healthcare providers often focus on the individual's incapacities rather than exploring their potential for the future (Butler, 2002). Considering that rehabilitation has a positive correlation with the expectations an injured worker has of returning to work, it is thought that negativity and apprehension about the worker's future can dramatically hinder their progress, and thus it is important to focus positively on future capabilities (Kosny et al., 2006).

Research supports this notion. It has been found that positive recommendations regarding RTW made by healthcare providers, can lead to a 60 per cent improved RTW rate, even when gender, age, injury and workload is controlled for (Kosny, et al., 2006). Likewise, Kosny et al., (2006) found that workers who had received information about injury prevention from their healthcare provider were more than twice as likely to attempt to RTW. These findings indicate that positive communication between the healthcare provider and the injured worker possibly encourages the worker to feel more prepared to RTW, because it may provide them with strategies to help deal with their job and injury once back at work. Alternatively, workers who feel in control of, knowledgeable, and confident about injury prevention may be more willing to RTW due to an increased sense of self-efficacy. Whatever the reason, there is strong evidence to suggest that the way in which healthcare providers communicate with injured worker in relation to their injury, can significantly and positively influence RTW outcomes.

4.2 *Improved communication with employers*

As with communication between the healthcare provider and the injured worker, the communication that occurs between healthcare provider and employer also influences RTW. This is attributed to the role that the healthcare provider plays in determining whether the workplace is suitable for the injured worker, a decision which should be based on communication with the employer (Kosny et al., 2006). However, the research generally shows that healthcare providers fail to communicate with

employers even though doing so has been found to lead to enhanced RTW outcomes for the worker (Konsy et al., 2006).

Specifically, it has been shown that when healthcare professionals do communicate with employers regarding workplace modifications and RTW strategies, the employer is more likely to implement changes that are aimed at helping the worker RTW than when no such communication occurs (Konsy et al., 2006). Furthermore, it appears that regular communication between the healthcare provider and the employer enhances the likelihood that an injured worker is willing to attempt to RTW (Konsy et al., 2006). This may be due to the worker feeling 'safer' because they believe that their healthcare provider has assessed the workplace and ensured they can cope with the physical demands. On the other hand, this finding may be attributed to the healthcare provider legitimising the worker's injury by communicating with the employer, and therefore the employer being more motivated to make workplace modifications. Whatever the reason, evidence suggests that communication between healthcare providers and employers is associated with enhanced RTW outcomes (Konsy et al, 2006).

Despite this evidence, however, healthcare providers generally report that their interactions occur only with the injured worker and that they are unlikely to communicate directly with the employer (Konsy et al., 2006). Therefore, in order to enhance RTW outcomes, the attitudes of healthcare providers regarding communicating with employers need modifying. One way this may occur is through education (WorkCover, Western Australia, 1997). Specifically, it has been suggested that healthcare providers are educated regarding:

- The importance of communicating with employers.
- The benefits associated with stakeholder collaboration in regard to RTW.
- The role employers play in facilitating the worker's recovery.
- The positive consequences of early RTW on the worker's rehabilitation.
- IM and the workers' compensation system in general.

Healthcare providers play an important role in the RTW process, which extends far beyond mere clinical diagnosis. In general, research suggests that healthcare providers can actively facilitate RTW by participating in more direct communication with employers and providing positive reassurance to their patient. By doing so, the benefits for both the worker as well as their employer can be significant.

5. Best practice: Workers

5.1 *Injury and rehabilitation practices*

The research concerning the practices of injured workers during the IM process, and the extent to which such practices influence RTW, is scarce. In fact, only two worker-related practices that were said to influence the RTW process could be found in the literature. These were the early notification of injury by injured workers and the active participation of injured workers in rehabilitation.

5.1.1 *Early notification of injury by injured workers*

According to the WorkCover Tasmania Board (2004), injured workers should notify their employer of an injury as soon as it occurs so as to ensure intervention can begin as soon as possible. This suggestion is supported by evidence which states that the first 24 to 48 hours following an injury play the biggest role in determining the individual's RTW outcomes (Productivity Commission, 2004).

5.1.2 *Active participation of injured workers in rehabilitation*

Similarly, research has suggested that active participation on behalf of the injured worker in RTW strategies increases the likelihood that the worker will RTW (Productivity Commission, 2004). Active involvement involves not only cooperating in the medical examinations required by the employer and insurer but also discussing RTW strategies and goals with the employer. It is suggested that such active participation helps increase worker's knowledge of and commitment to the IM process and therefore encourages RTW (Productivity Commission, 2004).

5.2 *Individual characteristics of workers that influence RTW*

While there is little research concerning the practices of workers during the IM process and the impact these have on RTW, there are a number of studies that have examined the individual characteristics of injured workers and the role they play in facilitating or preventing RTW. Many of these characteristics are psychological in nature, and include the worker's psychological health and well-being, their job satisfaction, and their demographic characteristics. These are discussed further below.

5.2.1 *Psychological health and well-being and RTW*

Work is an important part of life, which fulfils many of the needs associated with psychological health and well-being. Specifically, work provides people with an income; it is a source of personal identity and status; it defines, structures and gives meaning to life; it promotes social relationships and support; it allows people to use their skills and feel a sense of achievement; and it provides externally generated goals and gives people something to strive for (Warr, 2005). Consequently, work has consistently been reported to be a major determinant of positive subjective experiences and overall psychological health and well-being (Warr, 2005).

Research has found that injured workers, who are subsequently absent from the workplace, often experience a decline in their psychological health and well-being which can adversely affect their RTW (Stone, 2003). Cacciaccaro & Kirsh (2006) carried out a study that involved qualitative research in the form of interviews being conducted with injured workers who had been injured and absent from the workplace for more than six weeks. The results showed that workplace injury led to many negative changes for both the worker and their family. Participants reported feeling inadequate, frustrated and depressed as a result of their injury, and attributed these feelings to the fact that they were no longer able to contribute to their family's well-being or carry out the simple tasks they were used to doing. Similar results have been reported by other research that has looked at the effect of workplace injury and subsequent absence on psychological health and well-being. Injured workers who are absent from the workplace often report experiencing anxiety, mild to severe depression, a loss of personal status, a reduction in self-esteem and a loss of their sense of self as a result of workplace injury; all of which are strongly linked to a decline in psychological health and well-being, and a reduction in inclination and motivation to RTW following injury (Stice & Moore, 2005).

As a result of these findings, it becomes apparent that injured workers would benefit from returning to work as early as possible, rather than taking extended absences. It is thought that early RTW facilitates the maintenance of self-esteem, the development of independence, and the ability to earn an income sooner, all of which help reduce the potential for worker's psychological health and well-being to be negatively affected (Stice & Moore, 2005). Furthermore, these findings make a case for the use of modified work as an intervention during the IM process, as not only does modified work allow the worker to earn an income during recovery, it also provides the worker with the much needed social support from co-workers. In fact, according to Cacciaccaro & Kirsh (2006), social support is a major determinant of well-being as it helps prevent feelings of anxiety and emotional trauma following injury.

Returning injured workers to the workplace before their psychological health and well-being is affected, should be a priority for all employers, healthcare professionals and insurers alike. Doing so will help prevent the worker's RTW from being impeded by the many negative consequences that injury can have on the psychological functioning of injured workers.

5.2.2 *Job satisfaction and RTW*

Job satisfaction refers to the extent to which an individual values their job and has consistently been found to be positively correlated with motivation, job performance, life satisfaction and mental health (Chandra, Bush, Frank & Barrett, 2004). Therefore, job satisfaction is widely considered to be a factor that influences an injured employee's timely RTW.

There are many ways in which an employer can attempt to increase the satisfaction levels of injured workers, which not only have a positive effect on RTW rates, but also reduce both the direct and indirect costs associated with workplace injury. One way satisfaction levels can be enhanced is by *providing employees with more control over their environment*. Research has shown that the more control an individual has over their work, the more likely they are to RTW after an injury (Chandra, Bush, Frank & Barrett, 2004). Increased control for employees can be achieved by simply giving more decision-making freedom to employees, specifically in regard to their RTW (Chandra,

Bush, Frank & Barrett, 2004). In fact, one study showed a 45 per cent increase in RTW rates when employees were simply permitted to take work breaks when they felt they needed them (Infante-Rivard & Lortie, 1996). In general, employers can provide workers with more control by involving them in decision-making processes, allowing them to establish their work hours, and permitting them to determine how their tasks are performed in the workplace (Chandra, Bush, Frank & Barrett, 2004).

Another way in which employers can attempt to enhance their worker's job satisfaction is by *communicating the contribution the employee makes* to the organisation, and showing that they are both needed and appreciated. When employees feel that their work is meaningful, they are more likely to RTW, as they feel the workplace 'needs' them (Chandra, Bush, Frank & Barrett, 2004). Likewise, injured employees who are placed in modified work that is considered to be meaningful, show a better recovery rate than those who are required to perform unimportant, mundane tasks (Chandra, Bush, Frank & Barrett, 2004). Therefore, in order to increase job satisfaction and consequently enhance RTW outcomes, employers should attempt to make the employee feel valued and reinforce this value through direct recognition and reward (Chandra, Bush, Frank & Barrett, 2004).

5.2.3 Demographic characteristics and RTW

Demographic factors such as age, sex and education have consistently been found to impact on RTW outcomes, with some researchers suggesting that such characteristics may play a more important role in IM than medical variables (Blackwell, Leierer, Haupt, & Kampitsis, 2007).

Studies examining the demographic variables associated with RTW have consistently shown that as the age of injured workers increases, the likelihood of them returning to work decreases (Jang, Li, Hwang, & Chang, 1998). Furthermore, sex has also been found to influence RTW outcomes, with women generally being less likely to RTW following a workplace injury (Blackwell, Leierer, Haupt, & Kampitsis, 2002). Finally, education has consistently been found to be positively correlated with RTW outcomes, with higher education being associated with an increased likelihood of RTW (Blackwell, Leierer, Haupt, & Kampitsis, 2002). It therefore appears that men under the age of 50 who have high levels of education, are the most likely to RTW following an injury (Blackwell, Leierer, Haupt, & Kampitsis, 2007).

Overall, the individual characteristics of employees, such as their psychological health and well-being, job satisfaction and demographic characteristics, do play an important part in determining successful RTW and IM. However, there are no clearly defined solutions to the many problems injured workers face during the RTW process. Instead, the people whose role it is to facilitate RTW, such as employers, healthcare providers and insurers, can only increase their awareness of the characteristics that may put an injured worker at a greater risk of failing to RTW, and develop appropriate strategies that account for and attempt to circumvent such risk factors (Blackwell, Leierer, Haupt, & Kampitsis, 2007). By doing so, they will not only help the employee achieve the best outcomes they can, but also reduce the costs of workplace injuries and their impact on individuals, workplaces and society as a whole.

6. What do the various parties want from IM and RTW? Marketing implications

In order to promote RTW and IM it is necessary to identify the key qualities each party or stakeholder is looking for in IM systems and communicate such qualities in a way that targets each group and their specific needs. It is thought that by doing so, the authorities that are responsible for workers' compensation will be better prepared to promote IM and RTW strategies, therefore improving the outcomes of such strategies.

What qualities are workers looking for in IM systems?

In the past, the success of RTW and IM strategies have been assessed in terms of productivity, pay, recovery time, and cost reduction (Young, Wasiak, Roessler, McPherson, Anema, & van Poppel, 2005). However, such outcomes do not represent the qualities workers are looking for in IM systems. Instead, it is thought that workers want a system that promotes:

- Successful work resumption so that financial benefits can be achieved.
- Improvements in health and quality of life following injury.
- The restoration of one's sense of self and work identity.
- The achievement or maintenance of a desired social status.
- The ability to contribute to family and the community.
- The provision of satisfactory care during recovery.
- The minimisation of family impacts and consequences.
- Flexibility in regard to RTW schedules.
- Appropriate workplace accommodations and modified work.
- The timely provision of quality RTW-related medical services.

These qualities have been found to be important to workers (Young et al., 2005). Therefore, IM systems that promote these qualities are likely to gain the commitment of workers, and will advance the use of IM and RTW strategies by this stakeholder group.

What qualities are employers looking for?

For an employer, work injuries create disruptions and increase costs, which affect productivity and the overall functioning of the organisation. Therefore, employers want an IM system that promotes (Young et al., 2005):

- The reduction of the financial costs associated with work absences. Such costs may be the result of changes to productivity, the need to hire temporary workers, or overtime pay provided to the injured worker's replacement.
- The reduction of worker restrictions, specifically the hours and duties an injured worker can perform.
- Commitment to RTW from injured workers, as it is the employer who is faced with the expense of recruiting and training new employees.
- Job satisfaction and a positive corporate image.
- The reduction of insurance costs.
- Compliance with government regulations regarding workplace injury.

Employers are most likely to respond to IM systems that promote qualities that will subsequently increase successful RTW.

What's important to healthcare providers?

Healthcare providers are concerned primarily with the delivery of quality medical treatment and care to injured workers, and therefore favour an IM system that promotes (Young et al., 2005):

- The provision of ethical care and treatment that abides by professional codes.
- The achievement of successful recovery or adaptation by patients.
- The administration of treatments that improve their patient's ability to work.

Given these motivating factors, healthcare providers are most likely to respond to IM systems that promote the provision of quality treatments that lead to improvements in patient well-being.

Each stakeholder group has the potential to gain from the successful RTW of injured workers. However, each group is looking for different qualities in IM systems. Therefore, in order to gain commitment to IM and RTW from each of the stakeholders, their specific interests should be highlighted and promoted. This will provide each group with an understanding of the ways in which IM and RTW meet their specific needs, thereby encouraging them to appreciate the vast benefits associated with successful RTW.

7. Conclusion

Workplace injuries lead to many direct and indirect costs, which impact upon workers, employers and the community. However, such costs can be minimised by organisations having well-developed IM systems and RTW strategies in place that aim to facilitate the recovery and RTW of injured workers. In order for IM systems to be effective, they must be implemented in a way that promotes commitment and use by the key parties or stakeholders of the system. Education and collaboration, early notification of injuries, the early provision of interventions, workplace-based rehabilitation such as modified work, and stakeholder collaboration, are all features that have been found to enhance commitment to IM systems, as well as their success. However, for a system to achieve its objectives, it must be supported by its users. Therefore, the behaviours, attitudes and beliefs of employers, workers and healthcare providers play an important role in determining the success of IM systems and RTW strategies.

Research has outlined a number of practices that should be carried out by those involved in IM in order to facilitate RTW. However, for the key stakeholders to be willing to adopt such practices, it is necessary that the authorities responsible for workers' compensation recognise their specific interests, and attempt to promote such interests when marketing IM and RTW strategies to them. Doing so will enhance their commitment to IM and RTW, and encourage the adoption of 'best practice' so as to facilitate the RTW of injured workers.

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