Australian Government
Comcare

BARRIERS TO RETURN TO WORK

A literature review

CONTENTS

EXECUTIVE SUMMARY

This report is a summary of current literature, predominantly from the past 10 years, on the barriers to return to work. Two broad groups of factors have been discussed in this report:

- *injury characteristics and individual perceptions; and*
- *workplace relationships.*

As an information resource it is aimed at anyone involved in or invested in facilitating return to work. It will assist in understanding some of the challenges in achieving a timely and safe return to work and as such potential 'pit falls' to avoid or influence.

The key findings under *injury characteristics and perceptions* highlighted the need for interventions to be mindful of both the nature of the injury and an individual's self-assessed health status. An individual's perceptions of their injury can influence rate of recovery. Appreciating the importance of influencing psychosocial obstacles will assist in achieving better return to work outcomes.

The findings associated with *workplace relationships* support the need for integrated processes that actively engage supervisors and co-workers in the return to work process. Workplace relationships can facilitate or, if not appropriately considered, hinder the work reintegration for injured and ill employees. As much as we must consider the medical condition and functionality of the employee, we also must consider the environment to which they are returning.

The Australasian Faculty of Occupational and Environmental medicine recognises the international evidence that good work is generally good for health and wellbeing and that long term worklessness can have a negative impact on health and wellbeing. Being alert to potential barriers to return to work will help prevent temporary ill health from turning into long term disability and worklessness. People are more likely to recover from ill health and injury when they are at work.

Comcare has published extensive guidance on better practice workplace rehabilitation. Some key resources and tools that assist in addressing the barriers to return to work have been included. The resource list provides a synopsis of the guidance and link to the material for easy access.

INTRODUCTION

PURPOSE

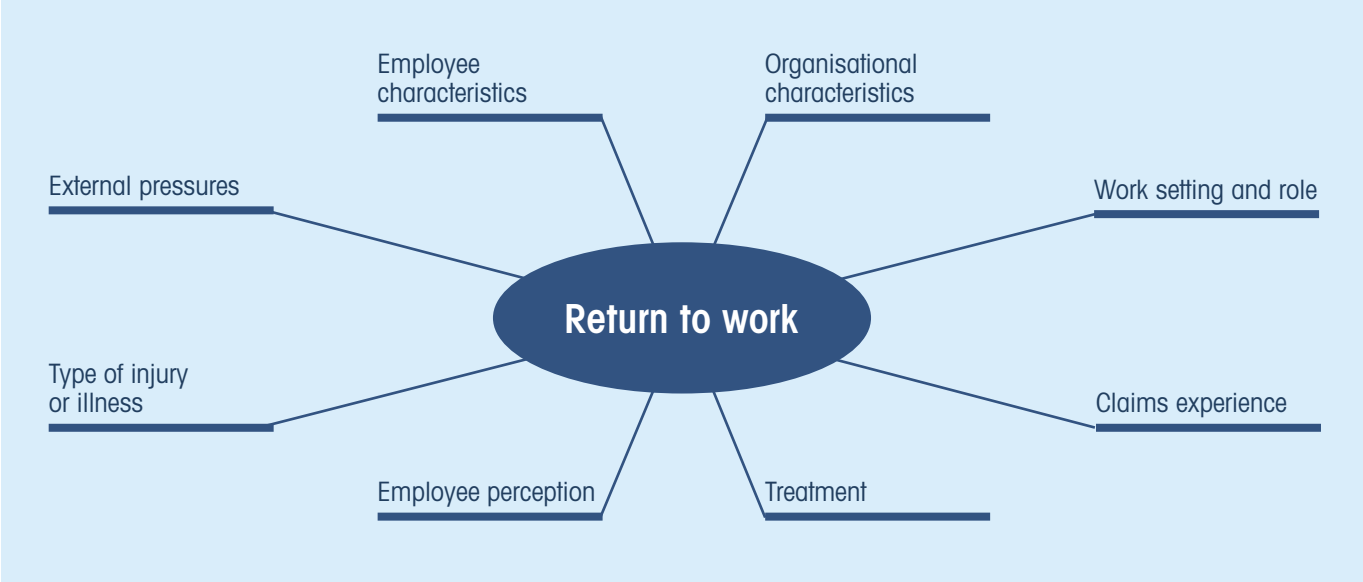
This report is an information resource available to anyone involved or invested in facilitating return to work following an injury and highlights some factors, based on evidence, which employers can influence.

This report provides a strategic summary of the current literature, predominantly from the past 10 years, on the barriers to return to work. It is not intended to be a full systematic review; rather it is intended to be practical in nature and identify some of the key barriers to return to work that may be relevant in a workers' compensation context.

BACKGROUND

In 2006 the Australian Institute of Primary Care at La Trobe University undertook an extensive literature review on the facilitators and barriers to return to work on behalf of the South Australian WorkCover Corporation (now Return to Work South Australia). This review highlighted that, while the literature identified a wide range of determinants of return to work, as an outcome return to work was multi-factorial. This suggests that return to work cannot be effectively predicted solely from the physical or medical dimensions of the injury or illness (Foreman, Murphy & Swerissen, 2006). Figure 1 gives an indication of how complicated return to work can be for some individuals.

Figure 1—Return to work as a multi-factorial outcome



The nature of return to work means that the traditional medical model for health care and rehabilitation is not sufficient, because the relationship between disease, symptoms, disability and incapacity for work is non-linear. An alternative to the traditional medical model, developed by the World Health Organisation (WHO), is a *biopsychosocial model* of health, illness and disability (WHO, 2001). This model highlights the multiple and interacting biological, psychosocial and social determinants of health outcomes. This model has been used by the Heads of Workers' Compensation Authorities (HWCA) and Heads of Compulsory Third Party (HCTP) as the basis for their position on a biopsychosocial approach to injury management (HWCA & HCTP, 2012). Table 1 shows how the *biopsychosocial model* can relate to return to work.

Table 1—Biopsychosocial obstacles to return to work

OBSTACLES TO RETURN TO WORK	
BIOLOGICAL	Health condition and health care Physical and mental capacity, activity level and demands of work
PSYCHOLOGICAL	Personal perceptions, beliefs and behaviour (especially about work) Psychosocial aspects of work
SOCIAL	Organisational and system obstacles Attitudes to health and disability

Source: Waddell & Burton, 2004

Another theoretical concept that lends itself to understanding the complexity of return to work is *systems and complexity thinking*. This concept is built on the premise that most things are connected to most other things and that very few problems can be isolated and treated independently (Thompson, 2015). A limitation of traditional research is that it often adopts a linear PICO framework (patient, intervention, comparison & outcome). Research methodology needs to adapt to the complexity of return to work and develop an understanding of the whole process rather than isolate individual components (Thompson, 2015).

METHODOLOGY

This report adopted a similar search strategy to that employed by Foreman and colleagues (2006). An initial broad search of electronic data bases was undertaken to identify and collate peer-reviewed research that was either an original study or a systematic review published since 2005. The key topic for examination was barriers to effective workplace rehabilitation and best practice in workplace rehabilitation. To be included, the article needed to be available in English. A list of abstracts was then reviewed for possible inclusion in the review.

In evaluating the collated abstracts, consideration was given to relevance to the workers' compensation context and opportunity to influence the return to work outcome. Particular focus was given to research that was Australian and considered workplace variables, as these were previously identified as research gaps (Foreman, et al., 2006). Once the selected articles had been sourced, a few further exclusions were made. These exclusions were based on relevance to workers' compensation context or lack of substantive findings.

The final review included some 43 articles. Not all articles are referenced in this summary, as they covered factors outside of the key areas of focus. A table summary of all the reviewed literature is included in Appendix A.

FACTORS RELATED TO RETURN TO WORK

Identifying the factors related to return to work was a key element to many of the reviewed articles. It is important to note that these factors are wide-ranging (Blank et al., 2008). Return to work as an outcome is multi-factorial (He et al., 2010; Blank et al., 2008; Mills, 2011; Berecki-Gisolf et al., 2012; Young, 2009; Nielson et al., 2012; Lee et al., 2015; Marois & Durand, 2009).

Factors identified across the literature can be classified into two broad groups:

> Injury characteristics and individual perceptions—injury type, severity, pain levels, perceived health status, length of absence.

> Workplace relationships—relationship with supervisor, supportive co-workers, industry/sector, supportive conditions at work.

Although not a focus of this review, there was also evidence in the literature that suggests the demographic characteristics of the employee can impact return to work and underpins many of the other factors at play in return to work. Foreman and colleagues (2006) found four common demographic factors relating to return to work: age, gender, marital status and education. There is research to suggest that older employees (He et al., 2008) and female employees (Berecki-Gisolf et al., 2012) are less likely to achieve a successful return to work, while Blank and colleagues (2008) found relevant studies that linked education and marital status to return to work outcome. While it is acknowledged that these have an impact, these are factors that cannot be altered. Therefore, interventions should give consideration to the characteristics of the employee to be effective.

This report does not provide an exhaustive list of factors related to return to work. Given the multi-factorial nature of return to work, it is difficult to separate out underlying predictive relationships (Mills, 2011). Correlation does not always equal causation and it is important to be mindful of the complexity of the injured employees' experiences and situations in understanding return to work. This means that although a factor and a return to work outcome may appear to be related, it does not guarantee that factor is a predictor of return to work.

Return to Work Survey

23% of employees who participated in Comcare's Return to Work Survey in 2015 were not working at the time of interview.

Some of the problems employees encountered in returning to work were:

> **40%** people at work had a negative attitude towards those on workers' compensation

> **32%** suitable duties were not available

> **27%** supervisor didn't encourage or support

> **27%** didn't feel mentally ready to return to work

INJURY CHARACTERISTICS AND INDIVIDUAL PERCEPTIONS

In adopting the biopsychosocial model for their review, Foreman and colleagues (2006) acknowledged that the severity of the injury was a factor in return to work outcomes. In considering the biopsychosocial model, these factors fit into the "biological" area of the model. It is important to note that, while they can influence return to work outcomes, the biopsychosocial model and systems and complexity thinking highlight that it is important to consider the relationships between factors, rather than focus on one factor in isolation.

Consistent with the traditional medical model for health care and rehabilitation the characteristics of the injury or illness sustained by the employee can be a barrier to rehabilitation and return to work. It is reasonable to predict that employees with less serious injuries are likely to return to work quicker than those who sustain severe injuries or illnesses. However, it can actually be the perception of the injury or illness that can have a more profound effect on the outcome. Figure 2 is a summary of the factors, both injury related and perception related, that can influence return to work outcomes.

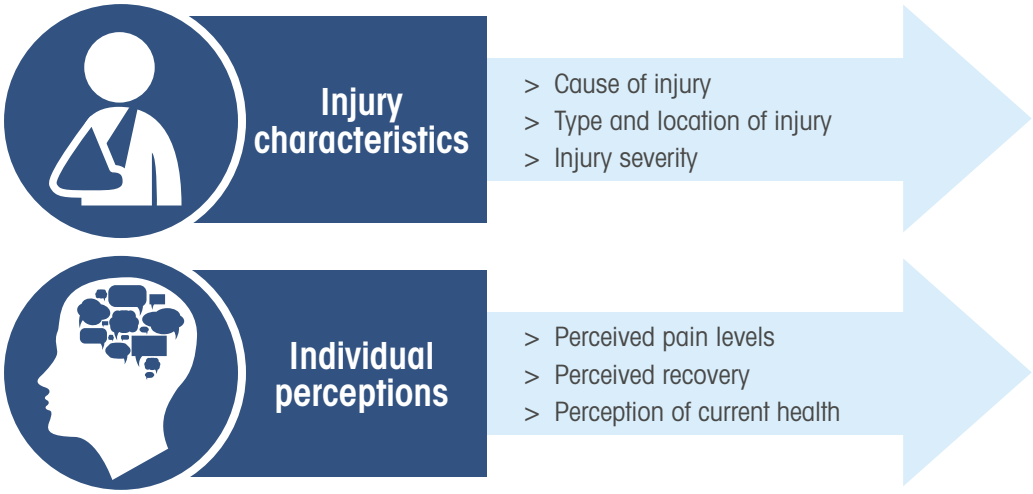


Figure 2—Factors that influence return to work outcomes

Berecki and colleagues (2012) identified several injury types to be risk factors: traumatic joint/ligament or muscle/tendon injury; musculoskeletal and connective tissue diseases; and injuries involving the neck or multiple locations. The study examined claims data so was limited to the specific condition and did not include the perceptions of the employee. It is noted that these injury types are some of the most common injuries to occur in a workers' compensation setting.

Perceptions and self-reported health status (e.g. "How would you rate your current health?") were included in the identified determinants of return to work by He and colleagues (2010). In addition to injury nature, severity and location, self-reported health status and perceived pain were also identified as factors related to return to work outcomes. Typically, employees who rate their health as poor or perceive high levels of pain are less likely to achieve a return to work than those who rate their health as very good or excellent or have low levels of perceived pain. While their study indicated that individual's with less serious injuries were more likely to achieve better return to work outcomes and shorter absence from work, perceptions of pain and self-assessed health-status were also predictors of a successful return to work (He et al., 2010).

Return to Work Survey

Results from Comcare's Return to Work Survey in 2015 show that **40%** of employees with a workplace injury or illness rated their health as fair or poor, while only **8%** perceived their current health was excellent.

While both of these studies included a range of injuries and illnesses, Blank and colleagues (2008) focused on those factors relevant to return to work for those with poor mental health. In a systematic review of literature, Blank and colleagues (2008) identified that the medical condition was a factor in return to work. It was noted that much of the research in this area was tailored to physical injuries and further research was suggested to see how these factors related to mental health conditions.

These findings indicate that, in appreciating the multi-factorial nature of return to work, interventions need to be mindful of the factors as they relate to the injury type, severity and location and the perceived pain levels and self-assessed health status. These are important components of the biopsychosocial model, and should not be discounted.

WORKPLACE RELATIONSHIPS

In 2006, Foreman and colleagues commented that much of the variability in return to work outcomes could be accounted for by workplace factors. In the 10 years since that review, workplace factors continue to be a focal point of much of the research examining return to work and rehabilitation outcomes. Supportive conditions at work (Ahlstrom, Hagberg & Dellve, 2013), employees's relationship with supervisor (Young, 2010; Blackman & Chiveralls, 2011) and co-worker support (Kosny et al., 2013) were key areas mentioned in the literature. Figure 3 gives a brief overview of the key factors discussed in this section.

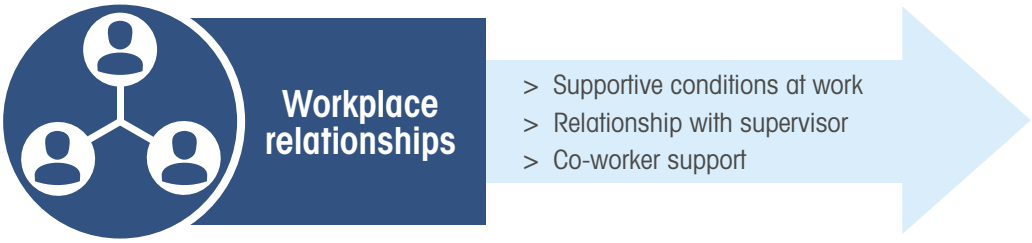


Figure 3—Workplace relationships and return to work

Ahlstrom and colleagues (2013) highlighted that supportive conditions at work were important in increasing work ability and return to work. Supportive conditions included work satisfaction, feeling welcomed back to work, social support and quality of leadership. Furthermore, in examining return to work experiences, Young (2010) found that, in relation to supportive conditions at work, the relationship between the employee and the supervisor was a significant risk factor in return to work, with poor relationships tending to result in negative outcomes.

Supervisors themselves recognised their fundamental role in return to work, finding themselves to be the person with the main responsibility for the rehabilitation of the employee. However, the conflict between meeting their core business functions and offering suitable duties to those returning to work was seen as a unique challenge for supervisors trying to be supportive (Holmgren & Ivanoff, 2007). Similarly, Blackman and Chiveralls (2011) found that supervisors readiness to engage with workplace rehabilitation was driven by four key factors: work supervision factors (including availability of appropriate work, understanding the limitations of the employee and daily contact); compliance (including their legal obligations); their financial role (including position in upper management and budget responsibilities); and organisational communication (including communicating upwards, the availability of others to assist, and reporting difficulties).

Return to Work Survey

Results from the 2015 Comcare Return to Work Survey showed that the majority of employees who participated felt that their supervisor was supportive, specifically:

- > **79%** supervisor generally supportive
- > **79%** supervisor provided information
- > **79%** supervisor found suitable duties
- > **74%** supervisor helped with recovery

With the exception of supervisor being generally supportive, employees who perceived they had their supervisor's support were significantly more likely to have achieved a return to work.

In addition to supervisors' impact on and their experiences with the return to work process, co-workers are another group within the workplace who can both impact and be impacted by return to work (Dunstan & MacEachen, 2012; Dunstan & MacEachen, 2014). Dunstan and MacEachen (2012) highlighted the potential for co-workers to be adversely affected by policies designed to support the colleagues return to work. If the personal cost to co-workers is minimised then they can assist returning employees. In 2014, Dunstan and MacEachen revisited their co-worker research, positing that for optimal return to work outcomes, co-workers need to perceive fairness and this could be achieved through engaging co-workers in planning, monitoring and evaluating work reintegration processes.

beyondblue—what can make it difficult for an employee to return to work?

- > Perceived or actual lack of return to work planning or support from employer.
- > Uncertainty about the type of assistance managers or supervisors will provide.

These findings support the need for integrated processes that actively engage supervisors and co-workers in the return to work process. The relationships formed at work can facilitate the process or, if not appropriately considered can hinder the work reintegration for injured or ill employees. Just as the medical condition and functionality of the employee must be taken into account, so must the environment to which they are returning.

RESOURCES

The purpose of this report was to provide a summary of current literature about some of the barriers that can hinder or prevent an optimal return to work outcome.

This report is not an exhaustive list of factors and it is noted that it is difficult to separate out underlying predictive relationships. However, the information summarised in this report will be useful in considering how to return an employee to work and what individual and workplace barriers may be preventing them from reaching an optimal outcome.

Comcare has published extensive guidance on better practice workplace rehabilitation. Some key resources and tools that assist in addressing the barriers to return to work are:

Title	Synopsis and link
Leadership commitment—Early rehabilitation assistance to workers	Implementing a successful program of early rehabilitation assistance requires sound policy, good communication and effective action. This publication outlines how to achieve those objectives, and the benefits of promoting early return to work assistance. http://www.comcare.gov.au/Forms_and_Publications/publications/services/injury_management/injury_management/lead_commit_early_rehab_assist_to_emp
Working Together: Promoting mental health and wellbeing at work	Provides managers with knowledge and capability to create mentally healthy workplaces, prevent harm, intervene early and support return to work. http://www.comcare.gov.au/promoting/Creating_mentally_healthy_workplaces/mental_health_and_wellbeing
First Steps Back: A guide to suitable employment for rehabilitation case managers	A comprehensive 'how to' guide that covers: systems, capacity, return to work planning, suitable work and sustaining a return to work. It includes examples and case studies and an overview of the 'Flag Model', which is used to establish whether non-medical factors are delaying return to work. http://www.comcare.gov.au/Forms_and_Publications/publications/services/injury_management/injury_management/suit_empl_guid_for_rehab_case_mans
Early intervention to support psychological health and wellbeing	This easy reference guide aims to help managers recognise the warning signs of psychological injury and take action to support at risk employees. http://www.comcare.gov.au/Forms_and_Publications/publications/services/injury_management/injury_management/early_interv_to_supp_psych_health_wellbeing
Working for recovery: Suitable employment for return to work following psychological injury	Provides practical guidance to help managers and case managers optimise work participation and improve outcomes for return to work following psychological injury. http://www.comcare.gov.au/Forms_and_Publications/publications/services/injury_management/injury_management/working_for_recovery
Helping you recover—What I need to know as a supervisor	Provides guidance for employees and supervisors on what they need to do when a claim for workers' compensation is lodged. http://www.comcare.gov.au/Forms_and_Publications/publications/services/claims/claims/helping_you_recover
Investing in Experience: Working for today and tomorrow. Practical action for employers to recruit and retain older workers.	The Investing in Experience guide is designed for senior leaders, human resource managers and front line managers to help them build age management understanding and capability. The guide provides guidance on possible actions to address workforce risks and opportunities, and provides links to checklists, fact sheets and other resources. http://www.comcare.gov.au/Forms_and_Publications/publications/services/safety_and_prevention/safety_and_prevention/investing_in_experience_working_for_today_and_tomorrow
Health Benefits of Work: Infographic	Summarises the key messages of the health benefits of work. http://www.comcare.gov.au/__data/assets/pdf_file/0005/152672/HBOW_Infographic.pdf
Health Benefits of Work: The Evidence	Cites the literature that has established the evidence on the health benefits of work. http://www.comcare.gov.au/__data/assets/pdf_file/0006/152673/HBOW_Evidence_Infographic.pdf
Guidelines for Rehabilitation Authorities 2012 *Safety, Rehabilitation and Compensation Act 1988,* section 41	These guidelines have been prepared and issued by Comcare under the SRC Act to assist rehabilitation authorities to implement effective rehabilitation for their employees. http://www.comcare.gov.au/Forms_and_Publications/publications/services/injury_management/injury_management/rehabilitation_guidelines_for_employers

Other useful links:	
Australasian Consensus Statement on the Health Benefits of Work	The Australian Faculty of Occupational and Environmental Medicine in conjunction with The Royal Australasian College of Physicians have issued this statement of commitment on achieving the health and wellbeing benefits of work and underpinning principles and actions. https://www.racp.edu.au/docs/default-source/default-document-library/role-of-gps-in-realising-the-health-benefits-of-work.pdf
Return to work case studies—Safe Work Australia	Case studies which highlight exemplary organisational systems and practices for early intervention and return to work. http://www.safeworkaustralia.gov.au/sites/swa/workers-compensation/rtw-case-studies/pages/return-to-work-case-studies

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