

Facilitators of and Barriers to Return to Work

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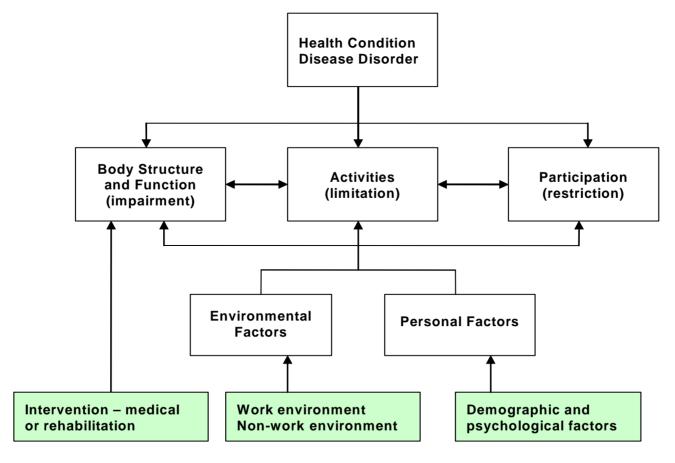
The task

To review the Australian and international research on return to work after injury in order to:

- 1 provide an overview of the facilitators of, and barriers to, return-to-work after injury, and,
- 2 identify implications of this work for future research



A model of relevant constructs (adapted from ICF: WHO, 2001)



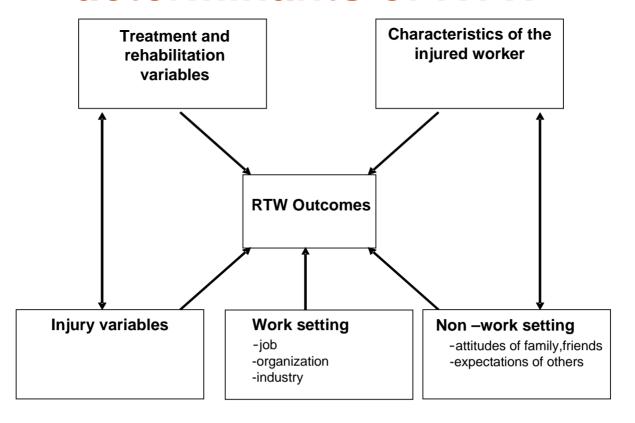


Some points from the diagram

- The model suggests three groups of interventions that need to be available within the service system:
 - those addressing the condition or its sequelae;
 - those addressing environmental factors (both work and non-work environments); and
 - those that focus on malleable person-related factors



Scope of the review: Possible determinants of RTW



System (e.g. regulatory environment) and societal (e.g. labour market)



Biopsychosocial factors influencing return to work post injury

- The box at the bottom of the figure is important to remind us of the uniqueness of the Australian occupational rehabilitation system
- We can borrow much from overseas research but some system features are unique to Australia, and occasionally, to a particular local jurisdiction.



What we did

- Stage1 A comprehensive search strategy was employed to identify relevant research since 1995. Resulted in 892 research articles
- Stage 2 Research that employed objective measure of RTW selected for further analysis
- Stage 3 Only articles that had minimum level of study complexity and design rigour were included in final set



Characteristics of the research literature

- Extensive
- Involves many disciplines and perspectives

But:

- Lacks theoretical base
- Relatively few scientifically rigorous studies
- Rarely addresses the full range of factors



Key findings – Medical and rehabilitation interventions

- Likely to be different risk factors and different interventions required at different stages post-injury. E.g.
 - Acute stage (first month)
 - Sub acute (2 to 3 months
 - Chronic (over 3 months)

If the above is true, then more longitudinal research is required.



Key findings – Medical and rehabilitation interventions (con't)

For musculo-skeletal conditions: research support for the following:

- Continuing usual activities as normally as possible despite pain is associated with better outcomes than traditional medical treatment and rest and this also applies to work activities
- Early return: the longer the worker is off work with a musculoskeletal condition the lower their chances of ever returning to work



Key findings – Medical and rehabilitation interventions (con't) Psychosocial factors such as workers' fears and

- Psychosocial factors such as workers' fears and beliefs about their conditions and the impact of reentry to the work place on their health, and the promotion of self-responsibility and self-care are critical domains that need to be addressed in rehabilitation
- Communication, cooperation and establishing common agreed goals between the injured worker, health providers, supervisors and management are critical elements in effective return to work management



Key findings - Workplace Factors

Much of the variability in return-to-work outcomes is accounted for by what takes place at the workplace. Factors associated with variation in RTW rates include:

- Contact between health care provider and workplace
- Work accommodation offers
- Early contact with the worker by the workplace, ergonomic site visits
- Presence of a return-to-work coordinator
- Support from supervisors and work colleagues



Key findings - Organisational, Industry and System Factors

- Almost no studies of RTW outcomes of study participants from different WC systems
- The so-called Workplace Disability Management approach of Shrey, needs more fine-tuned evaluation so as to identify the effectiveness of various "components" of this package
- Within systems, the impact of variables such as organisational size and industry type needs to be evaluated for impact on RTW.



Key findings - Individual Worker Characteristics

- Demographic (younger age, male gender, more preinjury education and being married are all predictive of better return-to-work outcomes)
- The individual's cognitions and expectations, including initial levels of perceived functional disability, expectations about recovery, expectations about RTW, and confidence in ability to perform work-related activities, have been identified as important predictors of RTW outcome



Key findings - Individual Worker Characteristics (con't)

- Emotions psychological distress, negative attitudes or a diagnosable mental disorder associated with prolonged absence
- "Social support" needs to be assessed independent of the individual; and focused social support for RTW has been consistently associated with improved RTW rates.



Limitations of existing research

- Lack of cross system studies: need for information about comparative system performance, especially in the case of common injuries
- Lack of studies which take into account the local context
- Thus, Australian cross-system studies are increasingly required.



Limitations of existing research

- Inadequate accounting for full range of factors likely to influence RTW outcomes (e.g. factors such organisational climate, supervisor support, or family support for various return-to-work behaviours typically not assessed)
- Need to pay more attention to stage of injury

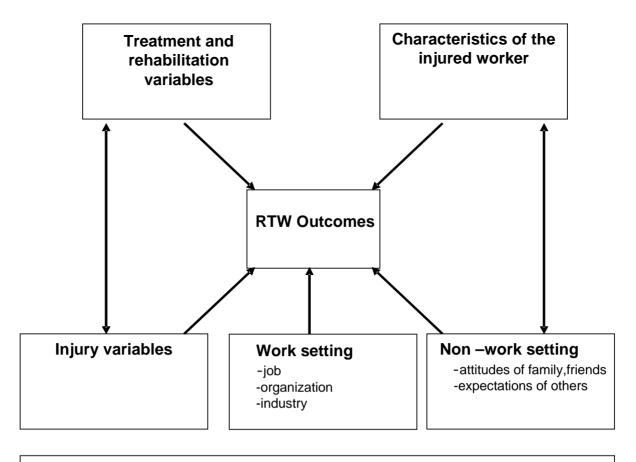


Future research

- What research is likely to be useful in informing system and practice development?
- General recommendations:
 - Studies whose measures go beyond assessments of injury and of individual attributes to include measures of selected, key workplace variables
 - Studies whose design and analysis enables one to assess the unique contribution of key workplace variables to study RTW outcomes.
 - Cross-system studies



Range of determinants of RTW



System (e.g. regulatory environment) and societal (e.g. labour market)



Implications for managers of local research programs

- Research involving clinicians
- Research involving Approved Rehabilitation
 - **Providers**
- Research involving Employers



Research priorities for the workers' compensation sector

- Measures
 - What needs to be better measured?
 - Client variables
 - Intervention characteristics
 - Employer characteristics
 - How could these be reliably measured in practice?
 - By whom?



Research priorities for the workers' compensation sector

- Building enhanced coordination between key parties
 - Treating practitioner
 - Rehabilitation provider
 - Insurer
 - Employer
- How might improved coordination be achieved?
- Which partnerships should be a priority for enhancement?



Research involving clinicians

 Useful to investigate the contribution to enhanced RTW outcomes arising from clinicians' communicating more effectively with workplace representatives.



Research involving clinicians(cont.)

- Occupational Physicians are rarely included in RTW research projects:
 - Useful to investigate the contribution to enhanced RTW outcomes arising from early involvement of this group.
 - Useful to understand the impact on treating GPs of the early involvement of Occupational Physicians.



Research involving clinicians(cont.)

 Research investigating the potential of LMOs to act as identifiers of "at risk" injured workers who would benefit from specialist early intervention (secondary prevention) programs or services.



Research involving Approved Rehabilitation Providers

Qualitative studies, at two levels.

- Across the system (superior vs. inferior organisations)
- Within an organisation (superior vs. inferior performers)



Research involving Employers

- Within a single industry sector, examination of organisational characteristics correlated with superior or inferior WC performance
- Within a single self-insuring organisation, examination of Departmental characteristics correlated with superior or inferior WC performance



Implications for system administrators

- Building research capacity and knowledge base
 - Systematic collection of data across the range of variables that are known to influence RTW