

# Speak to recover:

## The art of messaging in injury care

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# Overview of today's session

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What do I / we mean by messaging?

Why is messaging important? Why is it difficult at times? What constitutes good messaging?

Examples

- Back pain as an example good and problematic messages – and its massive impact
- Supervisor engagement – behavioural health tackles messaging

Digital tools and platforms to support positive messaging – help us help you

Aim is to

- Flag the topic
- Raise awareness of its importance
- Appetite to contribute?

During today's webinar

- Survey 1 and 2 today, + follow up
- Share your challenges / messages in the chat



**Return to Work Matters**  
THE RESOURCE FOR RETURN TO WORK PROFESSIONALS

# What do I mean by the art of messaging

- A personal example
- Good messaging is more than transfer of information:
  - It has the potential to influence understanding, behaviours, relationships, actions, trust and yes, outcomes back pain
  - The potential impact can be big and important
  - The potential impact can be minor but still important, note the ripple effect
  - The words AND the delivery matter

**Sometimes it is easy and  
sometimes it is very hard**

# Why good messaging is important?

- 1. Enhances claimant engagement:** Good messaging fosters a positive rapport between case managers and others. When claimants feel understood and supported, they're more likely to engage actively in their recovery process
- 2. Supports case managers and others in their roles:** Easier conversations and more streamlined case management. Enhances job satisfaction, ease of work and reduces workload
- 3. Builds trust:** Consistent, positive communication builds trust between claimants and case managers and others.
- 4. Improves mental health:** Good messaging can have a positive impact on the claimant's mental health, reducing secondary mental injury
- 5. Encourages Best Practices:** Sharing effective messaging strategies encourages a more standardised and professional approach to claimant communication
- 6. Facilitates professional development:** For case managers and others, a shared body of knowledge on good messaging is a valuable opportunity for professional growth and skill enhancement
- 7. Cultivates a supportive culture:** Promoting good messaging practices contributes to a culture of support and empathy within the workers' compensation field
- 8. Can leads to systemic improvement:** Over time, the widespread adoption of good messaging practices can lead to systemic improvements, making it more claimant-friendly and outcome-oriented.

# Why is it hard?

- Language is complex, with nuances that can significantly alter the meaning or tone of a message
- Not everyone naturally excels at selecting the right words to achieve their desired impact, which can lead to miscommunication, misunderstandings, or even conflict
- Effective communication requires a high degree of emotional intelligence, including the ability to read the person's mood and adjust the message accordingly
- Crafting effective communication can be a nuanced challenge, particularly when aiming to convey complex ideas or sensitive information

# And then there is life

- **Many jobs to get done:** Multitasking / managing high cognitive load impacts ability to craft and deliver clear, coherent messages.
- **Preparation time:** In dynamic environments where situations evolve quickly, there's often little time to formulate responses, leading to off-the-cuff remarks that may not fully reflect your stance or intentions
- **Balancing Clarity with Sensitivity:** Finding the right balance between being clear and direct and being sensitive to the person's feelings or situation can be difficult.
- **Perceptions:** The concern about being misunderstood or taken out of context can lead to overly cautious or vague communication and hinder the effectiveness of the message
- **Emotions:** High-pressure situations can elicit strong emotional responses, which can cloud judgment and lead to less thoughtful communication

# Good messaging

- We all know what we want to say
- The challenge lies in ensuring it's understood as intended
- Effective messaging acts as a bridge between our knowledge and our audience's understanding
- It's not just about transmitting information; it's about transforming it into meaningful insights that engage, inform, and inspire action

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# Messaging in back pain

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# Advice and explanation

- 3-4 hour intervention based on advice and explanation
  - For people off work for 8 weeks with back pain
  - 50% reduction in work disability
  - 5 year follow up – reduced recurrent episodes of lost time
- ✓ Low back pain should be seen as a sign the circulation in the muscle was inadequate
  - ✓ Response should be activity to improve circulation
  - ✓ Stretching and light activity for stabbing pain of muscle spasm
  - ✓ Link between emotions and muscle tension explained
  - ✓ **The worst thing they could do for their back was be careful**

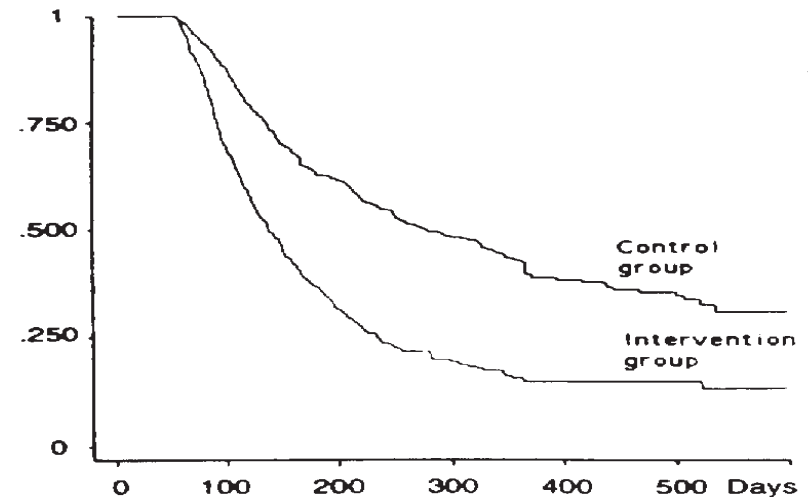


Figure 1. Sickness leave rates in the control group and the intervention group expressed as a survival analysis, where survival is defined as still on sickness leave.

Group	One Recurrence	≥Two Recurrences
	No. (%) of Patients	No. (%) of Patients
Intervention	73 (51)	69 (49)
Control	44 (37)	74 (63)

<https://pubmed.ncbi.nlm.nih.gov/7747232/>

# What is good messaging – Indahl's example

His messaging is more than the transmission of information.

It alters perceptions, beliefs and behaviors related to back pain.

Combining education, empowerment, and active engagement, messages informed patients but also **shifted their approach to managing back pain**, leading to significant reductions in disability.

**Empowerment.** By understanding that the spine is robust and that minor disc changes are normal, patients are less likely to fear engaging in everyday activities.

**Reducing Fear of Pain.** Messaging specifically targets the fear of pain, explaining its origins and encouraging movement as a way to alleviate it.

**Normalizing vs. Medicalising.** The approach normalizes back pain by comparing it to everyday phenomena like aging, thereby reducing the stigma and fear associated with it.

**Challenging Misconceptions.** By directly addressing and dispelling common myths about back pain, such as the dangers of bending or the need for a perfectly straight posture, messages challenge the patient's misconceptions.

**Promoting an Active Recovery.** The emphasis on movement and staying active as key components of recovery encourages patients to engage in light activities, which in turn helps in maintaining muscle strength, flexibility, and circulation.

**Self-Efficacy.** The messages foster a sense of control and self-efficacy in managing one's health.

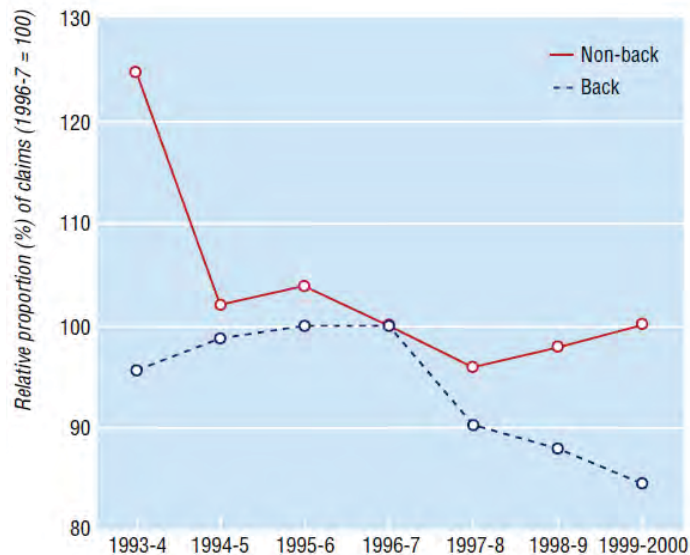
**Breaking the Cycle of Pain and Fear.** Addresses the cyclical relationship between pain, fear, and tension, providing strategies to break this cycle where the person understands how fear contributes to muscle tension and pain.

**Positive Reinforcement.** The messages consistently reinforce the positive outcomes associated with the recommended behaviors, such as improved circulation and quicker recovery.

# Healthcare: Back pain public health campaign

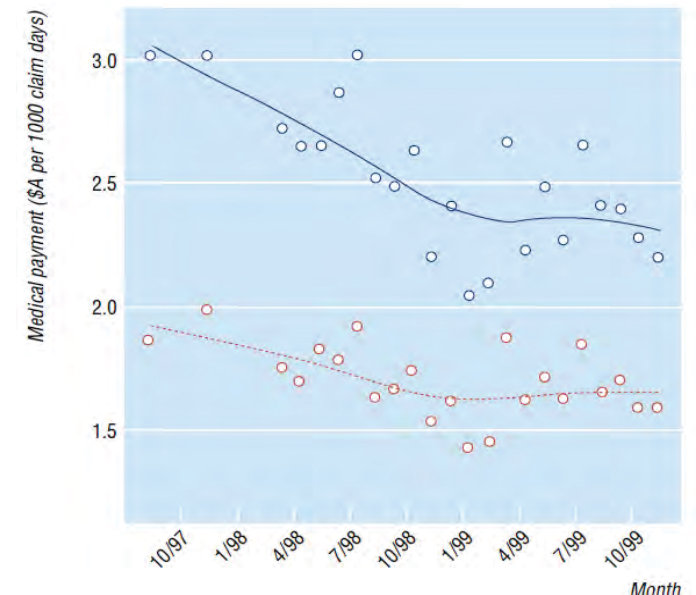
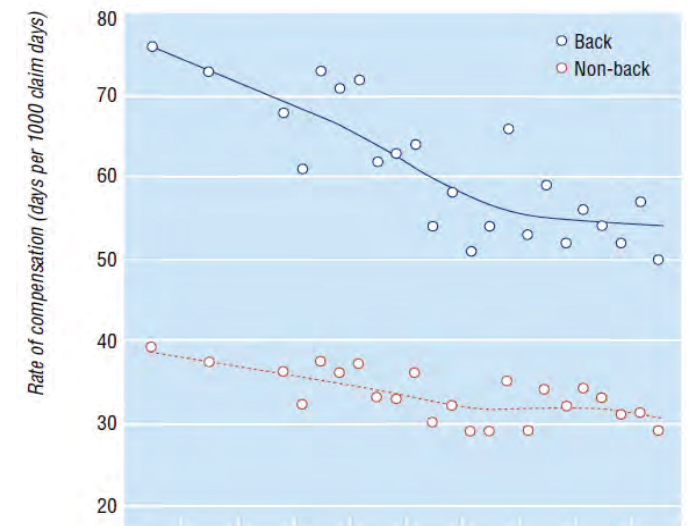
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC33390/>

Change in numbers of claims over time by type of claim, Vic, before and after public health campaign



A 1997 Victorian public health campaign that provided explicit advice about back pain

1. Improved beliefs about back pain in the general population
2. Knowledge and attitudes improved in general practitioners
3. The number of workers' compensation claims for back pain decreased and the rate of days compensated and medical payments for back claims were reduced.



# Counselling against radiology for decades

'Contemporary understanding is that clinicians should consider avoiding low back pain labels such disc bulge, degeneration and arthritis and opt for labels that are associated with positive beliefs'

# What are the messages really given for back pain?

- Have a scan
- See a physiotherapist
- I'm going to refer you to a specialist as you are not improving
- The scans show disc degeneration
- You need treatment to improve, we need to do something to 'fix' you
- More medicine is the way to go

We are messaging to change the messages  
but our message is not getting through

# What messages do people get from scans

> J Pain Res. 2023 Mar 17;16:933-941. doi: 10.2147/JPR.S396844. eCollection 2023.

## Low Back Pain Patients' Perceptions Regarding Their Own Radiology Reports: Pre-Intervention Survey

Gilad J Regev<sup>1 2</sup>, Roi Treister<sup>3</sup>, Silviu Brill<sup>2 4</sup>, Dror Ofir<sup>1 2</sup>, Khalil Salame<sup>1 2</sup>, Zvi Lidar<sup>1 2</sup>, Morsi Khashan<sup>1 2</sup>, Rivka Litvin<sup>5</sup>, Uri Hochberg<sup>2 4</sup>

Affiliations [+ expand](#)

PMID: 36960465 PMCID: PMC10029370 DOI: 10.2147/JPR.S396844

[Free PMC article](#)

### Abstract

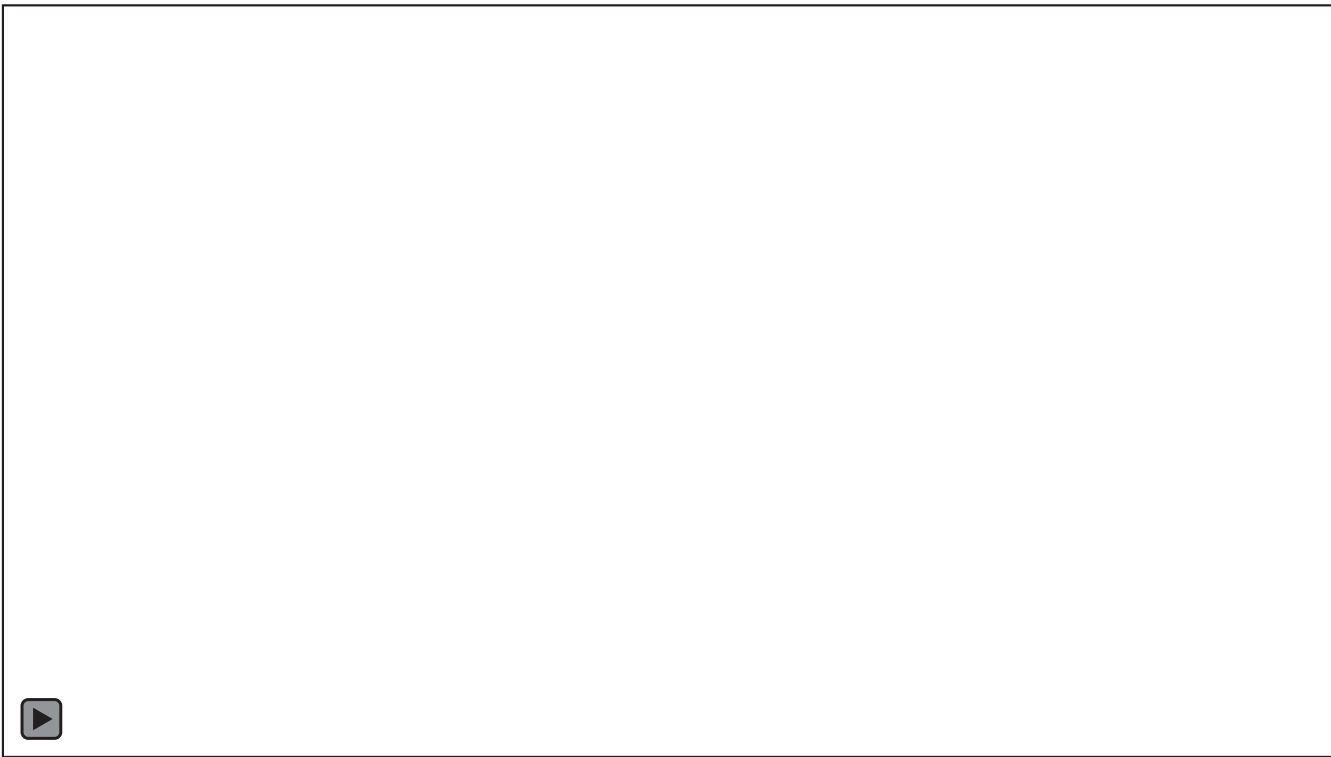
**Purpose:** While advanced medical technology and unlimited access to medical information might benefit and empower patients, these same advantages may pose some risks, especially in the cases where patients have direct access to advanced imaging studies. The aim of this work was to evaluate three domains related to patients with lower back pain: the patients' perceptions, misconceptions and the experience of anxiety-related symptoms following direct access to their thoraco-lumbar spine radiology report. An additional aim was the assessment of possible associations with catastrophization.

**Patients and methods:** Patients who were referred to the spine clinic, following the completion of a CT or MRI of their thoraco-lumbar spine were surveyed. Patient perceptions of the importance of having direct access to their imaging report and of the concern they attribute to the medical terms found in their report were evaluated using a set of questionnaires. The medical terms severity scores were then correlated to a reference clinical score created for the same medical terms by spine surgeons. Lastly, patients' anxiety-related symptoms and Pain Catastrophizing Scale (PCS) after

- 63% patients said that reading their report helped them gain better understanding of their medical condition
- Patient's degree of concerns were significantly higher for six common medical terms and significantly lower in one, when compared to experts' opinions.
- Measured Pain Catastrophizing scale correlated with degree of symptoms
  - Concern about radiology findings
  - Degree of concerns and the number of symptoms reported were significantly associated with the PCS.
- **Conclusion:** Increasing awareness amongst spine clinicians and radiologist about possible risks associated with direct access to radiology reports could contribute to preventing patients' misconceptions and unnecessary anxiety-related symptoms.

<https://pubmed.ncbi.nlm.nih.gov/36960465/>

## Jo's story – the impact of messages on a real person





# BPS approach to exercise





# A common issue, not just for back pain

- Shoulder study, comparing bursitis vs tear / impingement
- Mean perceived need for surgery (0-10 scale) was low and slightly higher among those assigned to the rotator cuff tear label compared to the bursitis label
- Mean perceived need for imaging (0-10) was moderate and slightly higher among those assigned to the rotator cuff tear (4.7 versus 3.7) and subacromial impingement syndrome labels (4.7 versus 3.7) compared to the bursitis label

Randomized Controlled Trial > J Orthop Sports Phys Ther. 2021 Aug;51(8):401-411.  
doi: 10.2519/jospt.2021.10375. Epub 2021 Mar 31.

## Diagnostic Labels for Rotator Cuff Disease Can Increase People's Perceived Need for Shoulder Surgery: An Online Randomized Controlled Trial

Joshua R Zadro, Mary O'Keefe, Giovanni E Ferreira, Romi Haas, Ian A Harris, Rachelle Buchbinder, Christopher G Maher

PMID: 33789444 DOI: 10.2519/jospt.2021.10375

### Abstract

**Objective:** To investigate whether different labels for rotator cuff disease influence people's perceived need for surgery.

**Design:** Randomized controlled experiment.

**Methods:** Participants with and without shoulder pain read a vignette describing a patient with rotator cuff disease and were randomized to 1 of 6 terms describing rotator cuff disease: *subacromial impingement syndrome*, *rotator cuff tear*, *bursitis*, *rotator cuff-related shoulder pain*, *shoulder sprain*, and *episode of shoulder pain*. Perceived need for shoulder surgery was the primary outcome. Secondary outcomes included perceived need for imaging, an injection, a second opinion, and to see a specialist; perceived seriousness of the condition; recovery expectations; and perceived impact on work attendance. Using a Bonferroni correction (significance,  $P < .003$ ), adjusted between-group mean differences and 99.67% confidence intervals (CIs) were obtained using a 1-way analysis of covariance.

**Results:** One thousand three hundred eight (80% of 1626) responses were analyzed. Participants' mean  $\pm$  SD age was  $40.3 \pm 16.0$  years, and 59% were women. Mean perceived need for surgery (0-10 scale) was low and slightly higher among those assigned to the rotator cuff tear label compared to the bursitis label (2.6 versus 2.1; adjusted mean difference, 0.7; 99.67% CI: 0.0, 1.4). Mean perceived need for imaging (0-10) was moderate and slightly higher among those assigned to the rotator cuff tear (4.7 versus 3.7; adjusted mean difference, 1.0; 99.67% CI: 0.2, 1.9) and subacromial impingement syndrome labels (4.7 versus 3.7; adjusted mean difference, 1.0; 99.7% CI: 0.1, 1.9) compared to the bursitis label.

**Conclusion:** There were small differences in the perceived need for surgery and imaging between some labels, which could be important at the population level. *J Orthop Sports Phys Ther* 2021;51(8):401-411. Epub 31 Mar 2021. doi:10.2519/jospt.2021.10375.

<https://pubmed.ncbi.nlm.nih.gov/33789444/>

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# Supervisor engagement

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# Example of good

- SWA and BETA
- Using their skills and knowledge and research to support supervisor messaging
- Very useful tool, practical, well laid out
- Reflects the importance of supervisor messaging



## When the injured employee is improving and is nearing RTW

- Tell them you are looking forward to welcoming them back and they have been missed.
- Begin discussing ways that you can start to adapt the work environment and ideas for suitable roles for the employee on their return (see suitable duties guide).
  - Discuss recommendations from treating practitioner or rehabilitation provider about modified duties where appropriate.
  - Focus on what they can do, not what they can't do.
  - Ask if any specific factors make the employee's condition worse and discuss plans to address them (i.e. addressing work health and safety hazards).
  - Listen and reflect back. Focus on the future, not the past.
- Ask what you can do to make their first day easier and what they need you to do to make them feel supported while they are adjusting to being back at work.
- Ask what they would like you to tell their co-employees about their return.

## Musculoskeletal disorders

- If you haven't already, highlight your willingness to help with a graduated return to work, where the employee returns in partial capacity and builds from there.

## Mental illnesses

- Keep asking open questions that encourage listening and highlight your genuine interest in the employee's mental health.
- Reassure the employee that progress is not necessarily linear and that it is okay if some weeks they are feeling worse not better.
- Mention that lots of people find their first day back challenging. Be sympathetic without being patronising - for instance, meeting with them on the first day or suggesting you go for lunch together if they'd like.

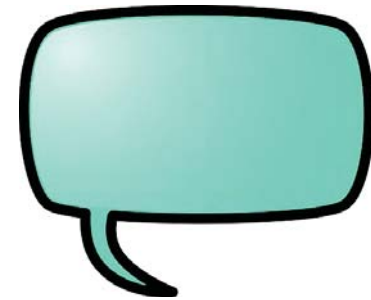
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# Where to from here

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# Key messages for small business

- Workplace injuries aren't always visible, and neither are their causes
- Your leadership is demonstrated in your words and actions
- Planning now can save you pain later
- Nobody should journey through recovery alone
- Recovery is about helping the person, not just treating their injury.
- Fairness and support smooths even the most challenging of recovery journey



But how does a claims manager actually convey these messages

# Why and how

## Survey 2

What we are up to:

- Where can messaging help?
- Let's share our challenges
- And our journey of learning
- And what works

## Thoughts

- Engage with thought leaders
- Showcase great messaging
- Create a platform for sharing
- Seek feedback on what messages 'land' with the intended group

# Q & A

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