



Strategic Summer Reading Package

By the Return to Work Matters team.

Return To Work Matters – www.rtwmatters.org -is a professional networking and resource site serving return to work professionals, facilitating injured or ill employees to recover their health and get back to their jobs.

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Return to Work Matters Strategic Summer Reading Package

Ah, the bliss of summer reading! Long days on the beach curled around a racy paperback, salt water hair wetting the pages, greasy sunscreen finger prints marking the cover...

We hope you all get to enjoy some of that quintessential laid back, sandy splendor but we're also aware—given the passion and enthusiasm of this community— that even while on holiday you might crave a quick dip in the RTW ocean. Or, if you're hoarding this year's annual leave for something special down the track, you might want to take advantage of the Christmas / New Year office lull to immerse yourself in ideas that will help to make your professional life in 2010 courageous, strategic and self-assured: a real [year of the tiger](#)!

Inspired by this *deadly* serious [RTW anthem](#), we've compiled three volumes of RTWMatters Greatest Hits to get you pumped up and pointed in the right direction for the New Year.

Like the eye of the tiger, our Greatest Hits are focused on strategic planning. Strategy often gets lost in the day to day demands of RTW management, but a good battle plan allows you to allocate resources effectively, design processes that help rather than hinder people and foster a sense of collaboration amongst your team. In other words, we believe strategic RTW planning to be invaluable.

This summer, sink your tiger-teeth into the best of RTWMatters, new and old, and put yourself—and strategic RTW—at the head of the pack in 2010.

RTWMatters Greatest Hits Volume 1: Are we a team or a tug-of-war?

In an ideal world, the whole is greater than the sum of its parts; the team is bigger than the players. However, not every team pulls in the same direction. If you're involved in an internal tug-of-war it's not only team members who suffer: RTW success stories can come apart at the seams.

This first volume of the RTWMatters Greatest Hits introduces you to all the key players in RTW and gives you the lowdown on how to foster collaboration, cooperation and a shared vision amongst them.

Is your team engaged and working together? Does everyone recognise the importance of their contribution? Is everyone responsive to your leadership?

The following articles will assist you to identify your own capabilities and that of your RTW team. You might also notice a few shortcomings. If that's the case, NOW is the time to invest in training and team-building. There's no slacking off in the year of the tiger!

Return to Work Handbook extracts:

- Key player roles and responsibilities
- Getting the team onside
- The partnership approach to injury management
- Optimising workplace culture for injury management and RTW

Research:

- Teamwork: What works?
- Use training to get supervisors on the RTW train

Training program:

- [Return to Work Matters training program: Managing return to work for supervisors](#)

Who, What, Where, When? Key Players' Responsibilities and Roles

The partnership approach to injury management requires all members of the team to:

- Understand their own role;
- Understand the system; and

Organisation-wide participation saves money, ensures that resources are utilised appropriately and results in better outcomes for injury prevention and return to work management.

So WHO does WHAT in best practice injury management?

Employees

Employee involvement and participation in return to work is fundamental to successful outcomes. The partnership approach requires that employees:

- **Report injuries as soon as possible.** Early reporting allows early intervention and can help prevent long term problems.
- **Be active participants in return to work and rehabilitation.** Employees should communicate suggestions about return to work duties, attend all arranged appointments and work closely with supervisors to develop a return to work plan.
- **Make the most of treatment.** This includes:
 - Complying with treatment;
 - Supporting communication between the workplace and the treating practitioners; and
 - Attending appointments.
- **Report post-injury workplace difficulties early.** Modifications can be made and problems dealt with when communicated. Failure to advise problems reduces the success of return to work.
- **Keep in touch with the workplace.** This is necessary while off work or when there are changes in circumstances, for example if:
 - There are updated medical restrictions;
 - Surgery is planned; or
 - There is a significant improvement or deterioration in the worker's condition.

Supervisors

The employee has the greatest influence over return to work outcomes, but supervisor input is not far behind. Supervisor responsibilities include:

- **Encouraging early reporting of problems.** Supervisors should be responsive to injury reporting, acknowledging the report and working with employees to identify the next steps.
- **Assisting the injured or ill worker to access appropriate medical care.**
- **Coordinating completion of the incident report.**

- **Identifying appropriate return to work duties**, in conjunction with the employee and, where appropriate, their treating practitioner. Appropriate duties will vary from case to case: it may be the person's normal job, the normal job with modifications, or another job within the site.
- **Collaborating with the employee and, where appropriate, their doctor, to develop a return to work plan.**
- **Ongoing communication with the employee regarding return to work duties.** For example, a daily conversation, weekly sit down meeting and regular meetings with other members of the team, such as the return to work coordinator, or the health and safety manager.
- **Supporting the employee to address concerns about duties, hours of work and shifts.** Where appropriate, the supervisor should facilitate the involvement of other members of the team – for example co-workers and RTW Coordinators.
- **Informing the RTW coordinator about any issues that arise.**
- **Addressing ergonomic or health and safety issues while the employee is on modified duties.**
- **Working with the employee to upgrade duties as the person's condition improves.** This is known as graduated return to work.

Co-workers

An individual who feels supported and confident with work colleagues has a better return to work outcome. Co-worker responsibilities include:

- **Supporting employees on return to work programs**, offering assistance, moral support, and ongoing communication.
- **Supporting each other to report problems early.**
- **Assisting the supervisor by streamlining work flow.**
- **Recognising that employees on return to work programs are often sensitive about their situation.** Comments about a person's work program that may be intended to be humorous, are frequently taken to heart by the employee, causing upsets and jeopardising return to work.
- **Avoiding gossip** about people on return to work programs.

Senior Management

Senior management provide leadership to the rest of the team and set the tone for the rest of the organisation. The importance of this role means the organisation's leaders need to understand the issues, what they can do to make a difference, and how they are able to influence the program.

If senior management are to lead effectively in terms of injury management they must understand the issues, take regular, systematic action and demonstrate a commitment to best practice. Management input should involve regular actions such as reviews of the policy and program, training of staff, and ad hoc actions such as following up on an individual employee.

Senior management are responsible for:

- **Understanding both the costs and benefits** of a work disability management program.
- **Leading by example.** That is, demonstrating care and concern for employees with an injury.

- **Reviewing program reports and program evaluation and supporting ongoing system improvements.**
- **Awareness of high risk cases.** Senior management should support the RTW coordinator in developing interventions to prevent long term disability.
- **Practicing active safety leadership.**
- **Ensuring that the organisation has appropriate injury management and prevention policies and procedures in place.** The policy document should be consistent with the organisation's general approach. It is also management's responsibility to make sure that the policies and procedures are known, understood, and used.
- **Voicing support for a collaborative approach to the resolution of return to work issues.** That is, fostering employer / employee partnership, rather than adopting an adversarial approach.
- **Undergoing relevant training** so that they understand the key issues and know how to work with staff to produce successful outcomes. From the human and financial perspectives management should be aware of their contribution and how they can formally and informally contribute to policy AND individual cases. Senior managers should work with department, line managers and supervisors to ensure effective practices.
- **Understanding the cost ramifications of long term disability.** This is particularly relevant for financial managers.
- **Discussing disability management and return to work at management meetings.** Relevant information includes:
 - The number of individuals off work due to illness and injury;
 - Strategies to facilitate early RTW;
 - Lost day and modified duties statistics;
 - Trends in work disability within the organisation; and
 - Area statistics that identify problem areas, or areas where cooperation may be limited.
- **Carrying out program evaluation at defined intervals (eg annually) and actively reviewing the findings.**
- **Acknowledging the significance of disability management and return to work to corporate strategic planning.** An organisation's strategic plan should take into account implementation issues relevant to work disability management, for example the integration of modified duties into relevant award agreements.
- **Actively seeking the input and opinions of employees and unions about injury prevention, return to work care and system improvement.**

RTW Coordinators

RTW coordinators achieve more through coordination than being the person who "does it all." RTW Coordinators who attempt to "do it all" actually undermine the partnership approach:

- If other staff see injury management issues as the coordinator's exclusive responsibility, they leave the job to the coordinator and valuable input is lost.
- Simple issues that could be dealt with in direct conversations between employee and supervisor are channeled through the coordinator and delays are introduced.
- The accountability of the two key players – the employee and their supervisor – is diminished.

These poorly recognised problems have a major, negative impact on outcomes.

Effective RTW coordinators play a vital role in injury management and prevention by:

- **Coordinating the key players in return to work:**
 - Employees (and union representatives);
 - Supervisors;
 - Area managers;
 - Treating practitioners; and
 - Claims managers.
- **Instituting effective workplace reporting and ensuring that it reaches senior management.**
Relevant reports include:
 - Case and claim cost;
 - Program evaluation;
 - Early reporting feedback; and
 - Lost work statistics.
- **Assisting the employee and supervisor to develop individualised return to work plans.**
- **Ensuring that the employee and the employee's family obtain appropriate medical support.**
- **Assisting family members when requested by providing information and support.**
- **Developing relationships with key internal and external participants:**
 - Internal - senior management, human resources, occupational health and safety, supervisors, unions, and payroll.
 - External - treating practitioners, rehabilitation providers, ergonomists, claims staff, counsellors, and policy makers.
- **Creating and maintaining an atmosphere of trust and support.** This is best achieved by ensuring that individuals' rights are respected and confidentiality is assured.
- **Ensuring that senior management lead the work disability program.**
- **Coordinating staff training in return to work management.** Supervisors, senior management and employees should all receive training in this field.
- **Providing case management services.** RTW Coordinators should assist injured or ill workers with documentation, facilitate prompt resolution of issues and ensure that all relevant information – for example information about wages while off work – is clearly communicated.
- **Developing, maintaining and implementing effective work disability policies and procedures.**
- **Educating staff** about their organisation's policies and procedures in relation to injury management.
- **Setting up a 'bank' of modified duties.** Modified duties are best identified by supervisors and employees, but the RTW Coordinator should collate these into a 'bank' and set up systems to ensure that deposits of information continue.
- **Offering feedback on injuries to health and safety staff.** The RTW Coordinator should provide the relevant staff with information about workplace injuries to assist with injury prevention.
- **Giving feedback to relevant departments.**
- **File management,** including appropriate file documentation, storage and disposal, and ensuring that confidentiality is maintained.

- **Keeping up to date with legislative changes and policy development.**

For information about the competencies required of an RTW Coordinator, and training options, see

Unions

When it comes to injury management, unions and other employee representatives can influence the overall organisational approach, as well as the outcomes of individual cases. The manner in which an organisation handles its relationships with relevant unions and employee representatives can have a huge impact on return to work outcomes.

It is important to remember that employee advocacy is not necessarily adversarial. The partnership approach is again best practice, for several reasons:

- Unions can assist individual employees to return to work, but will only do so when they consider it to be in an employee's best interest. If they do not trust the organisation they are unlikely to be helpful in return to work matters.
- Unions can make a valuable contribution to the development of an organisation's policies and procedures, and encourage employees to comply with the system once it is established.

In an ideal injury management relationship unions will:

- **Provide support and commitment to the return to work program.**
- **Assist employees to report injuries early, and voice any concerns about the return to work program.**
- **Support employee in return to work endeavours, such as identifying appropriate duties.**
- **Foster co-worker support.**
- **Provide feedback to the RTW coordinator** about any aspects of the organisation's work disability program that are not functioning appropriately.
- **Ensure that policy documents are relevant, used and responsive to the site's needs.**
- **Facilitate information transfer.** Some unions produce documents for their members, outlining important return to work issues.
- **Assist in discussions / negotiations around complex cases.** This is important because:
 - Employees may have a greater level of trust in a union representative;
 - The union representative may be more experienced in negotiating and be able to suggest alternatives or different duties;
 - Union representatives are often aware of employee and employer barriers to return to work, and can suggest ways of overcoming those barriers; and
 - When engaged in a partnership approach an employee representative can play a key role. An employee who sees their representative and employer working together to achieve a good outcome for them will gain confidence and motivation.
- **Provide the system with 'checks and balances'.** Line managers not supporting staff will be given clear feedback, along with constructive suggestions about what may assist the situation.

Trust is a prerequisite of the partnership approach. An organisation that works with unions goes a long way to winning the trust of its employees – and this is vital in best practice injury management and prevention.

Another section of the handbook discusses strategies for generating enthusiasm about best practice RTW - [Making the case](#)

Case management for injured workers may be performed by supervisors or line managers, RTW coordinators and HR managers. For more information on case management, see the [Case Management](#) section of this handbook.

This handbook also contains information about: [Workplace culture](#) and [The partnership approach](#)

Getting the Team Onside

Best practice injury management is a team effort. It requires input from management and workers at every stage in the process: from assessment of the current system, through planning and implementation of the new system, to ongoing evaluation and problem solving.

The first step in developing a best practice work disability program is to get commitment from the leaders of the organisation. This may include senior management, leaders from the 'factory floor', and production and HR management.

Other staff are more likely to get involved if senior management have made a clear and obvious commitment to the process.

This section of the handbook offers practical suggestions as to how to get the team onside.

For management, this involves educating them about the business benefits of best practice RTW – and the unnecessary costs associated with poorly managed RTW systems.

For employees, it is primarily about taking advantage of their workplace knowledge, informing them of the health benefits of early return to work after injury, and making them stakeholders in the process.

Committed management: Making the case for best practice RTW

Bearing in mind both the costs of poor injury management and the benefits of understanding these costs, there are four 'cases' that should be put to management when arguing for best practice RTW systems.

1. The business case;
2. The ethical case;
3. The corporate image case; and
4. The legal case.

Of these, the business case packs the most punch.

1. The business case

In order to make the business case effectively, it is important to understand and quantify two things:

1. The costs of work disability; and
2. The benefits of an effective injury management program.

In other words, management need to see a cost / benefit analysis of injury management.

COSTS

The costs of work disability comprise:

- **Direct costs** such as the WorkCover premium, any wages not covered by the premium, and other costs, for example health and safety fines; and
- **Indirect costs** such as staff replacement, supervisor time, and administrative time.

In order to get a proper estimate of the cost of a system, indirect costs must be factored in. **The indirect costs of work disability are estimated to be four times greater than the direct costs.**

BENEFITS

An effective injury management system will:

- Reduce costs;
- Improve staff morale;
- Free-up supervisors to concentrate on productivity; and
- Improve customer service through better staff engagement.

Research shows that best practice injury management systems save money and have better organisational outcomes.

For more information about calculating the costs of poor injury management, see:

[Putting a price on injuries: direct and indirect organisational costs](#)

2. The ethical case

The ethical case for best practice injury management states that organisations have an obligation to support staff with an injury. It ties in with the notion of corporate responsibility: a responsible organisation cares for its workers in times of increased need.

The ethical case also has business implications. For more information about how caring for employees reduces cost see:

[Care minimises cost](#)

3. The corporate image case

Corporate image matters. Failures of the injury management system can have a huge impact on internal and external perceptions of an organisation. Preventing injury whenever possible, and managing injury (including compensation) well when it does occur, will improve an organisation's standing with both employees and the wider community.

- *A 57 year old, well respected and liked sales manager develops "work stress" after the introduction of new sales software. He spends up to three hours each evening trying to enter the newly required information. At about the same time his doctor advises him that he has high blood pressure and high cholesterol, and is at risk of heart problems.*

His doctor marks him off work for a week. No one from his company calls to check how he is because they are not sure how to respond after receiving a 'stress' certificate.

Weeks go by, and the temporary sales manager shrugs his shoulders and continues to tell customers he is not sure what is going on. Sales suffer. Some of the customers have known the sales manager for over ten years and are concerned about his well being. They get a sense he is not being looked after, and their customer loyalty is lost after a few months. Coworkers see the lack of company care, as do neighbours and friends of the sales manager. The company's reputation suffers.

4. The legal case

Employers are subject to a general duty of care for their staff. Under current legislation, employers are expected to offer injured workers return to work. Regulators do assess employer performance, and prosecutions for not offering return to work programs are on the rise

Committed employees: Key principles for engaging workers

Getting senior management on board is a pre-requisite for attaining employee commitment to injury management systems. Once this is achieved, worker involvement is best encouraged by:

- Ensuring that management's commitment to the program is visible;
- Educating workers about the health, social and family benefits of early return to work and good injury management;
- Involving employee representatives (for example trade union and health and safety representatives) at the beginning of the process;
- Asking employees and their representatives to help evaluate problems with the current system;
- Involving employees and their representatives in working out solutions; and
- If improvements to the injury management system will only apply to a limited section of the organisation, giving serious thought as to how best inform other employees.

PARTNER UP! The Partnership Approach to Injury Management...

Best practice injury management is built on cooperation between all parties. The most effective organisational approach is one that fosters a sense of partnership and encourages input from all the key players:

- Employees;
- Supervisors;
- Senior Management;
- RTW Coordinator;
- Unions; and
- Co-workers.

At the heart of the return to work partnership is a commitment from management and staff to look after every individual who experiences a work injury and to continuously improve injury management and prevention systems.

A spirit of cooperation takes time to develop. While a clearly defined policy is important, the attitude of management is the major driver. Getting senior managers on board as partners in injury management is vital because they set the tone for the entire organisation.

This section of the handbook outlines the partnership approach that underpins effective, sustainable return to work management.

A shared approach yields better outcomes...

Disability prevention is an organisation-wide responsibility. Employees and supervisors are the two key groups involved with return to work but they do not exist in a vacuum. RTW coordinators, unions, area or department managers, human resources, co-workers and senior staff can and should provide support and input as appropriate. When employees and management work together, outcomes are improved.

- Employees in need of assistance receive more effective support. A team approach finds better solutions for complex problems.
- There is a more streamlined process for dealing with the occasional person who does not comply with the spirit of return to work.
- Policy documents developed collaboratively – taking advantage of employee and union knowledge – are more likely to be relevant and responsive to the site's needs.
- Policies and procedures developed collaboratively are more likely to be followed by workers.
- The RTW coordinator is freed up to focus on strategic improvements to the injury management system.

A shared approach only works in an environment of mutual trust. Whether trust develops or not depends upon what occurs – ie what is done by each of the key players. The alternative to a shared approach is an approach based on mistrust and suspicion. These two approaches are contrasted in the table below.

Organisation A A shared approach is lacking	Organisation B A shared approach occurs
New claims are met with frustration or suspicion.	There is little claim disputation. Claims are accepted unless there is there is an unusual situation or significant reason to dispute the claim.
There is little goodwill.	
Employees perceive the organisation is out to protect corporate profits or managements' position.	Employees consider they will be listened to if problems are reported. Workplace modifications will be dealt with appropriately.
Employees consider the organisation is out to protect itself, and they need to do the same.	Supervisors and employees work together.
Employees have a low threshold for lodging claims, sensing a need to protect themselves.	Supervisors have learnt their support and input pays off, as return to work progresses rapidly and smoothly when the employee is involved and works with the supervisor.
Supervisors and management consider employees lodge claims easily, and a significant proportion are challenged.	Claim rates are lower.
Supervisors and management consider the most effective way to keep a lid on costs is to challenge dubious cases.	There are few difficulties in dealing with doctors.
Return to work duties are provided, but return to work programs often progress slowly.	The organisation ensures employees get high quality medical care and delays are avoided.
Doctors are difficult to deal with, tending to follow the employee's lead.	Employees believe the organisation will look after them if they have an injury.
Claims management results in higher rates of claim disputes and legal involvement.	Employees with non-compensable health conditions are cared for in a similar way within workplace rehabilitation endeavours.
Employees with non-compensable health conditions are not provided with rehabilitation assistance.	Employee wellbeing is the main focus.
Management is frustrated, claims staff are frustrated, and employees feel they are badly treated. Blame and mistrust underlie the high rate of long term cases.	
Cost minimisation is the main focus, yet remains elusive.	

Care minimises cost

One of the greatest challenges in moving from Example A (mistrust) to Example B (mutual trust) is an organisation's belief that effective injury management relies on "cost minimisation" strategies.

Does this sound familiar?

- “Accepting claims will increase claim numbers.”
- "You can't just accept all cases, if you do there will be an avalanche of claims."
- “We have to be in control of the process.”
- “If we’re not in control, employees will lodge frivolous claims, and take advantage of the compensation system.”

However the research consistently shows that a system based on CARE rather than CONTROL costs organisations less and provides better outcomes for workers.

Organisations that transition to a care-based system can expect:

- A short-term increase in claim numbers, as those who have been fearful of reporting their problem do so, followed by;
- A reduction in claim numbers;
- A significant decrease in lost time;
- Improved cooperation; and
- A reduction in expensive long-term disability claims.

Employees take the lead from their employer. When an employer adopts a constructive approach, employee discretionary effort increases and outcomes improve.

We are out to do the right thing by you

achieves a different result to

We are going to do whatever we need to do to protect our position.

Coordinated RTW: the strategic payoff of partnership

An organisational approach to injury management has two key strategic advantages:

1. Return to work basics – eg. allocating modified duties to an injured worker – are implemented by those with the clearest understanding of job requirements and worker capabilities, i.e. the worker and his or her supervisor.
2. The RTW Coordinator is freed up to focus on injury management and prevention *systems*, including increasing efficiency, cost-effectiveness and safety, and improving return to work outcomes.

Without the support of others in the organisation, the coordinator will work harder and achieve less.

When an entire organization comes on board with injury management, the RTW Coordinator spends less time dealing with the nitty gritty aspects of individual claims and cases.

How supported is a RTW Coordinator?

- Does the RTW Coordinator have their calls returned?
- Do supervisors assist with the provision of modified duties for sick or injured workers?
- Are sick or injured workers given support by all levels of the organisation – from co-workers to senior management?

The table below outlines how the system-wide partnership approach allows organisations to make strategic use of skills and resources.

<p>Organisation A</p> <p>The job is left to the return to work coordinator</p>	<p>Organisation B</p> <p>A system wide approach</p>
<p>The problem is reported to the supervisor. The supervisor tells the employee to let the return to work coordinator know about the problem, as it is their job to deal with the situation.</p> <p>The employee lets the RTW coordinator know about the condition, and then goes to the doctor. Upon receiving a medical certificate the employee gives it to the coordinator. The coordinator calls the supervisor to discuss the restrictions but cannot get through. No word back, so the coordinator calls the next day and talks to the supervisor.</p> <p>The supervisor has a lot on their schedule, and says he will have a look at possible duties. The supervisor asks about duties in other departments.</p> <p>The coordinator has little say over how the supervisor deals with the situation, and decides to follow up on duties in the other department.</p> <p>The delays and frustration demotivate those involved, and the outcome is worse.</p>	<p>The problem is reported to the supervisor. The supervisor asks the employee whether they need medical care now or later. The employee goes to the doctor. The certificate is taken back to the supervisor. The supervisor and employee discuss and agree on duties.</p> <p>The supervisor and employee catch up about the duties each day for the next few days. The supervisor gets to understand the person's condition and how it is progressing.</p> <p>The RTW coordinator spends less time on the case. Instead, the RTW coordinator's time is spent on investigation of the problem and remedial action as this is the second time this condition has developed in this area.</p> <p>The RTW coordinator reports to senior management.</p> <p>Management acknowledges the issues, and communicates to the employee their interest in their wellbeing as well as preventing recurrence of similar problems for other employees.</p>

For an effective program to operate other staff should understand the RTW coordinator's role, which is to COORDINATE rather than COMPLETE the injury management process. The coordinator requires sufficient time and authority to influence, implement, and engage members of the team.

A team approach means that each group in the organisation understands who is responsible for what. The different groups – employees, supervisors, senior management, RTW coordinators, co-workers, unions and medical practitioners – know what is required of each other, as well as what their own responsibilities comprise.

Cultural Revolution: Optimising Workplace Culture for Injury Management and RTW

“The way things are done around here...”

The culture of a workplace is its ambience. It can be described as “the way things are done around here”. Workplace culture influences the behaviour of people within an organisation. It defines what acceptable behaviour is. It shapes what people do in order to fit in, be part of the team, accepted and rewarded within an organisation.

How people are dealt with following a work injury is in large part determined by workplace culture: the culture of the overall organisation and the culture of the return to work team.

Organisational culture has a powerful impact on how people behave...

- *An individual who wants to work 9.00am to 5.00pm for work-life balance has difficulty advancing their career in a high profile accounting firm where most employees are driven to succeed and work long hours. They feel pressured to conform to the work patterns of colleagues.*
- *In the past, working at heights without fall protection was common practice on many building sites. However workplace culture has changed. The community now believes that this is unacceptable behaviour and as a result rates of serious injuries from falls are lower.*

A poor injury management culture will result in poor outcomes. Below, we outline the key elements of best practice workplace culture – and offer practical advice on how to start a cultural revolution in your organisation!

Workplace culture and injury management: “Give and take” models

The culture of return to work management is a subset of overall organisational culture. Roughly speaking, there are three models of return to work culture – the “give and take” model, the “give, give, give” model, and the “take, take, take” model. Best practice injury management relies on give and take.



“Give and take” model

When an organisation gets the “give and take” balance right:

- Employees are provided with help and support.
- If employees are in need, their wellbeing is the organisation’s first priority.
- In return, it is expected that employees will take an active role in injury prevention and rehabilitation, return to work at the earliest appropriate time, and contribute to the process with communication, commitment and integrity.

“Give, give, give” model

When an organisation gives excessively:

- Injured or ill employees become complacent.
- Other staff and co-workers become frustrated.
- Morale is reduced.

“Take, take, take” model

When an organisation takes excessively:

- Employees suffer from burn out.
- Staff turn-over is high.
- Employees follow the organisation’s “take, take, take” example, and try to figure out what they can get in return.

Diagnostic Tools: How healthy is your culture?

Is your organisation an excessive giver, an excessive taker, or have you got the balance right? The table below lays out the warning signs of an unhealthy injury management culture.

Signs of a problem return to work culture:

- Employees avoid reporting problems or report late.
- Graduated return to work programs progress slowly.
 - Claim rates are higher than expected.
 - A significant proportion of staff remain on long-term restricted duties.
 - More than 5% of claims are investigated.
 - The organisation consistently faces resistance or lack of response from treating

Getting it right: The six key elements of best practice RTW culture

Return to work is best undertaken in the context of a partnership approach: senior management set the tone and value the input of the other key players – employees, supervisors, unions, RTW coordinators, and co-workers.

There are six key elements to best practice return to work culture.

"Senior management set the tone for people management."

Educate them about what they can do to improve return to work outcomes.

1. A People-Oriented Culture

Employees' attitudes and responses are in large part determined by the approach of the organisation. Having a people-oriented culture generates goodwill, loyalty and high morale. An organisation that is focused on caring for staff will:

- **Communicate regularly** with employees. For example, if an employee is off work there will be regular communication with that worker.
- **Demonstrate concern** about employees' wellbeing. For example asking, "How are you? What can we do to help?"
- **Offer practical assistance** during times of increased need.

➤ *An employee fractures an arm at work.*

The employee is driven to the doctor, rather than being left to find their own way.

The injury requires surgery and needs a day or two afterwards to recuperate (medically necessary). The organisation allows the employee to stay at home over this period rather than requiring the employee to attend work and complete forms to prevent a lost time injury statistic.

The supervisor visits the employee in hospital having surgery. The organisation asks what can be done to assist with housework for the six week period after surgery.

2. Openness and Transparency

Trust develops when an organisation behaves openly and transparently – and trust is a prerequisite of the best practice partnership approach to injury management. An organisation that values openness and transparency will:

- **Have policies and procedures in place before health / injury problems occur.** Staff should understand and be familiar with the system.
- **Clearly define roles and responsibilities.**
- **Give feedback in an open fashion.** Acceptable and unacceptable employee behaviour should be identified openly and consistently.
- **Seek feedback from employees** who have experienced a work injury.
- **Communicate feedback to senior staff**, who then use it to shape improvements to the injury management system.

➤ *If a claim is questioned make sure the employee understands the process, how the claim will be assessed, relevant criteria, time frames, and what they can do if they are not in agreement with the decision reached.*

3. Reliability and Consistency

Reliability and consistency also breed trust. Reliable, consistent workplace culture comes about when:

- **All levels of the organisation take a similar approach.** Senior managers, human resources, return to work coordinators and supervisors all deal with issues in a similar way.
- **People within the organisation do what they say they will do within the stated timeframes.**

- **The organisation is consistent in the application of policies and procedures.**
- **Compensable and non-compensable cases are dealt with in the same way.** When an organisation deals with compensable cases in one way and non-compensable cases in another, their staff get the message that costs and organisational issues come before employee issues. The organisation sets up a culture in which employees report problems under the system that best covers or protects them. More importantly, the organisation is saying their financial bottom line comes before the employee's needs and wellbeing.

➤ *Bad practice example - A manufacturing company of 600 employees provides return to work programs for work-related, compensable health conditions. However if the condition is a personal, non work-related or non-compensable problem the person is expected to be fully fit before they can return to work. A middle-aged worker who develops a shoulder problem is assisted with return to work if the injury is lodged as a work-related problem, but not if it is dealt with as a personal matter. The incentive to lodge a workers' compensation claim is substantial.*

4. Active Leadership

Workplace culture is heavily influenced by senior staff. Senior managers who espouse positive practices but tolerate unsatisfactory practices are not providing active leadership. Active leadership promotes good practices, through policies and behaviour. Active leaders:

- **Monitor the return to work program.**
- **Review work disability reports regularly,** and require return to work managers to regularly demonstrate key outcomes.

A manager's caring call to an employee with an injury creates significant goodwill. 'Return on investment' is huge.

➤ *Senior managers should review figures including:*

- *The proportion of cases reported within the organisation's stated time frame;*
- *The proportion of return to work meetings attended by supervisors;*
- *The proportion of cases where the person has been contacted within the first 48 hour;*
- *The number of days lost through injury / illness; and*
- *The number of modified duties days.*
- **Get in touch with injured employees and ask after their wellbeing.** This demonstrates to middle managers that senior managers are committed to employee wellbeing and promotes a responsible approach.

5. Actively Dealing with Problem Situations

In even the best systems not all employees will seek to return to work, or honour the spirit of the system. Management of problem cases tells others what is acceptable and protects the morale of the organisation. In best practice injury management:

- Employees who do not work within the spirit of the system are identified by management and approached.
- A spirit of cooperation between injured employees and their colleagues is fostered.
- Tact and balance are used in resolving problems with employees.
- Consideration is given to maintaining the credibility of the system and staff morale.

6. Job Issues

- **An awareness that job issues influence morale**, the desire of employees to be at work, and attitudes to return to work.
- **A sensitivity to job satisfaction**. The impact of perceived time pressures and high demand / low control jobs on employee morale is understood. Task variety and a sense of control are encouraged.
- **The adoption of helpful management styles**.
- **The development and encouragement of social support**.

Culture fix: Transforming an unhealthy culture

Workplace culture is not something that can be dictated; it develops over time. However cultural change is achievable!

A sustainable injury management culture fix entails two steps:

1. Changing the overall workplace culture; and
2. Changing the injury management culture.

Sustainable culture change will not occur unless it happens on both levels – within injury management, and within the entire organisation.

The Golden Rules of Cultural Transformation

Changing the injury management culture without changing the overall organisational culture is unsustainable.

- **However return to work culture can be used as a ‘test case’ to demonstrate the advantages of cultural change to senior management.**
- **Adopting a partnership approach to RTW management results in clear, measurable and demonstrable cost savings.**
- **Best practice injury management also improves return to work outcomes.**
- **Senior management who have seen the concrete benefits of cultural transformation in one area of the organisation are more likely to support it overall.**
- **Don’t go it alone: where appropriate, get external support to assist in the transition.**

Adopting a “give and take” partnership approach to return to work management will probably involve changes to your organisation’s policies and procedures: it will also result in clear and measurable costs savings.

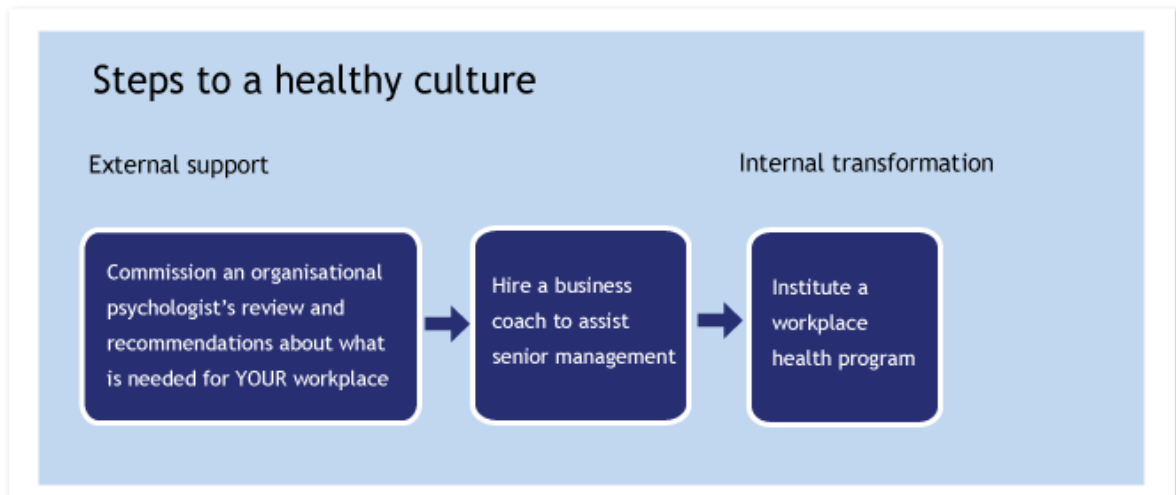
There are few situations where changes in one management context can affect overall workplace culture and be so easily linked to costs and cost savings. Demonstrating improvement in return to work outcomes by improving the return to work culture demonstrates what can be achieved to senior management.

It is unusual to see a well-managed organization with a positive culture doing a poor job of return to work management. Similarly, an organization that is tough on employees – that takes without giving – will not have a return to work program based on sound people-orientated culture.

If this all seems daunting, don’t imagine that you have to go it alone. Getting the culture right can be a significant challenge and external support is often the best way to promote healthy change.

Outsourcing change

External resources can assist with part or all of the RTW program's implementation.



If external resources are used a clear, written understanding of what the external provider will do and what will remain the responsibility of the organisation is important.

While it can be difficult to get the culture right, getting it wrong is very costly. Poor return to work outcomes are a clear example of high costs that can result from a negative approach and culture. Shifting the approach and demonstrating the resultant cost savings from improved RTW management can provide the impetus for more generalised change.

Teamwork: what works?

By: Dr Mary Wyatt

Teamwork is an art and a science. Learn to nurture it with style!

Take home messages

Rehabilitation and return to work progress more smoothly when stakeholders collaborate. Relevant collaboration may involve a group of professionals who work together regularly, who interact on only one occasion, or who are in contact for the duration of only one case.

Whilst policy makers are encouraging collaboration and teamwork, to date there has not been a focus on how effective teams are developed. There is also a tension between policy demands for healthcare professionals to become more collaborative, and the time it takes to develop such a team work approach. Systems, such as time allocation and funding, are needed to support the development of a team approach.

On the ground, teamwork is enhanced by:

- A positive focus on nurturing and developing the team;
- Making decisions via consensus;
- Expressing interest in and respecting for other's professional input;
- Embracing shared responsibilities;
- A learning culture; and
- Actively seeking knowledge from others in the team.

Why the research matters

In healthcare in general there is a push towards creating a comprehensive network of services. Increasingly, teamwork, collaboration and inter-professional care are recognised as important aspects of **rehabilitation** and return to work.

Given the importance of teamwork, we need to know what practices encourage and improve it across disciplines, however to date this has not been a focus of research. This study evaluates various approaches.

What the research involved

Team members at an outpatient work **rehabilitation** clinic employing health professionals were interviewed over a series of sessions and the information was collated by the researchers. The researchers also attended team meetings to observe interactions.

Summary of research findings

The authors noted there were three elements essential for good teamwork:

1. Nurturing consensus. This requires team members to be consciously engaged in efforts to seek and value the input of others in the team, focused on reaching an agreement through collaboration and discussion, and willing to compromise.
2. Nurturing professional synergy. Working as a team member can be a humbling experience that requires a high level of self awareness and openness to feedback. Successful teamwork involves the ability to respond as a member of the team, rather than a person who knows all the answers. It involves simple accommodations, such as answering the telephone for one another, to more complex issues such as reframing opinions based on input from other team members. Flexibility contributes to successful teamwork and respecting other's professional input is also important.
3. Nurturing a learning culture. In order to operate authentically and equitably, teams need to foster a learning culture. Professionals should be open to learning from co-workers, managers and clients.

Learning culture is best achieved through fostering an environment in which:

- People are interested in learning; and
- The regular exchange of information makes learning possible.

Involving clients as a part of the team, and ensuring that clients have ownership of goals is also useful. Encouraging clients to take responsibility and ownership of their own situation is an important aspect of management.

The study authors believe that their findings have implications for both health professionals and policy makers. There is an assumption that health professionals intuitively know how to work as a team, however, the findings from the study indicates that team functioning can be improved by focus on the issues that support teamwork.

There is a tension between policy demands for healthcare professionals to become more collaborative, and the time it takes to develop such a team work approach. Systems, such as time allocation and funding, are needed to support the development of team approach.

Use training to get supervisors on the RTW train

By: Hilary Hoare

Training clarifies and gives confidence.

Take Home Messages:

Training is a tool to clarify the role of supervisors in return to work, so that they gain confidence in dealing with strains, pains and other injuries.

When employees think their supervisor is supportive, they feel valued by their employer. The supervisor also plays a key role in encouraging coworker support for injured workers. Strong supervisor and coworker support affects a worker's decision to return to work and can reduce disability.

It is important that supervisor training is accompanied by management support. Supervisors need to feel that managing injured workers is part of their job description and that management will be flexible about productivity if return to work activities demand part of their work time, so that they will become more involved in the return to work process.

Why the research matters:

Training provides a way to increase supervisor involvement in the return to work process. Although supervisors are the employer's direct line to the worker, they are often minimally involved in workplace **disability** management. The importance of supervisors in preventing **disability** can't be overstated, and they should be as involved as possible in **disability** management.

What the research involved:

A study published in the *AAOHN Journal* (see reference 1, below) assessed two employers to determine the areas in which supervisors needed training, developed and delivered training sessions and surveyed the supervisor's attitudes about return to work before and after the training.

Summary of research findings:

What is the supervisor's role in return to work?

Several studies have investigated employees' perspectives on the role of supervisors in return to work (see references 2 and 3, below). Employees feel that supervisors should assist them by providing modified duties or job rotation to accommodate restrictions imposed by the injury. They also expect supervisors to be supportive and show concern for their welfare, and appreciate responsiveness, empathy and respect. Employees often believe their supervisor's attitude toward them reflects that of management. When employees think their supervisor is supportive, they feel valued by their employer. The supervisor also plays a key role in encouraging coworker support for injured workers. Strong supervisor and coworker support affects a worker's decision to return to work and can reduce disability.

How can this role be improved by training?

Training is a tool to clarify the role of supervisors in return to work, so that they gain confidence in dealing with strains, pains and other injuries. Musculoskeletal pain, which accounts for one third of work-related injuries, can be difficult to understand, as there is often no testable medical cause, the course of recovery can vary and symptoms can flare up unexpectedly. Many injured workers report indifference or hostility from supervisors when they report **musculoskeletal** pain. Supervisors are under pressure to meet productivity targets and may view workers returning from an injury or illness in a negative way because they are not as productive, and need special attention and support. Supervisors may also feel that their role includes determining whether the

injury claims are truthful, which will affect their responses.

A study published in the *AAOHN Journal* (see reference 1, below) assessed two employers to determine the areas in which supervisors needed training, developed and delivered training sessions and surveyed the supervisor's attitudes about return to work before and after the training. The aim was to improve supervisors' empathy for **musculoskeletal** disorders, communication with workers about pain, understanding of **ergonomic** principles for workplace accommodation of injuries, and collaborative problem solving. This method of supervisor assessment and training could be applied to any workplace. Interviews with employees and supervisors about the supervisor's role in return to work revealed discrepancies between the two groups' expectations. A program was then developed to increase supervisors' focus on communication and problem solving when managing return to work. The training was interactive, encouraging discussion between supervisors. Case simulations were used to allow supervisors to practice applying the techniques they had used.

The program was brief (two 2-hour sessions), easy to administer and well-received by supervisors. The training improved supervisors' attitudes to return to work, particularly communication and accommodation of injured workers (areas highly valued by employees).

It is important that supervisor training is accompanied by management support. Supervisors need to feel that managing injured workers is part of their job description and that management will be flexible about productivity if return to work activities demand part of their work time, so that they will become more involved in the return to work process.

Original research:

Training to optimize the response of supervisors to work injuries-needs assessment, design, and evaluation.

W.S. Shaw, M.M. Robertson, G. Pransky and R.K. McLellan (2006).

AAOHN Journal; 54(5):226.

[Link to PubMed abstract](#)

[W.S. Shaw, M.M. Robertson, G. Pransky and R.K. McLellan \(2003\). **Employee perspectives on the role of supervisors to prevent workplace disability after injuries.** *Journal of Occupational Rehabilitation*; 13\(3\):129.](#)

[C. Nordqvist, C. Holmgvist and K. Alexanderson \(2003\). **Views of laypersons on the role employers play in return to work when sick-listed.** *Journal of Occupational Rehabilitation*; 13\(1\):11.](#)

Training program:

[Return to Work Matters training program: Managing return to work for supervisors](#)

RTWMatters Greatest Hits Volume 2: Injury Reporting Systems

Apart from long days lazing on the beach with pulp fiction in hand, the summer holidays are also the perfect time of year to get your house in order—and the RTW mansion is no exception.

This week, we're encouraging you to take stock of the ground floor apartments. Does your injury reporting process have a few cobwebs in the corners? Then chuck Volume 2 of the RTWMatters Greatest Hits on your iPod and, dust-buster in hand, indulge a spot of summertime cleaning.

It might seem like a hard slog at the time, but six months into 2010 you'll be patting yourself on the back for all the hassles you've averted.

Handbook extracts:

- Injury reporting systems

Including

- Eight reporting system 'must-haves'
- Short guide to best practice injury reporting

Research:

- Under-reporting injury in the workplace

Tools:

- [Incident Report](#)

Injury Reporting Systems

Improvements to injury reporting systems are one of the most cost effective ways to improve return to work outcomes.

Employer response on the day of injury has a huge impact on how quickly an employee returns to work, and influences whether employees and employers will be partners or adversaries in managing the case. Reporting systems are the lynchpin of day one management.

Getting the reporting structure right prevents:

- **Problems being reported late;**
- **Employees being disenfranchised by negative reactions to injury reporting;**
- **Delays in medical care;**
- **Cases being lost in the system and not followed up;**
- **Loss of control of case management; and**
- **Unnecessary costs.**

3 Pillars of injury reporting systems

1. A personable approach
2. Coordination of care; and
3. Ease of use

Injury reporting systems need to be both **effective** and **efficient**.

This section of the handbook outlines what to consider when deciding upon and implementing an injury reporting system.

The day-one advantage

Employers who recognize the day one window of opportunity to initiate and influence case management through workplace efforts are able to help their employees, reduce their long-term workload and achieve better outcomes.

Important day one actions include:

1. Reporting the injury;
2. Access to medical treatment; and
3. Commencement of a systematic return to work process.

Organisations should aim to have 95% of cases reported within 24 hours.

See the section on [Case management](#) for more detail about how to make best use of the first 24 hours following an incident.

Eight reporting system 'must-haves'

For best practice return to work, an injury reporting system must:

Features of an effective reporting system:

1. Be easy to use
2. Be personable
3. Avoid delays
4. Elicit the right information
5. Share relevant information
6. Foster employee satisfaction
7. Trigger early rehabilitation
8. Collect information about cost centre allocation

1. Be easy to use

A system that is easy to use, known and available, and simple to follow is more likely to be used in a timely fashion.

2. Be personable

Getting the system and paperwork right may be important. However, the quality of the interaction sets the scene for further case management. An approach that fosters early care and quality interaction with the employee delivers the best results. Organisations that spend considerable time and energy dealing with long-term claims can make major improvement to their results by developing systems that start the claim process with a partnership approach.

3. Avoid delays

Late reporting increases the time a person remains off work and increases claim costs. A sensible benchmark is for 95% of cases to be reported within 24 hours.

4. Elicit the right information

Misunderstandings cause significant problems and are a major contributor to poor long term outcomes. Obtaining a clear early picture of what has occurred, the influencing factors, and input from relevant staff prevents misunderstandings and unnecessary claim actions and disputes.

5. Share relevant information

Early sharing of case information starts the process of involving key stakeholders. Supervisors, treating practitioners, health and safety staff, human resources, claims managers and department or senior managers should all be briefed on cases as part of the reporting system.

6. Foster employee satisfaction

Employee satisfaction has a major influence on outcomes. An employee who feels they are an integral part of the process, has a say in the system, and understands the process is more likely to return to work. Reporting systems that promote communication and care reduce unnecessary work disability.

Uncertainty about procedures, frustration, a negative offhand comment by a supervisor during the reporting process, and verbal injury reports being ignored are major contributors to drawn out, adversarial claims.

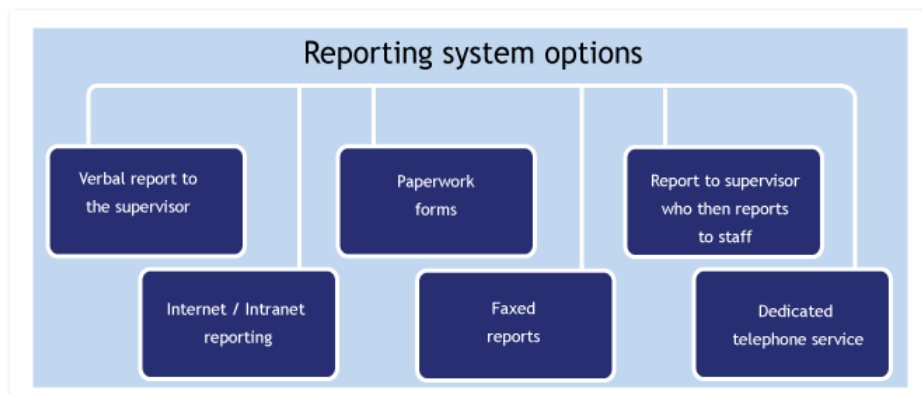
7. Trigger early rehabilitation

Injury reporting may be followed by first aid, medical treatment, or time off work. The earlier care is provided the earlier systems can be activated. Reporting systems should trigger early management of treatment and return to work management.

8. Collect information about cost centre allocation

Allocating costs to specific departments or other relevant cost centres allows the organisation to track problems and trends. Ideally costs should be tracked to the supervisor level. This is because the supervisor or line manager plays a very important role in determining whether return to work outcomes are positive or negative. The injury report should include cost centre information, comprising both employer costs and costs paid by the insurer or WorkCover agent.

System options: pros and cons



Weighing up the options

There are several reporting system options used in practice. Each has advantages and disadvantages in terms of efficiency and ability to positively influence outcomes. The main options are:

Verbal report to the supervisor

This is the most common form of injury reporting in use. The verbal report to supervisor meets with variable responses. The supervisor may:

- Take the issue seriously and instigate appropriate actions in terms of medical care, reporting paperwork, and return to work;
- Be busy with production needs and say they will deal with it later; or
- Deal with the report according to proper process, but allow frustration to colour the quality of the communication.

Pros: This approach directly involves the two key players in RTW management – the employee and their immediate supervisor.

Cons: How well this system works is dependent on the supervisor's level of training and experience.

Internet/Intranet reporting

- Pros:** Electronic reporting is efficient in terms of rapid dissemination of information.
- Cons:** Ease of access is a problem for those not working with the internet on a regular basis. Information may not be read or acted upon for some period, depending on the organisation's systems.

The employee may report the problem but not know who will deal with it or how it will be deal with. This disenfranchises the employee.

Paperwork forms

- Pros:** Completing paperwork is an inexpensive method of injury reporting.
- Cons:** Forms may be incomplete.
The quality of information provided may be limited.
The system is inefficient in terms of sending reports to other departments and sharing information.

Faxed reports

- Pros:** Faxed reports are more rapidly received than paperwork through internal mail or post. Systems can be setup to share faxed information rapidly to speed up communication with stakeholders.
- Cons:** The system is impersonal.
Faxes go missing.

Report to supervisor, who then reports to other staff

Once the supervisor receives a verbal report of injury they notify other staff who coordinate the process. This common approach has variable systems in place, such as an email, faxed report, written incident report, and variable timing of handover of reporting information.

- Pros:** This approach allows for the immediate reporting of injuries.
Verbal reporting requires personal contact and means that issues can be dealt with as they occur.
When this process is well coordinated it can result in early appropriate action.
- Cons:** If no one is responsible for overseeing the entire reporting process, transparency and accountability may be compromised.
The effectiveness of this approach is dependent on levels of supervisor skill and responsiveness.

Dedicated telephone service

This approach provides an experienced case manager to take an initial injury report over the phone, directly from the employee or the employee's supervisor. The case manager completes relevant paperwork during the call and addresses the initial issues of treatment and work duties.

Pros: Supervisors and employees do not have to fill in forms, which makes the system easier to use.

The quality of information requested by the case manager provides the claims management team with superior information about the incident.

Input from the supervisor about the issues, and an understanding of the employee's concerns helps drive early appropriate action.

Cons: Although this system has good outcomes, cost can be prohibitive. Small organisations will probably be unable to afford a dedicated telephone service.

Summary of pros and cons

The table below summarises the pros and cons of each system.

Pros and cons of reporting systems (modified from Day of Injury study[^])

Reporting system	Pros and cons of each system				
	Ease of use	Personal touch	Rapid dissemination of information	Quality assessment of the situation	Supports treatment and return to work
Verbal report to supervisor	XX	XX	X	XX	XX
Web based (email or internet)	X	X	XXX	X	X
Written or fax	X	X	XX	X	X
Reports to supervisor who then reports to staff	X	XX	XX	XX	XX
Employee / supervisor call to dedicated telephone service	XX	XXX	XXX	XXX	XXX

* dependant on training and competence of supervisor

A dedicated telephone reporting system is thus the best system for 'covering all bases.'

An overseas study of reporting systems* found that an experienced case manager – in this case a nurse – resulted in:

- A decline in formal claims;
- A reduction in delayed reports;
- Improved employee satisfaction;
- A reduction in disputed claims; and
- A significant reduction in overall claims costs.

*PERI Day of Injury Study: "Controlling the workers' comp line of scrimmage." Public Entity Risk Institute (PERI), 2005

Short guide to best practice injury reporting

An overseas study of injury reporting systems* came to the following conclusions about how to encourage the best outcomes:

- **Keep it simple:** have a single point of contact to ensure that the process is uniform.

- **Staff the injury reporting process with an experienced triage case manager**, either in-house or using a contracted service. The quality of information derived from this process greatly impacts the claims management function and builds positive relationships with employees.
- **Make it easy to use for employees and supervisors.** A phone call is efficient and personal especially when talking to a medical professional.
- **Immediately integrate the injury reporting process with access to qualified medical care.** Employees that receive medical treatment on the day of injury have much higher satisfaction levels.
- **Set an expectation of early return to work** with prior targeted communications and reinforce it on day of injury.

However not all organisations will have the resources to implement all of these measures.

*PERI Day of Injury Study: “Controlling the workers’ comp line of scrimmage.” Public Entity Risk Institute (PERI), 2005

Size matters: Choosing the right system for your organisation

The injury reporting approach taken by an organisation will in part be determined by its size.

In large organisations...

Large organisations should take advantage of their additional resources and ensure best outcomes by:

- Using a dedicated phone service to allow for a central point of contact – eg. a 1300 number;
- Making an experienced case manager available during working hours (ie. 24 hours a day if the organisation operates 24 hours a day);
- Ensuring that the case manager has access to efficient software or a good electronic system for case reporting and case recording;
- Ensuring that the case manager is aware of organisational issues, the organisation’s structure, workplace culture, available medical services, and first aid and injury triage options;
- Coordinating case care from the outset (via telephone);
- Putting systems in place for follow-up communication.

In small to medium organisations...

When it is not possible to have a dedicated and experienced case manager always available during operating hours, the training of supervisors or the return to work coordinator in early case management becomes a priority.

Rather than over the phone communication with a case manager, communication in a smaller organisation might be face to face, with the supervisor attending the return to work coordinator’s office, or the employee and supervisor sitting down together to map out the next steps.

Best practice injury reporting in a small- to medium-sized organisation happens when:

- Staff receive training about the injury reporting process;
- The person who receives the report acts on it;
- A consistent approach is adopted, and this approach is know, understood and used by all; and
- One key person is accountable for checking that the system is working properly and following up individual cases where necessary.

She'll be right: Under-reporting injury in the workplace

By: Francesca McSteen

According to one study, only 52% of work related injury and illness get reported

Take Home Messages:

Work-related injury and illnesses are underreported.

Employees do not file workers' compensation claims because:

- They fear a negative response from their employer;
- The cost is covered by other insurance; and
- They are not aware of workers' compensation.

Workers are more likely to file a compensation claim if they are overweight or married.

Agriculture/forestry/fishing and construction have the highest level of associated injuries, but the second lowest rate of workers' compensation claim filings.

Why the research matters:

Work-related injury and illness are a substantial social and economic burden. Rates of injury and estimation of costs are generally made from workers' compensation data. However, evidence suggests that there is an underreporting of occupational injuries and illnesses in the workers' compensation system.

This study aims to:

- Quantify the underreporting of work-related injuries and illnesses;
- Describe the individual reasons and predictive factors for not reporting injuries; and
- Look at the association between different industries and rates of workers' compensation claim filing.

What the research involved:

The study looked at data from the 2002 Washington State Behavioral Risk Factor Surveillance System.

Over 2500 participants completed the telephone survey, which researchers then used to assess work-related injury and illness and to identify the factors associated with filing a workers' compensation claim.

All participants were adults working for an employer. Self-employed workers were excluded from the study as normally these people do not have workers' compensation coverage.

Summary of research findings:

13% of participants said that they had a work-related injury or illness over the last 12 months. However, only 52% of these workers actually filed a workers' compensation claim.

Reasons for not filing claims were:

- Medical costs were paid for by employers without a workers' compensation claim;
- Medical costs were covered by private insurance or family;

- Workers were reluctant to file a claim as they feared retaliation from their employer; and
- Workers were not aware of workers' compensation coverage.

Many predictors seemed to work in opposite directions in regard to obtaining a work-related injury and the subsequent filing of a workers' compensation claim. For example, workers who were married were less likely to obtain an injury while at work. However, once injured, they were more likely to file a compensation claim. Similarly, workers who were current smokers or binge drinkers were more likely to have an injury, but less likely to file claims.

Once an injury was sustained, the most significant factors that were associated with filing a claim were:

- Being overweight; and
- Being married.

As well as individual factors, the study also looked at how industry and occupation influenced work-related injury and workers' compensation claim filing. Agriculture/forestry/fishing and construction had the highest level of associated injuries, but the second lowest rate of workers' compensation claim filings.

Original research:

Underreporting of work-related injury or illness to workers' compensation: individual and industry factors.

Fan ZJ, Bonauto DK, Foley MP, Silverstein BA.

J Occup Environ Med. 2006 Sep;48(9):914-22.

[Link to PubMed abstract](#)

Tools

INJURY, ILLNESS AND INJURY REPORT

This injury, illness and incident report (IIIR) form is to be used to report any injury, illness or incident which occurs on INSERT COMPANY NAME premises or while on duty for the INSERT COMPANY NAME.

Workers compensation:

This form does not replace the need for employees injured at work or with a work-related illness to complete a worker's compensation claim.

The IIIR form is designed to be used in any situation where an injury, illness or incident has occurred – involving employees, visitors, or contractors. In the case of **fatalities, serious bodily injury, work-caused illness or a dangerous event, after completing any emergency action required, details of the accident must be provided without delay within 8 hours to the Return To Work Coordinator INSERT CONTACT INFO.**

Please be sure to provide a contact phone number and address of the person injured or involved. If the person has not yet returned to work at the time of completion of this form, be sure to advise the Return To Work Co-ordinator.

An injury, illness & incident report comprises three sections: one for the staff member to complete, a second for the supervisor and a third page for both to complete.

Page 1

is to be filled out by the person injured or involved (or a person acting on their behalf).

Page 2

Is to be filled out by the Supervisor.

Page 3 is to be completed by both the employee and supervisor as follows

Sections 1 & 2 relate to slips, trips or falls and machine or ergonomic injuries and are to be filled out by the person injured or involved.

Sections 3 & 4 to be filled out by the supervisor and Section 5 to be filled out by the Return To Work Coordinator to:

- provide additional information required
- identify necessary corrective action, and
- request any additional resources or assistance required to undertake this corrective action.

In departments where workplace health & safety officers have been appointed, the officer concerned should be advised of the incident and consulted where necessary on corrective actions.

The original copies of all three pages must be returned to the Return To Work Coordinator. The injured employee and the supervisor retain a copy each and a third copy is sent to the OH&S Officer.

Reporting of hazards:

Hazards, if not corrected, can lead to accidents involving injury and damage. The OH&S Officer should be contacted for problems or hazards in areas where corrective action can be taken by them. This is particularly important for urgent work requests.

- Use this form to report any accident, injury, incident or illness that occurred on INSERT COMPANY NAME premises or whilst on duty for the INSERT COMPANY NAME.
- For urgent accident investigation, i.e. in the case of serious injury or dangerous occurrence, phone the Return To Work Coordinator Ext: ??? after completing any emergency action required. Events involving serious injury **must** be reported to the OH&S Unit within 8 hours of the occurrence.
- Return completed original forms to – Return To Work Coordinator, INSERT COMPANY NAME.
- If a Workers' Compensation report or claim is to be made, a separate Workers' Compensation claim form must be completed and returned to Work Injury Management Section, Occupational Health & Safety Unit, INSERT COMPANY NAME.

Details of person injured or involved (to be filled in by person injured/involved if possible)

Name: Family name Given names Date of birth: / / Sex: M ☐ F ☐

Occupation:

Division Department

Supervisor:

Employed in this position years

Full-time ☐ Part-time ☐ Casual ☐ Contractor/employed by contractor ☐ Visitor ☐ Unpaid/Volunteer ☐

If contractor/employed by contractor: Name of contractor:

Event Details

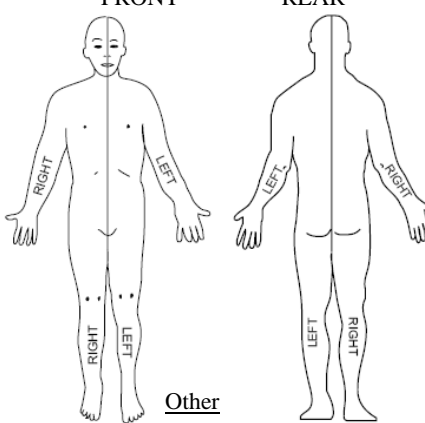
Date of event / / Time of event a.m./p.m. Activity at time of event: on duty ☐ meal/break ☐

Location of event: travel to/from work ☐ other ☐

Description of events (Describe tasks being performed and list sequence of events)

* Attach further information overleaf if space insufficient and sketches and photographs, plus information from witnesses if applicable

Injury Details

<i>Nature or type</i>	<i>Body Part</i> (please mark the injured part(s))	<i>Agent of Damage</i>
<input type="checkbox"/> Amputation	FRONT REAR	<input type="checkbox"/> Animal or insect
<input type="checkbox"/> Asphyxiation		<input type="checkbox"/> Biological
<input type="checkbox"/> Bruise or crushing		<input type="checkbox"/> Chemical
<input type="checkbox"/> Burn or scald		<input type="checkbox"/> Electricity
<input type="checkbox"/> Concussion		<input type="checkbox"/> Equipment or tool- powered
<input type="checkbox"/> Cut or open wound		<input type="checkbox"/> - not powered
<input type="checkbox"/> Dislocation		<input type="checkbox"/> Explosion or implosion (pressure)
<input type="checkbox"/> Exposure		<input type="checkbox"/> Muscular effort- single event
<input type="checkbox"/> Foreign body		<input type="checkbox"/> - repetitive or postural
<input type="checkbox"/> Fracture		<input type="checkbox"/> Needle or sharp (<i>see white sheet</i>)
<input type="checkbox"/> Heart or circulatory condition		<input type="checkbox"/> Noise
<input type="checkbox"/> Infectious Disease		<input type="checkbox"/> Psychological
<input type="checkbox"/> Inhalation		<input type="checkbox"/> Radiation
<input type="checkbox"/> Internal injury		<input type="checkbox"/> Slip, trip or fall (<i>see white sheet</i>)
<input type="checkbox"/> Nervous system or disorder		<input type="checkbox"/> Stepping on or striking against object
<input type="checkbox"/> Poisoning		<input type="checkbox"/> Struck by falling or moving object
<input type="checkbox"/> Puncture		<input type="checkbox"/> Thermal (heat or cold)
<input type="checkbox"/> Respiratory (inhalation)		<input type="checkbox"/> Vehicle
<input type="checkbox"/> Skin disorder		<input type="checkbox"/> Vibration
<input type="checkbox"/> Sprain or strain		Other (specify) <input type="text"/>
Other (specify) <input type="text"/>	Other <input type="checkbox"/> Teeth <input type="checkbox"/> Brain <input type="checkbox"/> Organ (specify) <input type="text"/>	

Medical treatment obtainedNil ☐ First Aid ☐ Health Service ☐ Other doctor ☐ Hospital casualty ☐ Hospital admitted ☐ Other **Outcome for injured person:**Time lost from work? days hours. Not yet returned to work ☐ (if latter, please advise Return To Work Coordinator)Signature of person injured or involved Date / / Contact tel. no.

The **Employee sections** of this report should be completed by the injured party and then referred to the Supervisor & Return To Work Coordinator. This section (Page 2) is for completion by the Supervisor. Page 3 includes sections for completion by the Employee and the Supervisor relating to:

1. Additional information on the incident
2. Corrective measures to be taken to reduce the risk of recurrence

When completed, retain 1 copy, return 1 copy to the Return To Work Coordinator and 1 copy to the OH&S Officer

Details of person injured or involved (to be filled in by person injured/involved if possible)

Name: Family name Given names Date of birth: / / Sex: M ☐ F ☐

Occupation:

Division Department

Supervisor:

Employed in this position years

Full-time ☐ Part-time ☐ Casual ☐ Contractor/employed by contractor ☐ Visitor ☐ Patient ☐ Unpaid/Volunteer ☐

Supervisor: (if appropriate)

If contractor/employed by contractor:

Name of contractor:

Event Details

Date of event / / Time of event a.m./p.m. Activity at time of event: ☐ on duty ☐ meal/break

Location of event: ☐ travel to/from work ☐ other

Description of events (Describe tasks being performed and list sequence of events)

* Attach further information overleaf if space insufficient and sketches and photographs, plus information from witnesses if applicable

Injury Details

Nature or type	Body Part (please mark the injured part(s))	Agent of Damage
	FRONT REAR	
<input type="checkbox"/> Amputation		<input type="checkbox"/> Animal or insect
<input type="checkbox"/> Asphyxiation		<input type="checkbox"/> Biological
<input type="checkbox"/> Bruise or crushing		<input type="checkbox"/> Chemical
<input type="checkbox"/> Burn or scald		<input type="checkbox"/> Electricity
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<input type="checkbox"/> Puncture		<input type="checkbox"/> Thermal (heat or cold)
<input type="checkbox"/> Respiratory (inhalation)		<input type="checkbox"/> Vehicle
<input type="checkbox"/> Skin disorder		<input type="checkbox"/> Vibration
<input type="checkbox"/> Sprain or strain		Other (specify) <input type="text"/>
Other (specify) <input type="text"/>	Other <input type="text"/>	
	Teeth <input type="checkbox"/>	
	Brain <input type="checkbox"/>	
	Organ (specify) <input type="text"/>	

Medical treatment obtained

Nil ☐ First Aid ☐ Health Service ☐ Other doctor ☐ Hospital casualty ☐ Hospital admitted ☐ Other

Outcome for injured person:

Time lost from work? days hours. Not yet returned to work ☐ (if latter, please advise Return To Work Coordinator)

Signature of supervisor Date / / Contact tel. no.

Additional information about the incident and corrective action required

1 & 2 below to be filled out by the employee injured or involved:

1) If “slip, trip or fall” involved, provide additional detail:

Slip/fall along the ground ☐ Condition of walking surface.....

Slip/fall on stairs or sloping surface ☐ Type & condition of footwear

Fall from a height ☐ What was being done at time of incident:.....

2) If a machine or ergonomic injury/incident (add pages if more space is required)

Describe the context and the actions leading to injury:

.....

.....

3 & 4 to be filled out by the supervisor:

3) Information about personal protective equipment (ppe)

	Yes	No
Should ppe have been worn during the task being undertaken at the time of the incident?	<input type="checkbox"/>	<input type="checkbox"/>
Was it available?	<input type="checkbox"/>	<input type="checkbox"/>
Was it being worn/used?	<input type="checkbox"/>	<input type="checkbox"/>

Type of PPE required:

.....

4) Corrective action recommended by supervisor & action taken

	ACTION TAKEN	DATE
Changes to work environment:		
Modifications or repairs to machinery, equipment or tools:		
Changes to work practices/job design:		
Personal protective equipment (additional or changes)		
Additional Training:		

Signature of Employee.....Print name:.....(Phone).....Date.....

Signature of Supervisor.....Print name:.....(Phone).....Date.....

5 to be filled out by Return to Work Coordinator:

5) Difficulties in implementing the corrective action recommended above. Additional resources or assistance required to implement them:

Signature of Return To Work Coordinator..... Date

Employee and Supervisor each retain a copy, send the original to the Return To Work Coordinator 1 copy to the OH&S Officer.

RTWMatters Greatest Hits Volume 3: Keeping workers healthy, happy and productive

We round off our trio of Greatest Hits by paying homage the holy trinity of workplace policy for the next decade: health, wellbeing and productivity.

We love looking at workplace health and wellbeing programs because we see a win from every angle. A win for workers, a win for employers, a win for government, a win for the broader community.

If you don't already have a health and wellbeing program in your workplace, we hope the collection of articles and tools below will get you as excited about them as we are. And if that happens, we reckon we've done our fair share of good deeds for 2010, before the year's even started!

Handbook extracts:

- Health promotion, wellness & productivity

Articles & Case Studies:

- Making the case? Top ten reasons to have a health and wellbeing program
- The scientific method: Successful health and wellbeing strategies at the CSIRO

Research:

- Healthy work environment = Healthy workers
- 6 element of successful workplace health programs – the evidence

Need more help?

- [Health, wellbeing & productivity: A toolkit for business](#)

Health Promotion, Wellness and Productivity

Organisations that care for the health and wellbeing of their employees have less work disability, higher productivity and happier workers.

Workplace health programs allow organisations to be systematic about promoting healthy behaviours to employees.

This part of the handbook will assist you in setting up your own health and wellness program – and explain the benefits of doing so.

Health and wellness FAQ

What is a workplace health program?

A workplace health program is a coordinated approach that aims to improve the health of staff by:

Informing and educating employees about ways they can improve their health;

- Motivating staff to improve their health;
- Increasing employee activity levels;
- Providing workplace systems that support health, such as healthy food within the cafeteria; and, in some situations
- Undertaking individual health assessments.

Who benefits from workplace health programs?

Consistent evidence suggests that a well planned and implemented health and wellness program achieves positive outcomes, for both employer and employee.

Employers benefit from:

- Reduced compensation costs;
- Reduced absenteeism (staff taking leave because of poor health);
- Reduced presenteeism (staff in poor health attending work but performing poorly);
- Improved productivity; and
- Reduced staff turnover.

Most businesses are conscious of compensation and turnover costs, and have strategies in place to minimise them. A focus on absenteeism is less common, however, and a focus on presenteeism is uncommon. Absenteeism and presenteeism are both high cost items in a number of organisations.

Organisations should not underestimate the financial benefits of a good workplace health program.

A 300% return on investment is a reasonable expectation for a well designed and implemented program.

Employees also have a lot to gain.

The benefits for the employee go beyond improving the employee's current health and wellbeing. Health programs involve promoting a healthy and active lifestyle and benefit the employee by:

- Improving their sense of wellbeing;
- Improving their level of fitness (where appropriate);

- Enabling them to better manage current health conditions (for example the sugar intake of someone who has diabetes); and
- Reducing the risk of future health problems (for example the development of diabetes from obesity).

Health and wellness programs at a glance

Effective wellness programs:

1. Have a strong commitment to outcomes;
2. Are led by senior managers;
3. Are costed to and resourced from one department;
4. Have the wellbeing of staff at their core;
5. Are supported by an appropriate corporate culture;
6. Are well-researched, practical and targeted at a particular workplace;
7. Have clearly defined objectives;
8. Have a high level of worker participation;
9. Measure results, evaluate program effectiveness and make changes where appropriate; and
10. Include a variety of health promotion programs, such as blood pressure checks, exercise programs and stop smoking campaigns.

If a health and wellness program is to be effective the organisation must have a genuine commitment to the process. Simply arranging a series of blood tests through a local practitioner with review of results is insufficient. Employees take their lead from the organisation: if senior management and supervisors aren't seen to take the program seriously and participate in it where appropriate, neither will workers.

Taking aim: How health impacts productivity

Health issues impact productivity in two main ways.

1. **Absenteeism** – when staff take time off work due to ill health; and
2. **Presenteeism** – when staff in poor health go to work, but perform poorly.

Research shows that employees who are healthy (not just free from sickness) perform best. The difference is substantial and impacts productivity.

One study demonstrated that the average healthy employee works 143 effective hours per month, while an unhealthy employee works only 49 effective hours per month.

If a workplace health program is to provide a good return for investment, it must 'take aim' at both absenteeism and presenteeism. A logical first action is to gain an understanding of the main health conditions that lower productivity in the workplace.

The culprits: 10 conditions that lower productivity

Below is a table that outlines 10 health related productivity-drainers.

The ten conditions that cause the greatest loss of productivity are listed in the first column. The percent of employees who report experience of the condition is listed in the second column. In the third column is the proportion of lost productivity from that condition that occurs through presenteesim.

The number one culprit is fatigue, with 56% of employees saying that they experience fatigue. The majority of lost productivity from fatigue is via presenteeism, as opposed to absenteeism, however staff turnover and compensation costs also contribute.

Top ten productivity affecting conditions

Health condition	Percentage of Australian workers subject to the condition ¹	Proportion of productivity cost due to presenteeism ²
Fatigue	56%	71%
Depression	12%	73%
Back/neck pain	29%	68%
Sleeping problem	n/a	73%
Other chronic pain	n/a	44%
Arthritis	11%	56%
Hypertension	11%	60%
Obesity	28%*	54%
High cholesterol	9%	58%
Anxiety	10%	76%

Productivity defenders: Rehabilitation and risk reduction

In aiming to address health related productivity there are two goals for the employer to consider:

- Rehabilitating employees who have a condition; and
- Reducing the risk that employees will develop particular health conditions.

Helping employees who already have a condition is usually a matter of providing access to appropriate services, within the organisation or externally.

The preventative (or risk reducing) goals of health and wellbeing programs are more complex and are discussed below. But first there are some decisions to be made...

Groundwork for healthy workplaces: defining responsibilities

Who's responsible?! Internal or external operators

The first decision to make is whether to design and operate the health and wellness program using the organisation's resources or engage a dedicated external organisation.

¹ All from Medibank the health of Australia's workforce pp. 2 – 4

² Health and Productivity as a Business Strategy, Loeppke et al, JOEM vol. 49 no. 7 pp. 717-718

Both approaches can work well.

Bear in mind that strong systems are required, so if the program is going to be run internally competent project management skills are a prerequisite.

If that doesn't sound feasible – or if there are other reasons to outsource, for example projected cost savings – there are a number of professional organisations with the necessary skills and expertise to work with you in designing and implementing a workplace health program.

One department = Streamlined approach

Regardless of whether or not you opt for an external provider or take the 'DIY' option, there will always be some internal responsibilities.

For best results, these internal responsibilities should be managed and funded by a single department.

Responsibility for health programs and their evaluation should be vested in the same place as responsibility for compensation and insurance costs.

Research has shown that an integrated approach to health and wellbeing programs provides superior outcomes to an approach which divides up responsibilities between departments

The single department approach has several advantages. It:

1. Results in a concentration of information – puts all the data in one database;
2. Means that the people responsible for ongoing management and evaluation of the workplace health program have all the information that they need at their fingertips;
3. Allows the organisation to see the big picture of health-related costs and make long-term strategic responses; and
4. Avoids cost shifting between departments.

Gathering information and identifying risks

The next step is to collect information that will allow you to identify health risks specific to your organisation.

In order to design an effective workplace health program it is essential to gather data on three things:

1. Levels of absenteeism;
2. Levels of presenteeism; and
3. The health conditions with the greatest impact on productivity.

1. Absenteeism

Collecting absenteeism information is simple. In most organisations absenteeism information exists through central records.

Useful information to include in the assessment of absenteeism includes:

- The total number of sick days taken;
- The proportion of working hours this represents;
- Common causes of absence (if known);
- Trends in the amount of sick leave taken;
- The departments or workplaces prone to absenteeism; and
- The prevalence of chronic absenteeism.

2. Presenteeism

Measuring presenteeism is more complex and requires the collection of information that central records is unlikely to have.

To make this job easier, there are a number of pre-existing surveys that can be used to analyse presenteeism. The Health and Work Performance Questionnaire (HPQ) is one of these. The HPQ was developed by the World Health Organisation and Harvard University. The questionnaire can be delivered to employees face to face, in written form, over the phone, or online.

The questionnaire has a simple guide to producing estimates on absenteeism and presenteeism. It also indicates the health conditions that may be appropriate to focus on for the health and wellbeing program.

3. The health conditions that most effect the organisation

The list of 'culprit' conditions in the table above is a good starting point. However each organisation will have its own unique priorities.

An organisation with outdoor workers, for example, may focus on the prevention of skin cancer, while a workforce with a sedentary workforce may focus on promoting exercise.

Information about conditions that frequently cause 'lost time' may be available from central records. It may also be appropriate to seek feedback from supervisors, line managers and employees about conditions effecting productivity.

Identifying risk factors you CAN change

Once the target health conditions have been identified, a sensible next step is to pinpoint factors that increase an individual's chance of developing these conditions.

Of course, not all risk factors are alterable: factors such as genetics, for example, are beyond the reach of even the best workplace health program!

However as the term suggests, 'modifiable risk factors' *can* be changed. Modifiable risk factors increase the likelihood of health problems developing, but can be altered by changes in behavior.

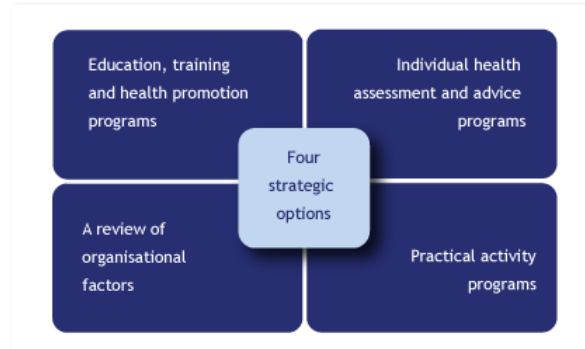
The most important modifiable health risks are:

- Smoking;
- Physical inactivity;
- Poor diet and nutrition;
- Overweight / obesity;
- High blood pressure
- High blood cholesterol;
and
- Stress

Choosing the make-up of the program

Four Strategic Options

There are four broad strategies commonly adopted in health and wellbeing programs. Each one can be used by itself, but together they form a comprehensive program.



Four strategic options:

Education, training and health promotion programs;
Individual health assessment and advice programs;
A review of organisational factors that contribute to health and wellbeing, such as organisational culture, job expectations and work environment; and
Practical activity programs.

The budget and the nature of the workplace will influence whether one or a combination of approaches is incorporated.

1. Education, training and health promotion programs

Providing information to employees that promotes healthy behaviour is central to any health and wellbeing program. A health-savvy workforce is more likely to participate in health initiatives and will be able to make better decisions about their own health.

These kind of programs work best when they are targeted. This means that clear decisions need to be made on:

Which health topics the program will focus on; and
How the information will be communicated to employees.

Which topics should the program focus on?

The most effective way to choose focus topics is to identify the most common problems impacting the workplace and plan an approach according to the available budget.

Ask:

Which conditions are common in the workplace?

and

Which health behaviours are lacking?

How do we get the information 'out there'?

When it comes to getting health information out to your employees, the best approach is to use a range of communication methods. Some effective options are to:

- 1) **Provide employees with pre-existing written information.** Relevant posters, booklets and fact sheets can be obtained from organisations that provide health program services either for free or at a small cost. However on its own this information will be of limited use, especially if the same resources are distributed to all employees.
- 2) **Outsource a program.** Targeted programs can be arranged through commercial organisations dedicated to health and wellbeing education.
- 3) **Use web-based resources,** such as a website with logons for individual employees, or regular newsletters.

2. Individual assessment and advice program

This strategy uses a personalised approach to identify health problems and provide assistance. Employees are given the opportunity to undergo an individual health assessment. The important components of this system are that:

- a. It is voluntary;
- b. Employees who accept are assessed by a nurse, doctor or using another method such as a blood test for cholesterol. Assessments typically include a questionnaire, physical examinations and tests;
- c. If any health conditions are detected, a doctor provides a diagnosis and appropriate treatment or referral; and
- d. Feedback and advice is given regarding health findings.

This approach is more expensive, however it can be very effective.

3. A review of organisational factors that contribute to health and wellbeing

One of the simplest ways to improve employee health and wellbeing is to review how the work environment and job requirements impact on staff health. There are a couple of things to consider...

Workplace atmosphere and culture

Workplace culture has a huge influence on health and wellbeing outcomes. For a definition of workplace culture, see ["The way things are done around here..."](#)

In terms of health and wellbeing programs, the important questions to ask are:

- Do employees feel they have the opportunity to achieve work/life balance?
- What is the impact of stress at work?
- Are employees valued for their contribution?

Employees who feel overwhelmed by work expectations are likely to be more stressed, and high levels of stress can have a significant impact on health.

High levels of stress contribute to common problems such as fatigue, depression, hypertension and anxiety. If employees report high levels of stress or find it hard to achieve balance in their lives, health and productivity are likely to be affected.

Stress is often higher in some departments than others. If so, consider the issues in departments that report high stress levels. What lessons can be drawn from departments that perform better?

Providing a healthy environment

There is a great deal that employers can do provide a healthy work environment. A healthy environment lets staff know they are important, and reinforces the intent of the health program. Simple, practical measures make a difference.

For example, one option is to support employees to have a healthily diet while they're at work. Providing a refrigerator and a microwave makes it easier for employees to bring their own food from home. Healthy food in the canteen or cafeteria helps, however it needs to be an attractive option or employees won't choose to purchase it.

4. Practical activity programs

There are heaps of practical activities that promote better health.

Exercise, for example, can be promoted by:

- Putting up posters that encourage employees to use the stairs and walk;
- Entering staff teams in local sporting competitions;
- Encouraging participation in local walk-for-charity days, through both sponsorship and time off work when appropriate;
- Providing staff with pedometers, so they can assess their own levels of activity;
- Establishing a gym on site; and
- Starting a ride-to-work group.

Choosing and integrating program components

There are a number of things to consider when deciding which options are most appropriate for a workplace, including how the selected options will fit together.

Practicalities and costs

Don't spend time and money on an impractical program!

A ride-to-work program, for example, might sound like a low-cost, high return option, but it won't be effective unless there is a good bicycle route near the workplace and significant numbers of employees living within a reasonable distance. Further, if a ride-to-work program is to be effective, facilities for employees to shower and change at work will be needed.

Organisational culture

The culture of the organisation needs to be considered when deciding on program components. Some measures are likely to get a good response from particular workforces, while others are likely to strike the wrong note.

Putting the pieces together: integrating options

Once program approaches have been chosen, a plan to integrate the steps should be drawn up. If an external provider has been engaged, program integration should be discussed with the provider.

Health promotion efforts (eg. a newsletter and posters in the workplace) work best if focused on one condition at a time, with the focus staying on each condition for six months. Begin with the most important health condition, and then, after six months, move to the next most important health condition, and so on.

Factors that influence the choice of initiatives:

- Practicalities and costs
- Organisational culture
- Deciding on priorities and integrating options
- Support from add on programs

A general health promotion on two topics could include in-depth information sessions on diabetes in one half of the financial year, followed by depression in the next.

Supporting material – for example leaflets and posters about the relevant health condition – could be distributed around the workplace following each information session.

After the session on diabetes, free fruit could be provided to workers, and healthy eating options from the canteen could be introduced and / or advertised.

Following the session on depression, in-house counselling services or EAP programs (where available, see below) could be promoted and exercise (for example, riding to work) encouraged.

Not all measures need to be integrated, but it is sensible to have a “big picture” sense of the way they fit together, and the ways in which each element contributes to the goals and priorities during the assessment period.

Health and wellbeing ‘add-ons’: Employee Assistance Programs (EAPs)

Wellness programs can be supported by other ‘add-on’ programs, for example “Employee assistance programs” or EAPs.

EAPs provide psychological support services for staff in need of assistance. The support can be for work or non-work-related issues.

Important facets of EAPs include:

- Staff are aware of the program;
- They are simple to access (particularly for staff experiencing psychological difficulties); and
- Individual confidentiality is maintained but group results are evaluated.

Marketing health and wellness

Program design is important, but the way in which a program is introduced to a workforce also has a huge impact on its success. Without employee interest and enthusiasm an otherwise well-designed program will be unlikely to meet its objectives.

For this reason, it can be useful to think of program introduction as a way of marketing health and wellness.

The program itself will not improve employee health; rather it gives staff information and opportunities that enable them to improve their own health.

Workplace health program marketing strategies

There are seven useful strategies to consider when ‘selling’ a workplace health program to a workforce.

Focus on the positive. The stated aims of the program should be positive goals, including:

- Enjoying good health;
- Achieving wellbeing; and
- Increasing productivity.

Get managers to endorse the program and demonstrate commitment to it. The program is not only for employees. Supervisors, managers and senior leaders are part of the workforce and for the program to be taken seriously all levels of the organisation should be involved.

Senior manager engagement and leadership will enhance the program's effectiveness. Senior manager involvement increases the involvement of middle managers, and in turn this permeates to other levels of the organisation.

Communicate sensitively. Statements about productivity improvements should be communicated with care. Reference to "our productivity" is much better than talking about "getting employees to lift their game."

If staff are left with the impression that the program is aimed at improving employee performance, their negative perceptions of the program will be counterproductive to the program's effectiveness.

Be honest about benefits and motivations. Bearing in mind the importance of sensitive communication, it is ok to be honest about the likely benefits of the program and the organisation's motivations for introducing it. It is sensible to let employees know about any evaluative steps that led to the decision.

Get creative! Think creatively about how to build enthusiasm. A competitive, male-dominated work culture might be won over by a competitive athletic event. The event will not generate sufficient enthusiasm for the health and wellbeing program by itself, but can provide a starting point.

Know your workforce. "Selling points" will vary depending on the workplace. Academics at a university may be more interested in the published evidence supporting the value of health and wellbeing programs than in the kind of competition mentioned above. Other workforces may be more interested in the calming effect of exercise and good diet.

Pilot the program. This won't always be necessary, but in some workplaces it's a good idea to pilot the program with a small test group. Or, more simply, you might opt to demonstrate success in one department and then build that success across the organisation.

Program evaluation and monitoring

The program requires ongoing evaluation and monitoring.

Research shows that most employers are disproportionately focused on the introduction of a program and participation in the program. However a focus on outcomes increases the program's success.

Ongoing monitoring of the program helps keep the focus on outcomes.

Outcomes of interest can be evaluated through the ongoing collection of:

- 1) Absenteeism information;
- 2) Presenteeism information;
- 3) Health information from the health assessment program (if introduced);
- 4) Employee participation rates in the workplace health program; and
- 5) Feedback about the program from employees, including suggestions for improvement.

These five measures provide dependable, comprehensive information about program effectiveness.

Program evaluation provides an opportunity to respond to new developments in the information collected. It might emerge, for example, that while the program has produced improvements in some areas, rates of obesity have increased. This naturally leads to the introduction of the next element of the program, or redesign of an element already in place.

Top ten reasons to have a health and wellbeing program

By Gabrielle Lis

Need some ammunition to make the case for investment in health and wellbeing?

1. **You can expect a 300% return on investment.** Health and wellbeing programs provide an excellent return on investment because they reduce:

- Compensation costs;
- Absenteeism / sick days / lost time;
- Presenteeism, or when workers come to work but have reduced productivity; and
- Staff turnover.

2. **Many key risk factors for common illnesses are modifiable.** If there was a ticking time bomb in your office, you'd take measures to diffuse it, so why wait until after employees become ill before targeting modifiable risks? Health and wellbeing programs can help diffuse the following risk factors:

- Smoking;
- Physical inactivity;
- Poor diet and nutrition;
- Obesity / unhealthy weight;
- High blood pressure;
- High cholesterol; and
- Stress.

3. **As the workforce ages, the risk of injury and illness increases.** With age comes a lessening of aerobic power and capacity, as well as decreased muscular strength and endurance. Nobody can stop the clock altogether, but remaining active and healthy definitely makes a difference in how quickly and gracefully we age. A targeted health and wellbeing program can help you keep your older, more experienced employees fit for work and safe on the job.

4. **Healthy, happy employees are also the most productive.** According to one study, the average healthy employee works 143 effective hours per month, while an unhealthy employee works only 49 effective hours per month. Imagine how a workplace health program that targets fatigue, for example, could boost productivity – and slash caffeine related expenses!

5. **Organisations have a corporate responsibility to promote health.** Workplace health and wellbeing programs can substantially improve the lives of employees and their families. Because we spend so much time at work, researchers suspect that organisations' health 'cultures' have a huge impact on employees' health behaviours. A well structured health and wellbeing program is one sign of a socially responsible organisation.

6. **Employees benefit hugely from health and wellbeing programs.** The benefits to employees include:

- An improved sense of wellbeing;
- Higher levels of fitness;
- Better management of current health conditions; and
- A reduction in the risk of future health problems.

7. **You can tailor the program to target workers' comp hotspots.** Health and wellbeing programs are definitely not one size fits all. If there is a particular illness or type of injury that plagues your workplace, a health and wellbeing program can raise awareness and provide solutions. You can speak directly to the people most at risk, using their language and framing the issues in a way that they will relate to.

8. **Caring for employees generates good will.** Loyalty thrives when people feel that their employer has invested in their happiness and wellbeing. From individual health assessments to warm and fuzzy team challenges, health and wellbeing programs provide a great opportunity to give employees a little loyalty generating TLC.

9. **You have the opportunity to increase social cohesion in the workplace.** Workplace health programs often involve team based interventions and can be a great way to get employees to mix and mingle. Don't underestimate the importance of social interaction at work: it increases motivation and decreases the risk of depression.

10. **It gives you the opportunity to focus on the positive.** The best way to motivate people to good health is through making them aware that healthy living will improve their lives. If you need a good news story in your workplace, a health and wellbeing program might just provide it!

The scientific method: Successful health and wellbeing strategies at the CSIRO

By Gabrielle Lis

A tailored, best practice Health and Wellbeing program.

In order to be properly protective, safety equipment needs to fit the person wearing it. The same goes for health and wellbeing (HWB) strategies: a strategy that ticks all the best practice boxes isn't going to be effective unless it 'fits' the organisation and worker population for which it is intended.

Unfortunately, fitting an HWB program to a business isn't as cheap or simple as fitting a helmet to a head. In fact, the prospect of designing and implementing these kinds of programs can be daunting. Who better to look to for guidance, then, than a group of people famed for their methodological rigor and commitment to evidence-based practice: the scientists at Australia's CSIRO.

Coming up with an HWB strategy is a bit like science, Dr Angelica Vecchio-Sadus said, when we caught up with her after she spoke at the 10th National Workers' Compensation Summit.

"Our scientists read up on what work has already been done in their field, who has published, what they are saying and what the general trends are. When we put our [HWB] strategy together we took a similar approach. Before we began, it was very important to gather information about our situation at the time."

To get a picture of the then-current state of affairs, the team charged with formulating the CSIRO's HWB strategy looked at:

- Workers' compensation data;
- The demographics (e.g. gender, age) of the workforce and the kinds of work undertaken;
- The geographical distribution of workplaces;
- Employee feedback collected in regular staff opinion polls;
- Ideas put forward by CSIRO's board;
- Published research and peer-reviewed literature on HWB;
- Public commentary on relevant issues (i.e. experts speaking to the media);
- The legislative framework relevant to their industry; and
- What other organisations were doing in terms of HWB.

The advantages of adopting such a rigorous approach to HWB strategy-making are many. One key advantage stressed by Dr Vecchio-Sadus is that thorough groundwork gives a strategy credibility.

"Imagine if I just put together a strategy based on 'I've read an article in the newspaper,' and that was it. It would lack robustness, rigor and credibility."

Doing the research makes it possible to demonstrate why changes are necessary and what the return on investment might be. A credible strategy is more likely to be endorsed by senior management, who put their own credibility on the line by investing in HWB.

It is also more likely to be a good strategy. Knowing what other organisations are doing, for example, means that you can emulate their successes while avoiding their failures. Even a broad-stroke knowledge of what is going on in the field gives you an indication of whether your strategy is in the ballpark, or out of the game altogether.

Another important advantage of a well-researched strategy is that it is more likely to be tailored to your particular industry, organisation and worker population. For CSIRO, this tailoring meant taking into account the fact that their employees already had a lot of safety obligations under the law, and were unlikely to respond well to a prescriptive program.

“Our health and wellbeing strategy was about inspiring staff and providing opportunities rather than taking an enforced approach. In a lot of ways, health and wellbeing is a personal thing. It’s about lifestyle. We’ve got enough health and safety legislation that dictates what you must do, for example, you must have a blood lead test for lead-risk jobs. We can’t enforce wellbeing – we can only support and encourage people to enhance their own wellbeing.”

When it came to implementing and marketing the strategy, the extensive research carried out by the CSIRO also paid off in terms of logistical efficiency.

“We decided to have a Health and Wellbeing Week across the organisation, and that was the first time that there had been, for CSIRO, a national event of some type [in the area of health and safety]. That was a big step. It was challenging, for that to be organised, in amongst all the other priorities. Our Chief Executive opened up the National Health and Wellbeing Week. What we tried to do logistically, was to do as much as possible on a regional basis. We’ve got 6400 employees at 54 sites around Australia. Here in Melbourne, if you weren’t able to go to the activity at Clayton, you could go to the activity at Parkville. And likewise in the other States.”

Taking a ‘scientific’ approach to formulating a HWB strategy delivers benefits from the beginning of the process, when the strategy must be ‘sold’ to management, right through to the implementation of particular initiatives. Since the CSIRO introduced their evidence-based strategy, there’s been a reduction in time lost from 209 weeks to 32 weeks.

Considered, informed HWB: it’s an investment and a gift that just keeps giving!

The CSIRO’s Health and Wellbeing Strategy is online, [here](#).

Dr Vecchio-Sadus is happy to be contacted about CSIRO’s HWB strategy. Her email: Angelica.Vecchio-Sadus@csiro.au

Healthy work environment = Healthy workers

By Francesca McSteen

Take Home Messages:

Workplaces are complex social systems affected by administrative policy, yet also highly influenced by front-line supervisors and colleagues.

To create a healthy work-place, a healthy 'micro-work' environment with positive aspects such as respect and support is very important.

Workers' views and perceptions of work organisation are important and useful in facilitating changes to make a better work environment.

Workers have been shown to value:

- Support and respect in the work place; and
- Organisational commitment to safe work practises and a healthy work environment.

Why the research matters:

The importance of a healthy workplace is well recognised. Benefits range from improved individual quality of life to increased work productivity and general improvements in public health. So far, much of the available research has focused on the physical aspects of occupational health and safety such as hygiene, physical hazards and occurrence of injuries.

This study recognises the influence on health of the broader work organisation or "the set of social customs and norms", management, labour policies and laws that shape the physical and social organisation of the workplace. The researchers aimed to glean a better understanding of this area by capturing the views of workers on work organisation and its impact on health.

What the research involved:

Researchers from Ontario in Canada gathered information by way of 'focus' or discussion groups as well as individual interviews with participants. They aimed to gather ideas, themes and perceptions of work organisation.

40 participants were recruited using advertisements in newspapers, notices at the local university and in other public areas. They ranged in ages from young students who worked part time, to full time workers with 37 - 45 hour weeks.

The focus groups used trained facilitators to guide discussions on a semi-structured interview basis. They lasted between 60 - 90 min. The interviews followed a similar format but lasted between 45 - 60 min.

Both aimed to cover:

- A definition of work organisation;
- Perceptions of how work organisation affects health;
- Barriers to improving health and safety; and
- Recommendations from participants.

Transcripts and recordings of interviews and focus groups were then analysed to collect common themes.

Summary of research findings:

After discussion with workers, researchers found that there were two major work organisation themes perceived as being important:

- The need for support and respect in the work place; and,
- Organisational commitment to safe work practises and a healthy work environment.

There was some overlap between the two, as some workers believed that organisational commitment was a sign of respect.

Support and respect in the workplace

Interactions with and attitudes of co-workers:

- Positive relationships created an enjoyable and healthy environment.
- Negative relationships impacted on health and safety, however, they also presented an obstacle to future change. Examples of negative interactions were:
 - Irritable and unsafe work practise of colleagues;
 - Gender discrimination;
 - Age discrimination; and
 - Lack of trust in colleagues.

Direct supervisor's attitude and management / communication style:

There were mainly negative comments on this topic, these included:

- Miscommunication and lack of needed guidance;
- Negative interactions with supervisors;
- Stress generated by supervisors' ignorance of workplace issues; and
- Unappreciative, demanding and/or unclear job expectations.

Few solutions were offered for these problems.

Organisational commitment to safe work practises and healthy work environments

This was divided into these 6 sub-themes:

1. A need for management commitment - not just by actions but also through attitude and mentality so that health and safety values become a core part of the organisation.
2. Implementation of policies, procedures and progress - There was a need for clear policies and rules that abided by legislation. Suggestions were made for the introduction of health and wellness programs, for example, lunch time walking.
3. Work-load, work flow and scheduling - Office workers complained of tiredness, lack of breaks, **musculoskeletal** problems and eye strain. These problems had a negative impact not only on the time spent at work but also affected quality of life and time spent with family outside of work.
4. Physical environment at work was commonly reported as a source of potential safety risks and physical stress. Ergonomics were not normally a problem as there seems to have been much progress in this area. It was generally more environmental issues such as limited space, poor lighting and inadequate ventilation.

5. Many workers feel there would be improvements if there was enhanced communication between workers and upper management that allowed for worker input.
6. Poor or lack of training by work supervisors. Many workers felt that roles were not clearly defined or understood.

Original research:

Work organization and health: A **qualitative** study of the perceptions of workers

MacDermid JC, Geldart S, Williams RM, Westmorland M, Lin CY, Shannon H.

Work. 2008;30(3):241-54

[Link to Pub Med article](#)

6 elements of successful workplace health programs – The evidence

By: Francesca McSteen

Want healthy workers? A well designed workplace health program can help!

Take Home Messages:

Successful, employer-based, health and productivity management programs include the following six successful practices:

1. Full integration of the program within the organisation. It needs to be embraced whole-heartedly by even the most senior of managers.
2. Designing programs that target health at multiple levels.
3. Targeting a range of health issues that are relevant to employees.
4. Tailoring programs to address the specific needs of employees.
5. Attaining high participation by finding out what employees value.
6. Regular program evaluation.

Effective program promotion is also required.

Why the research matters:

It is well accepted that worksite-based programs aimed at improving the health of workers play an important role in reducing health risks among employees. This leads to lower health care costs, reduced absenteeism, and improved productivity.

While many companies are providing some form of health program to their employees, inadequate guidance is available to aid in the designing of successful programs.

Many companies have little if any form of evaluation for their health and productivity management programs.

What the research involved:

Researchers from the Institute for Health and Productivity Studies at Cornell University in the US conducted a study that aimed to identify successful practices in employer-based health and productivity management programs.

They approached the subject from numerous angles by:

- Reviewing existing literature;
- Holding discussions with subject experts;
- Analysing the results to an online questionnaire that was completed by 39 organisations; and
- Visiting 9 sites that had evidence of promising programs.

Summary of research findings:

Promising practices in health and productivity management programs included:

1. **Integration of the program into the workings of the organisation.**

The most successful programs had a high level of integration within the organisation. The programs had been incorporated into every aspect of the workplace. They were not an 'extra' but simply a part of working life. For example, some workplaces offered rewards for practicing healthy behaviours, while others included health initiatives into performance reviews. The health programs were also supported by the provision of facilities such as fitness equipment and healthy eating choices at the canteen.

2. Addressing of employee health at multiple levels.

Programs that were designed to address health issues simultaneously at multiple levels were shown to be very effective. At an individual level, there was an expectation that each employer take responsibility for their own health by participating in self-directed health improvement and disease management programs. Employers made sure that the environment endorsed healthy behaviours by providing fitness facilities and healthy cafeteria food. Employers also used policies to reinforce desired behaviours and aimed to make the health and productivity management programs part of company culture.

3. Targeting a range of health issues.

Employers established the existing health problems of workers through health surveys and analysis of employee claims. They then adapted the programs to address these specific issues as well as general risk factors such as physical inactivity, smoking and poor diet.

4. Tailoring programs to address specific needs.

Employers aimed to cater to the specific needs of each worker by offering a wide variety of services. For example health counselling could be accessed over the phone, via the internet or as a face-to-face consultation.

5. Attaining high participation.

Time was taken to find out what was meaningful and important to employees. Programs were then designed to maximise participation and employee enthusiasm.

6. Rigorous evaluation of programs.

A key indicator of the success of programs was the regular review of specific success indicators. These indicators included participation rates, changes in specific health behaviours such as weight loss or smoking cessation, employee satisfaction, and economic variables such as health care utilisation and costs.

Original research

Promising practices in employer health and productivity management efforts: findings from a benchmarking study.

Goetzel RZ, Shechter D, Ozminkowski RJ, Marmet PF, Tabrizi MJ, Roemer EC.

J Occup Environ Med. 2007 Feb;49(2):111-30. Review. Erratum in: J Occup Environ Med. 2007 May;49(5):583.

[Link to PubMed abstract](#)

Toolkit

[Health, wellbeing & productivity: A toolkit for business](#)