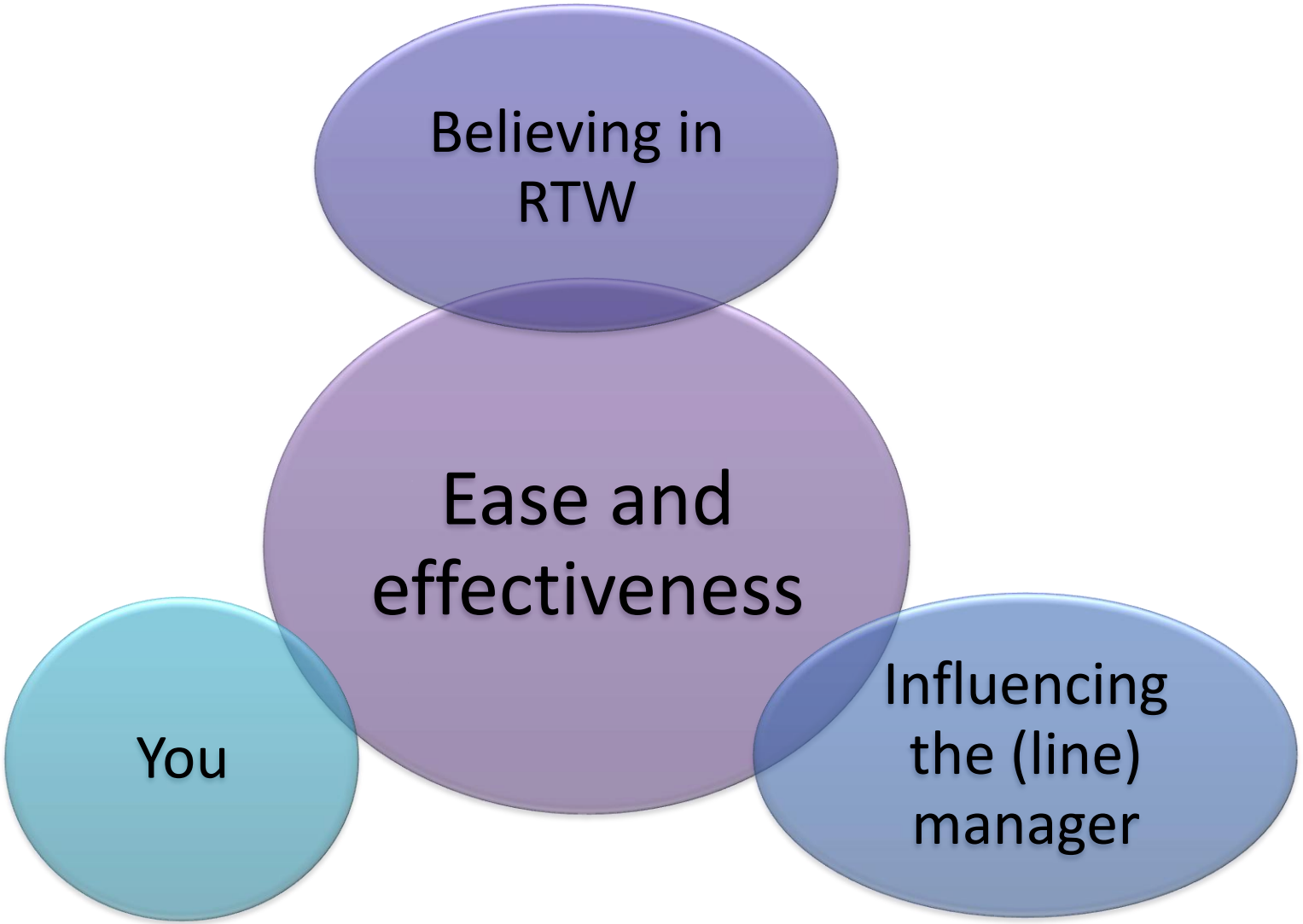
Return to Work Matters
The power of partnerships

Effective return to work practices


Believing in RTW
Ease and effectiveness
You
Influencing the (line) manager

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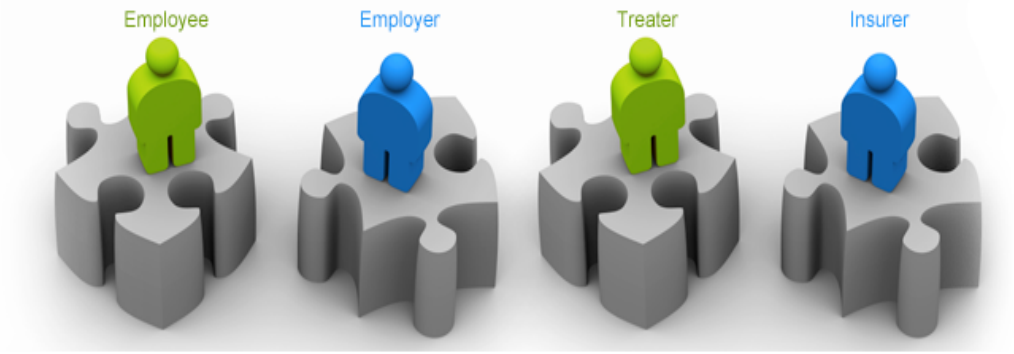


The issues

1. Being way from work for long periods is a significant health risk.
2. People with compensation claims have worse health outcomes than those who have the same condition without compensation.

Both require action to change. This website provides information and resources to help improve outcomes.

The information on this site is designed for employees and their families, RTW coordinators and managers, supervisors, human resource staff, senior managers, claims and injury managers, treating practitioners including doctors and physiotherapists, unions, rehabilitation professionals and policy makers.

For further information on this site please contact roberthughes@resworks.org.au

The Return To Work Knowledge Base is sponsored by: Return To Work Matters Pty Ltd

Research and Resources on Return to Work

This site is designed to help with return to work. The information is evidence based and encourages best practice and cooperation. It includes:

1. Research papers translated into plain language. The articles can be browsed in interest group collections - employee, employer etc. Alternatively all articles can be seen via the 'View all Articles' tab. On the summary pages the article title is the link to the full text. A search facility is available on all pages.
2. Resources - links to useful information on work disability such as patient handouts, work disability reports, treatment guidelines. The link to the Resources Page for each group is at the top of the left navigation menu on the summary pages.

The site is designed to inform the reader and to encourage sharing of information with others.

Further information, details on navigating the site and how to share information with others is in the article on how to use this site.

Return to Work Matters

The power of partnerships

Return to Work Matters is a practical online portal providing thousands of best-practice time saving tips, tools and training resources for those engaged in improving health outcomes for injured or ill employees. Join today for immediate access!

Are you a RTW service provider or an employer offering in-house case mangement?

Provide your staff with the learning resources and tools they need to perform their job effectively using cost reducing best practices.

All the knowledge and information they need in one handy location.

FIND OUT HOW!

Are you an individual RTW Coordinator or Case Manager?

Do you lack support and cooperation from line managers and supervisors? Can't get buy in from senior management or make any progress communicating with doctors and treaters?

Get access to practical information and tools to help you in your role.

FIND OUT HOW!

Join Now

- Become a member and get immediate access to all of our resources

Search the return to work database:

Search

The neck vs. the shoulder

NECK TREATMENT APPROACHES

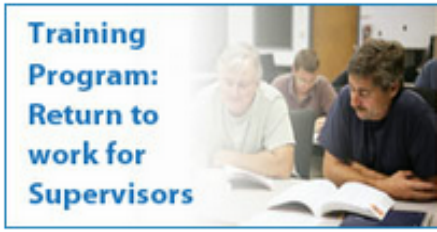
Dr Mary Wyatt | Why we should look carefully.

The neck and shoulder are linked and influence one another. Sometimes it can be difficult to sort out the primary problem. Why does this matter? Because treatment for one won't help - if the problem is being caused by the other. Treatment can include surgery. Unnecessary surgery is obviously unnecessary, but can result in delays in appropriate treatment and complications from the surgery itself. more >>

The sciatica of the neck - another version of radiculopathy.

Dr Mary Wyatt | A closer look at one type of neck pain.

Pressure on the nerves as they exit the neck causes pain in

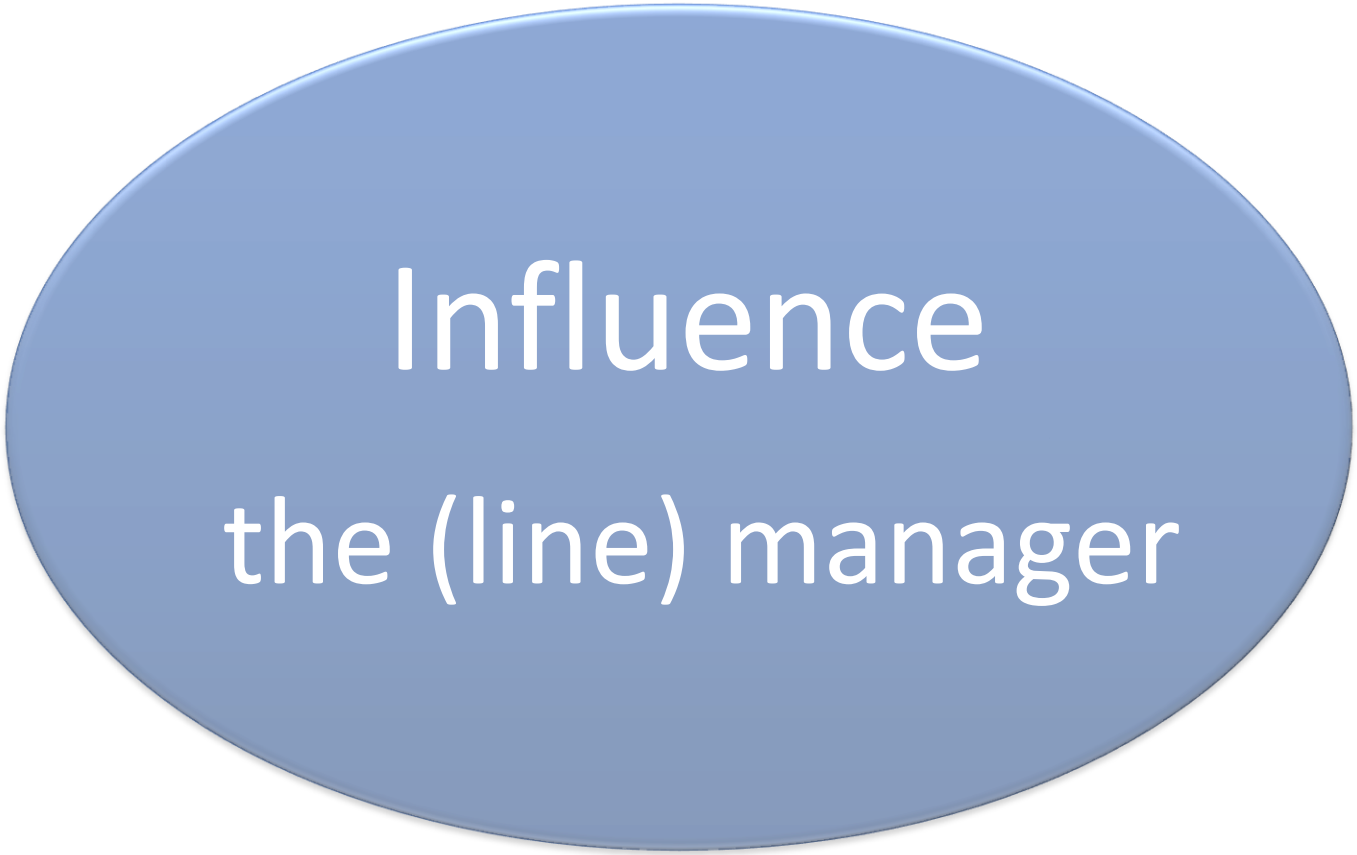


Free Content

About this site

Who should join?

About Us


Influence
the (line) manager

Influencing the (line) manager – why?

Study one – IWH systematic review

- Educating supervisors and managers
- Is one of the seven workplace based interventions that makes a difference

Study two – Liberty Mutual

- 47% reduction in new claims and an 18% reduction in active lost-time claims
- Versus 27% and 7%, respectively, in the control group.

Shaw, W. S., M. M. Robertson, et al. (2006). "A controlled case study of supervisor training to optimize response to injury in the food processing industry." Work **26**(2): 107-14.

Supervisors and return to work

- A supervisor's role is to develop employees and monitor their performance.

- This puts the supervisor in a pivotal position to observe changes in behaviour and the emergence of physical, mental and personal problems for employees returning to work.

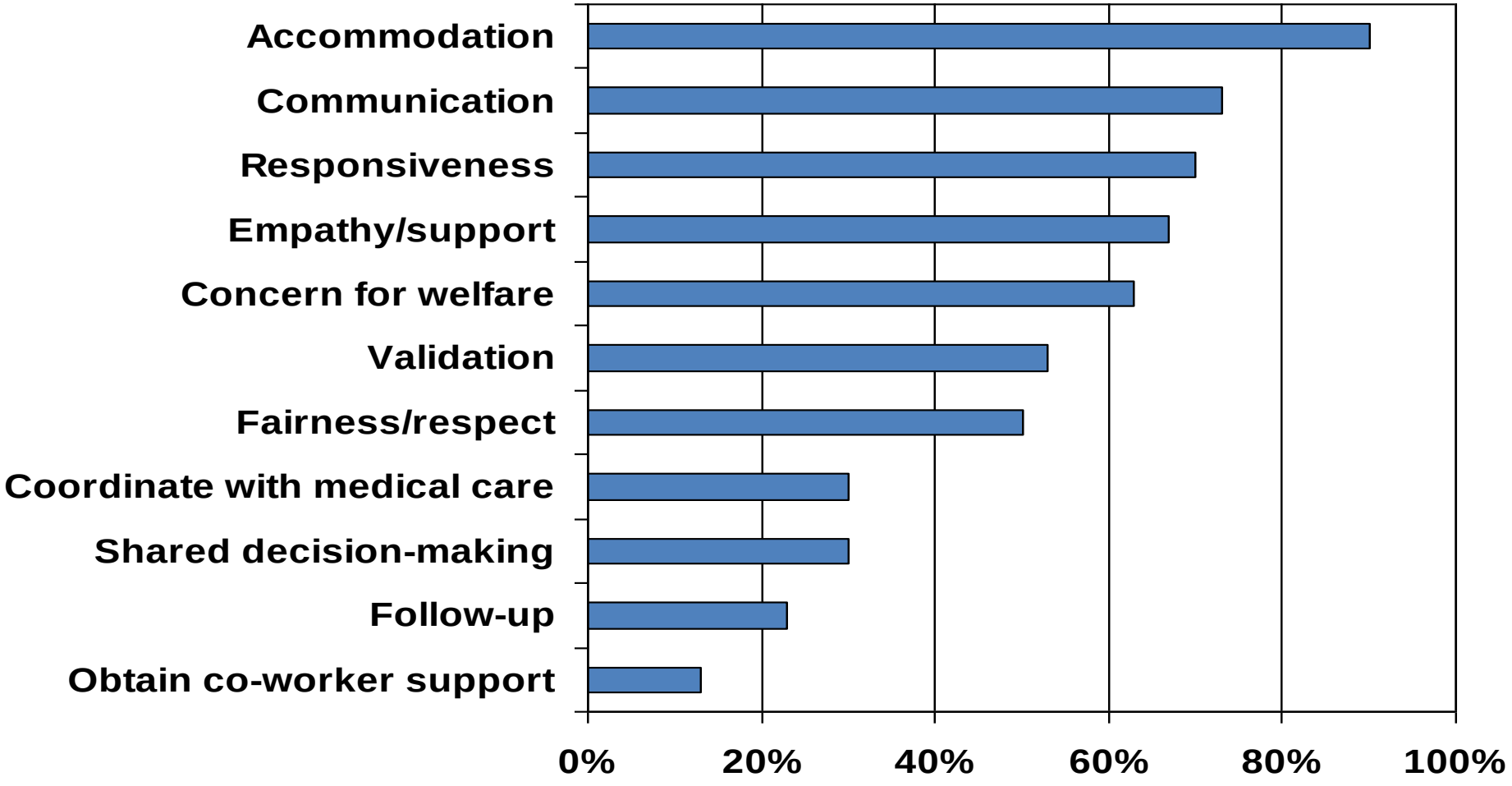
- Early recognition of problems, intervention and support during the early stages of treatment are keys to achieving effective results.

But

There are big gaps in:

- Supervisor understanding of how to be effective in return to work
- Expectations about their role

Employee expectations of supervisor



Shaw, Robertson et al., J Occup Rehabil 2003;13:129-142.

Supervisors' concept of their role

- Complete injury report (90%)
- Assess validity of claim (65%)
- Protect company (53%)
- Communicate with worker (41%)
- Include worker in process (30%)

Trained supervisors

Research has shown trained supervisors

- Report greater job satisfaction
- Have less claims in their area
- Have less claims where the employee is off work

How to train supervisor

- Let them know what's in it for them
  - ↓ stress as employee productivity increases
  - ↓ workplace accidents and illnesses as ergonomic principles are applied
  - ↓ staff turnover when an experienced team member is retained
  - Demonstrated leadership role within the company
  - ↑ skills in communicating effectively
  - ↑ confidence in abilities
  - ↑ support from other units or teams within the company

How to train supervisor

- Case discussion
- Formal training
- Use of questionnaire
- Use of survey
- Talk money
- Involve their boss

Manager support for return to work: A check list

Employee's name: .....

Manager's name: ..... Date of first absence: .....

Competency	Sub-competency	Do (✓) Don't (✗)	Examples of manager behaviour	Date	Comments
During the employee's absence, the manager...					
While the employee is off		✓	• regularly communicates with the individual via telephone or email		
			• regularly communicates work issues with the individual to keep them in the loop		
			• focuses conversations more on the individual's well-being		
			• is in touch with the individual's close colleagues with regards to their health		
			• encourages work colleagues and other members of the organisation to keep in touch with the individual		
			• relays positive messages through family or friends		
			• makes it clear that the individual should not rush back to work		
			• makes it clear that the company will support the individual during their absence		
			• reassures the individual that their job will be there for them when they return		
			• prevents the individual from pushing him/herself too much to return to work		
Once the employee has returned to work, the manager...					
The initial return to work		✓	• gives the individual lighter duties/different jobs during their initial return to work		
			• incorporates a phased return to work for the individual		
			• remains objective when discussing return-to-work adaptations for the individual		
			• explains the return-to-work process/procedures to the individual before they return		
			• explains any changes to the individual's role, responsibilities and work practices		
			• meets the individual on their first day back		
			• makes the individual's first weeks back at work as low-stress as possible		

http://www.bohrf.org.uk/downloads/Manager_support_checklist.pdf
http://www.ncbi.nlm.nih.gov/pubmed/21915686

Manager support for RTW

- regularly communicates with the individual via telephone or email
- regularly communicates work issues with the individual to keep them in the loop
- focuses conversations more on the individual's wellbeing

- gives the individual lighter duties/different jobs during their initial return to work
- incorporates a phased return to work for the individual
- remains objective when discussing return-to-work adaptations for the individual

Logo

Return to Work (RTW) Employee Satisfaction Survey

Return to Work	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
1. The RTW coordinator explained his/her role and responsibilities	☐	☐	☐	☐	☐
2. My role and responsibilities in return to work have been explained	☐	☐	☐	☐	☐
3. I am satisfied with my RTW plan	☐	☐	☐	☐	☐
4. I have been involved in the development of my RTW plan	☐	☐	☐	☐	☐
5. I have been assisted to return to work	☐	☐	☐	☐	☐
6. I am satisfied with the medical care I received.	☐	☐	☐	☐	☐
7. My supervisor has been helpful in my return to work program	☐	☐	☐	☐	☐
8. Those involved with my return to work have been polite and have responded in timely fashion	☐	☐	☐	☐	☐

Did you return to your normal job? ☐ Yes ☐ No

What was the most helpful information or service provided to you?

What can we do to improve our system?

Thank you for your time.

.

Optional

Name: Phone Number:

Would you like a follow-up phone call? ☐ Yes ☐ No

Formal training

- Two hours to one day
- Training in
  - Understanding musculoskeletal problems
  - Ergonomic principles
  - Active listening
  - Managing rtw
  - Dealing with problem cases

- Training package available in SA
- RTWMatters

Believe
in RTW

Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

The Royal Australasian College of Physicians

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Health Benefits of Work

- Consensus Statement & Signatories
- Position Statement
- Stakeholder Updates
- The Role of GPs
- Latest News
- November 2011 Stakeholder Meeting - From Consensus to Action
- March 2011 - Consensus Statement Launch
- March 2011 Return to Work Forum

Realising the Health Benefits of Work

http://www.racp.edu.au/page/afoem-health-benefits-of-work

Health impacts include:

- Increased rates of mortality;
- Poorer physical health, including increased rates of:
  - o cardiovascular disease;
  - o lung cancer; and
  - o susceptibility to respiratory infections;
- Poorer mental health and psychological well-being;
- Somatic complaints;
- Long-standing illness;
- Disability; and
- Higher rates of medical consultation, medication consumption and hospital admission.

- Suicide in young men > 6 months out of work is increased x40
- Suicide rate in general increased x6 in longer-term worklessness
- Health risk and life expectancy greater than many "killer diseases"
- Greater risk than most dangerous jobs (construction/forestry)

Social costs

Social

• Families, including the **children** of parents out of work, have decreased educational opportunities and reduced long term employment prospects;

• Individuals suffer a loss of social identity and status; and

• Exclusion from employment

Workplace

- Direct costs
- Indirect costs
- X4-13 times direct costs
- Reputation
- Morale
- Other time – fines, court

AUS Consensus statement signatories @ March '12

Adult Medicine Division of the RACP
Allied Health Professionals Australia
Association of Self Insured Employers of Queensland
Australasian College of Sports Physicians
Australasian Faculty of Occupational and Environmental Medicine
Australasian Faculty of Public Health Medicine
Australasian Faculty of Rehabilitation Medicine
Australasian Society of Aerospace Medicine
Australian and New Zealand Society of Occupational Medicine
Australian Association of Occupational Therapists
Australian College of Rural and Remote Medicine
Australian Counselling Association
Australian Federal Police
Australian Life Underwriters and Claims Association
Australian Osteopathic Association
Australian Physiotherapy Association
Australian Psychological Society
Australian Rehabilitation Providers Association
Australian Society of Rehabilitation Counsellors
Business Council of Australia
Career Industry Council of Australia
Chiropractors' Association of Australia
Coal Services Pty Limited
Comcare
Committee of Presidents of Medical Colleges
Compass Group (Australia) Pty Ltd
Ford Health
Health and Productivity Institute of Australia
Human Factors and Ergonomics Society of Australia
Medibank Health Solutions
National Aboriginal Community Controlled Health Organisation
NSW Self Insurance Corporation
Police Association of NSW
Police Federation of Australia
Public Health Association of Australia
Q-COMP
Queensland Department of Justice and Attorney General
Royal Australasian College of Physicians
Royal Australian & New Zealand College of Psychiatrists
Royal Australian College of General Practitioners
Safety Institute of Australia
SafeWork Australia
Transport Accident Commission
WorkAble Solutions
WorkCover New South Wales
WorkCover Queensland
WorkCover South Australia
WorkCover Tasmania
WorkCover Western Australia
WorkSafe Victoria
WorkSafe Western Australia

Consensus statement

Government, employers, unions, insurance companies, legal practitioners, advocacy groups, and the medical, nursing and allied health professions all have a role to play in promoting the health benefits of work.

Through actions appropriate to our various areas of responsibility or activity, we agree to:

- Promote awareness of the health benefits of work;
- Offer support and encouragement to those attempting to access the health benefits of work;
- Encourage employers' continuing support of workers' occupational health; and;
- Advocate for continuous improvement in public policy around work and health, in line with the principles articulated above.

Messaging

- Being taken up by various groups
- Needs to be used for the WELL BEING of people
- If used as a stick the message will be damaged

Messaging

- Work out how you can talk to people
- In a way that works for you and works for them

You

Enjoy work

Be effective

Sustain enthusiasm

Summary of Well-Being Theory - PERMA

1. Positive emotion
   - Increasable by 10-15%
   - *Losada* relationship: Flourishing companies have a ratio of positive to negative words in company meetings over 2.9:1 (stagnant 1-2.9:1, going under<1:1)
2. Engagement
3. Relationships
4. Meaning and purpose
5. Accomplishment

http://www.abc.net.au/tv/bigideas/stories/2012/04/30/3489669.htm
http://www.authentichappiness.sas.upenn.edu/Default.aspx

Relationships - start to use Active Constructive

Passive constructive	Active constructive
Passive destructive	Active destructive

Work your strengths

Identify your strengths

1. Creativity
2. Curiosity
3. Open Mindedness
4. Love of Learning
5. Perspective
6. Bravery
7. Persistence
8. Integrity
9. Vitality
10. Love
11. Kindness
12. Social intelligence
13. Citizenship
14. Fairness
15. Leadership
16. Forgiveness
17. Humility
18. Prudence

Work your strengths cont'd

Then use them in your everyday practice

Statistics @ 6 months

- Less depression
- Less anxiety
- More job satisfaction
- (Better results)

5 tips to build trust & gain information:

1. Be yourself
   - It's not about you, it's about them
2. Don't pretend to understand if you don't
3. Listen actively
4. Deliver on promises
   - DON'T make promises you can't keep
5. Ask what you want to know

Worker may feel

- Employer/Insurer is interested in saving costs
- Employer feels injured worker is a hassle & no longer a valued team member
- Employer is supportive because legislation requires it
- Employer wants to get rid of them
- Can't trust employer because they were injured whilst working for them
- Other feelings of distrust based on circumstances/culture of organisation/history

Developing trust

1. Don't try to act genuine, be yourself

- People are aware of authenticity
- When you're authentic it becomes more about the other person

2. Don’t pretend to understand what they are going through if you don’t

- Ask them to tell you
- Say things like “It must be hard….”, “I can’t imagine….”, “How are you coping with….?”
- Make sure you stimulate a response – avoid telling them how they feel, ask questions

3. LISTEN & hear what they are saying

- Most people will tell you want they want / need
- Some will rant & rave
  - You learn from listening & letting them vent
  - Some will talk themselves through their issues
  - Most will actually apologize to you & thank you once they have vented

4. Deliver on promises

- If you can't make a promise, say you will find out and then follow through
- If you can't deliver, give them:
  - Reasons why
  - Alternatives – stay away from closed responses such as "No"

Broken Promise = Broken Trust

Under promise and over deliver

Ask away, if there is trust

They may have already told you what you want to know.

If not:

5. Ask them what you want to know

- Start gently/subtly and see how they respond
- Depending on personality or the relationship you have built, you may be able to ask blunt questions

Meaning and purpose

People have higher levels of well-being when they are doing something for others

May be small, such as providing simple information

May be large, such as achieving a difficult return to work

References PERMA

Identify your strengths test

http://www.authentichappiness.sas.upenn.edu/tests/SameAnswers_t.aspx?id=270

Video of Martin Seligman in Aus

http://www.abc.net.au/tv/bigideas/stories/2012/04/30/3489669.htm

More information on PERMA
http://www.authentichappiness.sas.upenn.edu/Default.aspx

References – Line managers

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Returning Employees Back to Work: Developing a Measure for Supervisors to Support Return to Work (SSRW).

Munir F, Yarker J, Hicks B, Donaldson-Feilder E.

J Occup Rehabil. 2012 Jun;22(2):196-208.

A controlled case study of supervisor training to optimize response to injury in the food processing industry.

Shaw WS, Robertson MM, McLellan RK, Verma S, Pransky G.

Work. 2006;26(2):107-14.

Supervisory behaviour as a predictor of return to work in employees absent from work due to mental health problems.

Nieuwenhuijsen K, Verbeek JH, de Boer AG, Blonk RW, van Dijk FJ.

Occup Environ Med. 2004 Oct;61(10):817-23.

Other

If you are in South Australia

http://www.workcover.com/employer/employer-responsibilities/supervisor-training

Knowledge Base links

http://www.rtwknowledge.org/browse.php?view_type=employer#manager

RTWMatters.org

http://www.rtwmatters.org/products/training-program-managing-return-to-work-for-supervisors.htm