Context

- Return to work is the process or strategy of safely returning employees to the workplace in a timely manner.
- The primary goal is to return the worker to their pre-injury position through cooperation between the employee and employer.
- Both system- and individual-level factors may hinder a successful return to work, including worker and job characteristics, workplace factors (e.g., accommodations, workplace culture), aspects of medical care and workers' compensation, and larger societal factors such as socio-economic conditions.(1)

Questions

- What are the views and experiences of workers who face challenges understanding and accepting the factors that led to their injury, and whether and how it was remediated (including responsibility and accountability by employers)?
- How do these views and experiences contribute to a delay in a return to work or unsuccessful return to work after an injury?

Rapid Evidence Profile

Examining the views and experiences of workplace-injury remediation and its impact on return-to-work timelines

8 December 2023

[MHF product code: REP 59]

+ Global evidence drawn upon

Evidence syntheses selected based on relevance, quality, and recency of search

+ Forms of domestic evidence used (🍁 = Canadian)

Evaluation   Qualitative insights

* Additional notable features

This is part of a series of four rapid evidence profiles focused on employment topics, with the others focused on: 1) the impact of worker engagement and participation in creating psychological health and safety at work; 2) features and impacts of incentive programs for return-to-work after a period of disability; and 3) features and impacts of models of care to facilitate a successful return-to-work following a mental-health injury claim.

High-level summary of key findings

- We identified two evidence syntheses and 17 single studies, which were included based on their focus on understanding the injury remediation process to achieve a successful return to work.
- Most of the literature focused on examining the existing barriers and facilitators in the return-to-work process through the experiences of injured workers, and how workers were able to negotiate according to their own terms and overcome barriers to regain independence, re-integrate into the workforce, and maintain quality of life.
- Interdisciplinary care, which consists of a diverse team including the aid of employers, co-workers, insurers, compensation boards, rehabilitation specialists, and primary-care providers, was found to be effective in creating a more seamless and pleasant return-to-work experience for the injured worker.
- Socio-economic status and personal obligations (e.g., taking care of families) were often motivators to continue working and return to work as quickly as possible.

- Based on gaps identified in the literature, future research could focus on understanding the employer's perspective through the injury remediation process and what challenges they face to facilitate a successful return to work for their employees by developing an understanding of their duties and what is lacking in their support networks.

Framework to organize what we looked for

- Type of injury
  - Physical injury
  - Mental-health injury
- Nature of injury
  - Life-threatening
  - Serious
    - Acute
    - Long-term
  - Minor
    - Acute
    - Long-term
- Nature of leave from work
  - Short-term
  - Long-term
- Employer obligations
  - Filing accident/injury claim
  - Report to accident/injury to union (if applicable)
  - Determination of responsibility
    - No-fault insurance scheme
    - Attribution of fault
  - Remediation measures required or taken
    - Workplace assessment conducted
    - Safety issue(s) addressed
    - Accommodations implemented
- Worker-related outcomes
  - Views and experiences
    - Barriers and facilitators of return to work
  - Return-to-work status
    - Delay in return to work
    - Unsuccessful return to work

What we found

Box 1: Approach and supporting materials

We identified evidence addressing the question by searching Health Systems Evidence and Social Systems Evidence for evidence syntheses, and PubMed, PsychInfo, and Web of Science for single studies. All searches were conducted on 13 November 2023. The search strategies used are included in Appendix 1. In contrast to synthesis methods that provide an in-depth understanding of the evidence, this profile focuses on providing an overview and key insights from relevant documents.

We searched for full evidence syntheses (or synthesis-derived products such as overviews of evidence syntheses), protocols for evidence syntheses, and single studies.

We appraised the methodological quality of evidence syntheses that were deemed to be highly relevant using AMSTAR. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. The AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial, or governance arrangements within health systems or to broader social systems.

A separate appendix document includes:
1) methodological details (Appendix 1)
2) details about each identified synthesis (Appendix 2)
3) details from each identified single study (Appendix 3)
4) documents that were excluded in the final stages of review (Appendix 4).

This rapid evidence profile was prepared in the equivalent of three days of a 'full court press' by all involved staff.

We identified two evidence syntheses and 17 single studies addressing the question. Of these, we deemed one evidence synthesis and 14 single studies to be highly relevant. Based on these documents, we outline below: 1) gaps identified; 2) insights about workplace injury remediation processes; and 3) potential next steps.

Gaps in existing evidence syntheses and single studies

We identified very few high-quality, recent-evidence syntheses to answer the question, which means that many of the included findings come from single studies. The two evidence syntheses (both of which are scoping reviews) and 17 single studies included insights about remediation measures and worker-related outcomes as outlined in the framework. Specifically, most covered the common difficulties and stressors workers faced while navigating the processes of coming to terms with their injury, and how to receive needed supports to initiate a successful return-to-work process.

We found a significant gap in the evidence examining employer obligations and their duty towards their employees. In the evidence syntheses and single studies, there was a lack of insights about what steps employers need to take in terms of filing an injury report, contacting the insurance board, and assuring their workers that responsibility and accountability will be taken to better serve their employees. In addition, there was also a lack of emphasis about how the type and duration of injury can have a direct or indirect impact on the remediation and return-to-work timelines. Lastly, there was also no mention of specific programs, practices, or policies in place to support injury remediation processes for workers.

What existing evidence syntheses tell us about the workplace injury remediation process

Barriers

Two studies found that functional capacity after an injury can become significantly reduced, which can hinder resumption of work, duties, and responsibilities, and can lead to re-injury when work is resumed, as well as stigma and exploitation from co-workers.(6; 7) One study outlined that 98.6% of workers had to reduce their working hours significantly despite still being enrolled in a vocational rehabilitation program four years post-injury. This was noted in another study as further increasing the likelihood of experiencing employment instability, which can impact a worker's mental state and increase income precarity.(7)

Another study also acknowledged how language barriers can amplify difficulties in reporting their injuries or illnesses to their employer or to workers' compensation, which can lead to confusion and misinformation regarding worker compensation. This was noted as potentially contributing to further fear and insecurity around the supports that workers are entitled, resulting in significant negative impacts in economic, health, and claim areas.(8)

Common workplace barriers that were found to be experienced by workers during return to work included un-modifiable work duties due to physical requirements of the job, small business employers unequipped with speciality knowledge (including lack of staff dedicated to return-to-work planning), lack of effort to establish workplace accommodations, inconsistency in return-to-work procedures, inadequate healthcare provider communication, and lack of management support.(2; 3; 9-11)

Common situational barriers identified from the evidence documents that workers experienced during a return-to-work timeline that could make them feel the need to return to work earlier than recommended by health professionals and work safety boards included:
- socio-economic necessities such as financial concerns and/or providing for their families
- unemployment stigma or fear of unemployment
- personal obligations such as emotional attachments to work or a sense of liability to work.(1; 3)

In contrast, personal barriers that delayed a return to work included low confidence, lack of communication between employers and workers, detachment to workplace environment, distrust in the system, and demoralization due to the challenges faced in the return-to-work timeline.(12; 13)

Facilitators

Common facilitators workers experienced during their return-to-work timeline included peer-support groups, responsive employers (e.g., held jobs open, paid wages during recovery, flexible schedules, adequate staffing), practical and moral supports from co-workers and managers (e.g., modifying job roles, respecting workers' needs), supportive health professionals that provided advice and advocacy, insurers that negotiated return-to-work plans with the support of the worker, effective communication, appropriate employer response (e.g., empathy, acknowledgment, support), education and building capacity amongst all stakeholders, worker resiliency, task job crafting, and fostering positive workplace relations by challenging negative assumptions.(5; 14-19)

Next steps

Additional next steps could focus on efforts to fill gaps in the literature, which include:
- evidence syntheses on specific programs, policies, and practices to support the employer and worker in the injury remediation process
- evidence syntheses on the use and effectiveness of rehabilitation specialists and if a dedicated point of contact to support a return to work makes a difference
- primary research on employer perspectives and how they build capacity to support workers in their return-to-work timeline.

References

1. Gewurtz RE, Premji S, Holness DL. The experiences of workers who do not successfully return to work following a work-related injury. *Work: Journal of Prevention, Assessment & Rehabilitation* 2018; 61(4): 537-549.

2. Sharpe K, Afshar T, St-Hilaire F, McLeod C. Return-to-work after work-related injury in the construction sector: A scoping review. *J Occup Rehabil* 2022; 32(4): 664-684.

3. Noll L, Mallows A, Moran J. Psychosocial barriers and facilitators for a successful return to work following injury within firefighters. *Int Arch Occup Environ Health* 2022; 95(2): 331-339.

4. Vooijs M, Bossen D, Hoving JL, Wind H, Frings-Dresen MHW. How to facilitate guideline use? A bottom-up qualitative approach developing a training programme for professionals involved in work participation of people with a chronic disease. *Work* 2021; 70(2): 603-614.

5. Murray M, Beattie J, McLeod C, Pedler D, Brumby SA, Gabbe B. 'It could have been a lot worse': the psychological effects of farm-related serious injury in Victoria. *Rural Remote Health* 2019; 19(3): 5323.

6. Soeker MS, Darries Z. The experiences of women with traumatic brain injury about the barriers and facilitators experienced after vocational rehabilitation in the Western Cape Metropole, South Africa. *Work* 2019; 64(3): 477-486.

7. Libeson L, Ross P, Downing M, Ponsford J. Factors associated with employment stability following traumatic brain injury, in a sample who have received comprehensive vocational rehabilitation. *Disabil Rehabil* 2022; 44(21): 6325-6332.

8. Premji S, Begum M, Medley A. Systemic barriers to reporting work injuries and illnesses in contexts of language barriers. *Am J Ind Med* 2023; 66(2): 122-131.

9. Graff HJ, Deleu NW, Christiansen P, Rytter HM. Facilitators of and barriers to return to work after mild traumatic brain injury: A thematic analysis. *Neuropsychol Rehabil* 2021; 31(9): 1349-1373.

10. Bryson-Campbell M, Shaw L, Cooper L, Chedore B. Developing guidelines to support injured workers who live and work with chronic pain. *Work* 2020; 66(2): 383-404.

11. Sears JM, Schulman BA, Fulton-Kehoe D, Hogg-Johnson S. Workplace Organizational and Psychosocial Factors Associated with Return-to-Work Interruption and Reinjury Among Workers with Permanent Impairment. *Annals Of Work Exposures And Health* 2021; 65(5): 566-580.

12. Maddineshat M, Cheraghi F, Ghaleiha A, Khalafbeigi M, Sadeghian E. Identifying return to work perception in people with serious mental illness: A qualitative study. *J Psychosoc Nurs Ment Health Serv* 2022; 60(4): 11-20.

13. Libeson L, Ross P, Downing M, Ponsford J. The experience of employers of individuals with traumatic brain injury. *Neuropsychol Rehabil* 2022; 32(10): 2580-2602.

14. Covell CL, Sands SR, Ingraham K, et al. Mapping the peer-reviewed literature on accommodating nurses' return to work after leaves of absence for mental health issues: a scoping review. *Hum Resour Health* 2020; 18(1): 36.

15. Lecours A, Laliberté M, Lord M-M, Léonard G, Ruel J. The process of rehabilitation, return and stay at work of aging workers who suffered an occupational injury: A portrait based on the experience of Canadian stakeholders. *J Occup Rehabil* 2022; 32(4): 790-802.

16. Sears JM, Edmonds AT, MacEachen E, Fulton-Kehoe D. Workplace improvements to support safe and sustained return to work: Suggestions from a survey of workers with permanent impairments. *Am J Ind Med* 2021; 64(9): 731-743.

17. Nielsen K, Yarker J. Job crafting as a work adjustment strategy for workers returning after long-term sickness absence due to common mental disorders. *Int J Rehabil Res* 2020; 43(2): 154-158.

18. Robart R, Boyle P. Supporting workers with lower back injuries to return to work: A meta-ethnography. *The British Journal of Occupational Therapy* 2021; 84(2): 79-91.

19. Braaf S, Collie A, Ameratunga S, et al. A qualitative exploration of return to work in the first 3-years after serious injury. *J Occup Environ Med* 2019; 61(12): e461-e467.

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