

Appendices

- 1) Methodological details
- 2) Details about each identified evidence synthesis
- 3) Details about each identified single study
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Examining the views and experiences of workplace-injury remediation and its impact on return-to-work timelines

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Appendix 1: Methodological details

We use a standard protocol for preparing rapid evidence profiles (REP) to ensure that our approach to identifying research evidence is as systematic and transparent as possible in the time we were given to prepare the profile.

Identifying research evidence

For this REP, we searched Health Systems Evidence and Social Systems Evidence for evidence syntheses, and PubMed, PsychInfo, and Web of Science for single studies published in the last five years.

In Health Systems Evidence, we performed an open search for “Return to Work.” In Social Systems Evidence, we performed an open search for “Return to Work” with filters for “employment” under “programs and services.” In PubMed, we used the following combination of terms: (“Return to Work”[MeSH Major Topic] OR “Return to Work”[Title/Abstract] OR “returning to work”[Title/Abstract]) AND (“Occupational Injuries”[MeSH Terms] OR “accidents, occupational”[MeSH Terms] OR “occupational diseases”[MeSH Terms] OR “injur*”[Title] OR “traum*”[Title] OR “wound*”[Title] OR “illness”[Title] OR “diseas*”[Title] OR “accident*”[Title]) AND (“Qualitative Research”[MeSH Terms] OR “qualitative”[Title/Abstract] OR “Grounded Theory”[MeSH Terms] OR “Grounded Theory”[Title/Abstract] OR “mixed methods”[Title/Abstract] OR “interview”[Title/Abstract] OR “ethnography”[Title/Abstract] OR “case stud*”[Title/Abstract] OR “content analysis”[Title/Abstract] OR “participant observation”[Title/Abstract] OR “participatory action”[Title/Abstract] OR “focus group”[Title/Abstract] OR “interpretat*”[Title/Abstract] OR “thematic analysis”[Title/Abstract]). For PsychInfo, we searched for: (((title: (Return to Work)) OR (abstract: (Return to Work)) OR (Index Terms: (Return to Work))) AND ((Year: [2018 TO 2023]))) AND (((MeSH: (Occupational Injuries)) OR (MeSH: (occupational diseases)) OR (MeSH: (accidents, occupational)) OR (title: (Injuries)) OR (title: (diseases)) OR (title: (illness)))) AND ((Year: [2018 TO 2023])). The PsychInfo searches were limited to peer-reviewed journals. Lastly, in Web of Science, we searched for: ((WC=(“Return to Work”)) OR TS=(“Return to Work”)) AND ((WC=(“Occupational Injuries”)) OR TS=(“Occupational Injuries”)) OR WC=(“Occupational Accidents”) OR TS=(“Occupational Accidents”) OR WC=(“occupational diseases”) OR TS=(“occupational diseases”). This search was limited to article or review article or early access under document type.

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid evidence profile, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

During this process we include published, pre-print, and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in languages

other than Chinese, English, French, or Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing. We excluded documents that did not directly address the research questions and the relevant organizing framework.

Assessing relevance and quality of evidence

We assess the relevance of each included evidence document as being of high, moderate, or low relevance to the question.

Two reviewers independently appraised the quality of the guidelines we identified as being highly relevant using AGREE II. We used three domains in the tool (stakeholder involvement, rigour of development, and editorial independence) and classified guidelines as high quality if they were scored as 60% or higher across each of these domains.

Two reviewers independently appraise the methodological quality of evidence syntheses that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents an evidence synthesis of the highest quality. High-quality evidence syntheses are those with scores of eight or higher out of a possible 11, medium-quality evidence syntheses are those with scores between four and seven, and low-quality evidence syntheses are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess evidence syntheses focused on clinical interventions, so not all criteria apply to those pertaining to health-system arrangements or to economic and social responses. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, an evidence synthesis that scores 8/8 is generally of comparable quality to another scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the evidence synthesis can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the evidence synthesis should be discarded, merely that less confidence can be placed in its findings and that the evidence synthesis needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7(Suppl1): S8.)

Preparing the profile

Each included document is cited in the reference list at the end of the REP. For all included guidelines, evidence syntheses and single studies (when included), we prepare a small number of bullet points that provide a summary of the key findings, which are used to summarize key messages in the text. Protocols and titles/questions have their titles hyperlinked, given that findings are not yet available.

We then draft a summary that highlights the key findings from all highly relevant documents (alongside their date of last search and methodological quality) as well as key findings from the jurisdictional scan.

Appendix 2: Details about each identified evidence synthesis

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
<ul style="list-style-type: none"> Type of injury <ul style="list-style-type: none"> Physical injury Employer obligations <ul style="list-style-type: none"> Remediation measures required or taken <ul style="list-style-type: none"> Workplace assessment conducted Safety issue(s) addressed Accommodations implemented Worker-related outcomes <ul style="list-style-type: none"> Views and experiences <ul style="list-style-type: none"> Barriers and facilitators of return to work Return-to-work status <ul style="list-style-type: none"> Delay in return to work Unsuccessful return to work 	<p>Accommodations are difficult to implement in the construction industry to facilitate return to work due to the physical nature and organization of labour</p> <ul style="list-style-type: none"> This scoping review identified the barriers and facilitators related to return to work after work injury in the construction industry. This review provides support for the possibility of workplace accommodations in the construction industry, which have been associated with better return-to-work outcomes in the general working population. Several challenges have emerged, such as: modified work or alternative duties were still considered difficult due to the physical requirements of construction work; small firms, which have fewer resources or speciality knowledge and staff dedicated to return-to-work planning or coordination, experienced difficulties providing workplace accommodations; and healthcare providers were perceived to have poor understanding of construction work, which impacts their ability to identify and communicate injured workers' restrictions and capabilities. 	High	Not available	6/9	2020	Not available	<ul style="list-style-type: none"> Occupation
<ul style="list-style-type: none"> Type of injury <ul style="list-style-type: none"> Mental-health injury Worker-related outcomes <ul style="list-style-type: none"> Views and experiences <ul style="list-style-type: none"> Barriers and facilitators of return to work Return-to-work status <ul style="list-style-type: none"> Delay in return to work Unsuccessful return to work 	<p>The findings addressed three major themes: alternative to discipline programs (ADPs), peer support, and return to work policies, procedures, and practices</p> <ul style="list-style-type: none"> ADPs primarily focus on nurses with substance use and are voluntary, non-punitive programs designed to include after-care monitoring of nurses and accommodate the return to work of these nurses through the use of contracts and conferences. Peer support groups are designed so that nurses guide nurses with alcohol and substance use disorders through recovery and are seen as a major facilitator for return to work. There is an overall lack of empirical evidence regarding programs, policies, or practices to support nurses' return to work. 	High	Not available	3/9	2018	Not available	<ul style="list-style-type: none"> Occupation

Appendix 3: Details about each identified single study

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
<ul style="list-style-type: none"> Type of injury <ul style="list-style-type: none"> Physical injury Nature of injury Serious Employer obligations <ul style="list-style-type: none"> Filing accident/injury claim Remediation measures required or taken <ul style="list-style-type: none"> Workplace assessment conducted Safety issue(s) addressed Accommodations implemented Worker-related outcomes <ul style="list-style-type: none"> Views and experiences <ul style="list-style-type: none"> Barriers and facilitators of return to work Return-to-work status <ul style="list-style-type: none"> Delay in return to work 	<p>Developing personalized plans involving the support of all stakeholders such as employers, health professionals, and insurers facilitates a successful return to work after a serious injury</p> <ul style="list-style-type: none"> The objective of this study was to explore how people with serious injuries returned to paid employment in the first three years after injury through the interviews of 54 adult survivors of serious injuries. Employers who were responsive to the needs of people with injuries held jobs open for extended periods, and some paid wages while their employee recovered and was off work. Co-workers and managers provided practical and moral support; this included modifying job roles, offers to assist with work, lifting heavy items, or by respecting needs such as time to stretch or no interruptions when concentrating. Health professionals such as general practitioners, rehabilitation specialists, and occupational therapists enabled and supported return to work by providing advice and advocacy, and by dealing directly with employers. Some insurers were part of a supportive infrastructure that facilitated return to work; wage replacement, also paid by insurers, mitigated stress by providing people with time to recover and negotiate return-to-work plans. 	High	<p><i>Publication date:</i> 2019</p> <p><i>Jurisdiction studied:</i> Victoria, Australia</p> <p><i>Methods used:</i> Qualitative analysis</p>	<ul style="list-style-type: none"> Occupation
<ul style="list-style-type: none"> Type of injury <ul style="list-style-type: none"> Physical injury Mental-health injury Employer obligations <ul style="list-style-type: none"> Filing accident/injury claim Report to accident/injury to union (if applicable) Determination of responsibility <ul style="list-style-type: none"> No-fault insurance scheme Attribution of fault Remediation measures required or taken <ul style="list-style-type: none"> Workplace assessment conducted Safety issue(s) addressed Accommodations implemented Worker-related outcomes <ul style="list-style-type: none"> Views and experiences 	<p>Workers who experience language barriers are at increased risk of work-related injuries and illnesses and face difficulties reporting these health problems to their employer and workers' compensation</p> <ul style="list-style-type: none"> This qualitative study with the interviews of 39 workers and 70 stakeholders outlined that workers face several obstacles to reporting, including confusion surrounding the cause and severity of injuries and illnesses, lack of information about workers' compensation, difficulties accessing and interacting with care providers, fear and insecurity linked to precarity, claim suppression by employers, negative perceptions of, and experiences with, workers' compensation, and lack of supports. Language barriers amplify each of these difficulties, resulting in significant negative impacts in economic, health, and claim areas. 	High	<p><i>Publication date:</i> 2022</p> <p><i>Jurisdiction studied:</i> Ontario and Quebec, Canada</p> <p><i>Methods used:</i> Qualitative analysis</p>	<ul style="list-style-type: none"> Occupation Socio-economic status

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
<ul style="list-style-type: none"> ▪ Barriers and facilitators of return to work ○ Return-to-work status <ul style="list-style-type: none"> ▪ Delay in return to work ▪ Unsuccessful return to work 				
<ul style="list-style-type: none"> • Type of injury <ul style="list-style-type: none"> ○ Physical injury ○ Mental-health injury • Nature of injury <ul style="list-style-type: none"> ○ Serious • Worker-related outcomes <ul style="list-style-type: none"> ○ Views and experiences <ul style="list-style-type: none"> ▪ Barriers and facilitators of return to work ○ Return-to-work status <ul style="list-style-type: none"> ▪ Delay in return to work ▪ Unsuccessful return to work 	<p>The need to keep working has a key effect on return-to-work perception among working people with serious mental illness</p> <ul style="list-style-type: none"> • This qualitative study aimed to identify return-to-work perception among working people with serious mental illness. • Two themes were extracted from 40 interviews which include the need to continue working and flexible and supportive strategies. • The need to continue working is composed of personal obligations such as emotional attachment to work or sense of liability to work and socio-economic necessities such as financial concerns, unemployment stigma, or fear of unemployment. • Supportive strategies consist of asking for assistance from family members, supervisors, co-workers, and welfare institutions. 	High	<p><i>Publication date:</i> 2022</p> <p><i>Jurisdiction studied:</i> Iran</p> <p><i>Methods used:</i> Qualitative analysis</p>	<ul style="list-style-type: none"> • Occupation • Socio-economic status
<ul style="list-style-type: none"> • Worker-related outcomes <ul style="list-style-type: none"> ○ Views and experiences <ul style="list-style-type: none"> ▪ Barriers and facilitators of return to work 	<p>A consistent and integrated recovery plan can create a successful return-to-work process for injured firefighters</p> <ul style="list-style-type: none"> • The aim of this primary study was to explore firefighters' experiences during their recovery from injury and explore the psychosocial barriers and facilitators during recovery and return to work. • Barriers included lack of communication, low confidence levels, lack of effort to establish workplace accommodations such as modified duties, difficult-to-navigate HR procedures, inconsistencies in the return-to-work process, and detachment issues due to lost contact from workplace. • Facilitators included providing physiotherapy and support from co-workers, supervisors, and occupational health team. 	Medium	<p><i>Publication date:</i> 2021</p> <p><i>Jurisdiction studied:</i> United Kingdom</p> <p><i>Methods used:</i> Qualitative analysis</p>	<ul style="list-style-type: none"> • Occupation
<ul style="list-style-type: none"> • Type of injury <ul style="list-style-type: none"> ○ Physical injury • Nature of injury <ul style="list-style-type: none"> ○ Serious <ul style="list-style-type: none"> ▪ Long-term • Employer obligations <ul style="list-style-type: none"> ○ Filing accident/injury claim ○ Determination of responsibility <ul style="list-style-type: none"> ▪ No-fault insurance scheme ○ Remediation measures required or taken <ul style="list-style-type: none"> ▪ Workplace assessment conducted 	<p>Advising employers on operational as well as emotional support needs of both employees and employers is an ongoing challenge for vocational rehabilitation (VR) providers</p> <ul style="list-style-type: none"> • The objective of this primary study is to understand the experience of 12 employers of individuals with traumatic brain injury who have received comprehensive vocational rehabilitation via semi-structured interviews. • The findings suggested that employers received adequate supports to handle the operational challenges but were not equipped for the emotional journey of the entire experience. • Employers took the initiative to find appropriate roles and ensure the well-being for their injured employees; however, the employers acknowledged how this process can be demoralizing for some employees. 	High	<p><i>Publication date:</i> 2021</p> <p><i>Jurisdiction studied:</i> Australia</p> <p><i>Methods used:</i> Qualitative analysis</p>	<ul style="list-style-type: none"> • Occupation

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
<ul style="list-style-type: none"> ▪ Safety issue(s) addressed ▪ Accommodations implemented • Worker-related outcomes <ul style="list-style-type: none"> ○ Views and experiences <ul style="list-style-type: none"> ▪ Barriers and facilitators of return to work ○ Return-to-work status <ul style="list-style-type: none"> ▪ Delay in return to work ▪ Unsuccessful return to work 				
<ul style="list-style-type: none"> • Type of injury <ul style="list-style-type: none"> ○ Physical injury • Nature of injury <ul style="list-style-type: none"> ○ Minor <ul style="list-style-type: none"> ▪ Acute • Nature of leave from work <ul style="list-style-type: none"> ○ Short-term • Worker-related outcomes <ul style="list-style-type: none"> ○ Views and experiences <ul style="list-style-type: none"> ▪ Barriers and facilitators of return to work ○ Return-to-work status <ul style="list-style-type: none"> ▪ Delay in return to work 	<p>Clinical practice guidelines need to be improved to describe mild traumatic brain injury vocational rehabilitation needs to guide employers and healthcare professionals to support the patient's return-to-work journey</p> <ul style="list-style-type: none"> • The scope of this qualitative study was to understand how different factors can facilitate or act as a barrier in the return-to-work process among 22 adults with mild traumatic brain injury at 2–5 years post injury through semi-structured in-depth interviews. • Three main themes emerged: a lack of co-worker support and workplace accommodations, lack of initiative from general practitioners in terms of treatment and referrals, and participant distrust towards social workers. 	High	<p><i>Publication date:</i> 2021</p> <p><i>Jurisdiction studied:</i> Denmark</p> <p><i>Methods used:</i> Qualitative analysis</p>	<ul style="list-style-type: none"> • Occupation
<ul style="list-style-type: none"> • Type of injury <ul style="list-style-type: none"> ○ Physical injury • Nature of injury <ul style="list-style-type: none"> ○ Serious <ul style="list-style-type: none"> ▪ Long-term ○ Minor <ul style="list-style-type: none"> ▪ Long-term • Worker-related outcomes <ul style="list-style-type: none"> ○ Views and experiences <ul style="list-style-type: none"> ▪ Barriers and facilitators of return to work ○ Return-to-work status <ul style="list-style-type: none"> ▪ Unsuccessful return to work 	<p>Policies and interventions targeting modifiable factors at the workplace, in workers' compensation, and/or at population level may promote a safe and sustained return to work</p> <ul style="list-style-type: none"> • This study used open-ended survey data to explore workplace factors identified by workers as important levers for change and summarized workers' suggestions for workplace improvements to promote sustained return-to-work and prevent reinjury. • From the response, modifiable workplace factors that frequently emerged were the need for adequate staffing, more rest breaks, flexibility in work scheduling practices, respect, social support, effective communication, and appropriate employer response to injury (e.g., empathy, acknowledgment, support). 	High	<p><i>Publication date:</i> 2021</p> <p><i>Jurisdiction studied:</i> Washington, United States</p> <p><i>Methods used:</i> Qualitative analysis</p>	<ul style="list-style-type: none"> • Occupation
<ul style="list-style-type: none"> • Worker-related outcomes <ul style="list-style-type: none"> ○ Views and experiences <ul style="list-style-type: none"> ▪ Barriers and facilitators of return to work ○ Return-to-work status 	<p>Improving the return-to-work process for aging workers can be done by recognizing the responsibility of all stakeholders, the importance of the compensation system, and transforming work to reduce ageism through a societal and collaborative perspective</p>	High	<p><i>Publication date:</i> 2022</p> <p><i>Jurisdiction studied:</i> Canada</p>	<ul style="list-style-type: none"> • Occupation

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
<ul style="list-style-type: none"> ▪ Delay in return to work ▪ Unsuccessful return to work 	<ul style="list-style-type: none"> • The aim of this study is to illustrate the factors that influence the process of rehabilitation, return, and stay at work for aging workers who have suffered an occupational injury, through the interviews of 23 participants including aging workers, representatives, insurers, employers, and rehabilitation professionals. • Three main ideas emerged from the data: distributing the responsibility amongst all stakeholders, negative perceptions between stakeholders regarding compensation procedures, and the necessity of transforming work to reduce ageism through educating and encouraging employers to recognize the detrimental effects of ageist perceptions on the return-to-work process. 		<p><i>Methods used:</i> Qualitative analysis</p>	
<ul style="list-style-type: none"> • Type of injury <ul style="list-style-type: none"> ○ Physical injury ○ Mental-health injury • Nature of injury <ul style="list-style-type: none"> ○ Serious • Worker-related outcomes <ul style="list-style-type: none"> ○ Views and experiences <ul style="list-style-type: none"> ▪ Barriers and facilitators of return to work ○ Return-to-work status 	<p>A pragmatic outlook can be a primary enabler in a farmer's recovery after a serious injury</p> <ul style="list-style-type: none"> • This study aimed to investigate the psychological effects of serious farm-related injury on farmers, and how this influences their recovery, through qualitative interviews of 31 farmers. • The findings of this study revealed the importance of a pragmatic outlook and determination and resiliency on having the ability to recover. 	Low	<p><i>Publication date:</i> 2019</p> <p><i>Jurisdiction studied:</i> Victoria, Australia</p> <p><i>Methods used:</i> Qualitative analysis</p>	<ul style="list-style-type: none"> • Occupation
<ul style="list-style-type: none"> • Type of injury <ul style="list-style-type: none"> ○ Physical injury • Nature of injury <ul style="list-style-type: none"> ○ Serious <ul style="list-style-type: none"> ▪ Long-term • Worker-related outcomes <ul style="list-style-type: none"> ○ Views and experiences <ul style="list-style-type: none"> ▪ Barriers and facilitators of return to work ○ Return-to-work status <ul style="list-style-type: none"> ▪ Delay in return to work ▪ Unsuccessful return to work 	<p>The scoping review identified five categories of interventions to support those living and working with chronic pain</p> <ul style="list-style-type: none"> • These included: 1) holistic approaches to chronic pain treatment and management; 2) self-management of chronic pain; 3) psychological and alternative therapies; 4) developing a dynamic work plan; and 5) establishing a flexible and supportive work plan. • Consultations with stakeholders found that facilitators included creating community linkages, building capacity in stakeholders, and interdependency among stakeholders. • Barriers included lack of education and/or lack of management support. 	High	<p><i>Publication date:</i> 2020</p> <p><i>Jurisdiction studied:</i> Multi-country</p> <p><i>Methods used:</i> Phase one included a scoping review of literature and phase two involved consultations with stakeholders</p>	<ul style="list-style-type: none"> • Occupation
<ul style="list-style-type: none"> • Type of injury <ul style="list-style-type: none"> ○ Mental-health injury • Worker-related outcomes <ul style="list-style-type: none"> ○ Views and experiences <ul style="list-style-type: none"> ▪ Barriers and facilitators of return to work ○ Return-to-work status <ul style="list-style-type: none"> ▪ Delay in return to work ▪ Unsuccessful return to work 	<p>Returned workers employed three job crafting strategies to fit their work functioning</p> <ul style="list-style-type: none"> • Task job crafting involved creating structure to the workday and breaking tasks into smaller sub-tasks. Workers crafted a less stressful job and focused only on doing essential tasks. • Relational job crafting addressed the issues of social anxiety and overwhelming social contexts. • Cognitive job crafting involved readjusting their views on the job and focusing on other areas of life. 	High	<p><i>Publication date:</i> 2020</p> <p><i>Jurisdiction studied:</i> United Kingdom</p> <p><i>Methods used:</i> Thematic analysis</p>	<ul style="list-style-type: none"> • Occupation

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
<ul style="list-style-type: none"> Type of injury <ul style="list-style-type: none"> Physical injury Nature of injury <ul style="list-style-type: none"> Serious <ul style="list-style-type: none"> Long-term 	<p>Occupational Health Professionals (OHPs) identified various training needs to facilitate the use of knowledge and skills provided by a guideline</p> <ul style="list-style-type: none"> Learning objectives included the ability to name influential factors and effective interventions, the ability to empower the individual to take an active role, and being able to communicate with employers and medical specialists to improve participation in work. Suggested training activities included reading the guideline, working on case studies, conducting role-plays, interviewing stakeholders, and open discussion. 	Medium	<p><i>Publication date:</i> 2021</p> <p><i>Jurisdiction studied:</i> Netherlands</p> <p><i>Methods used:</i> Qualitative analysis</p>	
<ul style="list-style-type: none"> Type of injury <ul style="list-style-type: none"> Physical injury Nature of injury <ul style="list-style-type: none"> Serious <ul style="list-style-type: none"> Long-term Worker-related outcomes <ul style="list-style-type: none"> Views and experiences <ul style="list-style-type: none"> Barriers and facilitators of return to work Return-to-work status <ul style="list-style-type: none"> Delay in return to work Unsuccessful return to work 	<p>Participants reported working significantly fewer hours, changing roles or employers at least once, and only about half achieving their pre-injury level of responsibility</p> <ul style="list-style-type: none"> 90.2% of participants remained in employment following their vocational rehabilitation program, approximately four years post-injury. Reduced hours was the most commonly reported modification (98.6%) and the majority also reported reduced responsibilities (51%), consistent with previous findings that despite returning to employment individuals with traumatic brain injuries are unable to perform at their previous level and have different post-injury roles and responsibilities. 	High	<p><i>Publication date:</i> 2021</p> <p><i>Jurisdiction studied:</i> Australia</p> <p><i>Methods used:</i> Descriptive and predictive analyses</p>	<ul style="list-style-type: none"> Disability Occupation
<ul style="list-style-type: none"> Type of injury <ul style="list-style-type: none"> Physical injury Nature of injury <ul style="list-style-type: none"> Serious <ul style="list-style-type: none"> Long-term Worker-related outcomes <ul style="list-style-type: none"> Views and experiences <ul style="list-style-type: none"> Barriers and facilitators of return to work Return-to-work status <ul style="list-style-type: none"> Delay in return to work Unsuccessful return to work 	<p>Two themes were found that depicted participants' experiences and perceptions of barriers and facilitators to their return to work: barriers to work participation for women with traumatic brain injuries, and re-establishing worker identity through vocational rehabilitation</p> <ul style="list-style-type: none"> The different categories for theme one included the loss of functional capacity, which therefore hinders the resumption of work, experiencing negative stigma and exploitation, and contextual hindrances affecting participation. The different categories for theme two included rehabilitation improving motivation and self-efficacy and using work as a means to an end. 	High	<p><i>Publication date:</i> 2019</p> <p><i>Jurisdiction studied:</i> South Africa</p> <p><i>Methods used:</i> Semi-structured interviews and Qualitative analysis</p>	<ul style="list-style-type: none"> Disability Occupation Gender
<ul style="list-style-type: none"> Type of injury <ul style="list-style-type: none"> Physical injury Worker-related outcomes <ul style="list-style-type: none"> Views and experiences <ul style="list-style-type: none"> Barriers and facilitators of return to work Return-to-work status <ul style="list-style-type: none"> Unsuccessful return to work 	<p>A review of the literature identified three third-order interpretations: enabling workers to return to work safely, challenging negative assumptions, and overcoming organizational barriers</p> <ul style="list-style-type: none"> Enabling injured workers to return to work safely involved assessing how each injured individual's personal characteristics, attitudes, and perceptions can affect the return-to-work process. Factors such as motivation, self-responsibility, positive self-identity, and self-regulation positively influenced individuals' ability to return to work. 	High	<p><i>Publication date:</i> 2020</p> <p><i>Jurisdiction studied:</i> Multi-country</p> <p><i>Methods used:</i> Meta-ethnographic approach</p>	<ul style="list-style-type: none"> Occupation Disability

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
	<ul style="list-style-type: none"> Challenging negative assumptions involves reframing language and perceptions of non-visible disability to be inclusive and understanding. Overcoming organization barriers addresses lack of communication and coordination in the return-to-work process, fostering positive workplace relations, and systemic barriers to the management of lower back pain and return to work. 			
<ul style="list-style-type: none"> Worker-related outcomes <ul style="list-style-type: none"> Views and experiences <ul style="list-style-type: none"> Barriers and facilitators of return to work Return-to-work status <ul style="list-style-type: none"> Unsuccessful return to work 	<p>The findings reported suggest that injured workers who do not successfully return to work face multiple and cumulative negative impacts associated with their experience with the workers' compensation system</p> <ul style="list-style-type: none"> The purpose of the study is to explore the experiences of workers who do not successfully return to work following a work-related injury amongst 11 workers. The findings highlight the broad financial, social, and health consequences on individuals and their families as they interact with the workers' compensation system over time. In some cases, they become disconnected from the workers' compensation system altogether and find themselves navigating other systems of support. The findings reported here highlight the prevalent and persistent nature of the ongoing financial, health, and social needs of injured workers that are often downloaded to other social support systems when workers' compensation is no longer available. 	High	<p><i>Publication date:</i> 2018</p> <p><i>Jurisdiction studied:</i> Greater Toronto and Hamilton Area, Ontario, Canada</p> <p><i>Methods used:</i> Qualitative study</p>	<ul style="list-style-type: none"> Occupation Socio-economic status
<ul style="list-style-type: none"> Type of injury <ul style="list-style-type: none"> Physical injury Nature of injury <ul style="list-style-type: none"> Serious <ul style="list-style-type: none"> Long-term Employer obligation <ul style="list-style-type: none"> Remediation measures required or taken <ul style="list-style-type: none"> Workplace assessment conducted Safety issue(s) addressed Accommodations implemented Worker-related outcomes <ul style="list-style-type: none"> Views and experiences <ul style="list-style-type: none"> Barriers and facilitators of return to work Return-to-work status <ul style="list-style-type: none"> Delay in return to work Unsuccessful return to work 	<p>Lower levels of safety climate, supervisor support, and ability to take time off work for personal/family matters were largely associated with return-to-work (RTW) interruption and reinjury</p> <ul style="list-style-type: none"> Inadequate employer/health care provider communication, perceived stigmatization, and lower levels of co-worker support were associated with return-to-work interruption. Discomfort with reporting unsafe work situations, absence of a health and safety committee, and higher job strain were associated with reinjury. 	High	<p><i>Publication date:</i> 2021</p> <p><i>Jurisdiction studied:</i> Washington, United States</p> <p><i>Methods used:</i> Retrospective cohort study</p>	<ul style="list-style-type: none"> Occupation Disability

Appendix 4: Documents excluded at the final stages of reviewing

Document type	Hyperlinked title
Single study	Experiences in the return-to-work process of workers having suffered occupational injuries in small and medium size enterprises (inaccessible through McMaster library)
Systematic review	The influence of social support and social integration factors on return to work outcomes for individual with work-related injuries: A systematic review

Grewal E, Waddell K, Wilson MG. Rapid evidence profile #59: Examining the views and experiences of workplace-injury remediation and its impact on return-to-work timelines. Hamilton: McMaster Health Forum, 8 December 2023.

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