Reflecting on what we've heard, what we've learned, and where we go next

Session 4 of the NL Dialogue on Return to Work
May 24, 2023

SafetyNet
Centre for OHS Research

RTWPP
Return to Work
Policy & Practice

Overview of the NL Dialogue on Return to Work

Session 1: The complexity and challenges of RTW in different sectors, different types of enterprises, across diverse populations of workers

Session 2: RTW in small businesses; precariously employed workers; mobile, inter-provincial and maritime workers; temporary foreign workers

Session 3: Legislation, regulations, policies, and procedures governing key aspects of ESRTW in NL, ON, and BC

Session 4: Reflections on what we have heard and what we have learned; brainstorming where we go next

Overview and goals for Session 4 of the Dialogue

- What have we learned from the presentations and review of the literature?
  - The complexities and challenges of RTW
  - The factors that are facilitators and barriers to successful RTW
- What have we learned from an interprovincial comparison of policy and practice?
  - The specific policy context for RTW in NL
- What have we heard about how RTW operates in NL?
- What are the issues?
  - What the research can't (or doesn't) tell us
  - Are there issues unique to the NL context?
- Where do we go from here?
  - What should the priorities be for further research on RTW?
  - Do we need more or different policy?
  - Do we need more dialogue?

What have we learned from the research?

What we learned from the presenters in Sessions 1 and 2

What we've learned from systematic reviews published in the last 5 years

Topics presented in Sessions 1 and 2

Session 1

- **Dr. Stephanie Premji:** the experience of immigrant workers with RTW after an injury or illness
- **Dr. Kim Cullen:** effectiveness of workplace interventions in RTW for musculoskeletal, pain-related and mental health conditions
- **Dr. Chris McLeod:** the role of gradual RTW programs after work injury
- **Alec Farquar & John Beckett:** reflections from the frontlines

Session 2

- **Dr. Ellen MacEachen:** non-standard work and RTW in small businesses and precarious employment
- **Dr. Janet McLaughlin and Stephanie Mayell:** RTW for migrant agricultural workers – challenges, barriers, opportunities for reform
- **Dr. Robert MacPherson:** RTW among mobile workers
- **Dr. Desai Shan:** RTW following workplace injuries in maritime workers

What we heard – the challenges of RTW in non-standard workplaces

- **Small businesses:** RTW interferes with previously established relationships, lack of trust → employers less accommodating, workers don't like accommodated work that's a bad fit
- **Precariously employed:** extreme power differences between employers and workers, how to attribute injury to a specific job when worker has multiple jobs, fear of job loss / employment insecurity → workers not acting on their rights
- **Immigrant workers:** limited access to suitable modified work, shortcomings in retraining programs, exclusion from decision-making processes
- **Inter-provincially mobile workers:** who is responsible for the recovery of these workers? how to accommodate workers travelling long distances, working in camps, or away from home?
- **Temporary foreign workers:** temporary status and work permits tied to single employer, often experience barriers to accessing health care, fear of reprisal and/or deportation
- **Seafarers:** conflicts between federal vs. provincial requirements, inter-provincial commuting is common, difficulties of accommodating injured/sick worker, lack of availability of light or modified duties

Effectiveness of workplace interventions in RTW for musculoskeletal, pain-related and mental health conditions

- Strong evidence that workplace-based RTW programs are effective when they incorporate 2 of the following: provision of health services at work or in settings linked to work, RTW coordination, work modifications
- Successful implementation is impeded by challenges with:
  - **Health-focused elements:** barriers to access to healthcare services, inequities in provider care by sex and gender, readiness of healthcare providers to be the gatekeepers for RTW
  - **Service coordination elements:** focus on individual worker, psychosocial work environment neglected, barriers for precarious workers, complexities of coordinating across multiple systems
  - **Work modification elements:** work modifications not easy to implement, early RTW in safety sensitive jobs may pose risk, possible need for other certifications

Key findings from systematic reviews published since 2018

Influence of social support and social integration factors on RTW (2019):

- Social factors that influence successful RTW: contact and communication, person-centred approach, mutual trust, reaction to the injury, social relationships and integration
- Social factors that predict successful RTW: reaction to the injury, social integration, social functioning
- More intervention required to understand the influence of social factors on RTW

Impact of personal and social factors on sustainable RTW (2019):

- Sustainable RTW influenced by an interplay of multiple personal and social factors
- Workers more likely to sustainably RTW where there was support from leaders and co-workers, positive attitude, high self-efficacy, younger age, and higher education levels
- Policymakers should encourage employers to implement RTW strategies that incorporate these factors and provide guidance to help them do so
- More research required to understand the role of gender, job crafting, economic status, length of absence, job contract/security

Key findings from systematic reviews published since 2018

Stakeholders' Roles and Actions in RTW of Workers on Leave for Common Mental Disorders (2020)

- 11 sets of stakeholders across 3 systems (the workplace, healthcare, workers' compensation) have a role in RTW of workers on leave for mental health conditions
  - Workers on sick leave due to CMDs, employers/human resources, managers, occupational nurses/physicians, family/general physicians, psychiatrists/psychologists/psychotherapists, rehabilitation professionals, co-workers, insurers, return to work coordinators, union representatives
  - Each has a specific role to play and specific actions to put in place along the RTW trajectory
- The choice and implementation of work accommodations are crucial and should involve all stakeholders in a coordinated effort

RTW for Mental Ill-Health: Impact and Role of RTW Coordinators (2020)

- Limited literature on the role, strategies, actions, impact of RTW coordinators in the RTW of individuals with mental health conditions
- Interventions for mental ill-health that employ RTW coordinators may be more time consuming than conventional approaches and may not increase RTW rate or worker's self-efficacy for RTW

Key findings from systematic reviews published since 2018

Impact on RTW of RTW Coordinators (2021)

- Face-to-face contact with a RTW Coordinator reduces duration and costs and increases RTW rates
- Duration and costs also reduced when RTW Coordinator engaged in identifying the barriers and facilitators to RTW
- More methodologically rigorous studies required to measure the impact of RTW Coordinators on sustainable RTW outcomes (work absence, RTW rate, quality of life, cost-benefit)

RTW interventions among young working adults (2021)

- Lack of research and policies on rehabilitation and RTW in this population
- RTW coordinator providing consultation, advice and risk management → multi-disciplinary teams → less time loss

Role of the Employer in Supporting Work Participation of Workers with Disabilities (2021)

- Supervisor involvement in work accommodations improved RTW and decreased long-term disability
  - Work accommodations included adaptations to work schedules and to the workplace

Facilitators of successful RTW

- **Positive conditions**: good jobs, great employers, positive social environment
- **Strong commitment** to OHS: investment of resources and time to promote safety and coordinated RTW, strong union support, safety accepted as the norm across the organization
- **Collaborative approaches**: labour and management working together to plan and implement RTW
- **Accommodation of injured/ill worker**: modified work duties, modified work environment, ergonomic assessments and expertise
- **Individualized RTW plan** that supports the returning worker but does not disadvantage co-workers and supervisors

Facilitators of successful RTW

- Trained and educated **supervisors and managers:** safety training, participatory ergonomics, empathy, accommodation, problem solving
- **Early and considerate contact** by immediate supervisor, based on individual/specific situation
- RTW coordinator with **dedicated responsibility** for coordinating RTW: individualized planning, ongoing communication, understanding of roles
- **Communication** between employer and healthcare provider, as needed and with **worker's consent**
- Engaged healthcare providers who understand **what the worker does** and **workplace's capacity to accommodate** injured worker

Barriers to successful RTW

- **Organizational factors** such as lack of organizational commitment to OHS, RTW plan that disadvantages co-workers and supervisors, supervisors excluded from RTW planning process, toxic work environments
- RTW plans that are not individualized to the worker's specific circumstances (**"one size fits all approach"**)
- Awkward fit between worker and modified work environment
- **Inappropriate contact** between workplace parties that is not responsive to individual needs
- **Lack of or inappropriate communication** between employer and healthcare provider
- Lack of access to health care and other services

Key takeaways from the research

- RTW is complex and challenging, particularly in non-standard workplaces or non-standard work relationships
- There are a number of work and non-work factors that can either facilitate or impede successful RTW
- What works best are multidisciplinary, well-coordinated and individualized approaches tailored to the ***individual*** worker
- There are still gaps in our understanding of what works, for whom it works, and why it works

What have we learned from an interprovincial comparison of policy and practice?

What we learned in Session 3 about the specific policy context for RTW in NL

How the situation in NL compares to other provinces

The policy context for ESRTW in NL

- ESRTW provisions found in multiple legal frameworks: workers' compensation, occupational health and safety, human rights
  - No formal definition in legislation or policy of "early and safe" RTW
  - Some policy language regarding seasonal workers, temporary workers, contract workers
  - Nothing in legislation or policy that explicitly addresses temporary foreign workers
- Workers, employers, healthcare providers, WorkplaceNL all have a role
  - Roles are set out in legislation, policy, practice and/or informational resources
  - NL the only province that sets out the role of the healthcare provider
- Roles vary by stakeholder group:
  - Duty to co-operate: workers, employers
  - Obligation to re-employ: employers
  - Duty to accommodate: employers
  - Functional ability assessments: healthcare providers
  - Determing compliance (resolving disputes, levying penalties): WPNL

The policy context for ESRTW in NL

- **Duty to cooperate** entails early contact between worker and employer, worker assisting the employer in identification of suitable employment, worker and employer maintaining communication throughout period of recovery, employer providing suitable employment consistent with functional abilities and that restores pre-injury earnings
  - NL is the only jurisdiction that defines “co-operation” in policy and procedure
- **Duty to accommodate** only applies to employers with a duty to re-employ, but the obligation to re-employ doesn’t apply to workplaces with fewer than 20 workers
  - Doesn’t apply if employers can demonstrate undue hardship
- Financial penalties are levied for failure to co-operate and/or failure to re-employ
  - In NL, workers or employers must have *legitimate* reasons for non-compliance
  - NL’s approach to levying penalties is different from ON’s

Key takeaways from the policy comparison

- The policy context for ESRTW in NL is complex
  - 19 policies, 14 procedures, 11 informational resources
- Neither the legislation nor the policies define what is meant by "*early* and *safe*" RTW
- Legislation and policies address ESRTW in construction sector, but do not explicitly address other non-standard workplaces or non-standard work relationships
- Examining the policy context tells us only what the approach to ESRTW is; it does not tell us whether the approach is effective and why (or why not)

What have we heard about how RTW operates in NL?

What we heard from panelists in response to the presentation in Session 3

What we've heard throughout the Dialogue

The perspective of WorkplaceNL

- NL's ESRTW legislation and policy environment is very comprehensive but
  - issues with over-reliance on WorkplaceNL and health care providers in system premised on self-reliance
  - constraints in the health care system including around access to physicians, training in assessing functionality, lack of time to complete reports and discomfort with being in a gate-keeper position
  - importance of education of employers and health care professionals with support from ESRTW WorkplaceNL facilitators

The perspective of Labour

- Experience varies depending on injured worker circumstances/those of employer
- Issues around access to health care professionals = disincentive to filing claim/getting assessment
- Worker advisors see a lot of non-cooperation with employer obligations but employer penalties for non-cooperation are rare
- Getting back to work safely/sooner = good but sometimes too soon including with interventions by aggressive consultants
- Gap for employers with 20 or less workers → hard to get injured workers back
- Severe injuries might get recycled into LMR and unemployment
- System works better when employers have ESRTW program in place
- PRIME system could be doing more to help injured workers

The perspective of Management

- Lack of clear definition of ESRTW in law = ambiguities and challenges
- Lack of specification of role of supervisor – play a key role, particularly in large companies
- Education in ESRTW including awareness education for all workers and attending physicians
- Physicians need to know company has ESRTW and provide full information on abilities
- Process - they have joint union-management ESRTW committee engaged in the process at every point and works well

The Human Rights perspective

- Failure to accommodate employees at work = top issue at HRCs in NL and nationally
- Precariously employed, foreign and racialized workers + those with mental health issues most challenging
- Accommodation process generally long, cumbersome, requires empathy
  - HR complaints get bogged down in need for medical information
  - Concurrent jurisdiction (lots of bodies RTW responsibilities; need for coordination/collaboration)
- HRC cases often associated with breakdown employer-worker relationships exacerbated by pre-existing toxic environments; hiring consultants can make process more adversarial
  - Duty to accommodate – need to shift focus from reliance on medical, bureaucratic requirements to supporting injured workers
  - After RTW, no focus on fixing what happened and repairing employment relationship

Key themes that emerged from the discussion

- Functional abilities assessments are handled differently in different jurisdictions – NL forms may be a factor
- WorkplaceNL accepts information on functional abilities from range of HCPs; will be consulting around improvements to forms; some issues are being addressed including a) HCP access and training; b) mandatory employer training ESRTW; c) on unhealthy relationships - introducing national standard on psychological health & safety can help
- Comprehensive occupational health clinic(s) for province would help address many challenges - Stat Review and Health Accord Report recommended
- Case manager engagement can help RTW process; *Injured Workers Handbook* should include information on mediation services; management should not be given incentives for getting people back to work
- Challenges with RTW and fitness certificates in offshore/remote environments

Summing up…

Why does RTW matter?

The costs of workplace injury and illness are high

- Sickness or injury-related absence from work → considerable economic and social costs to individual workers, to the workplace and to society
  - **Direct healthcare costs:** formal healthcare, out-of-pocket, informal caregiving, healthcare administration
  - **Indirect costs:** absenteeism and reduced ability to work, employer adjustment (i.e., expenses related to replacing an injured or ill worker), home production (i.e., tasks related to the home), presenteeism, insurance administration
  - **Intangible costs:** health-related quality of life costs
- No Canadian estimates of the economic burden of all work injuries and diseases:
  - United States: $250B (1.8% of GDP); United Kingdom: £14B (1% of GDP); Australia: $61B AUS (4.8% of GDP)

Research on RTW shows

- There are financial benefits of disability management interventions and RTW initiatives (e.g., decreased duration and costs)

BUT...

- Multiple work absences and unsuccessful RTW (i.e., recurrences) are common
  - → increased time away from work, increased social and economic costs
- *When it works well*, accommodated or gradual RTW before full recovery can result in a safe, sustainable return to regular duties
  - Accommodated or gradual RTW: provides workers with the opportunity to gradually increase working hours and workload and to limit or modify work tasks while recovering from an injury; goal is to return the worker to full hours and duties

BUT…

- Early or gradual RTW is not effective for everyone and in every circumstance

Where do we go from here?

What should the priorities be for further research on ESRTW?

Do we need more – or different – policy?

Do we need more dialogue?

Moving forward from the Dialogue

- RTW is complex and challenging, particularly in non-standard workplaces or non-standard work relationships
  - **Why this is particularly relevant for NL:** growing number of small businesses, high rates of seasonal and precarious employment, traditionally labour exporting now importing more labour?
- There are a number of work and non-work factors that can either facilitate or impede early and safe RTW
  - **Why this is particularly relevant for NL:** lack of access to healthcare and other services is one key barrier; NL (like all provinces) experiencing shortages and turnover in healthcare personnel
- There are still gaps in our understanding of what works in ESRTW, for whom it works, and why it works (in NL and elsewhere)
  - **Why this is particularly relevant for NL:** relatively new suite of policies on ESRTW; opportunity to evaluate how well they are working and how effective they are

What should the priorities be for further research on ESRTW in NL?

- What do we know about RTW experiences and outcomes across diverse contexts and groups of workers in NL?
  - i.e. what is the role of gender, business size/type, mobility, length of absence, job contract/security, racialization, immigration status in sustainable RTW?
- What do we know about how PRIME and Experience-based Rating might be affecting RTW in NL?
- What are the best ways to strengthen the effective engagement of health care professionals/expertise in RTW in the NL context?

Other questions?

Do we need more – or different - policy and practice?

- What do we know about how effective our policies and practices are in facilitating RTW across these diverse contexts and groups in NL?
- Are the policies and practices conducive to an individualized and comprehensive approach to RTW across diverse situations and groups?
- Are our policies and practices appropriate for the changing labour force and changing nature of work here and elsewhere?

Do we need more dialogue?

- If so - what form should it take?
- Who should initiate it and how can we make it happen?

Other next steps?

Acknowledgements

Policy and Practice in Return to Work After a Work Injury: Challenging Circumstances and Innovative Solutions is a research program of the *Research Chair on Occupational Health and Safety Law* at the University of Ottawa.

It is supported by the Social Sciences and Humanities Research Council of Canada (895-2018-4009), the Canadian Institutes of Health Research (159064), multiple universities and partners.

Social Sciences and Humanities Research Council of Canada

Conseil de recherches en sciences humaines du Canada

Canada

CIHR IRSC

Canadian Institutes of Health Research

Instituts de recherche en santé du Canada

Return to Work

Policy & Practice

Systematic review references

K. L. Cullen *et al.*, "Effectiveness of Workplace Interventions in Return-to-Work for Musculoskeletal, Pain-Related and Mental Health Conditions: An Update of the Evidence and Messages for Practitioners," *Journal of Occupational Rehabilitation,* vol. 28, no. 1, pp. 1-15, 2018, doi: 10.1007/s10926-016-9690-x.

C. White *et al.*, "The Influence of Social Support and Social Integration Factors on Return to Work Outcomes for Individuals with Work-Related Injuries: A Systematic Review," *Journal of Occupational Rehabilitation,* vol. 29, no. 3, pp. 636-659, Sep 2019, doi: 10.1007/s10926-018-09826-x.

A. Etuknwa, K. Daniels, and C. Eib, "Sustainable Return to Work: A Systematic Review Focusing on Personal and Social Factors," *Journal of Occupational Rehabilitation,* vol. 29, no. 4, pp. 679-700, Dec 2019, doi: 10.1007/s10926-019-09832-7.

M. Corbière *et al.*, "Stakeholders' Role and Actions in the Return-to-Work Process of Workers on Sick-Leave Due to Common Mental Disorders: A Scoping Review," *Journal of Occupational Rehabilitation,* vol. 30, no. 3, pp. 381-419, 2020/09/01 2020, doi: 10.1007/s10926-019-09861-2.

Systematic review references

E. MacEachen *et al.*, "Return to Work for Mental Ill-Health: A Scoping Review Exploring the Impact and Role of Return-to-Work Coordinators," *Journal of Occupational Rehabilitation,* vol. 30, no. 3, pp. 455-465, 2020/09/01 2020, doi: 10.1007/s10926-020-09873-3.

M. Dol *et al.*, "Systematic Review of the Impact on Return to Work of Return-to-Work Coordinators," *Journal of Occupational Rehabilitation,* vol. 31, no. 4, pp. 675-698, 2021/12/01 2021, doi: 10.1007/s10926-021-09975-6.

M. K. Johansson and R. Rissanen, "Interventions for return to work following work-related injuries among young adults: A systematic literature review," *Work,* vol. 69, pp. 795-806, 2021, doi: 10.3233/WOR-205028.

J. Jansen, R. van Ooijen, P. W. C. Koning, C. R. L. Boot, and S. Brouwer, "The Role of the Employer in Supporting Work Participation of Workers with Disabilities: A Systematic Literature Review Using an Interdisciplinary Approach," *Journal of Occupational Rehabilitation,* vol. 31, no. 4, pp. 916-949, 2021/12/01 2021, doi: 10.1007/s10926-021-09978-3.