FACT SHEET

Return to Work:
Factors that influence return to work

An occupational illness or injury can cause pain and suffering, and affect the well-being of a worker and his/her family. It can also have major consequences for the person's employer and co-workers. Early and safe return to work, if conducted with care and commitment, can benefit all parties. Well-managed return to work can help the injured employee stay active and involved, and thus contribute to their quality of life. A successful return to work program also benefits the employer, who regains an active member of the workforce and reduces WSIB costs.

General facts

- In 2001, more than 98,000 lost-time claims were accepted by the Ontario Workplace Safety & Insurance Board (WSIB). Lost-time claims are claims for compensation when an employee is away from work due to an injury.
- About 70 per cent of lost-time claims involve musculoskeletal injuries to the back, upper extremities (hand, arm, wrist, etc.) and/or lower extremities (leg, ankle, foot, etc.).
- Sustaining return to work is a major challenge. In an IWH study of workers with lost-time claims due to musculoskeletal disorders, about 15 per cent of participants had more than one episode of work absence within their first year post-injury.
- In another Ontario-based study, of the 85 per cent of individuals with permanent partial impairments who returned to work, 60 per cent experienced another episode of work disability within three years post-injury.
- Successful return to work involves many parties including the employee who has been injured, the employer and co-workers, the health-care provider and the insurer.
- The two principles of safety and of early intervention need to be carefully balanced to ensure optimal return to work. To avoid re-injury or unnecessary strain on an employee, return to work should not occur too early after the injury. However, the longer the duration of work absence, the less likely the injured employee is to return to work.

Factors that influence return to work

- Physical job factors that can be barriers to returning to work include: heavy physical labour, repetitive motions, uncomfortable positions including crouching, bending and twisting, and working in a fixed position.
- Workplace organizational factors that have been associated with prolonged work disability include: employees having low job control, low control over work and rest schedule, long working hours and high psychological demands.
- Individual characteristics that have been found to be associated with longer periods of work disability include: pain, greater severity of injury, low recovery expectations, and depression.
- Psychosocial factors that can influence return to work success include: relationships with co-workers and supervisors, organizational culture, and labour relations in the workplace.
A supportive supervisor is crucial for a successful return-to-work process.

Co-workers are frequently affected by an injured employee’s work absence, due to increased workload. A negative relationship with co-workers is one factor that may increase length of time off work.

Workers often feel that their injury is not seen as "real" by their employer or co-workers. Although notions of abuse are widespread in the compensation system, this perception is a particularly prevalent for people with “invisible” injuries (such as low-back pain or carpal tunnel syndrome), low social support among co-workers, less work seniority, and less status in the workplace.

Notions about the legitimacy of compensation claims cause tensions for many injured workers, and can colour their interactions with employers, co-workers, WSIB staff, rehabilitation professionals and those outside of the workplace and compensation system, making return to work more problematic.

Some employees fear that time off work as a result of an injury will jeopardize their job security.

Work disability incidence, duration, and cost are lowered in workplaces that have a people-oriented culture, a strong safety climate, that pay attention to ergonomic issues, and have a proactive return-to-work program.

A work accommodation (or modified work) offer by the employer doubles the likelihood of the worker returning to work and reduces, by half, the number of days they are off work. It can also reduce the employee’s concerns about returning to work. Work accommodation that involves meaningful work, in a setting where the worker can "fit in" without major discomfort, is more likely to be successful.

Support from other injured workers has been found helpful by many, and peer support groups are being developed and evaluated in some settings.

Those injured in small companies (with less than 50 employees) are less likely to return to work at the place where they were employed at the time of their injury.

Smaller organizations generally do not have as much experience dealing with workplace injuries as do larger ones, do not have specialized staff to co-ordinate return to work programs, and may be unfamiliar with their legal obligations. They may have difficulty providing appropriate modified work for an injured employee, or keeping the person’s job for them until return to work is feasible.

Lengthy periods of time between injury and treatment delay return to work.

Health-care providers play an important role in fostering expectations a worker has regarding the course, nature and speed of recovery and their ability to return to work.

When a physician gathers and gives work-specific and injury-specific information about a worker’s return to work and provides advice about injury prevention, an injured worker is likely to return to work earlier. A physician’s recommendation that an employee is ready to go back to work has been associated with higher return-to-work rates among employees with an injury or illness lasting more than one month.

**Related Institute research and products**

**Work-Ready Workshop: Return-to-work Approaches for People with Soft-Tissue Injuries:** This three-part workshop kit guides participants through a process of learning and exchange on successful return to work for employees with soft-tissue injuries. The kit includes a facilitator’s manual, case studies, and a participant’s booklet.

**Physicians' Guide to Return to Work:** The guide includes information on: the physician's role in RTW; effective communication with patients, other health professionals, employers, government agencies and private insurers; goals of rehabilitation and factors affecting patient outcomes; developing a return-to-work plan. It can be downloaded free of charge from the Ontario Workplace Safety & Insurance Board web site. (http://www.wsib.on.ca/wsib/wsibsites.nsf/public/HealthPhysiciansGuideRTW).

**Working Paper #127: Return to Work after a Soft-tissue Injury: A Qualitative Exploration.** J Clarke, DC


*Infocus*, Spring 2003. The early and safe approach to return to work: how is it working in small businesses?
*At Work*, June 2002: Study to determine optimal return-to-work processes
*Infocus*, December 2001: Understanding the chiropractic experience in successful return to work
*At Work*, October 2001: Assisting returning to work

**Web site links**
Ontario Workplace Safety & Insurance Board – http://www.wsib.on.ca/
Workers Compensation Research Institute – http://www.wcrinet.org/

The Institute has a number of experts who can discuss return-to-work issues. Contact Kathy Knowles Chapeskie (kchapeskie@iwh.on.ca) at 416-927-2027, ext. 2115 or Katherine Russo (krusso@iwh.on.ca) at 416-927-2027 ext. 2148 to arrange a media interview or for more information.

The Institute for Work & Health is an independent, not-for-profit organization whose mission is to research and promote new ways to prevent workplace disability, improve treatment, and optimize recovery and safe return to work. The Institute has been providing research and evidence-based practical tools for clinicians, policy-makers, employees and managers since 1990. It operates with the support of the Ontario Workplace Safety & Insurance Board.