LITERATURE REVIEW ON EARLY RETURN TO WORK

Research conducted for the National Institute of Disability Management and Research.

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INTRODUCTION

This report was prepared for the National Institute of Disability Management and Research in alignment with their work to support the Reducing Poverty through Early Intervention and Occupational Rehabilitation Initiative.

The key research question is: Why is early intervention of return to work (RTW), following the onset of a mental and/or physical health impairment critical within a RTW framework, to avoid potential long-term unemployment and subsequent impacts (i.e., poverty, addiction, etc.)?

This report offers a literature review that:

- Illustrates background context on disability and work
- Defines early RTW
- Explains why early RTW is critical, what it does, and how it works
- Describes challenges for returning to work
- Offers practical, operational implementation steps (practice and policy)
- Justifies why early RTW is important

DISABILITY AND WORK

In 2022, the Canadian Survey on Disability (CSD) identified that 27% of Canadians 15 years and older (8 million people) had one or more disabilities, a 5% increase from the 2017 survey. While the increase is partially attributable to an aging population, a large increase is also related to mental health-related disabilities for youth and working-age adults (Statistics Canada, 2023b). Much of this was exacerbated due to the COVID-19 pandemic, with 57% of Canadians identifyin rse mental health compared to pre-pandemic, with 77% reporting a lack of access to therapies/services for their condition (Statistics Canada, 2020). Within the CSD 2022 survey, 24% ofwor mg-age adults identified as having a disability, with an unemployment rate of 6.9% for persons with disabilities aged 16 to 64 compared to 3.8% of those without disabilities (Statistics Canada, 2023a, 2023b). Some factors attributed to this doubling of unemployment include “unmet workplace accommodation needs and workplace discrimination” (Statistics Canada, 2023a). Within British Columbia, in June 2019, the Government of British Columbia identified 153,286 income assistance cases, with 71 % of cases receiving disability assistance and 29% receiving temporary assistance (Government of British Columbia 2019; Petit et al., 2020).

Many workers who experience an occupational injury (e.g., accident, physical illness, mental health problem) struggle with a fragmented system (Ben-Shalom, 2016) due to a myriad of service pvoviders and hoops they are left to individually navigate (Ben Shalom et al., 2017). And while many workers do subsequently, a significant proportion struggle to return to work remain

at work in the long term (Lecours, 2024). Indeed, international studies, aligned with Canadian statistics, recognize that while 85% of workers suffering an occupational injury (Berecki-Gisolf et al., 2012; Kulmala et al., 2019), between "11-48% experience a relapse, recurrence or worsening of their health condition" (Berecki-Gisoldf et al., 2012; Marras et al., 2007; Wasiak et al., 2003, 2004 in Lecours et al., 2024). While a new form of disability, there is more and more research being pubished on the experience of those with Post COVID. The condition is often aligned with those who have episodic conditions, with similar experiences of not fitting within current disability measurements or policies (Anderson et al., 2024), suffering from the similar challenges of not being 'disabled enough' (Vick, 2013). While research shows most people are able to return to work, with less than 5% permanently leaving the workforce, about 25% of those who do return to work require job changes or accommodations (Smith et al, 2023).

EQUITY

With an increasing number of workers impacted by disabilities, it is important to remember that the numbers are not consistent across demographics and other social determinants of health. In 2010, Street and Lacey published a systematic review that identified predictors of poor work outcomes following a workplace injury which included "older age, female gender, divorced marital status, two or more dependent family members, lower education level, reduced labour market desirability, and injury severity" (Gewurtz et al., 2018). In Canada, important predictive factors also included the proportion of work-related injuries for recent immigrants (Saffari et al., 2021) and a higher rate of disability among women (30%) than men (24%) (Statistics Canada, 2023b). Moreover, those with episodic or invisible disabilities face further challenges due to the dominant assumption of disability as visible and static, with workers fearing disclosure due to potential long-term consequences for employability (Anderson et al., 2024; Gignac et al. 2021).

PERSONAL, EMPLOYER, SOCIETAL COSTS

Increasing evidence further contributes to understanding the personal, organizational, and societal costs when workers with disabilities are not aptly supported to efficiently RTW. At the individual level, those with disabilities earn significantly less (almost $7,000) compared to those without disabilities (Statistics Canada, 2023b), with the additional burden for workers exiting the workforce (due to disabilities) experiencing a drop in their standard of living and a higher likelihood of becoming socially isolated (Ben-Shalom and Schimmel Hyde, 2018; Gould-Werth et al., 2018). For these individuals, systemic and organizational factors due to inadequate supports and resources can also lead to enduring financial strain, family tensions, and subsequent health concerns (Gewurtz et al., 2018). Moreover, the employer often bears the burden of costs through lost or lower work productivity and higher premiums for workers' compensation, private disability insurance, and health insurance (Anand and Ben-Shalom, 2017; Ben-Shalom and Schimmel Hyde, 2018; Gould-Werth et al., 2018). However, evidence also supports that early RTW, and workplace-based interventions, produce financial benefits and

increased productivity for the organization, as well as increased wellbeing for employees (Franche, Cullen, et al., 2005; Horppu et al., 2016).

At a societal level, the "Canada Pension Plan paid out CAN$4.2 billion to disabled workers and their children in the year 2014-2015" (Government of Canada, 2015 in Lippel, 2019). Within the United States, Gimm et al. (2014) identified that less than 1% of those on social security disability insurance leave within a given year (Liu and Stapleton, 2010), with heavy losses of tax revenues for federal and state governments and increased costs for disability, health care, and welfare benefits (Anand and Ben-Shalom, 2017; Ben-Shalom and Schimmel Hyde, 2018; Gould-Werth et al., 2018). However, Horppu et al. (2016) discuss how early RTW increases participation of all employees, which in turn reduces societal costs for work disability.

Indeed, a pilot program of Washington State's Centers for Occupational Health and Education – which coordinated health services for workers filing workers' compensation claims – reported lowering total medical costs by 7%, disability payment costs by 24%, and the rate of jobless workers by 21% for the intervention group compared to the comparison group (Franche et al., 2005; Gould-Werth et al., 2018; Hoefsmit et al., 2012; Wickizer et al., 2011). Overall, unsuccessful RTW has consequences for everyone.

EARLY RETURN TO WORK

WHAT IS IT?

While there is no specific set time that qualifies as early RTW, as differing conditions impact the length of recovery time needed, evidence points to a window of opportunity within the first 12 weeks after work disability occurs, in which interventions can significantly impact worker outcomes (Christian et al., 2016; Ben-Shalom and Schimmel Hyde, 2018). While there are circumstances in which an early RTW may not be advisable or even harmful (Franche, Baril, et al., 2005; Linton and Andersson, 2000), early intervention for RTW is beneficial for most employees, organizations, and society. Early RTW is an opportunity to manage both the medical condition while enhancing a worker's wellbeing, which can offer both mental and physical rehabilitation, sometimes reducing recovery time (Horppu et al., 2016; MacEachen and Ekberg, 2019). The RTW process has been identified as having four stages: work absence, re-entry, maintenance, and advancement (Young et al., 2005; Gray et al., 2018), with the importance of timing of re-entry impacting the likelihood for maintenance and advancement. This includes the need for effective targeting, as some workers have no need for an intervention while others may benefit from additional needed services and resources (Ben-Shalom and Schimmel Hyde, 2018).

WHY IS IT IMPORTANT?

Early intervention supports workers at a time when they are most likely to still be connected to their employer, with an ability to maintain that attachment (Neuhauser et al., 2018; Ben Shalom et al., 2017). It has the potential to support workers with disabilities to remain within the workforce (Bardos et al., 2015), with RTW interventions reducing the duration of work disability and associated costs according to a systematic review of Franche, Baril, et al. (2005). However, it is important to be mindful of the differences in timing that exist between health conditions needed for a safe and early RTW; yet these considerations must also be weighed against the potential harms that come with delayed early intervention (Contreary et al., 2018; Eckberg et al., 2015). For example, Franklin et al. (2018) demonstrated that the likelihood of returning to the same job, for workers within their study, increasingly declined for every month away from work. Additional studies support this finding, recognizing that the longer someone is away from work the less likely it is for them to successfully RTW (Canadian Medical Association, 2013; Horppu et al., 2016; Pransky et al., 2005). Moreover, the Royal Australasian College of Physicians (2011) state that lengthy absences from the workforce can cause harm to physical and mental health, while RTW has been shown to be therapeutic, leading to better health outcomes, and reducing the risk of poverty while fostering personal autonomy (Waddell and Burton, 2006; Gragnano et al., 2018). A benefit to accommodating and supporting workers with disabilities from leaving the workforce through an early RTW, means a reduction in the cost of absences

while improving their quality of work and the quality of life for employees (Pomaki et al., 2010), This further reduces overall costs associated with workplace mental health, as well as public costs (Doi et al., 2021; Horppu et al., 2016).

WHAT DOES IT DO? HOW DOES IT WORK?

Return to Work Includes

When returnining to work, the focus should not be solely focused on healthcare and the individual, as treatment alone has minimal impact on work outcomes. The employer also has a critical role, as proactive, intentional workplace interventions with a focus on RTW offer effective health and cost-saving measures (Waddell et al., 2008).

To best reduce duration of disability, supportive RTW interventions should offer and focus on:

- work accommodations:
  - work practice modification (e.g., advice for posture/stretching, pacing, changes in rotation, workstation reorganization),
  - graduated RTW (e.g., modified hours, duties),
- designated disability management professionals
- disability management strategies (e.g., early contact with the worker),
- accommodating and non-discriminating work environments,
- focus on reducing pain and distress,
- ergonomic worksite visits,
- psychosocial supports,
- ensure job safety and security,
- education/training provided to supervisors, workers, or case managers,
- early contact between workplace and health care provider (Bardos et al., 2015; Beemster et al. 2021; Doi et al., 2021; Feuerstein et al., 2003; Franche, Cullen, et al., 2005; Oxman and Guyatt, 1991; Scheel, Hagan, Herrin, Carling, et al., 2002; Scheel, Hagan, Herrin, Oxman, 2002; Scheel, Hagan, Oxman, 2002; Waddell et al., 2008).

As Gould-Werth et al., (2018) point out, "employers with greater access to resources and better ability to communicate generally made greater effort to accommodate and retain employees with disabilities." Another important note is that the literature tends to focus on individual preventative behaviours rather than environmental behaviours (e.g., coworkers, employers, administration), even though evidence demonstrates these strategies are not sufficient in isolation, as there is a need for a global, holistic, and complementary approach (Lecours, 2023).

Complementary approaches include the need for a range of actors (e.g., workers and their families, labour representatives, supervisors, corporate managers, healthcare provider(s), disability management, union representatives, insurers) to be involved in an early, proactive, and supportive way to increase successful RTW. While it is not necessary, nor advisable, for everyone to be involved – indeed, actors' priorities are not always aligned – it is important to take into consideration who will offer the best resources and supports that further help to eliminate barriers for a successful RTW (Cancelliere et al., 2016; Doi et al., 2021; Franche, Cullen, et al., 2005; Pomaki at al., 2010). Often, pulling together a team or hiring a return to work coordinator who is responsible for coordination and facilitating a timely and safe RTW is a helpful solution to shorten disability duration and financial repercussions (Franche, Baril, et al., 2005). Important interventions include: "face-to-face contact with a return to work coordinator, case manager traning, development of a RTW plan, communication and coordination between different stakeholders, and identification of barriers and/or facilitators to RTW" (Doi et al., 2021). Research has further shown that by offering early intervention, in tandem with a return to work coordinator there is a reduction on the dependence of federal disability benefits (Gimm et al., 2014).

Predictors of Early Return to Work

At the individual level, one of the most critical and successful interventions for RTW is early intervention (Beemster et al., 2021; Doi et al., 2021; Nuechterlein et al., 2020; Tan et al., 2016). In terms of demographic indicators, positive outcomes for early RTW were most often related to: being of younger age (age 40 or less), one's education (lower or higher, dependent on condition and place of work), being male, having a higher socioeconomic status, lower severity of the injury/illness, and being native-born (non-immigrant) (Doi et al., 2021; Eckberg et al., 2015; Gewurtz et al., 2018; Gragnano et al., 2018; Saffari et al., 2021; Senthanar et al., 2021).

Additional modifiable factors that impact a positive early RTW included:

- better work and functional ability at baseline,
- better scores in health measures,
- positive expectations of treatment,
- individual need to secure employment situation,
- higher self-efficacy,
- optimistic expectations for recovery and RTW,
- RTW coordination,
- multidisciplinary interventions that include workplace and subsequent actors,
- optimal treatment,
- job control,
- work ability,
- perceived good health (Cancelliere et al., 2016; Eckberg et al., 2015; Ervasti et al., 2017).

On the other side, later RTW has been associated with:

- higher pain or disability,
- depression, anxiety, comorbidity,
- previous sick leave and unemployment,
- activity limitations,
- dissatisfaction with work conditions/workplace,
- higher physical work demands,
- job strain,
- need for workplace adjustments,
- physical and psychological job demands (Cancelliere et al., 2016; Eckberg et al., 2015; Fan et al., 2021; Gragnano et al., 2018).

Importantly, consideration of workplace conditions and relations are as important, if not more so, than the worker's health and functioning. Indeed, "a combination of clinical and workplace interventions are most effective" (Eckberg et al., 2015). Factors that predict improved accommodation and retention include publicly available programs and resources; resources held by the employer; communication processes; positive relations with the supervisor; employee tenure, work role, and work performance; type of health condition; RTW coordination, occupational training or conditioning, workplace-based interventions, work accommodations (e.g., reduce working hours, adapt work conditions), contact between various impacted actors, and organizations' disability management policies (Cancelliere et al., 2016; Eckberg et al., 2015; Gould-Werth et al., 2018).

CHALLENGES

While an early RTW is an important goal, there are many obstacles and barriers that prevent some workers from being able to successfully RTW. This includes barriers, often invisible, within RTW systems in workplaces, healthcare systems, and claims processes, that attend to policy and procedures rooted in problematic power inequalities and social conflict (MacEachen et al., 2010). According to research by Gould-Werth et al., (2018), employers are not consistently nor equitably utilizing resources across cases due to lack of familiarity with employee health conditions, as well as for those with more physically active jobs and employees who were perceived to be poor performers or have had a short tenure.

Moreover, there are often competing or divergent goals between the employee and the organization, even when goals appeared to be mutual (MacEachen et al., 2010). Many workers with disabilities who are well positioned to RTW often fall between the cracks of organizations that have adequate capacity but workplaces with discriminatory practices, unresponsive systems, or management with an inadequate desire to assist (Bardos et al., 2015; Gould-Werth et al., 2018; MacEachen et al., 2010). Furthermore, there are additional challenges for those who have returned to their place of work, such as being reassigned to a job that is mismatched with the employees' skills or interests that lead to underemployment and deskilling (Gewurtz et al., 2018).

Of additional consideration is the cost or benefits for employers. Many employers often underestimate the cost of replacing workers and are unfamiliar with inexpensive investments that can facilitate RTW, as well as generate potential benefits (Ben-Shalom, 2015). Notably, the expense to the employer can be high at times, necessitating economic incentives from policymakers, who profit from high societal benefits (including financial) for successful RTW (Bardos et al., 2015; Ben-Shalom, 2015). Of particular concern and cost burden are policies such as the British Columbia Income Assistance, which have multiple financial disincentives (i.e., decline in after-tax income for additional earning or hours worked, loss of access to supplemental benefits) for RTW once benefits have been accessed (Petit et al., 2020). Thus, from a holistic perspective, considerations for shifting incentives towards employers, so that they will retain workers with an onset of disability would likely offer high savings at a societal level (Bardos et al., 2015).

PRACTICE & POLICY: PRACTICAL, OPERATIONAL IMPLEMENTATION

PRACTICE

Interventions that support a successful RTW must be supported by leaders in a cost-effective manner (Williams-Whitt et al., 2016). There are clear and positive outcomes with structured and coordinated RTW practices, that are specific and goal oriented. For example, these practices could include guidelines that offer an "initial intake, detailed assessment, continuous check-ins during intervention, follow-up check-in, and relapse prevention" (Pomaki et al., 2010). Additional supports include clear and well-communicated organizational workplace disability and mental health policies; people-oriented organizational culture through supportive management; RTW coordination through structured, planned, close communication between all actors required to optimize RTW outcomes (Pomaki et al., 2010). Current barriers to successful practices in RTW situations include stigma around conditions (Pomaki et al., 2010), as well as organizational culture, which drives current methods, interventions, and processes (WilliamsWhitt et al., 2016).

To best support organizations, The Institute of Work and Health (2007) published seven common principles for successful return to work, while Cancelliere et al., (2016) added number eight:

1. The workplace has a strong commitment to health and safety, which is demonstrated by the behaviours of the workplace parties.
2. The employer makes an offer of modified work (also known as work accommodation) to injured/ill workers so they can return early and safely to work activities suitable to their abilities.
3. RTW planners ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors.
4. Supervisors are trained in work disability prevention and included in RTW planning.
5. The employer makes early and considerate contact with injured/ill workers.
6. Someone has the responsibility to coordinate RTW.
7. Employers and health-care providers communicate with each other about the workplace demands as needed, and with the worker's consent.
8. The worker has access to multidisciplinary resources (including clinical interventions for the management of pain, disability, depression, and poor expectations for recovery), where necessary, working in combination with the other stakeholders.

WORKPLACE CONSIDERATIONS

While work accommodations are critical to the RTW practice, the way in which they are implemented is even more impactful for their success. Some of these considerations include redistribution or reduction of work demands on worker and co-workers; transitioning to less stressful environments; senior management support; and support of co-workers (Pomaki et al., 2010). Moreover, while some workers may be familiar with their needs, others may struggle

to articulate necessary accommodations. Thus, supports aimed at helping employees with disabilities to identify their needs may increase frequency of accommodation and retention (Gould-Werth et al., 2018).

More and more research has pointed to the need to de-medicalize the RTW process, instead focusing on the organizational abilities of an employer. As a multidimensional process, focus on the psychosocial determinants and macro system variables, through use of generalizable principles and practices are warranted (Gragnano et al., 2018; White et al., 2013; Williams-Whitt et al., 2016). Cancelliere et al. 's (2016) research supports this framing, calling for the provision of multiple resources as needed in the RTW process, inclusive of health and occupational professionals. Williams-Whit et al., (2016) take their call a step further, requesting the creation of positive interventions that help employers to think beyond prevention and repair of illness and injury, by instead focusing on identifying strengths, new opportunities, skills, and abilities that result from experiences with disability (Williams-Whitt et al., 2016).

POLICY

Policies that support the RTW process are needed at both the organizational and governmental levels. Government systems that support workers and their employers can offer "evidence-based services that can prevent significant medical conditions from leading to long-term work disability" (Ben-Shalom, 2016; Stapleton et al., 2016 in Neuhauser et al., 2018;). Moreover, shifting some of the RTW benefits from government to reduce the costs for employers would add economic incentives for the continuing support of workers with disabilities (Ben-Shalom, 2015), especially for employers with fewer resources (Gould-Werth et al., 2018). Ultimately, the systems and policies involved in early RTW need intentional improvements in both system design and implementation to best support a successful RTW (MacEachen et al., 2010).

CONCLUSION

PRACTICE

With a large part of the working-age Canadian population impacted by disabilities, policies and practices that support early intervention for an early RTW are needed. Successful early RTW has many benefits, including improved health outcomes, psychological wellbeing, social inclusion, and financial benefits at all levels. However, there are many challenges that prevent workers from being able to access, and even employers from being able to offer, the needed resources and supports for effective and efficient early intervention. These challenges are compounded by additional systemic and structural factors that perpetuate barriers for equity-deserving groups. Structured and coordinated RTW plans and policies that utilize early intervention offer a wealth of positive outcomes, including improved physical and mental wellbeing for all employees, and thus impacting employer and societal wellbeing. It is a critical tool, that when well supported at all levels, can help to prevent and reduce levels of poverty and infirmity.

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