

Best Work-Absence Management and Returns-to-Work Practices for Workers with Musculoskeletal or Common Mental Disorders

Marie-José Durand, Ph.D.

Université de Sherbrooke

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UNIVERSITÉ DE
SHERBROOKE



Centre d'Action en
Prévention et Réadaptation
de l'Incapacité au Travail

Context:

Musculoskeletal disorders (MSD):

- Lumbagos (back pain)
 - Most frequent anatomical site
 - About 90% of people with lumbagos will return to work within 10 weeks
 - 10% of people with lumbagos will take more than 12 weeks and will be the most costly
- Upper extremity
 - Absences are slightly longer and more varied depending on the site affected
 - Shoulders: 50% return to work in 6 months

Common mental health disorders:

- 75% within 6 months and 25% in more than 6 months

RTW Practices in Organizations

- Very wide variety of practices depending on the organization
- Problems frequently encountered:
 - **Little or no preparation for return to work (RTW)**
 - Signature of the RTW by the physician and often the supervisor is informed the same morning
 - Ambiguities around roles and responsibilities
 - High expectations from the supervisor
 - Little or no follow-up by the supervisor or human resources advisor
 - Lack of concerted action

To be credible...

- **Health and remain-at-work policy**
 - **Worker support approach**
 - Opposite of an approach aimed at controlling absences
 - Is evident by the resources available at work
 - Serves as the framework for developing and implementing the policy

WORK-ABSENCE MANAGEMENT AND RETURN-TO-WORK PROCESS

Six-Step Approach

- Active components put in place by **different players** in the organization and incorporated in a **chronological return-to-work process**

1. Time off and recovery period
2. Initial contact with the worker
3. Evaluation of the worker and his job tasks
4. Development of a return-to-work plan with accommodations
5. Work resumption
6. Follow-up of the return to work

**Six steps in the
return-to-work
process**

Time off and
recovery
period

Initial contact
with the
worker

Evaluation of
the worker and
his job tasks

Development of a
return-to-work
plan with
accommodations

Work
resumption

Follow-up of
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1. Time off and recovery period

Important to respect the worker's recovery period and the recommendations of the attending physician

**Person in
charge of
absence
management**

Is informed of the absence
Contacts the return-to-work coordinator to inform
him of the worker's situation

**Return-to-
work
coordinator**

Sends a **letter** to the worker (general return-to-
work process)

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2. Initial contact with the worker

Return-to-
work
coordinator

Makes an initial **telephone** call a few weeks after the start of the absence to:

- Explain the role of each player in the return-to-work process
- Plan an assessment meeting
- Determine whether the worker wants to be contacted by the supervisor or his co-workers

Supervisor and
co-workers

May **contact** the worker, when he wants, to maintain a positive link with the workplace

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3. Evaluation of the worker and his job tasks

**Return-to-
work
coordinator**

Assesses the catalysts and barriers to the return to work through an interview with the worker

**Return-to-
work
coordinator,
supervisor and
clinicians (as
applicable)**

Assesses the occupational factors and requirements related to the position, in collaboration with the worker, through an analysis of the workstation

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4. Development of a return-to-work plan with accommodations

Definition of workplace accommodations:

Measures put in place through agreement between the worker and the players involved to adapt the workplace to the worker's abilities and thus facilitate his return to work

Definition of concerted action:

Pooling of the resources and expertise of the various players involved in absence management with the goal of an effective and sustainable return to work

4. Development of a return-to-work plan with accommodations

Lead taken by the **return-to-work coordinator** who communicates with the various players involved to prepare the meeting for development of the return-to-work plan

OBJECTIVE: All players share a common goal of the worker's **return-to-work with accommodations before** any consideration is given to the **worker's full reinstatement**

4. Development of a return-to-work plan with accommodations

- **By taking into account:**

- The worker's capabilities (**physician, clinicians**)
- The feasibility of the choice of tasks and the organization of the work (**supervisor, co-workers**)
- Compliance with the collective agreement (**union representatives**)
- Point of view of the **worker** and his **co-workers** to preserve social relations

- **Supervisor** must not count on the immediate productivity of the worker who is resuming his duties

([St-Arnaud, Briand, et al., 2011](#))

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4. Development of a return-to-work plan with accommodations

Especially when there is a mental health disorder

Supervisor	Should know the worker's capabilities and limitations in order to suggest appropriate workplace accommodations
Return-to-work coordinator and other players involved	Can support the supervisor by discussing performance issues and the supervisor's and worker's perceptions about the return to work
Work colleagues	Should also be informed of the worker's reduced capabilities that warrant accommodations; this reduces discrimination and encourages support from co-workers

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5. Work resumption

Supervisor	Puts in place the workplace accommodations and prepares co-workers to ensure a favourable welcome for the worker on his return
Co-workers	May make daily adjustments in their own duties to help the worker comply with the established return-to-work plan
Senior management	Supports the supervisor, for example, by temporarily reducing production requirements
Return-to-work coordinator	Supports and reassures the worker, in collaboration with union representatives , the physician and clinicians , as applicable

6. Follow-up of the return to work

Supervisor	<p>Ensures workplace accommodations are implemented and meets with the worker to provide feedback on the progress of the return to work</p> <ul style="list-style-type: none">• To avoid any ambiguity related to the tasks to be performed, it is recommended that the tasks to be performed be identified periodically, in writing, and that timelines be respected
Return-to-work coordinator	<p>Regularly follows up with the worker and the supervisor: adjustments to the accommodations may be needed as the worker's state of health evolves</p>
Physician and clinicians	<p>Their interventions are aimed at preventing a relapse</p>

Stakeholders within the organization who are involved in managing work absences	Senior management				Flexible accommodations	Adjusts production requirements	Supports the supervisor
	Person responsible for work-absence management	Medical certificate received Referral to RTW Coordinator					
	Union				Compliance with collective agreement	Supports the worker	Supports the worker
	Co-workers		Make supportive telephone calls		Feasibility of accommodations	Welcome the worker back Daily adjustments	Daily adjustments
	Supervisor		Monitors recovery Offers reassurance	Identifies work demands	Feasibility of accommodations	Welcomes the worker back Distributes tasks	Gives the worker feedback on the RTW progression
	RTW Coordinator (internal or external)	Sends a letter to the worker	Contacts the worker to inform him of the process	Concerted action Interviews the worker and identifies barriers	Concerted action Negotiates accommodations	Concerted action Reassures and supports the worker	Concerted action Makes adjustments to RTW plan as needed
<div> <div>6 steps in the return-to-work (RTW) process</div> <div>Time off and recovery period</div> <div>Initial contact with the worker</div> <div>Evaluation of the worker and his job tasks</div> <div>Development of a RTW plan with accommodations</div> <div>Work resumption</div> <div>Follow-up of the RTW</div> </div>							
Healthcare system	Attending physician	Signs work-absence authorization form		Identifies limitations	Authorizes the RTW plan	Monitors worker's state of health	Ensures prevention of relapse
	AS NEEDED: Rehabilitation clinicians	Interventions focused on the RTW		Identify capacities Analyze job tasks	Appropriate fit between plan and worker's capacities	Support the worker	Ensure prevention of relapse

Summary: Steps in the work-absence management and return-to-work process.

Conclusion

- Importance of establishing a corporate health and remain-at-work policy
- Common approach for MSD and mental health disorders
- Return-to-work process = shared effort
- Implementation of these best practices remains to be done
 - A participatory approach involving each group of players is desirable to adapt these guiding principles to the current organizational culture

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