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RETURN – TO – WORK PROGRAMS: EMPLOYER CONSIDERATIONS

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RETURN – TO – WORK PROGRAMS: EMPLOYER CONSIDERATIONS

by

Elisabeth Ann Hill

B.A., Southern Illinois University Carbondale, 2011

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the
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RESEARCH PAPER APPROVAL

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By

Elisabeth Ann Hill

A Research Paper Submitted in Partial
Fulfillment of the Requirements
for the Degree of
Master of Science
in the field of Rehabilitation Counseling

Approved by:

Thomas D. Upton, Chair

Graduate School
Southern Illinois University Carbondale
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ELISABETH HILL, for the Master of Science degree in REHABILITATION COUNSELING, presented on JUNE 26, 2014, at Southern Illinois University Carbondale.

TITLE: RETURN – TO – WORK PROGRAMS: EMPLOYER CONSIDERATIONS

MAJOR PROFESSOR: Dr. Thomas Upton

Return – to – work programs are an essential element of the Workers' Compensation process for successfully returning injured employees to work. Successful return-to-work has long- reaching effects for employer, employee, and society in general. Return-to-work programs have, historically, been proven to be cost-effective for employers over the long-term. However, employers still show hesitancy towards devoting full resources towards the programs due to cost concerns. Additionally, the recession has created a leaner workforce and employers are often operating on more constrained budgets, potentially causing more reductions in allocation of resources towards return-to-work efforts. This paper will examine current cost concerns and labor force environment employers are facing, the current cost-effectiveness of return-to-work programs and the implementation of return-to-work interventions that hinder and facilitate employees returning to work, which would effect whether they appear to be cost-effective for employers.

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CHAPTER 1

INTRODUCTION

Workplace injuries and disabilities acquired during the course of working age is a frequent event that affects many people each year. In the area of work related injuries it is noted that there were about four million injuries in 2007 (Laing, 2011). Workers' Compensation is a system that is set up to protect the employee from unjust loss of job and wages after injury. However, as Wertz and Bryant indicated, a dual purpose of the system is also to control costs for employers (2001). However, when the Workers' Compensation system is spoken about it can often lead to a negative connotation in the minds of all parties involved. The employer and insurance agency may see claimants as those attempting to "work" the system for money and the employee may view the businesses as trying to give them the least amount of benefits in order to cut costs.

The issue of cost is a main concern for the employer because their business' survival is dependent upon it. It is commonly accepted that efforts and investments taken to return injured or disabled employees to work will save employers money over time (Southgate et al., 2012). However, with the ever- changing economic landscape and costs of Workers' Compensation it is important to determine if employer's attitudes towards return - to - work programs and their belief in their ability to save money. In this respect, it would be beneficial to determine the employers concerns with costs and if they consider return - to - work coordination and implementation effective in saving money in the long term. In order to determine the effectiveness of return-to-work

programs for employers, it would also be necessary to look at employer implementations that negatively affect return - to - work and conversely what is effective in return - to – work implementation

Background of the Problem

A study conducted in 2013 indicated that accident prevention only slightly edged out post-injury cost control as the employers top concern (“Cost Control Employers’ Top WC Concern”, 2013). This is not new information, however the issue of rising costs in Workers’ Compensation is a continuing factor and it may affect the employer’s attitudes towards injury and the cost control measure of return - to - work implementation.

The state of the economy and workforce is always changing, but the economy encountered a major shift in 2008. The recession changed the landscape of the labor force and possibly the function of return – to - work implementation for injured workers. An article from 2012 has suggested that the economic hardship has prevented employers from implementing return – to – work programs, especially in the area of light, modified duty programs (“Recession Affects Return to Work Rates”, 2012).

As stated before, the benefits of return – to – work interventions for both parties are well documented (Soklardis, Cassidy, Van Der Velde, Tompa, & Hogg-Johnson, 2012). However, Bose indicated that of the approximately five million injured each year close to one and half million never return to work (2012). While this can occur for many reasons, a few of the main ones can be employer’s policies, claims handling and, again, lack of light duty jobs (Bose, 2012). Additionally, while cost containment can be attained through effective return – to – work programs many employers still remain hesitant to hold jobs open because of fear of additional claims upon return (Bose, 2012). In light of

these few facts, it seems necessary to visit employer concerns and attitudes, issues in return to work, and what is effective in return- to- work.

Significance of the Study

The reason this subject should be revisited is the profound effect injury in the workplace has on the lives of the employees, employer's bottom line, and society in general. When an employee is injured and is absent from work for extended periods of time it can result in never returning to work. If this occurs this can lead to lower quality of life due to decreased earnings and increased medical care (Schandelmaier et al., 2011). In addition, employees who do return to work have shown improvement in health and those who did not have shown health deterioration (Hoefsmit, Houkes, & Nijhuis, 2012).

Employers, as stated before, still show a certain hesitancy about instituting return – to – work interventions due to fear of future liability (Bose, 2012) However, another possible issue that may be present is improper or inefficient implementation of return - to – work interventions, therefore not accurately demonstrating its true benefits. Yet another concern may be insurance companies that are changing patterns of rates and thus increasing the premiums that employers are paying (Perry, 2013). When costs rise it can often lead to costs being cut in other areas, such as less light duty jobs, and cuts in general to return-to-work programs (Ring, 2010).

A prominent social concern is the affect of those who don't return to work on other social insurance systems. In a 2012 study, it was indicated that those who did not return to work after injury would be likely to apply and receive additional funds through the Social Security Administration (O ' Leary, Boden, Seabury, Ozonoff, & Scherer,

2012). While this is a necessary system for those that genuinely cannot return to work and are not receiving enough through Worker's Compensation payments, it can also be a financial burden on the social insurance programs and therefore, taxpayers, when people do not return to work that may have been able to. Schandelmaier et al. suggested that more people may have been able to return to work if they had more communication with the company and the agencies involved in treatment were more communicative with each other (2012).

Purpose and Objectives

In light of current cost changes and a changing labor force environment it would be beneficial to analyze, for an employer's perspective, why it is still cost efficient to have effective return-to-work programs. Also, to examine what aspects of employer implementation of return-to-work interventions either hinder or facilitate return-to-work rates of injured employees, which in turn effects whether implementation is cost-effective.

In order to determine this, there will be a brief examination of cost concerns and current issues in budgets for employers and how that effects implementation of successful return-to-work programs. The next section review will determine if the literature supports return-to-work programs still being cost-effective. The objective of theses first two sections is to determine the current cost environment in Workers' Compensation for employers and to examine how it effects employer implementation of return-to-work interventions. The third section will examine employer related issues and barriers related to effective implementation of return-to-work. The last section will then review what is considered to be effective for return-to-work implementation. The

objective of the last two sections is to compare successful interventions and implementations in return-to work with the implementations that create barriers to successful return-to-work. This will help to establish a common theme in creating and maintaining effective return-to-work interventions and programs, making them more cost-effective for employers.

Terms and Definitions

Accommodation - a modification to a position or the work environment which changes the way the job is usually done and enables a qualified individual with a disability to perform the job duties

(The Americans with Disabilities Act Glossary of Terms, n.d)

Essential job functions -the fundamental job duties of a position that must be performed

(The Americans with Disabilities Act Glossary of Terms, n.d)

Functional Capacity – a person’s ability to perform work tasks related to their participation in employment (Functional Capacity Evaluation, n.d.)

Indemnity - a payment made to someone because of damage, loss, or injury (Indemnity, n.d.)

Job Analysis - a formal process where information about a specific occupation is gathered and analyzed

(The Americans with Disabilities Act Glossary of Terms, n.d)

Job Description - a detailed, written summary of the major parts of a job

(The Americans with Disabilities Act Glossary of Terms, n.d)

Light/Modified Duty - refers to work that is physically or mentally less demanding than normal job duties and may be temporary or permanent

(The Americans with Disabilities Act Glossary of Terms, n.d)

Premium – An agreed upon amount of money paid for coverage of medical expenses for a certain amount of time. Premiums may be paid by employers, employees, or shared by both (Latest EBS News Release, n.d.)

Return – to - work/Transitional Program – designed to return an injured, or temporarily impaired worker to the workplace as soon as medically possible (Accommodation and Compliance Series: Return-to-Work Programs., n.d.).

Workers' Compensation - a system of insurance that covers an employer's costs for damages paid to an employee for injury occurring in the course of employment (Workers' compensation, n.d.)

Work-related/occupational injury - Injuries in which an event or exposure in the workplace either caused or contributed to the injury (OSHA's Recordkeeping Page, n.d.)

CHAPTER 2

REVIEW OF THE LITERATURE

This review of literature will have four major parts. The first will address current costs and issues for employers related to return-to-work implementation in Workers' Compensation. The second will examine the cost-effectiveness of return-to-work programs. The third section will analyze barriers in return-to-work implementation that may prevent workers returning to their previous employer. The last section will examine what employer implementation techniques in return-to-work are facilitating and increase the rate of injured employee's returning to work.

Costs and Issues to Employers

It is known that employers pay insurance premiums to cover the cost of Workers' Compensation including return - to - work interventions. However, they do incur costs above and beyond what the insurance covers. A study done in 2012 looked at five categories of costs related to return- to- work that an employer may be paying out of their own pocket (Soklardis et al., 2012). Soklardis et al. suggested that some the cost categories that emerged included: medical, equipment, training and education, wage replacement and productivity, and claims and administration (2012). The study also indicated that a few of the predominant medical costs were physiotherapist appointments, independent medical evaluations, and functional assessment evaluations if the full cost wasn't covered by Workers' Compensation insurance (Soklardis et al., 2012). Independent medical evaluations and functional capacity evaluations were usually paid for in order to speed along the process due to the time delay it can take for funding to go through. (Soklardis et al., 2012). In addition, while more difficult to

measure and calculate productivity lost due to light or modified tasks, it can be additional money lost by the employer. In this circumstance, the employee may return to light or modified task, but be paid the same wage as when at full productivity (Soklardis et al., 2012).

In addition to the costs incurred above the premiums, employers are dealing with ever rising insurance premiums introduced by insurance companies (Perry, 2013). Perry indicated that rates are rising because the cost of claims, especially medical costs, are surpassing what employers or companies pay in insurance premiums (2013). He explains that premium rates were set to increase at about two to five percent in many states (2013). The overall cost of Workers' Compensation has increased seventy – one percent since 1992 with eighty – four percent of that increase from medical care cost inflation (Leigh, 2011). Medical costs used to fall behind lost-time claims in amount of payment in Workers' Compensation, but now medical costs are surpassing it (Frese, 2013). Aside from rising medical costs, insurance companies are also seeing less returns on investments due to the recession, which is yet another reason that they are increasing premiums (Melas, 2011).

As stated earlier, the recession seems to be reducing employers' budgets in the area of return - to - work interventions and implementations. ("Recession Affects Return to Work Rates", 2012). The recession has caused a reduction in the amount of jobs available and therefore also the amount of light duty jobs reserved for those injured (Ceniceros, 2010). Ceniceros continued by stating that employers desire to have the highest productivity from their decreased staff so they are opting to have more able-

bodied individuals as opposed to those on modified duty who are injured or recovering from injury (2010).

The rising medical costs leading to increased premium payments, reduction of jobs available, and costs beyond what Workers' Compensation pays all put a tighter squeeze on employers and their budget. This leads to a reduction of modified duty jobs and therefore the amount of workers who reenter the workforce. This can cause lower socioeconomic status for the employee, but also cause losses for the employer who is still paying the same high premium, but not receiving any productivity from the worker who didn't return to their job. In that vein, it would seem necessary to examine the literature further in order to determine the cost-effectiveness of return-to-work implementation for the employer.

Cost Benefits of Return - to - Work Implementation

In a story from Florida Underwriter magazine, published in 2011 it is suggested that despite the rising medical costs and hesitations of employers to return injured employees to work, it is still in their interest to use return – to - work interventions (O' Halloran, 2011). O' Halloran explains that on average a injury that results in disability costs the business about forty – eight thousand dollars and that roughly fifty – eight percent of that total is from lost time claims as opposed to medical costs (2011). He claims that despite employers preference to have fully productive employees, returning an injured employee to work and receiving some productivity is more cost efficient than receiving no productivity and still paying out benefits (2011). In a similar article, it claims that a light duty program is among the best strategies in reducing overall Workers' Compensation costs (Take control of your workers' comp costs, 2012). The lack of a

return - to - work program can lead to employees remaining at home up to four times longer than is needed medically, which can cause a claim cost to increase up to seventy percent (Workers' Compensation Cost Control: Six Strategies to Save You Money, 2013).

A study done in Australia in 2012 examined the differences in return- to- work rates in companies that used a comprehensive case management intervention for return - to - work and those that didn't and evaluated the cost difference in claim amounts (Iles, Wyatt, & Pransky, 2012). In this study it showed a stark difference in cost savings and rates of returning of work. While the medical cost payments were actually higher in intervention companies the amount of days off work were lower in those same companies (Iles et al., 2012). The overall claims costs were reduced thirty – five percent in the intervention companies and days compensated while not at work were reduced fifty – eight percent (Iles et al., 2012). A study examining similar circumstances also indicated savings. A study done in 2008 placed medical case managers at four Army stations and evaluated what effect the comprehensive case management had on Federal Workers' Compensation costs (Mallon, Cloeren, Firestone, & Burch, 2008). This study displayed a savings of five million dollars between the four sites (Mallon et al., 2008) These savings were in lessened medical costs and indemnity costs which, alone, saved about four and half million dollars (Mallon et al., 2008).

The two previous studies display improvement in return - to - work through comprehensive case management and the savings it can generate. The following study was a program that was created to allow companies to spend two thousand six hundred dollars to five thousand six hundred dollars to implement a return- to- work transitional

program that did not exist before (Dunning et al., 2008) The idea was to decrease lost time claims by allowing for injured employees to return to modified or transitional jobs after injury (Dunning et al., 2008). The results did indicate lowered indemnity costs of a significant nature. The costs dropped, in one year, eleven and one half percent, or about fifteen hundred dollars per company. In addition, it also displayed a decrease of about nine percent in lost time claims in comparison to those who did not enroll in the program and to the year prior to availability of the program (Dunning et al., 2008). There was an increase in medical costs of about twenty – eight dollars per company, but made up in the saved indemnity costs mentioned above. A transitional program that allows injured employees to work and saves money in lost time claims reduces insurance premiums for employers because they are paying less in claims on a more frequent basis (Back to Work, 2012).

In addition to reducing costs of lost time claims it can also save money in reduction of hiring and training new employees due to the loss of a skilled worker (Rubin, 2013). Rubin also explained that while employers may fear paying for accommodations to return the injured employee to work, up to fifty – seven percent of accommodations cost nothing and of those that do it's usually a one- time expenditure of six hundred dollars, which is recovered in productivity (2013).

In a different manner, offering appropriate modified duty jobs to employees can help curb litigation costs in the future by creating a stronger case (O'Halloran, 2011). O'Halloran stated that if the employee rejects the job offer it is difficult for them to receive benefits and employers who make good faith job offers on a regular basis have better results in the court cases (2011).

In summation, employers are dealing with higher indirect costs and premiums based on the brief overview of the literature. Additionally, return – to work interventions raised medical costs in certain circumstances, but reduced overall costs in the long term. Employers are hesitant due to perceived legal vulnerability, but the literature indicates that setting up transitional programs and offering light or modified duty jobs can actually create a stronger legal case in the future, as the long as the job offer is medically appropriate (O’Halloran, 2011). Employers still show a hesitancy to spend money for return to work interventions, such as accommodations, and so the following section examines common barriers or issues in return – to - work implementation that prevent effectiveness, and therefore, the investment of money.

Issues and Barriers in the Return- to- Work Process

There are many issues that can affect a worker’s ability to return to work. These can be intrinsic factors such as self-confidence and self-motivation or they can be issues related to how the return - to - work process is managed. This section will not examine employee internal motivators or characteristics, but rather employer implementations of return - to - work interventions that may hinder an employee from successfully returning to work.

A common issue can be time management in returning employees to work. Employers may fear returning injured employees to work until they are fully recovered due to fear of re-injury and further claims. Bose indicates that the longer an employee is off of work, the less likely they are to return (2012). In addition, the “whole man or no man stance” does not allow for productivity and payments will still be made (Wertz and Bryant, 2001, pp. 132). It also sends a message to employees that they do not have

value unless they are hampered in any way, which in turn, can create the idea that if they do return, their work is not valued or important (Wertz & Bryant, 2001). Employers also create barriers by only holding positions for injured workers open for twelve weeks, which does comply with regulations, but is ultimately more difficult to the employee, who must apply for a different position, and employer, who must train the new individual (Bose, 2012). In a different study an employee stated their employer told them not to return to employment simply because they had been gone a year (Young, 2009).

Time management can also negatively impact returning to work if a worker is returned too early. A business may seek to keep costs and premiums down by disallowing the absence of the injured employee (MacEachen, Kosny, Ferrier, & Chambers, 2010). The authors explain that by disallowing the absence and claiming an accommodation or modified duty job is being offered, even if they are not, they are avoiding Workers' Compensation surcharges (2010). MacEachen et al. indicated that many workers return to workloads that are either too much for them or are made to return to no work at all (2010). If a worker feels insecure in their job they may not speak up about this issue and, as explained in the article, it's not common for these accommodations to be checked into by Workers' Compensation regulation (MacEachen et al., 2010). If an employer is not being flexible and job-specific on when an employee can return to work this can reduce the chances of the injured employee returning to work effectively and efficiently (Owens, 2012).

An obstacle to return - to - work may be the fostering of an unsupportive environment while managing employee injury claims. It is suggested that some employers may only focus on medical management and not address other supportive or

social factors that can affect return - to - work (Kelly, 2012). Kelly suggests this can include handling prior issues in relationships between the injured employee and their supervisors and fellow co-workers (2012). This can also emerge through only asking medical questions or inquiring intently about how the injury occurred, which could alienate the worker and cause them to feel unsupported, causing them to question whether they should return (Kelly, 2012). The ineffectiveness of only medical or claims management was also indicated in a different study, which showed longer duration of work absence when using these methods (Johnson, Butler, Baldwin, & Cote, 2012).

The employer may also create an unsupportive work environment when attempting to discern if the injury actually was incurred in the process of working because if not, the claim is not compensable (MacEachen et al., 2010). The injury may have been determined to have occurred in the course of job duties and the employer may still be unsupportive by indicating the employee should not return due to being a liability for further injury and costs (Young, 2009). In a certain instance, a worker expressed “feeling like a criminal” because the case managers communication was sparse and mistrusting, indicating she was watching the disabled employee closely in order to prevent her from using “loopholes” (Busse et al., 2011, pp 148-149). Case managers and return – to – work coordinators, who are usually the main contact person, can also create barriers to return – to – work without intention. Southgate et al, explain that some return – to – work coordinators often have multiple duties within their workplace which affects their ability to perform their role as case manager (2012). The coordinators indicated that this detrimentally affected their ability to implement timely interventions for injured workers (Southgate et al, 2012).

The interactions between co-workers and the injured can also play a role in return- to- work effectiveness. It is not uncommon for co – workers to absorb duties that their fellow injured co-worker can no longer complete. An example is when an injured employee could not type on a keyboard for the majority of the day any longer and a fellow co-worker reported taking on those typing duties (Dunstan & MacEachen, 2012). A co-worker may bear resentment towards their injured co-worker if their workload is increased (MacEachen et al., 2010). It can be the case even if the co –worker started out as supportive, but as their workload increases for accommodation this support can fade (Owens, 2012). Owens also indicates that co-workers can hinder an injured persons adaptation back to work by behaving differently with them due to being unsure of how to interact with them after a potentially traumatic injury (2012).

An additional issue that can affect return – to – work effectiveness can arise from healthcare providers. A lot of what happens to a worker after injury can be determined by the physician’s evaluation and documentation. The main issue MacEachen et al. explains is adequate documentation by physicians (2010). The authors elaborate by explaining that system requires a certain amount of medical evidence and that physicians are busy and may not fill out the documentation fully and adequately, resulting in a denial of benefits to someone who truly needed them or receiving bad case management for their injury (2010). Employees being evaluated have also expressed dissatisfaction with physicians’ explanation of diagnosis and believed that the doctor did not believe them or evaluate fully and adequately (Bose, 2012). Workers also explained their frustrations with not understanding the professional explanations they were given from parties such as psychologists and doctors and in the extended time it

took for decisions to be made causing them to run out of money for basic needs (MacEachen et al., 2010).

A lack of faith in the healthcare provider can cause an employee to not feel their diagnosis fully describes their limitations and therefore recommendations for return – to - work may not be followed. Additionally, physicians may hinder returning to work in the opposite manner. They may have employees restricted from work too long, ultimately making the process more difficult and costly for employee and employer (Young, 2009). This may not be intentional on the part of the physician, they simply may not be aware that too tight of restrictions, causing more time of work, can actually hinder rehabilitation and effective reintegration in the workplace (Sall, 2004).

An additional barrier to returning injured employees to work is the employers fear of costly accommodations for employees (Hernandez & McDonald, 2010) Employers may claim that there are no modified duty jobs or that reasonable accommodations cannot be implemented because of the initial time and resources needed to make this possible (Bose, 2012). Employers may not think that taking the time and effort to modify duties or accommodate restrictions is worth the effort to organize, especially if it also causes alteration of duties for other employees due to the accommodation or modification (Wertz & Bryant, 2001).

If an employee is not actively offered light duty work or accommodations for their injury they may feel that returning to the workforce is not an option for them. (Ring, 2010, pp. 44). Employers may prevent reemployment with modified duties by terminating the contract, outsourcing the job, or hiring a replacement and claiming there are no jobs for the injured worker (Young, 2009). Employers are sometimes not aware

that employees do not need to be able to complete all functions of the job, only essential functions, which can also be completed with accommodations (Ring, 2010). In the advent that an employee is not able to fulfill the essential functions, employers may feel they have run out of options. However, if there are other jobs that have duties that can be performed by the worker or job sharing can be performed, it is a viable option for an employer (Owens, 2012).

A lack of communication, partnership, and collaboration amongst all treating and participating parties seems to be a leading barrier in return – to – work implementation. It can cause employees to feel undervalued and misinformed and it can cost employers additional money by paying out benefits longer than may be necessary medically (Bose, 2012). When all parties were not communicated with efficiently and effectively it increased time off work due to incorrect diagnosis and treatment by physicians, which in turn, can lead to further injury, claims, and possibly court costs (Bose, 2012). The absence of communication can also effect the reporting or non-reporting of injuries. If a company is not communicative and pro-active about having injuries reported as soon as possible it can cause further injury, higher claims, and thus prevent easier and more effective return – to - work (Cavanaugh, 2012). If the policy of reporting early is already in place another barrier can be communication of proper channels to go through (“Workers’ Cost Control: Six Strategies to Save You Money”, 2013). An employee may be injured, but have issues deciphering whom to talk to, which may delay, or prevent, reporting.

Facilitators to the Return- to- Work Process

The issues that that can negatively impact return - to - work effectiveness have just been addressed. The next section will identify from literature what is suggested for successful return- to- work implementation so that it is more consistent and beneficial for employees, employers, and business in general.

Clear communication about the nature and purpose of the return- to- work process can help get employee and employer on the same page about its potential benefits (Owens, 2012). Consistent communication is one the best ways to ensure that effective and individualized return- to- work interventions can be implemented (“Take control of your workers’ comp costs”, 2012). In a survey of injured employees they identified efficient communication among all parties as a facilitator for their return – to - work and believed the communication was the reason everything was properly managed when they returned to work (Soeker, Wegner, & Pretorius, 2008).

Proper communication extends not only to the employee, but also to all parties involved in the care of the injured employee. This is especially true of physicians who ultimately determine the work capacities and timelines for returning to work (Bose, 2012). Bose advocates that employers should have effective communication with physicians in order to ensure the employee receives appropriate transitional work that is determined medically (2012). This was supported in a study done in which physician documentation was identified as a barrier to return – to - work (Soeker et al., 2008). The injured employee noted that the doctor released them back to work, but forgot to list their reduced functional capacity (Soeker et al., 2008).

Interventions that involve active participation and communication between employee, employer, and health care providers were shown to be more effective at helping people return to work than interventions that did not (Carroll, Rick, Pilgrim, Cameron, & Hillage, 2010). In the study done by Johnson et al., the consistent contact between injured employee and a nurse designated as a contact person showed not only improved rates of return, but also less instances of litigation (2012). Even in long-term disability instances it was shown that contact had a positive effect on return-to-work. In a study by Hoefsmit et al, multidisciplinary interventions that included communication between employee and the workplace showed positive influence on rates of return at the twelfth month mark of injury (2012). A return-to-work coordinator indicated that communication from the beginning to the end prevents the injured worker from feeling isolated and without control (James et al., 2011).

The presence of a single care coordinator designated to implementation of return-to-work interventions can also be a facilitator for effective return of injured employees. There has been research to indicate that having a return-to-work coordinator can facilitate faster return to work and therefore reduced costs (James et al., 2011) A coordinator can help ensure that all information is communicated to the employee through a central person and that all care management parties such as insurance providers and physicians report their information to one person, allowing for more effective management (Dillenberger, 2009). An effective manager can help daily operations run more smoothly, evaluate effectiveness of implementation, and allow for better communication with the employee and other interdisciplinary teams involved (Bose, 2012) The continuous communication between a designated employer

representative and the employee can make a difference from the very beginning until the end (Rubin, 2013). Adequate support for return - to - work coordinators who work directly with the injured workers was also noted as a facilitator for effective intervention implementation. Coordinators who were asked, stated manager support was vital for effective communication about the return – to – work implementation process (Southgate et al, 2012). They continued by stating that good support from management usually translated to better return – to – work policies, information dissemination to injured workers, and job demand explanations for physicians (Southgate et al, 2012).

A single return- to – work coordinator may also foster effective organization and protocol in implementation of interventions. A written policy or protocol can help create more efficiency by outlining how to address the injury, identifying roles of those involved, and creating timelines for interventions (Rubin, 2013). This included written guidelines that outline resources in the community, such as quality medical providers that are geared toward managing occupational injury in a timely manner. (“Back to Work”, 2012). It is suggested that written policies clearly explain that transitional jobs will be within medical guidelines indicated by medical provider (Dillenberger, 2009).

The written policies may also include a job analysis of positions within the business so that injured workers can be properly matched to jobs within their capabilities (“Back to Work”, 2012). The functional capacities of the worker are evaluated by a physician and the worker is matched to a job that falls within those functional capacities (Dillenberger, 2009). An electronic job description is suggested because it can easily be shared with a physician, which reduces communication errors between employer, employee, and physician (Bose, 2012). Additionally, the policies

regarding reporting injuries and management of return – to – work should be written down in order that they can be evaluated effectively (“Back to Work”, 2012).

A clear protocol and policy may help foster a supportive return – to – work environment. It is suggested that employee and employer relationships be evaluated in order to create a joint management team amongst parties involved (“Back to Work”, 2012). Rubin suggests that viewing the return- to- work process as a partnership is crucial (2013). It allows for both parties needs to be met and may ease employee apprehension about the process by facilitating transparency (Rubin, 2013). A supportive environment can mean addressing issues beyond medical interventions and accommodations. Kelly suggests that if additional workplace issues are not addressed, such as conflict between the employee and managers and/or co-workers, than the success rate of return- to- work interventions goes down (2012).

In a study by Young, those that didn’t return to work successfully reported a negative relationship with their supervisor more frequently than those that did return to work (2010). Co- workers proved less willing to help their fellow injured co- workers when a pre-existing negative relationship was present, which can affect positive and effective work reintegration (Dunstan & MacEachen, 2012). The opposite was also true, if there was an established positive relationship most co-workers were more accepting in assisting the injured employee when they returned to work (Dunstan & MacEachen, 2012).

A supportive work environment can reduce apprehension that recovery of the employee is all about the bottom line for the employer. It is suggested that support and communication beyond medical questions, rate of recovery, and how the injury occurred

can foster an environment the employee desires to return to (Kelly, 2012). Worker productivity losses and higher costs were displayed in instances where claims managers were rude to injured employees due to doubt about the validity of their injury (Johnson et al., 2012) If an employer questions the truthfulness of a legitimate injury it can lead to self- doubt in the employee's mind about the merit in the work they return to (Soeker et al., 2008). In the reverse, when the injured employee felt there was a sense of support and communication for return – to – work, it was considered a facilitator that was encouraging for them in returning (Soeker et al., 2008). It is also effective to have an education program for supervisors and co-workers in order to prevent any unforeseen workplace issues upon return (Owens, 2012).

In creating a supportive work environment, it's beneficial to have modified duty positions readily available for injured employees. However, Dillengberger suggests that employers take care to place employees in modified positions that will benefit employers and help employees feel productive and useful (2009). Dillenbergelaborates by stating that placing an experienced carpenter in a clerical position may not yield the productivity desired and employee satisfaction sought out of the return -to -work intervention (2009). If an employee is placed in a job that is meaningless to them it could cause frustration, which leads to demotivation, loss of productivity, and thoughts of possible re-injury (Soeker et al., 2008).

If an employer not only offers accommodations, but is proactive about doing so, it may reduce the instances of disability claims (Olson, 2006). Injured employees that were not offered accommodations within the first three weeks were twice as likely to develop a chronic disability than those that were offered accommodations (Ring, 2010).

Workers felt accurate and immediate transitional duties as validation of their role in their workplace and therefore increasing their desire to continue working (Soeker et al., 2008). A return – to – work coordinator stated that provision of adjusted duties helps to ease some of the negative connotation with injury in the workplace because it changes the focus from being an injured person to a valued employee who needs accommodations (Southgate et al, 2012). If accommodations are not sufficient to return the injured worker to their previous job they may have doubts about additional options (Fadyl & McPherson, 2009) The assistance given by an employer should extend beyond accommodations to communicating different employment options to the employee who may fear returning to a new job or fear not having a job at all, which could lead to not wishing to return to work.

Timeliness of implementation of interventions has benefits besides when accommodations are offered. The earlier an injury is reported the more complications are potentially avoided. Bose indicates that if treated early an injury may only cause minor changes to job duties and schedule (2008). Early reporting is beneficial for the injured and employer. It will allow for early intervention, which can prevent further injury and, therefore, costs (Cavanaugh, 2012). Additionally, if an employer does not report the injury promptly after indicated by the employee, the employee may seek litigation alternatives due to feeling neglected and without recourse and thus, also, reduce chances of returning to work (7 tips for reducing your workers' comp costs, 2011). If reported within ten days only one in five claims were litigated, but close to fifty percent were litigated if it took a month to file a claim ("Workers' Compensation Cost Control: Six Strategies to Save You Money, 2013). After the injury is reported, it is shown by

Carroll et. al, that return-to- work interventions done earlier, within eighty-five days, were shown to be more effective than those done after ninety days, which had more inconsistent results (2010). This was also supported in a different study that showed more positive rates of returning to work in interventions that were implemented within the first six weeks (Hoefsmits et al, 2012). However, it is also important to consider the nature of the injury on an individual basis. While it's beneficial to both parties to return to work sooner rather than later, it is suggested it be within reason and assessed on an individual level in order for the process to be successful (Owens, 2012).

Overall, this literature suggests that while employers are dealing with a changing, leaner work force and higher costs in premiums and in-house coverage of costs, return-to-work interventions are cost - effective over time. If an employee returns to work the employer is maintaining productivity from that employee that absorbs the cost of accommodations and premium payments. If the employee does not return the employer will ultimately be losing money. The literature indicates that whether an employee successfully returns to work or not is related to employer implementation techniques by either creating barriers or, in the converse, facilitating return.

CHAPTER 3

DISCUSSION

Summation

The process of returning injured employees to work is a multi-faceted process with many moving parts. This includes the many parties, including the employer, employee, medical care providers, insurance company and more. While the employee is the center focus, the role and participation of the employer plays a crucial role in how return – to – work interventions are implemented and managed.

The employer is often concerned with cost control in return- to- work after occupational injury because their business' survival is dependent on proper fiscal management. ("Cost Control Employers' Top WC Concern", 2013). Employers are dealing with costs over the premiums they pay to insurance companies, increasing premium payments due to medical costs, and employing less workers due to the effects of the recession of 2008 (Ceniceros, 2010; Perry, 2013; Soklardis et al., 2012). These issues all cause budget constraints on the employer and influence the amount of resources they put towards return – to – work interventions and implementation. In addition to this, employers show a hesitancy to return injured employees to work due to fear of immediate costs, such as accommodations and modified duty jobs, and future costs if another injury occurs (O'Halloran, 2011; Rubin, 2013).

These hesitancies and worries of the employer continue despite the evidence that return – to – work implementation and interventions show cost savings benefits (Soklardis, et al., 2012). A single occupational injury can cost around forty – eight thousand dollars and a little more than half of that cost of that is from lost time claims,

which could be reduced if modified duty jobs were available and thus reducing time off work (O'Halloran, 2011). In addition, business' that had comprehensive case management for return – to – work implementation showed a savings near five million dollars per year (Mallon et al., 2008). Also, returning an injured employee to work through return- to – work interventions saves companies money by retaining a skilled employee which means there is no cost to hire and train a new worker (Rubin, 2013). In essence, while employers are dealing with a changing economic landscape and tightened budgets, return – to – work interventions still appear to be cost efficient and effective. If employers feel they are not, it could be due to how they are implemented. There are themes that arose in the literature review related to barriers and facilitators in return- to – work programs.

In the area of barriers that impede successful return – to – work there were themes such as time management, unsupportive work environment, poor communication, co-worker issues, issues with health care providers, poor case management/case coordinators, and lack of modified, light, and transitional duty jobs and accommodations. In the area of time management there were instances where the employer seemed to be returning the employee to work too early, which could cause the injured worker to feel undervalued if they return to no work or too much work for their injury. Additionally, if employers insist on an employee being fully recovered they may be sending the message that only employees who are at full capacity are of value (Wertz & Bryant, 2001).

An additional barrier is a non-supportive work environment which can be inadvertently fostered by asking only medical questions and being overly inquisitive and

suspicious about how and when the injury occurred, which causes the employee to feel undervalued (Kelly, 2012; MacEachen et al., 2010). A worker can be made to feel like a liar if the communication by the case manager is unsupportive and mistrusting (Busse et al., 2011). The role of co-workers also displayed a role in the effectiveness of return – to – work. They may start off supportive, but their support can wane if their workload increases due to their injured co – worker’s absence (MacEachen et al., 2010).

In addition, the healthcare provider can cause the worker to be restricted from work too long or their explanation can lead the injured worker to believe they weren’t accurately heard or believed regarding their injury. Aside from the communication of the health care provider, the communication of the employer can also be a barrier to returning to work if they do not clearly communicate how to report injuries and how the return – to – work process is implemented, leading to uncertainty and worry about security of their job on the part of the employee.

Conversely, the same issues that are barriers can also be facilitators if handled effectively by the employer. A common theme included effective communication. This included communication between employee and employer and between the healthcare provider and employer (Bose, 2012; Owens, 2012). The communication between employer and employee caused the employee to feel valued and informed about their return – to – work process(Bose, 2012). The communication between the employer and healthcare provider allowed for proper communication of job demands and therefore more effective timeframes and restrictions for the employee (Bose, 2012). A branch off of effective communication included a related theme of effective organization of return – to - work interventions. This included written guidelines for the return – to -work process,

proper job descriptions that allowed for better evaluation on the part of the physician, and policies for reporting injuries in order that they can be managed earlier and more effectively (Back to work, 2012; Bose, 2012). Proper organization and implementation can also mean having a single care coordinator or case manager involved which can facilitate employees returning to work quicker due to better communication between all parties involved. (Bose, 2012; Dillengberger, 2009; James et al. 2011). The communication of transitional duties and early implementation of accommodations caused workers to feel validated and increased their wish to return to work (Soeker et al, 2008). Validation in work can also be supported by relationships between injured employee and employer and co-workers. It shown to be a facilitator if the relationships were positive and a barrier if the pre-injury relationship was negative, which could be addressed in the return- to- work process (Owens, 2012; Soeker et al. 2008). Over all, it was shown that a supportive work environment provided encouragement for returning to work (Soeker et al., 2008).

Synthesis

The literature review upheld the idea that returning an injured employee to work with the previous employer has great importance for those involved. It allows the employee to retain previous wages, heal better, and uphold a better quality of life. In addition, the literature displayed that while employers may still show a certain hesitancy about future liability and immediate costs of return- to – work interventions, they are cost effective over time (Bose, 2012, Southgate et. al., 2012). The literature review indicates that whether an employee returns to work effectively or not may stem from whether or

not they have effective implementation techniques and consider the individual needs of each injured employee.

Timeliness of a return – to – work intervention can be a facilitator or a barrier depending on how it is implemented. If an employer encourages early reporting and interventions to get a worker back to productivity, it can show positive effects as long as the individual has been assessed on an individual basis. (Hoefsmit et al., 2012; Owens, 2012). Time management can become a barrier to return – to – work if an employer insists on full functional capacity before returning, leading to an employee feeling undervalued due to their injury (Wertz & Bryant, 2001). However, simply returning an employee to work as soon as possible because it prevents surcharges is also not ideal because this can lead the employee to being unable to complete their duties and insecure in their job (MacEachen et al., 2010). Time management therefore can become a barrier if the individual is not assessed and returned based on their individual capacity and circumstances.

In the area of work environment upon return to work, it was shown that if an employer only addressed the medical management of the disability and not the social factors of the work environment that the duration of absence may be longer, further reducing the likelihood of the employee returning to work successfully (Johnson et al.; Kelly, 2012). Conversely, if an employer fosters a supportive and communicative environment it was shown to aid in returning an employee to work (Soeker, et al., 2008). This suggests merely considering the medical issues of an injured employee is not always sufficient for effective implementation, but rather that relationships and environmental factors that may exist at work also hold importance for if a worker is able

to adjust after an injury. The way interventions are implemented and the resources allocated also seem to display a crucial role in whether return- to- work is successful or not.

For example, the supportive environment should also extend to those who interact with injured employee. This could be in allocating resources to assist employees who are charged with absorbing the injured employees duties and providing support to the case managers or return – to – work coordinators charged with implementation. The literature suggests that proper support to support staff, such as coordinators, led to better return – to – work policies and more efficient communication to workers and physicians (Southgate, et al, 2012).

The implementation of communication can be effective in multiple ways to either create barriers or facilitate returning to work. Effective communication with the employee can be fostered by having clear written policies and procedures for the return – to – work process, which in turn can help with communicating the options for returning to work effectively, such as modified duty and/ or accommodations. If an employer was communicative with an injured employee and offered accommodations for returning to work the employee felt informed and valued (Bose, 2012 ; Soeker et al., 2008). On the other hand, if an employer was not communicative and proactive in their communication it could lead to incorrect job descriptions being transmitted to the treating physicians, which in turn could contribute to the lack of faith employees have in their physicians and physicians frustrations with the Workers' Compensation system as well (Bose, 2012).

In all, it seems the is the biggest contributors towards making a return – to - work intervention successful is the employer's allocation of resources towards ensuring its

effective implementation and whether or not they evaluate and treat each injured employee as individual rather than a medical issue that needs to be remedied in a systematic, one size fits all way.

Implications for professionals

Employers should be aware of the cost-effective nature of return-to-work programs and the effect of barriers and facilitators on whether the interventions are successful. They should remain cognizant of the fact that offering transitional or modified duty positions can actually reduce litigation and foster savings by reducing lost time claims. Employers should also be aware that the success or failure of their implementation of return-to-work interventions can be affected negatively if they do not have individualized assessment of each injured employee and they do allocate proper resources to ensure the interventions are implemented fully and successfully.

This may include case managers who may need to be allocated proper resources in order that they can fulfill their duties effectively. This may include holding information or educational seminars with employees and co-workers about the nature of the process of return-to-work policies and implementation. Employers should be proactive in creating written return-to-work policies and procedures, disseminating this information to employees, and ensuring the effective implementation of the policies.

The effective communication should also extend to healthcare providers. The healthcare providers should be provided with clear explanation of the job demands the employee is going to be returning to and clear expectations of what information is needed from them in order to prevent incorrect diagnosis and incomplete documentation. Employers should communicate to healthcare providers about how their

restrictions effect when an injured employee will or will not return to work. Their timely diagnosis and treatment is essential for helping the return-to-work process proceed smoothly and for the employee to receive benefits. In addition, their adequate and full documentation is needed in order to ensure employees are returned to medically appropriate jobs with their employer. A case coordinator or employer should also educate healthcare providers, who are unaware, that extended absence due to extreme work restrictions can actually negatively impact the prospects of successful return-to-work for the injured employee.

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