Worker, Employer and Provider Perspectives on Creating Effective Return to Work Strategies

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Research Goals

Bringing Together Stakeholders
Identify Strategies & Develop Tools
Work Integration Re-integration
Enhance Inclusion Across Rehab Populations
Enhancing Work Integration Along a Continuum

Off Work: Vocational Evaluation Guidelines
1. Traumatic Brain Injury
2. Burns

Back to Work: Workplace Supports & Accommodations
(Brain Injuries, Electrical Injuries, Cancer Survivorship)

Stay at Work: Stigma & Discrimination (TBI, Cancer Survivorship)
Workplace Health & Safety Men & Youth (risks)
Why Focus on Workplace Accommodations

1. Workplace accommodations associated with successful return to work

2. Limited understanding of what happens in the accommodation process

3. Limited knowledge regarding how to accommodate persons with cognitive and psychosocial challenges
Workplace Accommodations
True or False

- Employers are only required to provide accommodations for workers who are injured on the job.
- A worker must disclose an injury, illness or disability to an employer to be provided with a workplace accommodation.
- Workplace accommodations must not put another employee at risk or contravene the requirements of occupational health and safety legislation.
- Workplace accommodations should not include supports that an individual requires outside of the workplace e.g. transportation to and from work.
- As a service provider I must be objective and not recommend a modification that an insurer would not agree with.
Workplace Accommodations – Multiple Perspectives

Case 1: Workplace accommodations following electrical Injuries

Case 2: Workplace accommodations following cancer
Workplace Accommodations Are...

Modifications to a **job** or the workplace environment that allow **qualified job applicants**/employees with an illness, injury or disability to participate in the job application process or **to perform the essential tasks of the job**.
Promoting Employment Success Through Workplace Accommodations Following Traumatic Brain Injury and Electrical Injury

Co-Principal Investigators: Dr. Angela Colantonio
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Research Associate: Dr. Elizabeth Mansfield

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Dr. Manuel Gomez,
Dr. Marc Jeschke
Dr. Bonnie Kirsh
Dr. Vicki Kristman
Dr. Oshin Vartanian
Dr. Joel Moody
Electrical Injuries

- Electrical injuries account for 4% of all fatalities

- Occupational groups most likely to suffer an electrical injury include:
  - those who work directly with electricity e.g. electricians, apprentices, lines persons, and
  - those who work with electrical equipment e.g. construction, installation, maintenance, repair, transportation and agriculture

- Resulting impairments include:
  - burns
  - musculoskeletal injuries (deep tissue, joint contractures)
  - neuromuscular conditions (motor neuron disease)
  - cognitive challenges (attention, memory, processing speed, new learning)
  - psychological challenges (anxiety, depression, PTSD)
Method

- In-depth semi-structured telephone interviews (60-90 min)
- **13 workers who had experienced workplace electrical injury**
  - 12 males; 1 female
  - journeymen, electricians, engineers, millwrights, electrical technicians/technologists, labourers, service workers
- **12 employer representatives**
  - 7 males; 5 females
  - human resource, health and safety, occupational health and rehabilitation personnel who worked in electrical or construction industries
- **Recruitment:**
  - Ross Tilley Burn Centre, Sunnybrook Health Sciences Centre, Toronto, Canada
  - Outpatient Services, St. John’s Rehab Hospital, Toronto, Canada
- **Analysis: Thematic analysis – two coders (+ 3rd check)**

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Findings: Electrical Worker Interviews

1. How accommodations were conceptualized and understood

2. Types of workplace accommodations requested and/or provided following an electrical injury

3. Challenges to the request and provision of workplace accommodations
Workers’ Conceptualizations & Understanding of Accommodations

“Make Work Jobs”

Personal Responsibility vs. Workplace Responsibility & Employee Right
I don’t want a “make work” job accommodations. I want to return to my pre-injury job.

“... I made it a point...[speaking] to the return to work co-ordinator [in] rehab... I didn’t want to go back to work [to] any light duty stuff... you know modify... there’s no point in me going back to doing something that’s not my job... if I can’t do my job then I’m going to have to do something else... I kind of stressed before I started the whole back to work process that I didn’t want do that kind of stuff... like a long term light duty kind of thing....” (Bill, electrical worker)
“... You don’t really have [accommodations]... if you’re given a job... it’s like people... I don’t think anybody really cares how it gets done ... it’s just, it gets done, right? ... There’s no point in whining about it and crying about it... you just got to do it right... if I can’t do my job then I have to go do something else...”

vs

Right supported by legislation

- Charter of Rights and Freedoms + Employment Equity Act + Canadian Human Rights Act
- Ontario Human Rights Code + Accessibility For Ontarian’s with Disabilities Act – Employment Standards
Types of Accommodations

- Restrictions & Limitations
- Modified Job Tasks & Duties
- Modified Work Hours
- Adaptive Equipment
- Personal Assistance at Workplace
Challenges to Accommodation Process

Visibility of injury & perceived legitimacy

“... I don`t think my employer realized how severe the injury was so I think he was trying to push me into being able to do my job without complaining ... just forget about it... and go on with working...”

Lip service but no follow through

No repetitive work, no climbing ladders, no heavy lifting [were recommended]... [but] they [employer] didn’t do nothing... the employer said he would but he didn’t”
Findings: Employer Interviews

1. Beliefs related to early and safe return to work

2. Employers’ understanding of workplace accommodations & responsibilities

3. Challenges to the accommodation process
Employers’ Beliefs Re: RTW Process

- Follow WSIB Early and Safe Return to Work Policy
- Early return to work beneficial for employers, workers & insurers = cost containment, enhanced worker recovery + prevention of secondary disability

“If a worker’s off for four to six weeks, then there’s a 95% chance that that he will come back. A perfectly functioning worker. If you let it go to three months, then it drops down to 80%. If it goes beyond a year there’s you’ll probably never get that worker back to work… It’s not so much based on the severity [of the] injury. Getting the worker to feel good about themselves, getting them to be a productive. If you’re productive you’re usually feeling good about yourself right so it’s just goes hand in hand.”
Predominately in relation to modified work and gradual return to work

“So, initially, we would start with inside work, office work, administrative work, [and] filing. And then it could be as simple as just getting them out on a truck but not letting them near any live cable. So maybe out on a truck but doing more administrative work on the truck with other team members. They may not actually do any physical labour but, rather, just do more administrative work on the truck or be a lookout person for the other workers. And then, eventually, get them back on a team, and then closer and closer to working with the electrical equipment. “ (Louise, employer)
3. Challenges to the Accommodation Process

1. Inadequate information
2. Uniqueness of electrical injuries & electrical work
3. Perceived legitimacy of electrical injuries and accommodations
Inadequate Information

- Inadequate information to determine best accommodations -- delays in diagnosis, inadequate information from WSIB, health care providers

“You know it’s pretty tough. We have limited medical information to go on. Even if the functional abilities form tells me that some doctor has said yes this worker is allowed to lift so many kilos over their head, or stand so long, or walk so long, It really doesn’t give me a great picture as to what they’re capable of.”

- Privacy & disclosure issues

“I get the privacy perspective as far as the information but there is so much that employers don’t know. There’s poor communication, you have inexperienced adjudicators...The board [WSIB] calls me [and says], ‘We’re processing lost time benefits,’ I’m going, ‘Why?’ ‘Well, he’s had an injury.’ ‘[He] never told us.’ ‘[It] doesn’t matter.’ ‘What’s wrong with him?’ ‘I can’t tell you.’ ‘What are his restrictions?’ ‘We don’t know yet.’ That drives me around the bend.”
Uniqueness of Electrical Injuries & Electrical Work

- Confluence of physical, cognitive and psychosocial challenges
- Unique hazards to electrical work
- Challenges to finding meaningful alternative work

“Somebody [who’s] even been on the periphery of the actual accident where maybe there was a large flash, they’ve seen a partner on their crew badly burned. Just the trauma of that experiences, you know [can] prevent them from coming back to the trade successfully. It’s a trade where it’s [electricity is] an extremely tricky hazard. They really have to keep their head together. They’ve got other people that are depending on them to ensure that what they’re doing is correct. [In] skilled [trade if] they can’t do that particular trade anymore they’re kind of limited.”

(Richard, employer)
Perceived Legitimacy of Electrical Injuries & Accommodations

- Poor knowledge re: electrical injuries
- Legitimacy of impairments and request for accommodations

“There’s an old joke out there that ‘Oh you got a Dr. Winteroff helping you out, saying that you need modified work for the entire winter right?’ Or Dr. Summeroff. There are a lot of guys [co-workers] out there [who] figure that an injured worker sometimes isn’t injured as bad as they’re making out that they are. So there are some hard feelings and there’s sometimes [co-workers asking] ‘How come this guy gets to sit back and do all the easy stuff on the project?’ (Mark, employer)
## Convergence & Divergence

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<tr>
<th>Workers</th>
<th>Employers</th>
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<tbody>
<tr>
<td>• Narrow understanding of accommodation rights</td>
<td>• Narrow scope of accommodations provided – gradual rtw</td>
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<tr>
<td>• Contested legitimacy</td>
<td>• Contested legitimacy</td>
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<tr>
<td>• Desire for meaningful</td>
<td>• Challenges to providing alternate meaningful work</td>
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<td>• Follow-through</td>
<td>• Inadequacy of information to develop accommodations</td>
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Making Effective Accommodation Recommendations

- Identification of “Just Right” Tasks & Duties
- Ensuring Effective Communication and Response to Needs
- On-going Education, Advocacy and Monitoring to Ensure Implementation
“...One thing they offered me was that they needed guys to go out and just look at job sites. That seemed to fit the bill right, cause I didn’t have to work physically. just go look at things. I know what I’m looking for at the job site so it was a good fit for me.”

“My employer was very cognizant [that] they had all the reports because this was a work-related injury. Workman’s Compensation was involved. They’re feeding reports back to my employer that are coming from the rehab hospital and everything else. And everyone was very aware of my situation and what my limitations were.”

“We actually have a log for workers who are being accommodated and the expectation is that the immediate supervisor will meet the affected worker. It’s just a very short conversation, a two minute conversation [and asking] how are you doing, how are you feeling, are there any issues? What about the modified work, are you getting enough or is or is it too much. And then that is [recorded in] a log that’s kept for the corporation’s use to make sure that we’re staying in touch with the employee, to make sure that we’re not hindering his recovery in any way. And to make sure quite frankly that the modified work being offered is still meaningful and still appropriate.”
Cancer and Workplace Accommodations

Cancer Survivorship and Successful Return to Work: Exploring the Role of Workplace Accommodations

Principal Investigator:
Dr. Mary Stergiou-Kita

Co-Investigators:
Dr. Jennifer Jones
Dr. Linn Holness
Dr. Bonnie Kirsh
Mr. Dwayne Van Eerd
Ms. Andrea Duncan

Research Assistant
Ms. Cheryl Pritlove
Varied Stakeholder Perspectives

- Survivors
- Service Providers
- Employer Representative
Study Questions

1. What types of workplace accommodations are most frequently recommended for and provided to cancer survivors?

2. What processes do survivors, service providers and employers identify as relevant to ensuring successful identification and implementation of workplace accommodations?

3. What challenges are reported/experienced when providing and/or receiving workplace accommodations following cancer?
Method

Qualitative semi-structured in-depth interviews

40 interviews (1 to 2 ½ hours in length)
- Survivors (n=16)
- Service providers (n=16)
- Employer representatives (n=8)

Interviews digitally recorded and transcribed

Inductive thematic analysis - coding and categorizing of the data + identification of key themes across the interview data
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<th>Study Participants</th>
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<tr>
<th>Survivors</th>
<th>Service Providers</th>
<th>Employer Representatives</th>
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<tr>
<td>12 females; 4 males</td>
<td>15 females; 1 male</td>
<td>6 females; 2 males</td>
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<tr>
<td>Business, tech, teaching, research, service, management, performance improvement, marketing/sales</td>
<td>Health care providers; vocational service providers/communit y service providers; lawyer; rehabilitation consultants</td>
<td>Human Resources; Occupational Health &amp; Safety; Disability Management Consultant; Accommodation Advisor; Manager; Rehabilitation Team Leader</td>
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* Cancer diagnoses – breast, leukemia, bladder, kidney, ovarian and uterine, Hodgkin’s lymphoma, sarcoma, thyloma, myloma
Findings

Types of Workplace Accommodations

Process & Strategies Relevant to Ensuring Effective Workplace Accommodations

Workplace Accommodation Challenges
Types of Workplace Accommodations

- Graduated RTW plans & flexible scheduling
- Modification of work duties & performance expectations
- Retraining & supports at the workplace
- Modification to the physical environment and/or adaptive aids
E4: We tend to look at modifications of their hours with corresponding reductions in duties that they might be responsible for so that they’re not trying to do 8 hours’ worth of work in 4 hours.

P4: It was important for her employer to understand that when she [the survivor] comes back [to work], it would take her time to gradually build up her time at work and her speed. Because [of the residual neuropathy in her fingers] initially it would take her longer to type a document. What previously would have taken her five minutes might now take her eight minutes.

S8: It was a weird feeling [being back at work]...Obviously familiar because I had been there before. But it had been such a long time. It did feel very much like I was starting a new job again. And I was definitely feeling anxious. Having that retraining period did help because I wasn’t just thrown back into my job on my own.
Process and Strategies Relevant to Ensuring Effective Workplace Accommodations

**STEP 1**
Knowledge re: workplace accommodations

**STEP 2**
Establishing employer's ability to provide accommodations

**STEP 3**
Negotiating Reasonable Accommodations

**STEP 4**
Customizing Accommodations

**STEP 5:**
Implementing and monitoring accommodation plans
S11: I had taken this workshop [and have learned how] some requests for accommodation are rejected for some people. So [what] I have said to myself [is] what I need to do is make a case for my accommodation, make sure it’s not too way out there... [That] it’s not unreasonable. One accommodation I asked for [was] a smartphone because a lot of my work requires me to monitor social media channels and our website on a regular basis. And I didn’t want to be tethered to a computer all the time, to carry it around. And I explained to my employers, do you mind paying for an iPhone so I don't have to carry a big laptop around on weekends. It makes me more agile in my job. And they accommodated it. So I instilled the fact that I wanted to work for them and that I’m good value as an employee... I wasn’t asking for pie in the sky, unreasonable accommodations that would make it difficult for them to provide for me.
P13: The people who [accommodations] seems to really work for are those who have thought about it in terms of task specificity... In addition to [recommending] a gradual [return to work plan] identify what do they have to do during that graduated period.

P10: I recommend... ongoing, weekly, predetermined check-ins. So this isn’t relying on the survivor and employer [alone].... I [say I] want to meet with you and actually it’s scheduled beforehand. So they don’t need to make an effort to make a phone call. [I call and ask] how are things this week?
<table>
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<tr>
<th>Challenge</th>
<th>Description</th>
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<tr>
<td>Survivors’ Fears Requesting</td>
<td>• Fear of appearing different</td>
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<tr>
<td>Accommodations</td>
<td>• Fears re: perceptions of work abilities and job loss</td>
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<td>• Fear re: disclosure and protecting one’s privacy</td>
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<td>Challenges Developing Clear &amp;</td>
<td>• Vague accommodation recommendations</td>
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<tr>
<td>Specific Accommodations</td>
<td>• Accommodations inadequately supported by medical documentation</td>
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<td>Job Specific Challenges</td>
<td>• Physically demanding jobs with less opportunities for job modifications</td>
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<td>• High risk jobs with significant consequences if errors occur</td>
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<td>• High performance/high responsibility jobs</td>
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<tr>
<td>Workplace Challenges</td>
<td>• Strained pre-cancer relations</td>
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<td></td>
<td>• Insufficient or inflexible return to work policies and practices</td>
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<td></td>
<td>• Employer concerns re: productivity &amp; setting a precedent</td>
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<td></td>
<td>• Limited opportunities for modified duties</td>
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S5: The very idea of [asking for an] accommodation .... [If] you were to say that there could be an issue of you doing the job, the employer could say, okay we are going to ask you to step back from this temporary position right now and have someone else do it.

E2: Generally the restrictions come from the clinician, from the physician. Physicians, I know sometimes they’re giving their best guess... [But] I have [also] seen physicians write [restrictions] that make absolutely zero sense. I had one yesterday, [which] management was quite alarmed [about] because it would impact how they assigned work. ...It indicated the [survivor] could not wear street clothes, but must wear [coveralls], supplied by the [employer]. And I’m like, well, they have to wear street clothes to get to work to wear the coverall. So it’s not making a lot of sense.
P6: There are some jobs, like say you work in a pizza store... and you can’t flip a pizza,...what are you going to do? It’s not like a nursing job where there’s this perfect role for you as a nursing resource person where you can do blood work or give out information. That’s like an easy thing that you can do. There are not always substitute jobs for every position.

VS

E4: Those [nurses] that present with some cognitive limitations, sometimes we are unsuccessful in being able to accommodate them. Healthcare is a risk sensitive or safety sensitive job. So if they present with significant cognitive issues related to judgement or attention and concentration, it poses some difficulty in being able to place people safely. In terms of the cognitive limitations, I would say that we have not been successful in placing someone who has a professional background – so nurse or an executive member – if they have those kinds of limitations.
## Discussion

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<th>Positives</th>
<th>Gaps</th>
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<td>Some general awareness of the need + potential benefits of workplace accommodations</td>
<td>Poor clarity in medical restrictions and specificity of accommodations</td>
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<td>Some workplace accommodations are being recommended &amp; implemented</td>
<td>Fears related to stigma and request for accommodations</td>
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<td>Graduated rtw plans fairly standard practice</td>
<td>Recognition that survivors’ support needs may be on-going</td>
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On-going Challenges & Recommendations

Challenges

- Limited scope of how accommodations are conceptualized
- Inadequate specificity of accommodations recommended
- Legitimacy, stigma & discrimination

Recommendation

- Education + research to examine and document best accommodation practices
- Team assessment & collaboration
- Examine legislative and attitudinal barriers to the request & provision of accommodations
Thank you for listening

QUESTIONS?
Acknowledgement

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