

Report Five

Consultation with Key Organisations who affect the RTW of Injured and/or Ill Nurses
Nurses RTW in Hospitals Project

An Australian Nursing Federation (Victorian Branch) Project

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Abbreviations

AMA – Australian Medical Association
 ANF (VB) – Australian Nursing Federation (Victorian Branch)
 ANUM – Assistant Nursing Unit Manager
 APA – Australian Physiotherapy Association
 APS – Australian Psychological Society
 ARPA - Australian Rehabilitation Providers Association
 DHS - Department of Human Services
 NPB – Nursing Policy Branch, Department of Human Services
 NUM – Nursing Unit Manager
 RCT – Ryan Carlisle Thomas
 RTW – Return to Work
 VHSMIC – Victorian Health Services Management Innovation Council
 VNHP – Victorian Nurses Health Program

Executive Summary

The ***Nurses Return to Work in Hospitals Project*** has sought to understand the perceptions of key stakeholders regarding the barriers to and factors for successful RTW. This will assist in developing a RTW model that will be piloted in the next phase of the Project.

The key organisations interviewed focused on their areas of particular concern with components of return to work (RTW) rather than with RTW overall.

Consultation with the key organisations identified the need for:

- Clear guidance on roles in RTW of key organisations.
- Recognition that RTW is one part of the rehabilitative process for injured and/or ill nurses.
- Communication and alignment of RTW expectations and outcomes for the benefit of the injured and/or ill nurse.
- Education on consequences of injury and/or illness.
- Education of employers and management on their roles and responsibilities for Return to Work.
- Action based on nurses' good ideas about what they can and cannot do in regard to the management of their injury and/or illness and in being involved with the development of their RTW program.

Purpose

This ***Nurses Return to Work in Hospitals Project*** Report outlines the perceptions of key stakeholders regarding the barriers to and factors for successful RTW. The ANF (VB) has published the previous four Reports from the Project on www.anfvic.asn.au. The five Reports have assisted the ANF (VB) to develop a RTW model that will be piloted in the next phase of the Project. Later stages of the Project will include the development of best practice guidelines and awareness of the guidelines, and training material.

Methodology

Key organisations were consulted to gain their perspectives of the barriers to and factors for successful return to work (RTW), adding to the research conducted in previous Reports for the Nurses RTW in Hospitals Project (ANF (VB) 2007a; ANF (VB) 2007d; ANF (VB) 2007c; ANF (VB) 2007d).

Table 1 provides a list of the organisations that were consulted. These organisations were chosen as they work with injured and ill workers. The organisations included medical and allied health professionals, insurance agents, legal practitioners, nurse educators and government organisations, employers were not consulted.

The following questions were asked of key organisations and will be expanded below:

1. What are the barriers to and factors for successful RTW?
2. What does the Organisation see as its role in RTW?
3. Should roles of Key Organisations in RTW change?

Key organisations were consulted through semi-structured interviews, the interviews provide an understanding of their perceptions of RTW. The findings that follow are identified from the interviews and the language chosen is utilised to demonstrate their perceptions of RTW.

1. What are the barriers to and factors for successful RTW?

1.1 Early Return to Work

Some organisations questioned the motivation of injured and ill workers in returning to work (AMA, 2008; Cambridge, 2008). However, this was considered a minor factor as barriers focused more primarily on the motivations of the employer and their lack of knowledge of their

legislative obligations, and the impact this has on the morale of the injured worker (Cambridge, 2008; QBE, 2008; WorkCover Assist, 2008; Wyatt Gallagher, 2008).

Good practice in RTW was found to be characterised by early action on RTW, as employers started the RTW process regardless of whether a workers' compensation claim was being accepted or disputed (Wyatt Gallagher, 2008). It was noted that poor RTW outcomes were often associated with workplaces which delayed RTW initiatives until the compensation claim was resolved (Wyatt Gallagher, 2008).

A focus of WorkSafe Victoria (2008) is on educating employers to start thinking about RTW as soon as possible. The RTW Inspectorate is seen as a useful practical tool in educating employers on their RTW obligations and promoting good practice in RTW (WorkSafe Victoria, 2008).

The APA (2008) advocates listening to injured and ill nurses to gain an understanding early of the perceived risks to them in returning to work. Nurse's work is physically demanding and they face risks everyday. APA (2008) advised that a RTW program can be developed that addresses these concerns. This can create an environment, which is lacking currently in RTW practice in Victoria, in which the injured nurse and their employer can explore the risk of RTW (Workforce Legal, 2008).

DHS (2008) argued that RTW could be improved for nurses through a partnership between HR, OHS, NUM and ANUM in RTW, as HR and OHS do not have the clinical knowledge (DHS, 2008). However, it was claimed by a number of Agents that NUM/ANUM's lack of accountability, know how and interest in RTW is a barrier to RTW (Cambridge, 2008; QBE, 2008; Wyatt Gallagher, 2008). This inturn impacts on RTW Coordinators capacity to be lateral in identifying suitable employment for RTW (QBE, 2008; Wyatt Gallagher, 2008).

1.2 Return to Work Coordinator

It was argued that it is important to have the right person in the role of RTW Coordinator as the wrong person can have a negative impact on the RTW process and outcomes (interviewed or referenced? (QBE, 2008; Wyatt Gallagher, 2008). RTW Coordinators need to have workplace influence and authority to be lateral and/or forward thinking in RTW (QBE, 2008; Wyatt Gallagher, 2008). It was found, that to be effective RTW Coordinators should have counselling skills, develop relationships with clinicians and have a good RTW focus (APS, 2008).

1.3 Return to Work Funding

It was the view of Workforce Legal that devolved funding within organisations was seen as an impediment to RTW, as RTW is seen as the individual unit's responsibility rather than that of the organisation as a whole (Workforce Legal, 2008). This lack of funding for rehabilitation in the workplace can hinder flexibility in RTW (Workforce Legal, 2008).

1.4 Return to Work Education

There is a lack of understanding by peers of work related injury and/or illness and RTW (ANF, 2008; QBE, 2008; RMIT, 2008; WorkCover Assist, 2008). The ANF Education and Training Centre reported that, Chisholm Institute, as part of their Occupational Health and Safety training for Division 2 nurses incorporated a component on what occurs when you have a work related injury (ANF, 2008). Students had to write a report on:

- (a) Stress and burnout in nurses in identifying stressors of the nursing role;
- (b) How to manage in an Aged Care Facility where one of the staff has a back injury; and
- (c) Induction in the prevention of injury in the workplace (ANF, 2008).

The flow on effect was that many of the students became OHS Representatives and were able to educate their work colleagues of consequence of injury and/or illness and RTW (ANF, 2008). It was considered a useful tool in educating the workforce in general (ANF, 2008). Therefore it was argued that there needs to be a practical component to education of RTW so that understanding sinks in and that knowledge can be shared in a transparent manner (ANF, 2008; Workforce Legal, 2008).

1.5 Employers

Two sources who are often involved in more complex and long term claims identified that RTW can be a positive experience where it is perceived by the employer that an injured worker is a "good worker" and is supported with the RTW process (Workforce Legal, 2008; Union Assist, 2008). However, it was the view of these respondents that if a worker is perceived as a "bad worker" then a treadmill effect can occur with the worker never quite returning to their full hours or pre-injury role and the employer is reluctant to make permanent restrictions into a new ongoing role (Union Assist, 2008; Workforce Legal, 2008).

However, where an employer provides ongoing support and/or demonstrated care and consideration of daily living needs, external to work, this was considered to have a positive effect on the injured and ill worker (QBE, 2008; VHNP, 2008; WorkCover Assist, 2008).

Agents considered that employers should listen to nurses who have good ideas about:

- (a) What they can and cannot do in regard to the management of their injury or illness;
and
- (b) The development of their RTW program (Cambridge, 2008; Wyatt Gallagher, 2008).

This can have a positive impact on morale in returning to work and assist with ownership of the injury and the RTW process for the injured and/or ill nurse (Wyatt Gallagher, 2008).

1.6 Medical Practitioners/Allied Health Practitioners

The AMA argued that GP's feel their role is to treat the person and to not be concerned with the employer/insurance agent and to feed constant phone calls regarding RTW (AMA, 2008). The APS argue that treatment needs to be separated from RTW, as RTW is only one component of the rehabilitative process (APS, 2008). It is recognised though that RTW is an important goal of the rehabilitation process. For instance, an injured nurse with back strain should not be away from work for too long, as part of the treatment approach should be work stimulation and/or work related activities (APA, 2008).

The APS argue that the framework for the delivery of psychological services focuses on RTW and not on the rehabilitation of injured and/or ill workers', and that this is also assisting Agents to micro manage claims and to make treaters accountable for the whole RTW process when they only have control over one aspect of rehabilitation (APS, 2008).¹ They add that RTW should not be the focus of treatment which should be designed to aid recovery (APS, 2008).

2. What does the Organisation see as its role in RTW?

2.1 Role of DHS

Fellows Medlock and Associates P/L undertook a RTW Review for the Victorian Health Services Management Innovation Council (VHSMIC) which outlined a good practice model for RTW, VHSMIC, however, did not see it as their responsibility to follow up and/or ensure the implementation of the good practice model for RTW in health services (VHSMIC, 2008). VHSMIC see their role as educating hospital boards on the good practice model and have proposed to have discussions with Chairs of Boards (VHSMIC, 2008). It is believed such discussions can assist with awareness and influence change management in RTW (VHSMIC, 2008).

¹ The VWA consider that the clinical guidelines for health services and psychological services provide guidance on ensuring "right care to injured workers at the right stage of recovery, and to improve return to work outcomes" (VWA, 2004, 2006:2).

The Victorian Nurses Recruitment and Retention Committee recommended in 2001 that the Department of Human Services (DHS) “explore the extent to which RTW programs for injured nurses have been implemented in public healthcare facilities in Victoria” (DHS, 2001:9). The Government undertook that DHS would conduct a survey of OHS Coordinators in 2001, with further action dependent on the results of the survey (DHS, 2001). DHS considered that this was a bigger issue than just surveying OHS Coordinators, which required a whole of health services workforce approach be more indepth than a survey (DHS, 2008). The DHS Nurse Policy Branch believe this is being followed up by the VHSMIC as per the *RTW Review* (DHS, 2008).

2.2 Role of Agents.

The Agents consulted identified their role in RTW as:

- (a) Facilitating the RTW process;
- (b) Providing the appropriate information from treaters in regard to diagnosis and medical restrictions to assist employers to develop RTW plans with offers of suitable employment;
- (c) Ensuring that RTW is aligned with legislative obligations;
- (d) Educating employers not meeting their obligations or advising what they need to do;
- (e) Containing claims costs;
- (f) Ensuring the right and effective treatment of the injury to assist with recovery; and
- (g) Influencing the GP to provide a clearance certificate and cease payments (Cambridge, 2008; QBE, 2008; Wyatt Gallagher, 2008).

Agents consider that RTW is the responsibility of the injured worker and employer and it is not the Agent's role to prepare RTW plans and offers of suitable employment (Cambridge, 2008; QBE, 2008; Wyatt Gallagher, 2008).

2.3 Role of Victorian Nurses Health Program

VNHP's (2008) objectives are to assist individual nurses to make the best decisions for themselves in regard to wellness and creating an environment of support that is conducive to RTW.

3. Should Roles of Key Organisations in RTW change?

Most organisations did not consider that their role should change. Each has their segmented role that is part of the RTW process. The organisations have a wedge of responsibility connected centrally by the injured worker, but each has differing expectations. There is limited scope or desire to go outside of their individual wedge of responsibility. WorkSafe Victoria (2008) believe it is when all parties are actively engaged and communicating together that we get the best RTW outcomes (WorkSafe Victoria, 2008).

The ANF Education and Training Centre (2008) considered that RTW could be improved for the benefit of the injured and/or ill nurse through education of injury and/or illness as part of their initial and ongoing education throughout their career, which includes practical application. This would assist a nurse identify early injury or illness (ANF, 2008; QBE, 2008; Workforce Legal, 2008). RTW should be front of mind for everyone, preparing and educating should be considered as seed planting (QBE, 2008).

Agents advised that there should be more resources to facilitate worker / agent interviews (S162 interviews) (Cambridge, 2008; QBE, 2008; Wyatt Gallagher, 2008).² S162 is seen as a useful tool to align goals and expectations of RTW (Cambridge, 2008; Wyatt Gallagher, 2008). An opportunity to facilitate the S162 interview early in the claim process is considered positive (Cambridge, 2008; Wyatt Gallagher, 2008). Agents also believed that they would benefit from more site visits to have a better understanding of the workplace (QBE, 2008; Wyatt Gallagher, 2008).

APS believe that for physical or psychological injury/illness there would be benefit from early intervention utilising the biopsychosocial model, outlined in the *VWA Clinical Guidelines for Psychological Services* (VWA, 2006:7), to identify at risk workers early and to ensure they receive appropriate treatment (APS, 2008).

Some organisations considered it was difficult to get a buy in by medical practitioners for RTW as it equates to only 5% of their work (AMA, 2008; Cambridge, 2008). RCT (2008) believe that treaters should trigger RTW through identifying and communicating ability to RTW, but treaters often did not do this (RCT, 2008).

APA (2008) advocated a more active role for physiotherapists in rehabilitation other than treatment, to identify through cognitive behavioural techniques other barriers impacting on

² **S162** of the "Act" Interview about Employment Opportunities:

(1) The Authority or a self insurer may require a worker who is receiving weekly payments to attend at an interview with a representative of the Authority or self insurer for the purpose of ascertaining whether the workers' opportunities for employment can be enhanced

[\(http://www.austlii.edu.au/au/legis/vic/consol_act/aca1985204/\)](http://www.austlii.edu.au/au/legis/vic/consol_act/aca1985204/).

recovery. Treatment would therefore extend beyond just treating the injury (APA, 2008). There are guidelines in NSW for physiotherapists around this approach and APA have developed a 1 day training program in cognitive behaviour (APA, 2008).³ The coordination of RTW was not seen as a physiotherapist's responsibility (APA, 2008).

ARPA (2008) advised that occupational rehabilitation providers (ORP) could provide:

- (a) An injury prevention role with employers through education and utilisation of their OHS consultants' expertise in job design/re-design;
- (b) Assistance in building relationships between stakeholders to facilitate return to work;
- (c) Pre-claim advice; and
- (e) Identification of alternative suitable duties to facilitate a timely, graded return to work program when appropriate.

ARPA (2008) also argued that ORP's are restricted in the service provided to nurses who are referred to Job Seeking Assistance (JSA), as ORP's do not receive outcome payments when they assist a nurse to find alternative employment within the same Health Network (ARPA, 2008).

One Agent considered there were limited referrals for vocational rehabilitation and JSA, as nurses were seen to have reasonably good transferable skills in finding alternative employment themselves (Cambridge, 2008). It was however argued that realistic retraining for injured and/or ill workers' should be identified early and that there should be decent career planning and advice (APS, 2008; WorkCover Assist, 2008; Wyatt Gallagher, 2008).

Some organisations considered that Conciliation should be an appropriate forum to address RTW issues (RCT, 2008; Union Assist, 2008; WorkCover Assist, 2008). However, WorkCover Assist (2008) advised that RTW is addressed rarely at Conciliation as there is not enough emphasis that this is the appropriate forum, possibly due to the lack of awareness of requirements under the *Accident Compensation Act 1985*. Workforce Legal (2008), consider Conciliation is not an appropriate forum, as Conciliators do not have the skill base for RTW, and that mediation, which is not currently covered by the Act, would be more appropriate.

WorkSafe Victoria consider that the VWA RTW Inspectorate's role is to:

- (a) Ensure employers are compliant with their RTW obligations;

³ Go to - <http://www.workcover.nsw.gov.au>.

- (b) Educate employers of good practice in RTW as set out in WorkSafe Victoria publications such as *The Return to Work Guide for Victorian Employers* (WorkSafe Victoria, 2008).

Conclusion

This Report outlines views held by stakeholders on key aspects of the RTW process including on:

- RTW roles;
- Rehabilitation process;
- Communication;
- Education; and
- Involvement in RTW.

The ANF (VB) Project focus is on the RTW of nurses in hospitals. However the views of stakeholders consulted are relevant to other areas of employment. These views will be considered as the ANF (VB) progresses the ***Nurses Return to Work in Hospitals Project*** through the Pilot Program with Seven Pilot Hospitals.

The ANF wish to thank all who contributed their time and energy to this Report.

References and Table of consultations

Table 1- Consultations with Key Organisations⁴

Abbreviation	Key Organisations	Who consulted with	Date
	WorkCover Assist	Steven Coutts	9 January 2008
	Gallagher Bassett	Matt Cavallaro, Simon Griffiths and Kate Hawthorne	10 January 2008
APS	Australian Psychological Society	Arthur Crook and Davis Stokes	17 January 2008
VNHP	Victorian Nurses Health Program	Heather Pickard	18 January 2008
	Cambridge	Brett Moyes	21 January 2008
	Workplace Legal	Paul Mulvaney	22 January 2008
AMA	Australian Medical Association	Geoff Kearney	22 January 2008
	QBE	Jennifer Shepherd, Kim Byers and Anita Michael	23 January 2008
RCT	Ryan Carlisle Thomas	Ros Inglis	23 January 2008
VHSMIC	Department of Health Service - Victorian Health Services Management Innovation Council	Deborah Sykes	24 January 2008
ARPA	Australian Rehabilitation Providers Association	Jane Monk	25 January 2008
APA	Australian Physiotherapy Association	Phil Hart	1 February 2008
DHS	Department of Health Services – Nursing Policy Branch	Belinda Moyes and Mary-Ann Lindsay	4 February 2008
	Union Assist	Pat Woods	5 February 2008
	WorkSafe Victoria	Dorothy Frost and Mark Phillips	11 February 2008
ANF	ANF (VB) Education and Training	Morna Looker	15 February 2008
RMIT	RMIT – Nursing and Allied Health	Margaret Lang	19 February 2008

⁴ Please note that the key organisations who requested to review their comments were provided with the opportunity to do so.

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