

Report Four

Experience of Injured and/or Ill Nurses – Return to Work Project Focus Groups

Nurses Return to Work in Hospitals Project

An Australian Nursing Federation (Victorian Branch) Project

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"Act" – *Accident Compensation Act 1985*
 ANF (VB) – Australian Nursing Federation (Victorian Branch)
 INSG – Injured Nurses Support Group
 MEO – Medical and Like
 RTW – Return to Work
 VWA - Victorian WorkCover Authority

Executive Summary

Nurses in the four focus group sessions wanted:

- (a) The opportunity to continue to contribute as nurses.
- (b) Acknowledgement of their injury and/or illness and its impact on their lives.
- (c) RTW to focus on what they can do rather than what they cannot do.
- (d) RTW duties that are identified nursing duties.
- (e) To be seen as a whole person, who have not lost mental capabilities just because they have a physical injury.
- (f) To be seen for who they are not just an injury and/or illness.

The experiences of injured and/or ill nurses will assist in future stages of the Project.

The Report outlines the:

1. Focus Groups.
2. Focus Group Outcomes.

1. Focus Groups

The objective of the RTW Focus Groups was to provide injured and/or ill nurses with an opportunity to discuss the barriers and factors for suitable return to work. Qualitative analysis, of the barriers and/or factors impacting on RTW of injured and/or ill nurses, will add to the information obtained from earlier Project stages.

A brochure was developed for the Focus Groups.¹ Participants were sourced from the INSG membership, and from nurses assisted by the ANF (VB) with Workers' Compensation from January 2006 to July 2007.

Key issues were developed from the earlier stages of the project:

- (a) *Literature Review of Barriers to and Factors for Successful Return to Work* (ANF (VB), 2007a);
- (b) *Initial Report on Factors for and Barriers to Successful Return to Work* (ANF (VB), 2007b) and

The Reports (2007a; 2007b) identified the importance of injured and/or ill nurses' experience, with:

1. Return to Work Plans;
2. Return to Work Coordinators;
3. Vocational Development/Rehabilitation; and
4. Long term injuries and/or illness.

The Focus Groups took place in Melbourne on Thursday 1 November and in Ballarat on Friday 2 November 2007. Thirty-seven injured and/or ill nurses participated in the four Focus Groups.²

¹ Attachment 1

² Allan Munro facilitated the Focus Groups.

2. Focus Group Outcomes

2.1 RTW Plans

The discussions covered:

1. Injured and/or ill nurses experience of RTW plans.
2. Who should be involved with the development and implementation of RTW plans?
3. What support should be provided to injured and/or ill nurses in developing and implementing RTW?
4. Should RTW include restoration and functional capabilities and quality of life?
5. How should suitable RTW duties be identified?

2.1.1 Injured and/or Ill nurses experience of RTW Plans

When each of the focus groups were asked about their experience of RTW plans, the initial response was:

“What RTW Plan?”

The majority reported negative experiences of their RTW plan, especially a lack of communication, documentation and coordination of the RTW plan by their employer.

Comments included:

- (a) “The injury occurred 3 years ago and there was verbal agreement as to the RTW duties which reflected the medical restrictions. Recently the workplace has provided written RTW plans which has led to confusion as to why this has now occurred.”
- (b) “A RTW plan was agreed verbally but there was no written documentation, and the shift supervisors didn’t know what the RTW plan was which put further stress on the nurse.”
- (c) “3 to 4 months passed before a RTW plan was developed following injury.”
- (d) “No awareness of RTW. There was no formal process but worked to medical restrictions.”

(e) "Nursing agency advised it was unable to provide a RTW plan and asked the nurse to do volunteer work to assist with their RTW as the nurse could not do core nursing duties."

(f) "Employer would not allow for alternative duties."

In a number of cases a RTW plan was developed which identified modified or alternative duties, but the employer did not implement it in the workplace.

Nurses reported:

(a) "Lack of funding for alternative duties, RTW duties were identified but were unsupported due to funding."

(b) "RTW plan put in place but the employer would not sustain the provision of alternative duties with no lifting restrictions."

Many participants commented that the RTW plan was not suitable for a nurse as the duties they were being asked to engage in were non-nursing duties, such as administrative duties, answering phones, filing, hanging residents clothes, etc.

Comments included:

(a) "The RTW plan was not suitable, was not working as a nurse. Was working as a PCA and I felt depressed."

(b) "Identified diversional activities, which the nurse was qualified for, as part of their RTW duties as no one was fulfilling this duty in the workplace, but was provided with administrative duties."

(c) "Tried to work to RTW plan, but there was no RTW Coordinator. Provided with administrative duties as long as employer was required to for 12 months."

(d) "Treated like you have a brain injury when you have a physical injury."

There was a reported lack of understanding of the impact of the injury or illness on the individual and their family, compounded by the failure to incorporate this into the RTW plan. Nurses spoke about:

- (a) "Lack of understanding of time spent on injury and factoring this into the RTW plan. For instance, time spent on attending medical appointments including treatment, and time spent on preparing self to get to work."
- (b) "The impact on quality of life, and that RTW plan should reflect hours that were working previously. For instance if working night shift should return to these hours of work not day shift."
- (c) "Not being seen as a whole person."

A small minority advised their experience was positive. Comments included:

- (a) "Was provided four RTW plans, the NUM and RTW coordinator were supportive. Was able to negotiate what duties were suitable."
- (b) "The hospital has been obliging in finding alternative duties that reflect medical restrictions and relate to nursing. They are fulfilling their RTW obligations and duties are sustainable long term to assist in increasing hours."

2.1.2 Who should be involved with the development and implementation of RTW plans?

Participants agreed that an injured and/or ill nurse should have full involvement in the development and implementation of their RTW Plan. Their doctor, unit manager or a representative from their unit, and/or OH&S representative should also be involved. Many believed that having an independent person/counsellor to support them would be an advantage.

Comments included:

- (a) "There is a lack of understanding of injury and process. For example one manager thought that no rotation meant the nurse couldn't work rotating shifts, and didn't understand this related to the injury and no rotating movement."
- (b) "Not be a piece of paper and that we have decided these are the things that you can do."

(c) "No expectation by manager of adding value in the workplace. For instance, identified own RTW duties and from this found some problems in the ward but i did not know where to take this information and when provided it to the manager was made to feel it was of no value."

(d) "Supportive work colleagues made the difference."

2.1.3 What support should be provided to injured and/or ill nurses in developing and implementing RTW?

Many participants believed that someone should inform them of their rights. Most believed that any person involved in providing support should have the appropriate training and knowledge of RTW.

It was felt that occupational rehabilitation providers should not be the support person. Criticism of occupational rehabilitation providers included:

(a) "The report seemed to have no impact in the workplace."

(b) "They were unsupportive, always late with attending meetings and with forwarding reports."

(c) "No consultation with workplace and the plan was then ignored."

2.1.4 Should RTW include restoration of functional capabilities and quality of life?

There was agreement that RTW should include:

(a) Restoration of functional capabilities and quality of life;

(b) Acknowledgement that injury and/or illness affects all aspects of life; and

(c) A focus on all aspects of life, including work and family.

2.1.5 How should suitable RTW duties be identified?

Many participants believed that RTW duties should involve meaningful nursing duties whether or not this is outside the injured/ill nurses' pre-injury workplace. This would be more rewarding psychologically than merely filling a vacancy and undertaking menial non nursing duty tasks.

Participants reported the following negative experiences with their RTW duties:

- (a) "Perception of being penalised for having a work caused injury, but see no evidence of employer being penalised when they fail to provide appropriate RTW duties."
- (b) "Failure by employer to identify alternative duties by failing to take into consideration individual capabilities."
- (c) "Feel that employer has no incentive to reemploy and considers injured nurses to be a burden."
- (d) "Insulted by how RTW duties were identified, which included answering phones, taking off labels, menial tasks that are considered hate jobs that no-one else wants to do."
- (e) "Denigrating skills by placement in areas where do not have ward knowledge or skills, and where the supervisor has no knowledge of the RTW plan."
- (f) "Employer focused on cost which is a barrier to identifying alternative duties."
- (g) "The RTW plan identified that excessive workloads were a problem in the workplace and cause of injury, but management failed to acknowledge to the injured nurse that excessive workload was the cause of their injury."

The Focus Groups commented that alternative duties should be nursing duties focused on what an injured and/or ill nurse can do rather than what they cannot do.

The following comments were made about suitable RTW duties:

- (a) "Incentive for the employer to gainfully employ the injured nurse in the workplace with the primary goals of returning to pre-injury role in the first instance and if this cannot be done to identify nursing roles elsewhere in the workplace."
- (b) "The RTW plan must take into account the cause of the injury to the nurse. For instance one employer, 3 years on from the incidence of injury, has still failed to put in practice measures to identify high risk patients following 5 staff being injured over 2 days by the same patient."

- (c) "Recognition that injured and/or ill nurse/s know their own limitations, RTW should reflect this capability."
- (d) "Balancing capability with medication and treatment. Consideration that need medication to be able to work and need time for absorption of medication to minimise pain and need RTW hours to reflect this."
- (e) "Skills and abilities need to be taken into account."
- (f) "RTW duties should not be task orientated. Need to be re-identified as nursing duties. Intellectually can undertake duties as still able to use brain and initiative. To be seen as a whole person."
- (g) "Focus on what can do and match with work environment."
- (h) "Medical restrictions should provide basis for identifying RTW duties."
- (i) "Realistic duties/nursing duties that are meaningful and valued in the workplace. For example, mentoring, helping with work in unit/ward, monitoring drips, etc..."
- (j) "Opportunity to re-educate nurses in other areas of nursing away from manual handling. For instance, an injured nurse identified a course on pain management and was supported by the workplace to attend training to implement a pain management program in the workplace."
- (k) "Open minded to adopt alternative duties."

2.2 Return to Work Coordinators

The discussion covered:

1. What are/were the participant's issues with their RTW Coordinators?
2. What should the role of the RTW Coordinator encompass?
3. What organisational support would be required for a RTW Coordinator to be proactive in facilitating and ensure successful RTW?

2.2.1 What are/were participant's issues with their RTW Coordinator?

Participants believed that the RTW Coordinator should:

- (a) Be proactive and fulfil their legislative duties as outlined in the *Accident Compensation Act 1985* (the "Act"), S161.³
- (b) Provide information to all relevant parties, including to the injured and/or ill nurse.
- (c) Address return to work issues before they impact on the injured and/or ill nurse.
- (d) Have a comprehensive understanding and knowledge of the injured nurses' injury and/or illness, its causes and of the work environment.

The majority advised that it would be appropriate that the RTW Coordinator actually coordinated the RTW process. It was considered that the role of the RTW Coordinator was not valued by management.

It was reported that RTW Coordinators had:

- (i) Failed to provide information to injured and/or ill nurses on their rights and responsibilities;
- (ii) Failed to consider the work environment in developing RTW plans;
- (iii) Were inaccessible; and
- (iv) Have no authority in the workplace.

2.2.2 Should the role of the RTW Coordinator encompass the following?

There was agreement that the role of the RTW Coordinator should encompass:

- (i) Closer involvement in the RTW process, particularly in matching employment with recovery.
- (ii) Relationships with injured and/or ill nurse, their manager and treating doctor – but should not breach their privacy.
- (iii) Open communication with all relevant parties.
- (iv) Provision of risk management plan and occupational rehabilitation plan within appropriate timeframes.
- (v) Provision of information to injured and/or ill nurse, their manager and treating doctor.
- (vi) Resolution of workplace RTW issues before they impact adversely on the injured and/or ill nurse.

³ http://www.austlii.edu.au/au/legis/vic/consol_act/aca1985204/

It was felt that a RTW Coordinator should understand the cause, nature and mechanism of injury and/or illness and be empathic to the needs of injured and/or ill nurses.

2.2.3 What organisational support would be required for a RTW Coordinator to be proactive in facilitating and ensure successful RTW?

It was commented that RTW Coordinators should:

- (a) Understand the workers' compensation system;
- (b) Regularly see how injured and/or ill nurses are managing their injury and/or illness and RTW;
- (c) Treat the injured and/or ill nurse with care and as an individual;
- (d) Be independent from the employer;
- (e) Have authority in the workplace; and
- (f) Have experienced a work caused injury.

2.3 Vocational Rehabilitation

The majority of focus group participants agreed that the injured and/or ill nurse should be assisted to RTW as a nurse, whether in their pre-injury role or in an alternative role, recognised early in their pre-injury workplace.

Participants believed that if there was a need for retraining, the injured nurse should be allowed to focus on an area of interest, which could assist in improving quality within their workplace and enable nurses to remain in a nursing role.

Participants advised they felt that:

- (a) Their employer:
 - Used monetary expense as an excuse for not re-training injured and/or ill nurses in their pre-injury workplace.
 - Provided support funding for international nurses but not for injured and/or ill nurses in the pre-injury workplace.
 - Considered training and education a luxury.
- (b) Guidance should be provided if a nurse needs to be re-trained.

- (c) They were seen as a liability not an asset once they had a work caused injury and/or illness.

It was felt that vocational rehabilitation often compromised emotional recovery as retraining was impersonal and the service provided was restrictive. Vocational rehabilitation was seen as the last alternative.

Two focus group participants who had experienced vocational rehabilitation, stated:

- (a) "Went through vocational assessment which identified employment opportunities in their area but the roles were not of the same remuneration, and they are not sure where they want to go with their career as they still want to nurse. Career counselling was not provided, but was provided advice on how to write a CV and how to find jobs using the internet. Was provided a computer course but in practical terms was a waste as doesn't have a computer at home and are unable to utilise what was learnt. Have been told to go off and look for work."
- (b) "Undertook Vocational Assessment and participated in Job Seeking Assistance (JSA) Program. The Vocational Assessment recommended a computer course, and following completion of course was advised should now be applying for administrative roles as have computer skills. But felt they only had very basic knowledge of computers and that it was false to put on CV have good computer knowledge as was advised by JSA provider. This then had a psychological impact on confidence in self."

There was agreement that vocational rehabilitation should include:

- (i) Services provided early, including to those injured and/or ill nurses who will never be able to return to their pre-injury roles.
- (ii) Facility wide identification of suitable employment opportunities that are sustainable, safe, meaningful, durable and are equivalent and/or greater than pre-injury remuneration.
- (iii) Statewide organisation which identifies employment opportunities; and
- (iv) Support for re-training.

2.4 Long term injury and/or illness

It was reported that:

- (a) Many workplaces focused on what long term injured and/or ill nurses could not do which had a negative effect on the injured and/or ill nurse;
- (b) The workplace should focus on what the injured and/or ill nurse could do and acknowledge the highs and lows in managing their injury or illness.

Focus Group participants stated that for long term injured and/or ill nurses there need to be:

- (a) "Regular follow-up, ongoing support and long-term intervention."
- (b) "Control over when they will retire from work, and not being forced to retire because of their injury and/or illness."
- (c) "Occupational rehabilitation services such as cleaning and gardening, as these services make it possible to focus energy elsewhere."
- (d) "Employability looked at earlier."
- (e) "Balance between work and functioning life."
- (f) "Acknowledgement that other areas of life are impacted upon, respite from injury is needed and that families can suffer from injury fatigue."
- (g) "Acknowledgement of loss of life goals, social interaction and intellectual loss."
- (h) "Recognition of impact of having to continually re-tell story."

References

Australian Nursing Federation (Victoria Branch) (2007a) *Literature Review of Barriers and Factors to Successful Return to Work*, Australian Nursing Federation (Victoria Branch), September.

Australian Nursing Federation (Victoria Branch) (2007b) *Initial Report on Factors for and Barriers to Successful Return to Work*, Australian Nursing Federation (Victoria Branch), September.

Accident Compensation Act 1985, Section 161:

http://www.austlii.edu.au/au/legis/vic/consol_act/aca1985204/