

Report Three

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

Nurses Return to Work in Hospitals Project

An Australian Nursing Federation (Victorian Branch) Project

Project Officer: Julia Suban

Project Manager: Peter Moylan

December 2007

For further information contact:

Julia Suban

ANF (VB)

Return to Work Project Officer

540 Elizabeth St, Melbourne Vic 3000

Tel: (03) 9275 0221

Email: jsuban@anfvic.asn.au.

“© Victorian WorkCover Authority

The information contained in this report is protected by copyright and cannot be reproduced in any form without the express permission of the Victorian WorkCover Authority.”

Table of Contents	Page No.
List of Graphs, Pie Charts and Tables	4
Executive Summary	5
Scope of Report	6
1. Australian Safety and Compensation Council	7
1.1 ASCC Data	7
1.1.1 Mechanism and Nature of Injury and/or illness	7
1.1.2 Age of Injured and/or Ill Nurses	9
1.1.3 Time Loss Injury and/or Illness	10
2. Victorian WorkCover Authority	10
2.1 Data Requested from the VWA	10
2.2 VWA Data	12
2.2.1 Mechanism and Nature of Injury and/or Illness to Nurses	12
2.2.2 Time Loss Claims for Nurses in Victoria	13
2.2.3 Workers' Compensation Scheme Data	14
2.2.4 Time Loss Periods	15
3. INSG Buried But Not Dead (BBND) 2 Survey Data	16
3.1 BBND2 Data	17
3.1.1 Trigger and Nature of Injury and/or Illness	17
3.1.2 Return to Work	19
3.1.3 Future Prospects	25
3.1.4 Financial Situation	26
4. Other Data Sources	27
4.1 Heads of Workers' Compensation Authorities	27
4.2 Nurses and Midwives e-cohort study	28
5. Direct and Indirect Cost of Workplace Injury and/or Illness	28
Appendices	
Appendix 1 – Indirect costs borne by the employer, worker and the Community	31
Appendix 2 – Economic costs borne by the employer, worker and the community	32
References	33

Abbreviations

ABS – Australian Bureau of Statistics
ACOSS – Australian Council of Social Services
AFDO – Australian Federation of Disability Organisations
ASCC – Australian Safety and Compensation Commission
BBND – Buried But Not Dead Reports 1 and 2
HWCA – Heads of Workers' Compensation Authorities
INSG – Injured Nurses Support Group
OH&S – Occupational Health and Safety
RTW – Return to Work
VWA - Victorian WorkCover Authority

List of Graphs, Pie Charts and Tables

Graph 1 - Mechanism of Injury to Nurses 2000 to 2005 – Victoria/Australia	8
Graph 2 - Nature of Injury to Nurses 2000 to 2005 – Victoria/Australia	8
Pie Chart 1 – Age of Injured Nurses - Victoria	9
Pie Chart 2 – Age of Injured Nurses - Australia	9
Table 1 - Median Time Lost Average for Victoria/Australia	10
Table 2 - Requested data from the VWA	11
Graph 3 - Mechanism of Injury and/or Illness, 2004 to 2006, Victoria	12
Graph 4 - Nature of Injury and/or Illness, 2004 to 2006, Victoria	13
Graph 5 - Nurses Workers Compensation Claims - Time loss claims, compared by total number of claims for Nurses, Victoria	13
Graph 6 - Total number of Workers' Compensation Claims for Nurses ,2000-2006,Victoria	14
Table 3 - 2006 Workers' Compensation Data - Victoria	14
Graph 7 - Time period receiving weekly compensation entitlements, Comparison Nurses v Scheme, July 2001 to June 2004 - Victoria	16
Pie Chart 3 - What triggered your condition?	17
Pie Chart 4 - Which of the following best describes the injury or illness you have sustained?	18
Pie Chart 5 - How much time in total have you taken off since you were injured/ill?	18
Pie Chart 6 - When did you initially receive or access your right to return to work?	19
Pie Chart 7 - How long after reporting your injury did your employer provide you with a return to work plan?	20
Pie Chart 8 - Were you involved in the development of your return to work plan?	20
Pie Chart 9 - Who else was involved in development of your return to work plan?	21
Table 4 - Can you provide any details of your involvement in the RTW plan?	21
Table 5 - What has been the change to your work?	22
Pie Chart 10 - Following your injury/illness, did your employer endeavour to provide suitable employment?	22
Pie Chart 11 - How satisfied are you with your Return to Work Program?	23
Pie Chart 12 - How satisfied have you been with the service provided by the RTW coordinator?	23
Pie Chart 13 - When did you initially receive or access your right to occupational rehabilitation services?	24
Pie Chart 14 - Were you able to return to pre-injury/pre-illness duties?	24
Pie Chart 15 - Which of the following best describes the reason for not being able to return to pre-injury/pre-illness duties?	25
Pie Charts 16, 17 and 18 - How do injured and/or ill nurses view their future?	25& 26
Pie Chart 19 - Can you provide an estimate of how less income you are now receiving?	27
Pie Chart 20 - Has your financial situation been affected by your condition?	27

Executive Summary

1. Data

- In 2006 there were 1,013 workers' compensation claims by nurses in Victoria.
- The percentage of workers compensation claims for time loss injury and/or illness to nurses in Victoria is approximately 60% of total workers' compensation claims by nurses in 2006 (calendar year).
- 64% of injuries and/or illnesses to Victorian nurses occur in the 35-54 age groups.
- Victorian nurses' length of time loss for a workers' compensation claim is 44% longer than the national average for nurses working in hospitals.
- Approximately 97% or 587 nurses with time loss injury and/or illness have an incapacity for work > 20 days in 2006 (calendar year).
- 20% of injured and/or ill nurses did not have a required RTW plan in 2006.
- BBND2 Survey reports that 87% of injured and/or ill nurses have suffered financial hardship as a direct consequence of their work related injury and/or illness.
- BBND2 Survey reports that 74% of injured and/or ill nurses estimate their loss of income to be > 26% of pre-injury earnings.
- The economic and social costs of work related injury and/or illness to workers and the community far exceed compensation payments.

2. Data Sources

- VWA provided some 2006 data on RTW Plans.
- VWA Workers' Compensation data on cessation of weekly payments for Victorian Nurses does not indicate RTW outcomes.
- VWA Worker's Compensation data does not report what occurs to injured and/or ill nurses after 108 weeks of payment, even whether they continue to receive workers' compensation payments.
- The Heads of Workers' Compensation Authorities and the VWA did not provide data on Victorian nurses from their RTW surveys.
- The Australian Bureau of Statistics did not provide data on Victorian nurses.
- The Buried But Not Dead (BBND) Survey is the main source of data on RTW of Victorian injured and/or ill nurses.
- BBND2 Survey also provided data on causality of injury and/or illness, while VWA and ASCC provided data on nature and mechanism of injury and/or illness.

Scope of Report

Data available on injured and/or ill nurses and on RTW is reported from the:

1. Australian Safety and Compensation Council.
2. Victorian WorkCover Authority.
3. Injured Nurses Support Group - Buried But Not Dead 2 Survey.
4. Other Data sources.
5. Direct and Indirect cost of Workplace Injury and/or Illness.

The Project sought data from the Australian Safety and Compensation Council (ASCC) and from the Victorian WorkCover Authority (VWA). The data received mainly was workers' compensation data, not RTW data.

RTW is not reported in VWA occupational data on cessation of weekly entitlements (Johnson and Fry, 2002). *Health, Return to Work, Social and Financial Outcomes associated with different compensation pathways in NSW: Quantitative Survey of Claimants* has also pointed to the gap in RTW evidence of data focused on cessation of worker payments (Price Waterhouse Coopers, 2003).

The VWA *Return to Work Sustainability Survey Wave 2 – June 2006* and the Heads of Workers' Compensation Authorities (HWCA) *Australia and New Zealand Return to Work Monitor 2005/2006 Report*, do collect RTW data (HWCA, 2006; VWA, 2006). However, the agencies did not provide data on nurses in Victoria, due to the sample size (HWCA, 2007; VWA, 2007b).

There is limited data on the RTW experience of Victorian injured and/or ill nurses available from the ASCC, VWA and HWCA.

1. Australian Safety and Compensation Commission

The Australian Safety and Compensation Commission (ASCC) collects and collates data on workers' compensation from each State and Territory workers' compensation jurisdiction. The ASCC provided comparable national workers' compensation data on injured and/or ill nurses.

The ASCC could not provide RTW data. The 2004 *National Data Set for Compensation Based Statistics* foreshadowed that the ASCC would collect data on a claimants' last known work status to assist analysis of RTW outcomes (ASSC, 2007c). However, most jurisdictions have failed to collect this data (ASSC, 2007c).

1.1 ASCC Data

Data requested from the ASCC, was based on the *Compendium of Workers' Compensation Statistics Australia 2004-05*, and includes comparison between Victorian and National compensation data on injured and/or ill nurses.¹

1.1.1 Mechanism and Nature of Injury and/or illness

Graph 1 indicates the following on mechanism of injury:

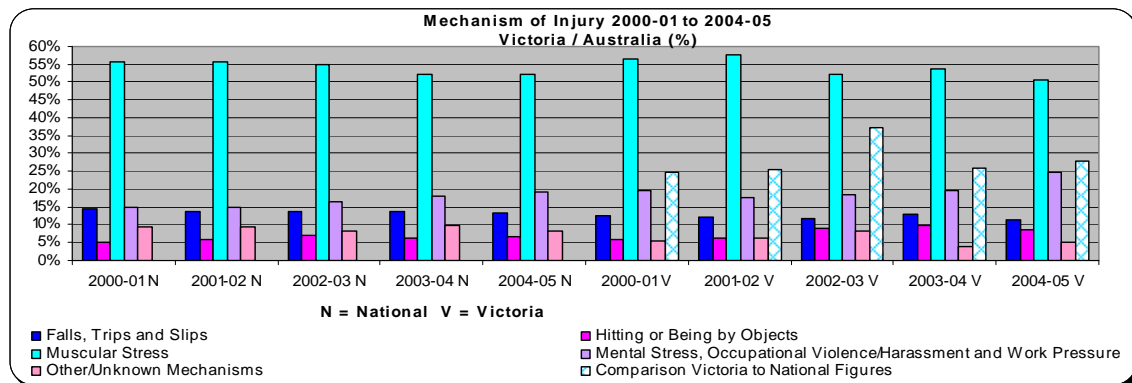
- Since 2000-2001 there has been a decrease in the percentage of compensated injuries or illnesses relating to muscular stress as the mechanism of injury to nurses in Victoria and Nationally.
- Since 2001-2002 there has been an increase in the percentage of compensated injuries or illness relating to mental stress, occupational violence, harassment and work pressure as a mechanism of injury to nurses in Victoria and Nationally.
- Victorian nurses on average comprised 26% of total compensated injury and/or illness to nurses nationally for the period 2000-01 to 2004-05.²

¹The data was received on 13 July 2007 (ASSC, 2007a). The data has been adjusted to ensure adherence to ASCC confidentiality practices on protection of confidential information on employees and employers. Data is suppressed where the value is less than 5.

² For 2002-03 there is a discrepancy in the figures as NSW didn't provide full workers' compensation data for that year.

Graph 1

Mechanism of Injury to Nurses 2000-01 to 2004-05 – Victoria/Australia (%).
Data extracted as at 13 July 2007.

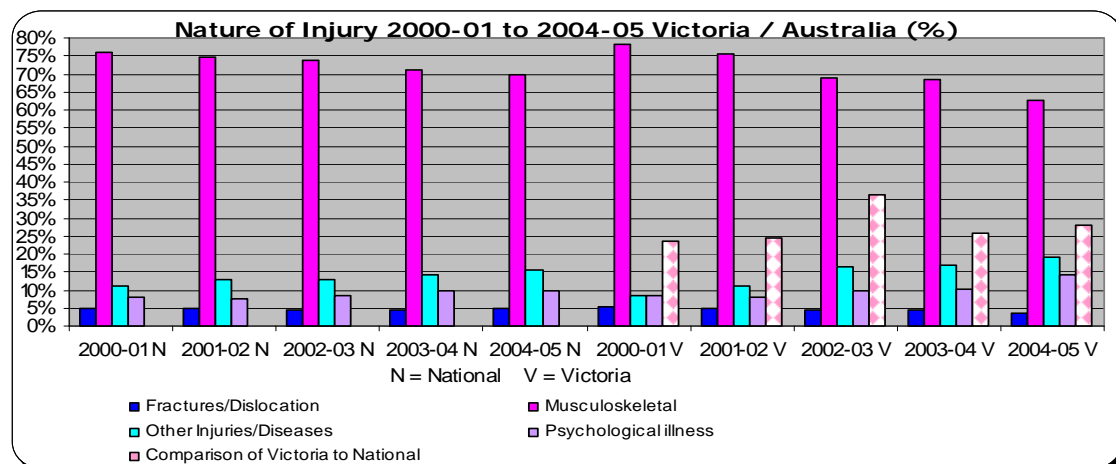


Graph 2 demonstrates the nature of injuries to nurses by percentage:

- Musculoskeletal injuries have decreased as a percentage of compensated injuries and/or illness in Victoria since 2000-01 from 78% to 63% in 2004-05.
- Psychological illness increased in Victoria from 8% 2001-01 to 14% in 2004-05.
- Nationally psychological illness increased from 8% in 2000-01 to 10% in 2004-05 of compensated injuries and/or illness.

Graph 2

Nature of Injury to Nurses 2000-01 to 2004-05 – Victoria/Australia (%)³. Data extracted as at 13 July 2007.



³ Ibid

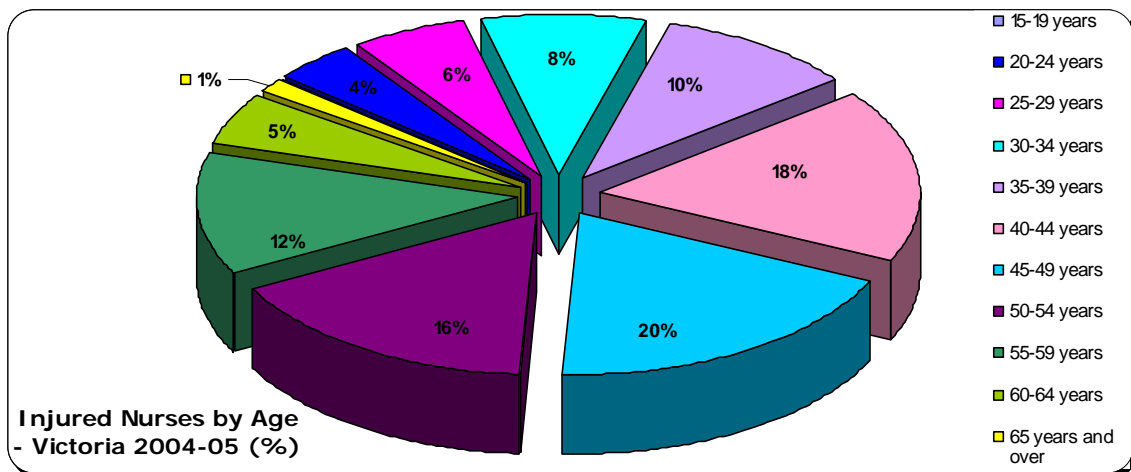
1.1.2 Age of Injured and/or Ill Nurses

Pie Charts 1 and 2 demonstrate the age of injured and/or ill nurses for 2004-05:

- Nurses in the age group 20 to 34 comprised 18% of compensated injury and/or illness in Victoria, and 19% nationally.
- Nurses in the age group 35 to 54 comprised 64% of compensated injury and/or illness in Victoria, and 63% nationally.
- Nurses in the age group 55+ comprised 18% of compensated injury and/or illness in Victoria, and 18% nationally.

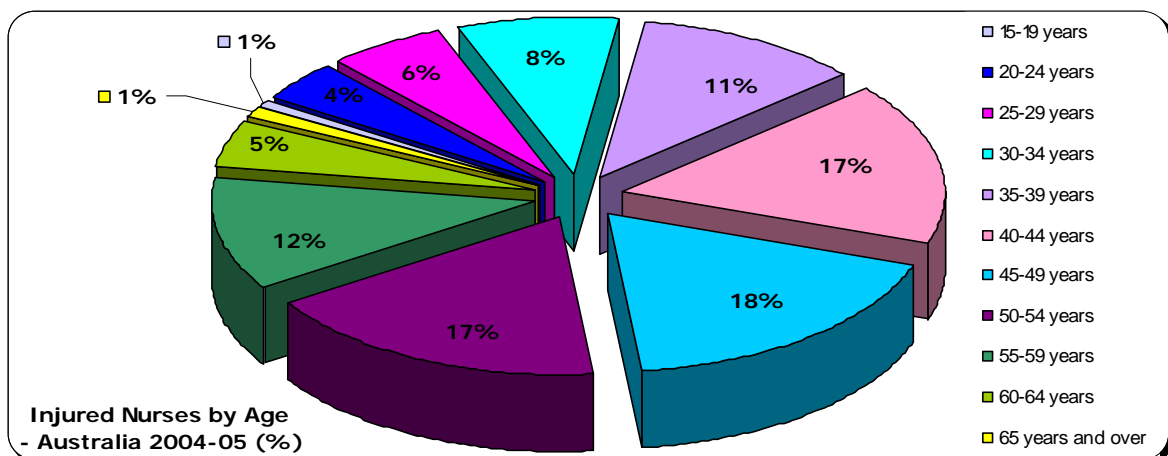
Pie Chart 1

Age of Injured Nurses 2004-05 – Victoria (%). Data extracted as at 25 July 2007.



Pie Chart 2

Age of Injured Nurses 2004-05 – Australia (%). Data extracted as at 25 July 2007.



1.1.3 Time Loss Injury and/or Illness

Table 1 demonstrates the median (average) time loss for workers' compensation claims for nurses, with comparison of Victorian with National claims:

- Median time loss in Victorian hospitals increased from 5.2 weeks in 2000-01 to 6.6 weeks in 2004-05.
- Median time loss for injured and/or ill nurses, working in all types of facilities, in Victoria for period 2000 to 2005 was 6.7 weeks. Nationally it was 4.2 weeks.⁴
- Median time loss for injured and/or ill nurses who work in Hospitals in Victoria for period 2000 to 2005 was 6.2 weeks. Nationally it was 4.3 weeks i.e. Victorian nurses' length of time loss was 44% longer than the National time.

Table 1

Median Time Lost Average for Victoria/Australia.⁵ Data extracted as at 25 July 2007.

National Figures					
MEDIAN TIME LOST (WORKING WEEKS)	YEAR				
ANZSIC4	2000–01	2001–02	2002–03	2003–04	2004–05p
8611 Hospitals (Except Psychiatric Hospitals)	3.8	4.3	4.7	4.4	4.0
8612 Psychiatric Hospitals	3.4	4.8	4.7	4.0	4.0
8613 Nursing Homes	3.9	4.6	4.2	4.2	3.9
Victorian Figures					
MEDIAN TIME LOST (WORKING WEEKS)	YEAR				
ANZSIC4	2000–01	2001–02	2002–03	2003–04	2004–05p
8611 Hospitals (Except Psychiatric Hospitals)	5.2	6.0	6.4	6.8	6.6
8612 Psychiatric Hospitals	3.4	6.0	6.6	4.9	6.6
8613 Nursing Homes	8.7	9.6	6.4	8.6	7.9

2. Victorian WorkCover Authority (VWA)

2.1 Data Requested from the VWA

Data was requested from the VWA which manages the workers' compensation scheme in Victoria, including data collection. The VWA provided data relating to weekly compensation payments to nurses. **Table 2** outlines data requested from the VWA.

⁴ These Victorian figures are based on a relatively small number of claims and consequently will display more variability than the National figures.

⁵ Data received 26.07.07 (ASCC, 2007b).

Table 2

Requested data from the VWA

VWA requested Data	Received	Not Available
Percentage of nurses claims received within 10 days for 2006 calendar year. Requested for period 1996 to 2005.	2006 - 26.06.07 & 31.08.07	12.02.08
Percentage of nurses claims with RTW plans for 2006 calendar year. Requested for period 1996 to 2005.	2006 - 26.06.07 & 31.08.07	12.02.08
Percentage of nurses with work capacity but no RTW for 2006 calendar year. Requested for period 1996 to 2005.	2006 - 26.06.07 & 31.08.07	12.02.08
Number of RTW Inspector workplace visits per hospital.		15.06.07
Number of RTW Co-ordinators trained per hospital.		15.06.07
Claim continuance rates for nurses (13, 26, 52, 104 and >104 weeks).	25.06.07	
RTW sustainability of injured nurses (measured via survey of workers 14-19 months after lodgement of claim).		15.06.07
By facility: <ul style="list-style-type: none"> • Public Hospitals. • Private Hospitals. • Psychiatric (Public) Hospitals. • Psychiatric (Private) Hospitals. • Aged Care (Public) Facilities. • Aged Care (Private) Facilities. 		15.06.07
From the VWA <i>Return to Work Sustainability Survey Wave 2 – June 2006</i> (2006) it was requested that data be provided for nurses, compared with all injuries: <ul style="list-style-type: none"> • Number of injured nurses who are still with their pre-injury/illness employer. • Number of injured nurses who are still with their pre-injury/illness employer by work status. • Reasons nurses are not being employed by their pre-injury/illness employer. • Percentage of injured nurses who are currently working and are engaged in the same and/or similar duties to those they had before the injury/illness. • Percentage of injured nurses who are currently working and have had a change in duties. • Percentage of injured nurses who are currently working and have had a change in employer. • Nurses who have returned to work at any stage in either full time or part time capacity since the injury/illness by Age/Gender. • Nurses who have returned to work at any stage in either full time or part time capacity since the injury/illness by Affliction. • Types of rehabilitation services (for example, Vocational Rehabilitation, Vocational Counseling, Vocational Assessment, Job Seeking Assistance) provided to injured nurses and the point that this service is provided. • Number of nurses whose claims are terminated at >104 weeks who have a partial capacity for work. 		15.06.07 The VWA advised it was not possible to provide the requested data "for a range of reasons including the manner in which data capture occurs; difficulty in providing a meaningful response given the way the data is cut/the statistical validity of the sample size; data integrity issues etc" (VWA, 2007b).
Number of accepted time loss and medical and like expense claims for the period 1996 to 2006.	31.07.07 – data on all claims lodged > 10 days	
Nature and mechanism of Injury, for the period 2001 to 2006.	2006 - 19.10.07 2004 and 2005 - 20.11.07	2001 -2003 12.02.08

2.2 VWA Data

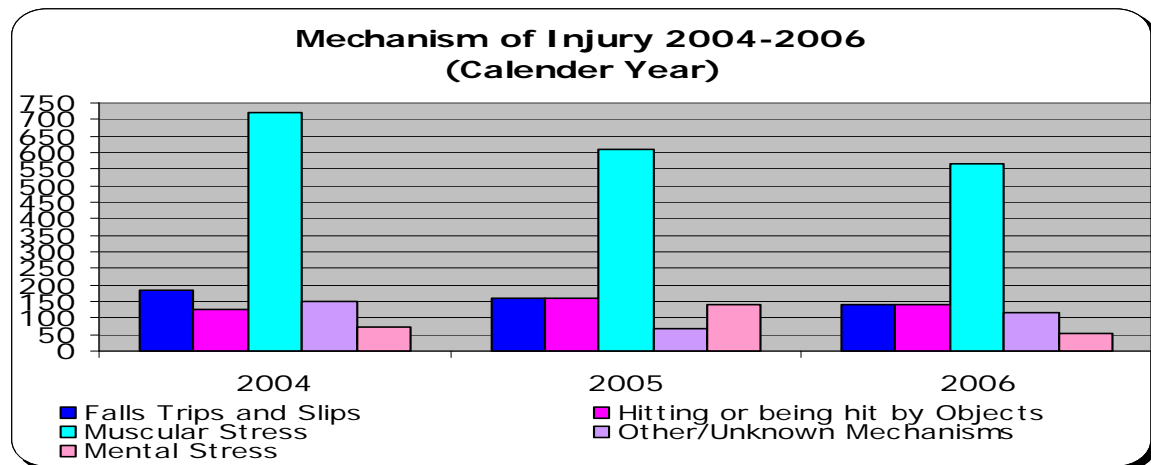
2.2.1 Mechanism and Nature of Injury and/or Illness to Nurses

Graph 3 demonstrates the mechanism of injury and/or illness for nurses in Victoria for 2004 to 2006 (calendar years):

- Muscular stress to nurses has decreased from 720 cited as the mechanism of injury in 2004 to 566 in 2006.
- Mental stress to nurses has decreased from 74 cited as the mechanism of injury in 2004 to 54 in 2006. Mental stress did increase in 2005 with 139 cited incidences as mechanism of illness.

Graph 3

Mechanism of Injury and/or Illness for Nurses in Victoria, 2004 to 2006 (calendar year).⁶ Data as at 31 May 2007.



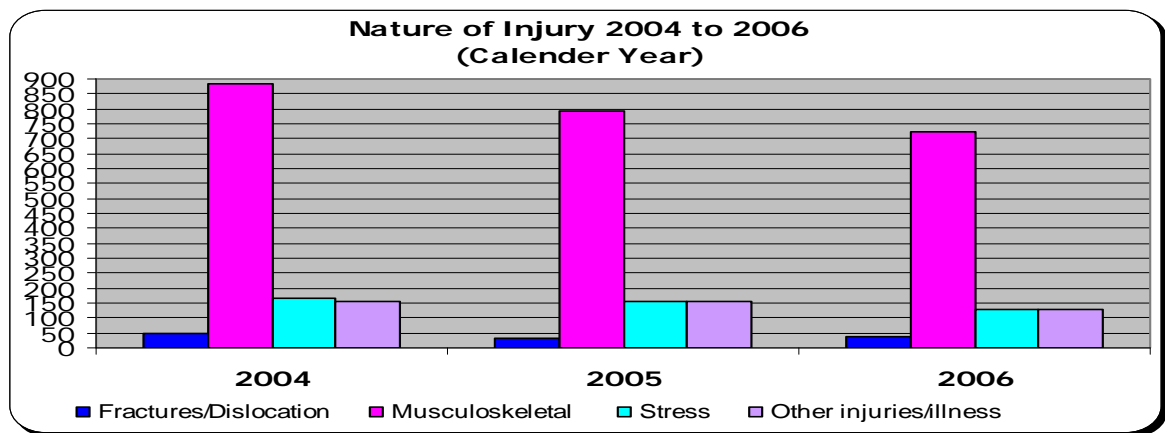
Graph 4 demonstrates the nature of injury and/or illness for nurses in Victoria for 2004 to 2006 (calendar year):

- Musculoskeletal injuries to nurses decreased from 886 cited as the nature of injury in 2004 to 724 in 2006.
- Stress to nurses has decreased from 164 cited as the nature of injury in 2004 to 127 in 2006.

⁶ Data for the 2006 calendar year was received on 19.10.07 (VWA, 2007g). Data for the 2004 and 2005 calendar year was received on 20.11.07 (VWA, 2007h).

Graph 4

Nature of Injury and/or Illness for Nurses in Victoria, 2004 to 2006 (calendar year). Data as at 31 May 2007.



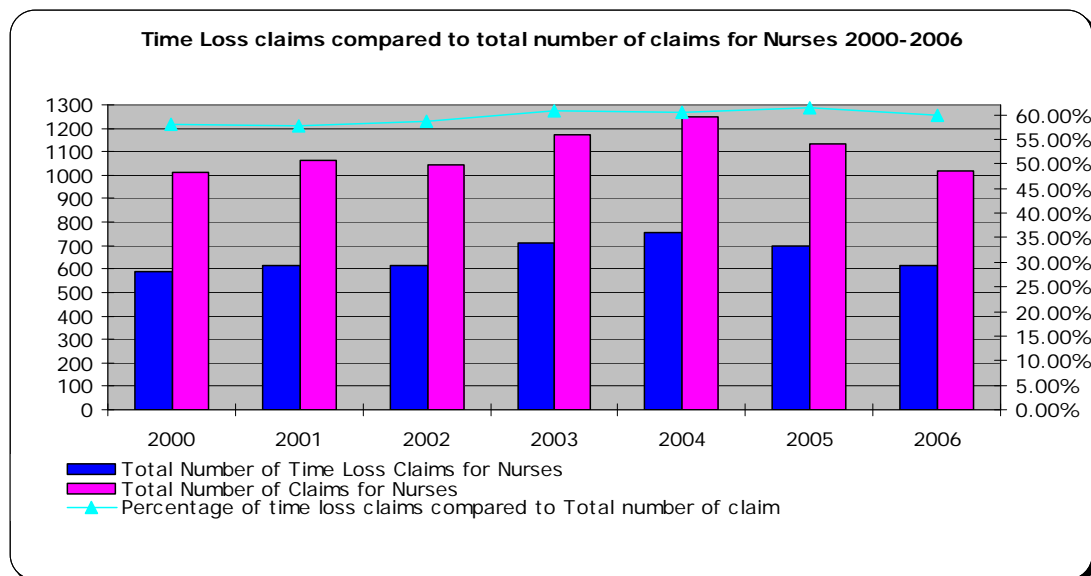
2.2.2 Time Loss Claims for Nurses in Victoria

Graph 5 demonstrates time loss claims for Nurses for the period 2000 to 2006 (calendar year):

- In 2006 there were 1,013 workers compensation claims by Nurses.
- 615 or approximately 60% of the claims had time loss injuries and/or illnesses.⁷

Graph 5

Time loss workers' compensation claims compared by total number of claims for Nurses in Victoria, 2000 to 2006.⁸ Data as at 30 June 2007.



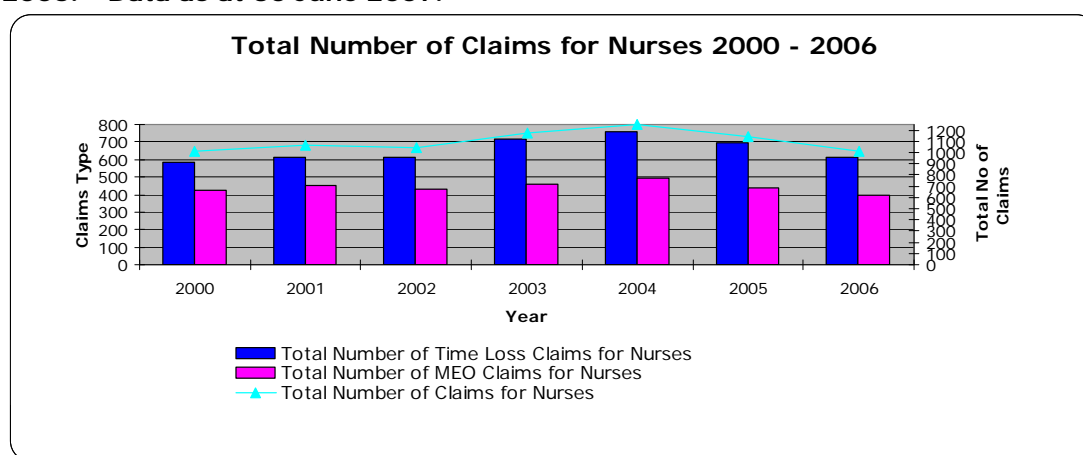
⁷ Injured and/or ill nurses with a workers' compensation claim with an incapacity for work < 10 days are not calculated in this figure (VWA, 2007d).

⁸ Data received from VWA on 31.08.07 (VWA, 2007d).

Graph 6 demonstrates that for Victorian Nurses the number of time loss workers' compensation claims exceed the number of medical and like expense only claims (MEO).

Graph 6

Total number of workers' compensation claims for Nurses in Victoria for 2000-2006.⁹ Data as at 30 June 2007.



2.2.3 Workers' Compensation Scheme Data

Table 3 indicates that as at 31 August 2007:

- Nurses comprise approximately 4% (or 607 claims) of the total number of work related time loss claims for the Victorian Workers Compensation Scheme in 2006.
- 20% of nurses incapacitated for work did not have a required RTW plan, recorded by the Insurance Agent within 42 days of claim lodgement.
- Approximately 97% or 587 nurses with time loss injury and/or illness have an incapacity for work > 20 days.
- Approximately 72% of nurses had no RTW in their first 14 day period of continuous work capacity.

Table 3

2006 Calender Year, Workers' Compensation Scheme Data, Victoria.¹⁰ Data as at 31 August 2007.

Workers' Compensation Data	Time loss Injuries	Claims with RTW Plans	Time loss Incapacity > 20 days	Claims with their first 14 day period of continuous capacity for work	Number of workers who RTW during their first 14 day period of continuous capacity
Nurses	607	472	587	58	16
Scheme	15,866	9,996	15,202	2,849	562

⁹ Ibid.

¹⁰ The VWA (2007e) were "unable to provide the raw data behind the report due to privacy constraints and the fact that it's not possible to sufficiently de-identify the claims information". Data was provided on the 21.09.07 (VWA, 2007e).

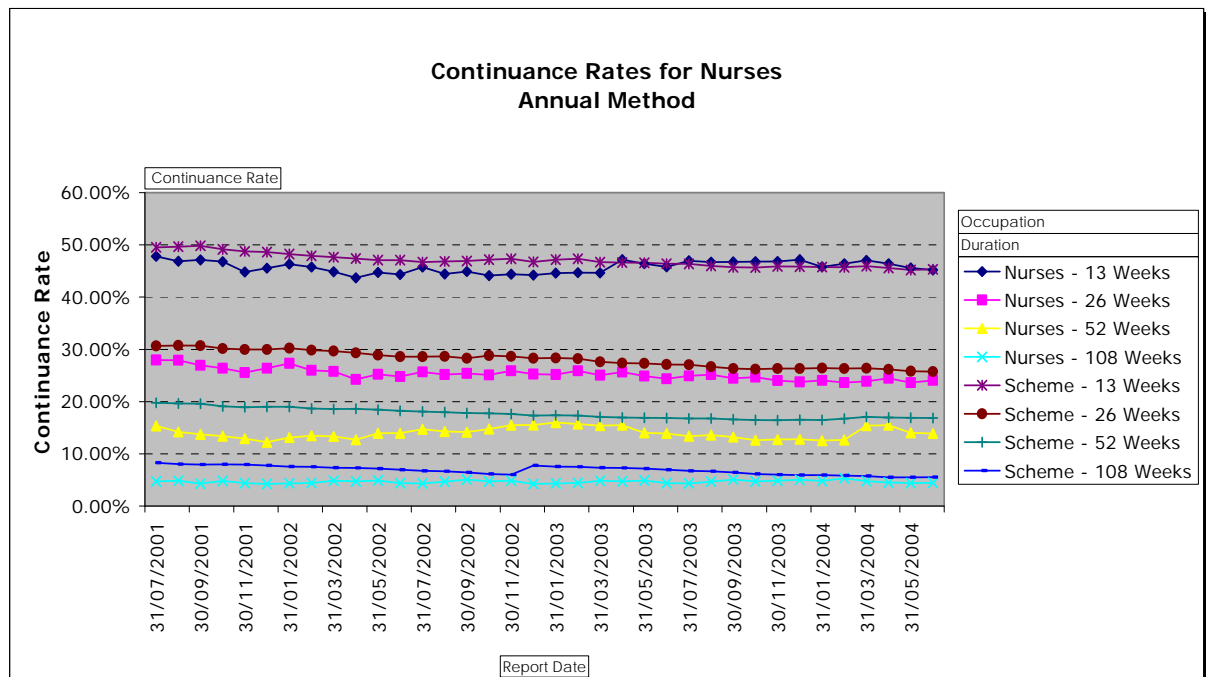
2.2.4 Time Loss Periods

Graph 7 demonstrates that:

- Continuance rates measure how many injured workers continue to be in receipt of weekly benefits at pre-determined milestones – 13, 26, 52, & 108 weeks. They do not indicate whether a nurse has returned to work.
- At 31 July 2001 approximately 48% of nurses continued to receive weekly benefit payments at 13 weeks, the scheme rate was approximately 50%. At 31 May 2004 approximately 46% of nurses continued to receive weekly benefit payments at 13 weeks, the scheme rate was approximately 45%.
- At 31 July 2001 approximately 28% of nurses continued to receive weekly benefit payments at 26 weeks, the scheme rate was approximately 31%. At 31 May 2004 approximately 24% of nurses continued to receive weekly benefit payments at 26 weeks, the scheme rate was approximately 25%.
- At 31 July 2001 approximately 15% of nurses continued to receive weekly benefit payments at 52 weeks, the scheme rate was approximately 20%. At 31 May 2004 approximately 14% of nurses continued to receive weekly benefit payments at 52 weeks, the scheme rate was approximately 17%.
- At 31 July 2001 approximately 5% of nurses had continued to received weekly benefit payments at 108 weeks, the scheme rate was approximately 8%. At 31 May 2004 approximately 4% of nurses continued to receive weekly benefit payments at 108 weeks, the scheme rate was approximately 5%.
- The data does not demonstrate what occurs to injured and/or ill nurses after 108 weeks of payments - even whether they continue to receive workers' compensation payments.

Graph 7

Continuance rates (time period receiving weekly compensation entitlements) comparison Nurses v Scheme July 2001 to June 2004.¹¹ Data as at 31 May 2007.



3. Injured Nurses Support Group - Buried But Not Dead 2 Survey Data

457 injured and/or ill Victorian nurses were invited in January 2007 to participate in the Injured Nurses Support Group (INSG) Buried But Not Dead 2 (BBND2) Survey, the follow up to the 1996 Buried But Not Dead (BBND1) Survey and Report. The ANF (Victorian Branch) assisted the INSG with the Survey.

215 completed surveys were returned equating to an approximate 47% return rate (Langford, 2007). Participants were identified members of the INSG and other nurses with injury and/or illness who had been assisted by the ANF (Vic Branch) between 2005 and 2006.

Outlined below from the Survey are responses on:

- Cause of injury and/or illness.
- Nature of injury and/or illness.
- Length of time loss since injury and/or illness.
- Right to RTW and occupational rehabilitation services.
- Length of time after reporting injury before employer provided RTW plan.
- Involvement in the development of RTW plan.
- Change to work.

¹¹ Data received from the VWA, 14.06.07 (VWA, 2007c). Continuance rates provide a measure of the percentage of nurses on full benefits over time (from date of injury). Continuance rates, therefore measure the cessation of entitlements to weekly benefits.

- Provision of suitable employment.
- Satisfaction with RTW Program and RTW coordinator.
- Ability to return to pre-injury and/or illness duties.
- Future for injured and/or ill nurses.
- Financial impact of injury and/or illness.

The BBND 2 data is important as it provides data specifically on RTW from the experience of injured and/or ill nurses. All data requested from the INSG BBND2 Survey was provided. There is no other source for this information.

3.1 Buried But Not Dead 2 Data¹²

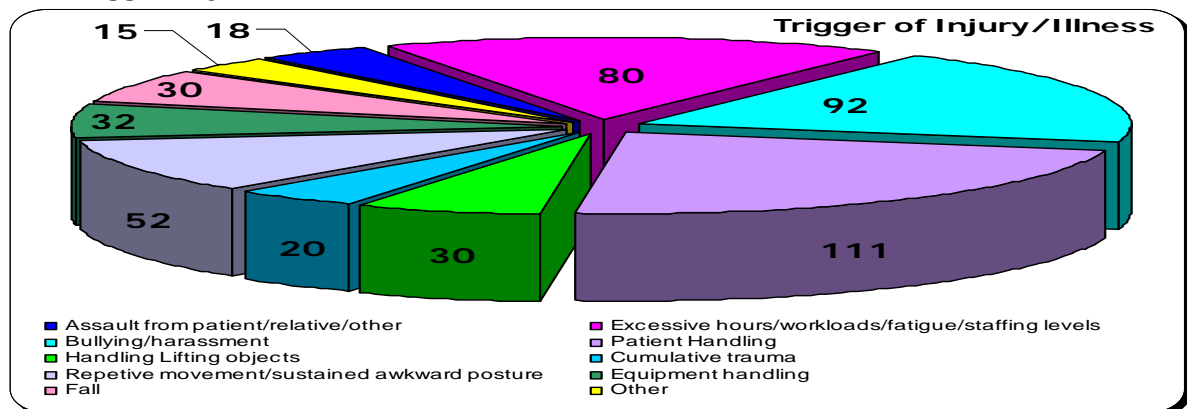
3.1.1 Trigger and Nature of Injury and/or Illness

Pie Chart 3 demonstrates the causality of injury and/or illness to nurses who were able to indicate more than one trigger of their condition:

- Patient handling the most prevalent cause of injury, followed by excessive hours/workloads/fatigue/staffing levels and bullying/harassment.
- BBND2 provided data on causality of injury and/or illness, while VWA and ASCC provided data on mechanism injury.

Pie Chart 3

What triggered your condition?



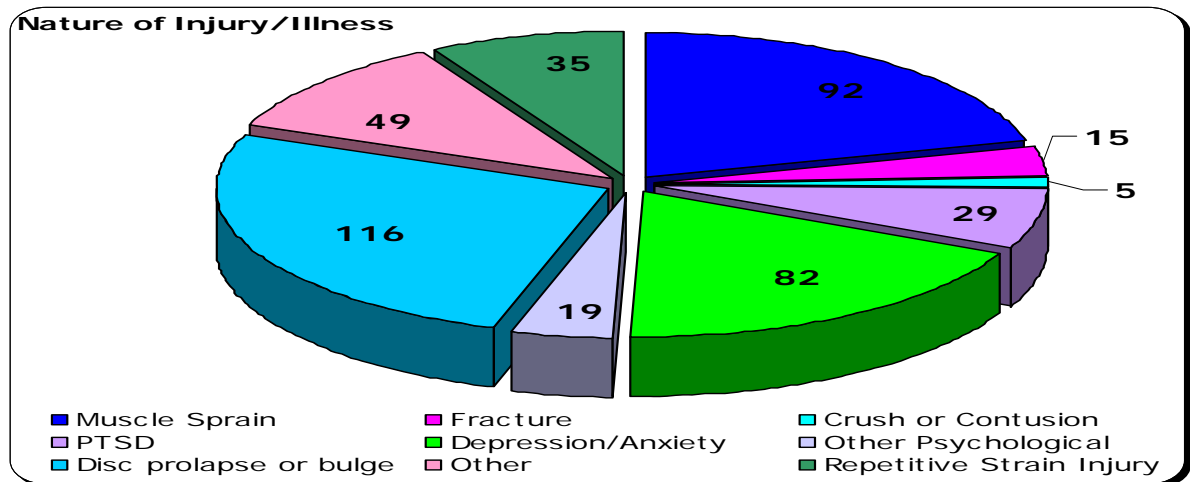
Pie Chart 4 reports the nature of injury and/or illness to nurses who were able to report more than one injury or illness:

- Disc prolapse or bulge and muscle sprain were the highest reported nature of injury and/or illness.
- Depression/Anxiety, PTSD and other psychological illness were the second most reported nature of injury and/or illness.

¹² BBND 2 data provided as at 5.11.07 (Langford, 2007).

Pie Chart 4

Which of the following best describes the injury or illness you have sustained?

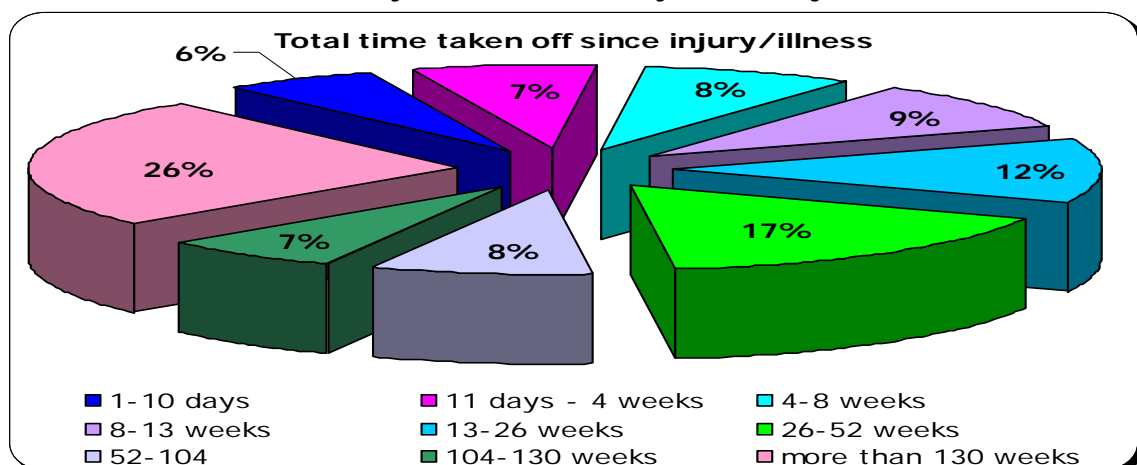


Pie Chart 5 outlines that of 202 respondents had taken the following time off due to their work related injury:

- 33% had > 104 weeks time off after they sustained their injury and/or illness.
- 30% had < 13 weeks time off work.
- 12% had > 13 weeks and < 26 weeks time off work.
- 17% had > 26 and < 52 weeks time off work.
- 8% had > 52 and < 104 weeks time off work.

Pie Chart 5

How much time in total have you taken off since you were injured/ill?



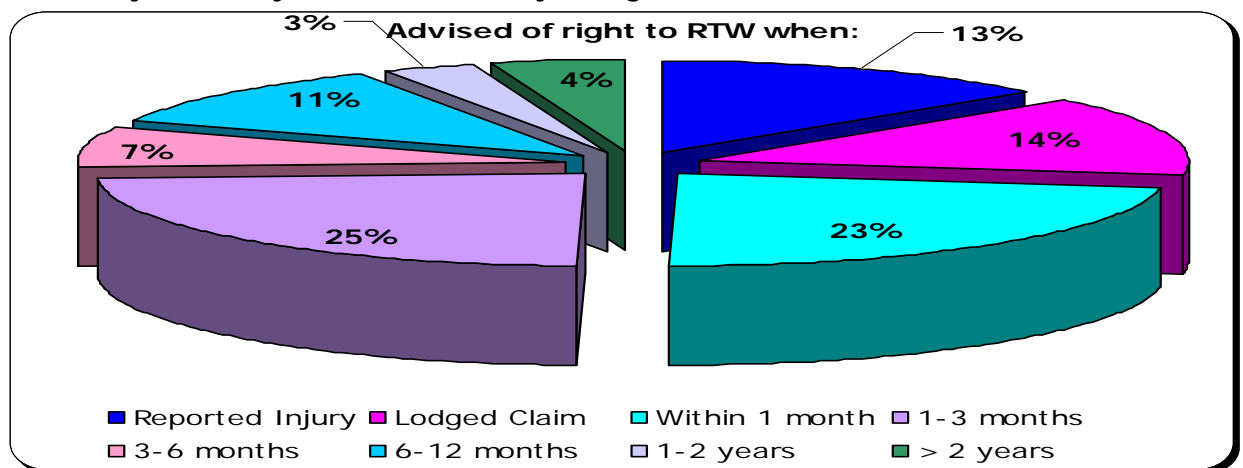
3.1.2 Return to Work

Pie Chart 6 reports that of 135 respondents on timing of RTW advice:

- 13% were initially advised of their right to RTW when they reported their work related injury.
- 14% were initially advised of their right to RTW when they lodged their workers' compensation claim.
- 23% were initially advised of their right to RTW within the first month of sustaining their work related injury.
- 50% were initially advised of their right to RTW > 1 month after sustaining their work related injury.

Pie Chart 6

When did you initially receive or access your right to return to work?

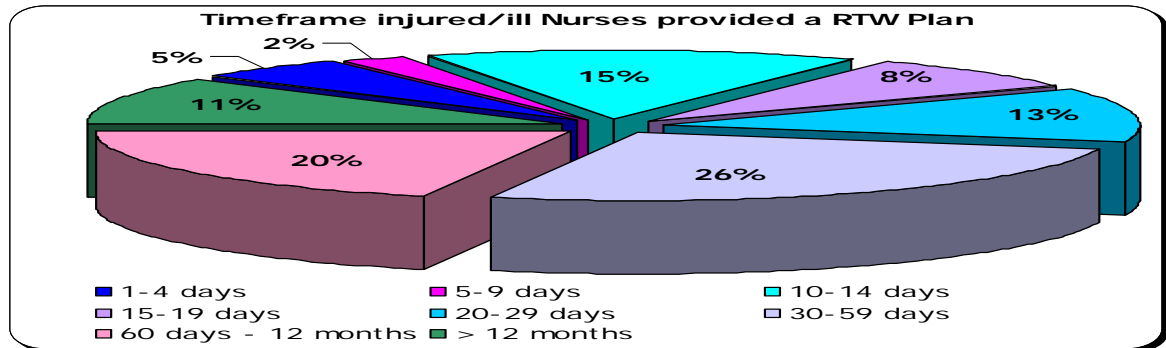


Pie Chart 7 reports of 134 respondents on timing of provision of RTW plan:

- 7% were provided with a RTW plan < 9 days from the date of injury.
- 23% were provided with a RTW plan > 10 days and < 20 days from the date of injury.
- 13% were provided with a RTW plan > 20 days and < 30 days from the date of injury.
- 57% nurses were provided with a RTW plan > 30 days from the date of injury.

Pie Chart 7

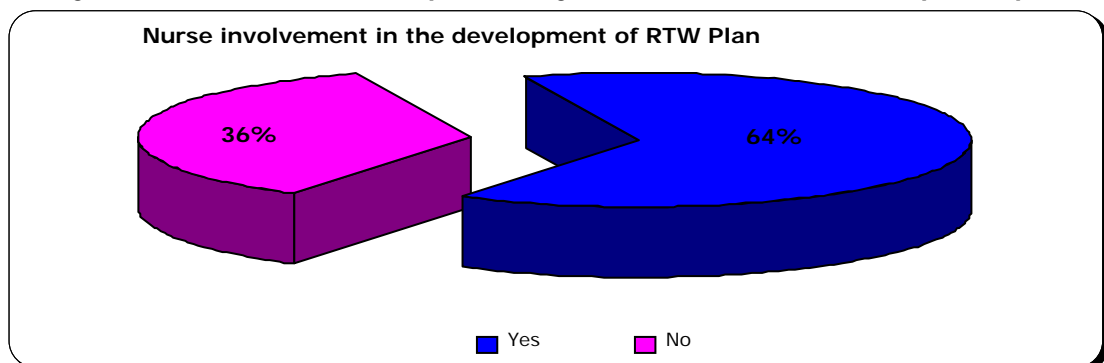
How long after reporting your injury did your employer provide you with a return to work plan?



Pie Chart 8 indicates that 36% of 157 respondents were not involved in the development of their RTW plan.

Pie Chart 8

Were you involved in the development of your return to work development plan?



Pie Chart 9 demonstrates who else was involved in the development of their RTW plan, respondents were able to select more than one option:

- GP involvement was the most prevalent in assisting with the development of a RTW plan.
- 'Other' includes manager, counsellor, RTW coordinator and/or WorkCover.

Pie Chart 9

Who else was involved in the development of your return to work plan?

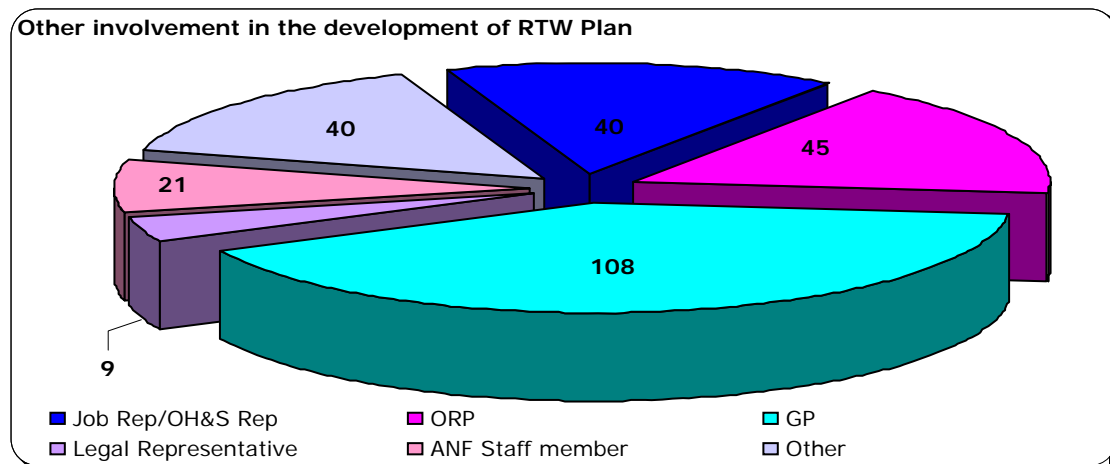


Table 4 demonstrates the experiences reported by 127 respondents on their involvement in the development of their RTW plans:

- 12% advised their GP and/or Physiotherapist was involved with suggesting/approving their RTW plan.
- 12% suggested RTW plan was insufficient.
- 11% suggested what should be included in their RTW plan.
- 10% were involved with discussions in the development of their RTW plan and were communicated with regularly.
- 10% met with their RTW Coordinator.

Table 4

Can you provide any details of your involvement in the RTW plan?

Detail of Involvement	Respondents	Percentage
My involvement requested by others	1	1%
Involved with doctor/physio to suggest/approve plan	15	12%
Met with Nurse Unit Manager	12	9%
Met with Return to Work Co-ordinator	13	10%
Involved in discussions/Regularly communicated	13	10%
Was not involved	8	6%
Was told what to do	6	5%
Not listened to	4	3%
Insufficient RTW plan suggested/adopted	15	12%
I suggested hours/days/capabilities	14	11%
I suggested where I could work	6	5%
Offered restricted duties	10	8%
Long drawn out process	1	1%
Not applicable	4	3%
Workplace did not use	3	2%
Contact with ANF	2	2%

Table 5 indicates the following changes of work of 126 respondents:

- 27% advised their work changed to lighter and/or restricted duties.
- 15% advised they had a different position which was not nursing.
- 15% changed their work area and/or ward.
- 13% had a different employer.
- 12% were made redundant, sacked, unemployed or receiving a pension.

Table 5

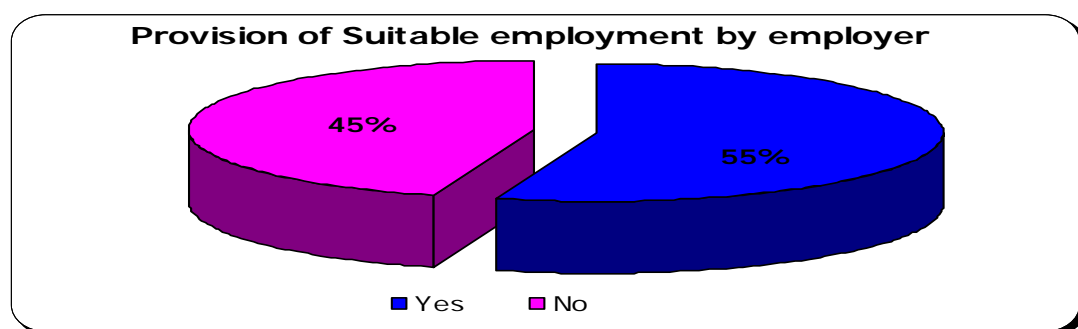
What has been the change to your work?

Detail of Response	Respondents	Percentage
Gone to university	3	2%
Different position/not nursing	19	15%
Lighter/restricted duties	34	27%
Changed area/ward of work	19	15%
Different employer	16	13%
Change to OH&S – lifting procedures	4	3%
Less money	6	5%
Experienced resistance to new work plan	1	1%
Resigned	5	4%
Made redundant	2	2%
Sacked	3	2%
Unemployed	9	7%
On pension	1	1%
Not coping with new work plan/new workplan not appropriate	1	1%
In similar role	3	2%

Pie Chart 10 indicates that 45% of 192 respondents reported that their employer had not endeavoured to provide them with suitable employment.

Pie Chart 10

Following your injury/illness, did your employer endeavour to provide suitable employment?

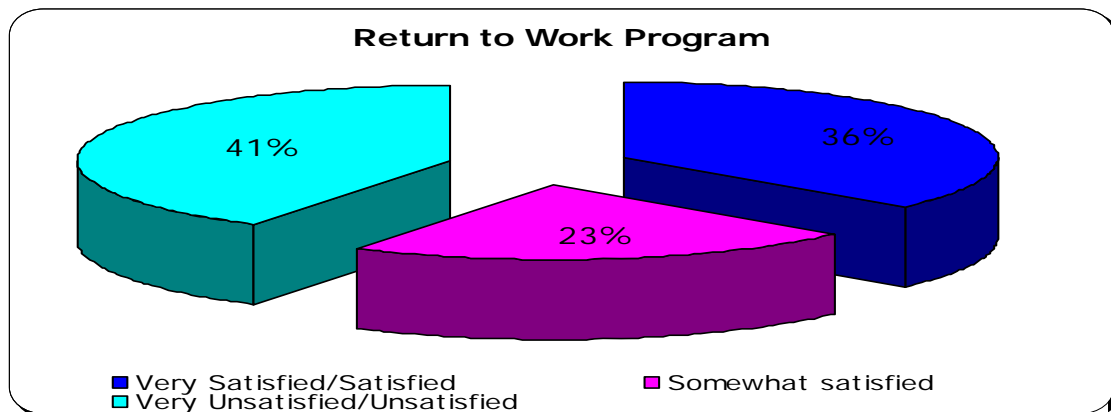


Pie Chart 11 indicates that 41% of the 80 respondents were very unsatisfied and/or unsatisfied with their return to work program.¹³

¹³ Very satisfied and/or satisfied and very unsatisfied and/or unsatisfied were grouped together respectively.

Pie Chart 11

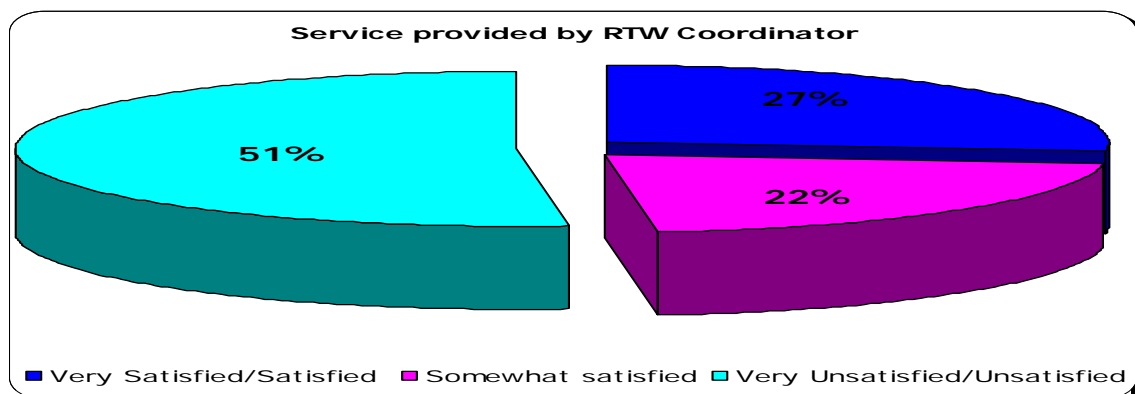
How satisfied are you with your Return to Work Program?



Pie Chart 12 demonstrates that 51% of 153 respondents were very unsatisfied and/or unsatisfied with the service provided by their RTW coordinator.¹⁴

Pie Chart 12

How satisfied have you been with the service provided by the RTW Coordinator?



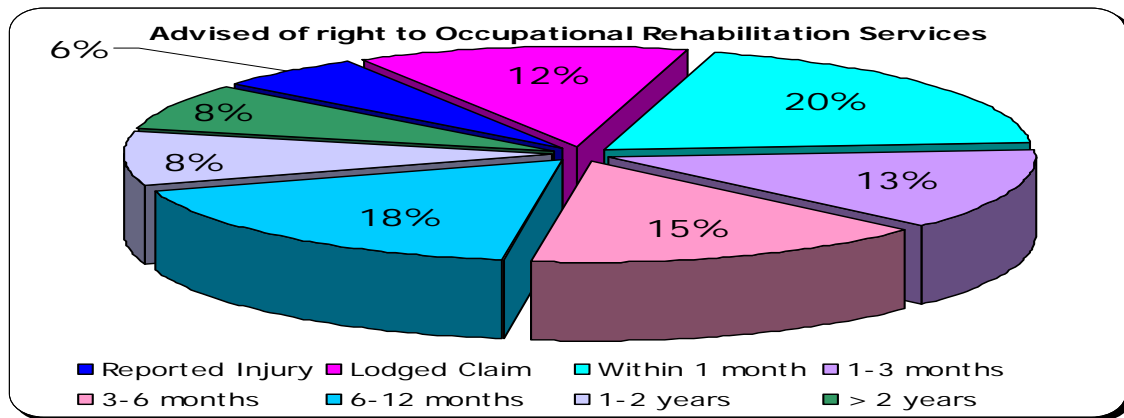
Pie Chart 13 indicates that for 106 respondents initial advice of their right to access to occupation rehabilitation services was provided as follows:

- 6% advised when they reported their injury and/or illness.
- 12% when they lodged their workers' compensation claim.
- 20% within the first month of their injury and/or illness.
- 13% from 1 to 3 months from when they reported their injury and/or illness.
- 15% from 3 to 6 months from when they reported their injury and/or illness.
- 18% from 6 to 12 months from when they reported their injury and/or illness.
- 16% advised > 1 year from when they reported their injury and/or illness.

¹⁴ Ibid.

Pie Chart 13

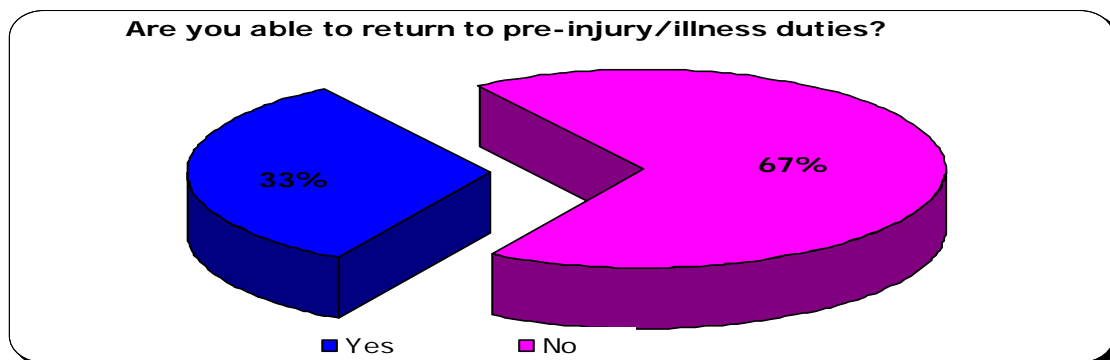
When did you initially receive or access your right to occupational rehabilitation services?



Pie Chart 14 indicates that 67% of 178 respondents were unable to return to their pre-injury/pre-illness duties.

Pie Chart 14

Were you able to return to pre-injury/pre-illness duties?



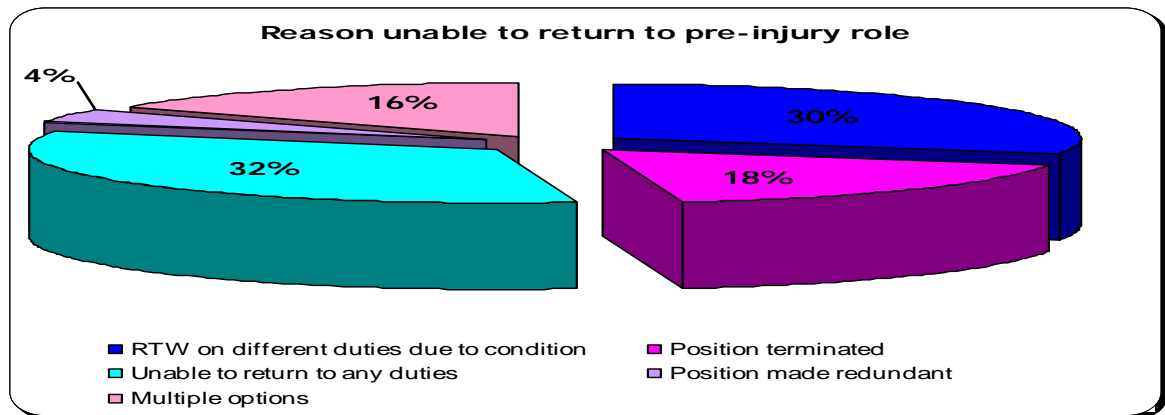
Pie Chart 15 reports the following reasons why the 148 respondents were unable to return to their pre-injury/pre-illness role:

- 30% advised their RTW comprised different duties due to their condition.
- 18% advised their position was terminated.
- 32% advised they were unable to return to any duties.
- 4% advised their position was made redundant.
- 16% advised multiple options.¹⁵

¹⁵ Multiple options include: Terminated and redundant; Different duties, terminated and unable to return; Terminated and unable to return to work; Different duties and terminated; Terminated, unable to return and redundant; and Unable to return and redundant.

Pie Chart 15

Which of the following best describes the reason for not being able to return to pre-injury/pre-illness duties?



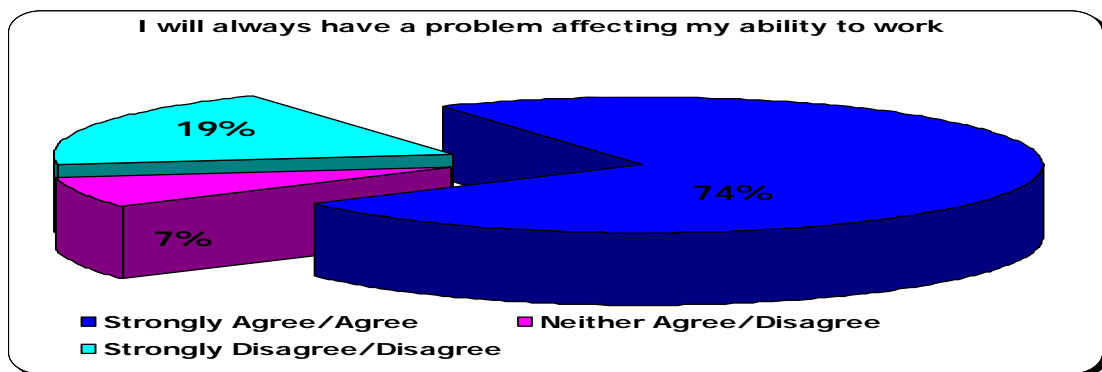
3.1.3 Future Prospects

Pie Charts 16, 17 and 18

Responses to statements on how injured and/or ill nurses view their future

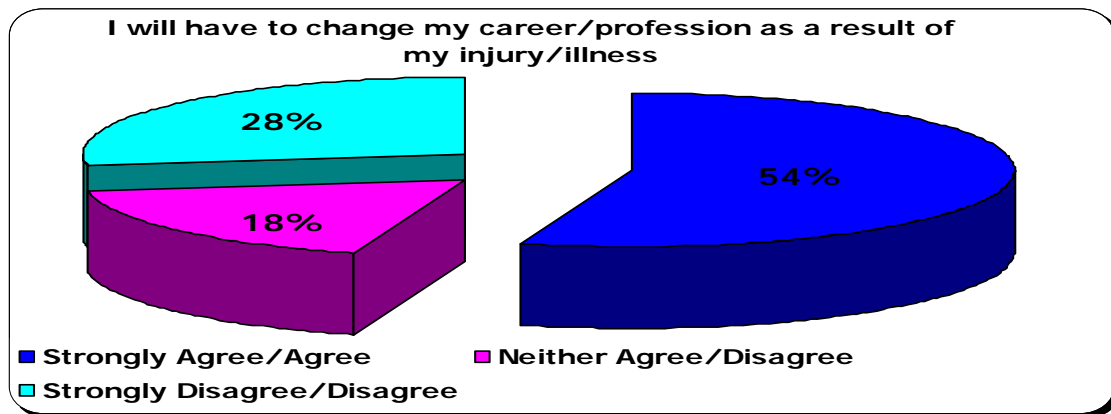
Pie Chart 16 indicates that 74% of 193 respondents expected to always have a problem affecting their ability to work.

Pie Chart 16



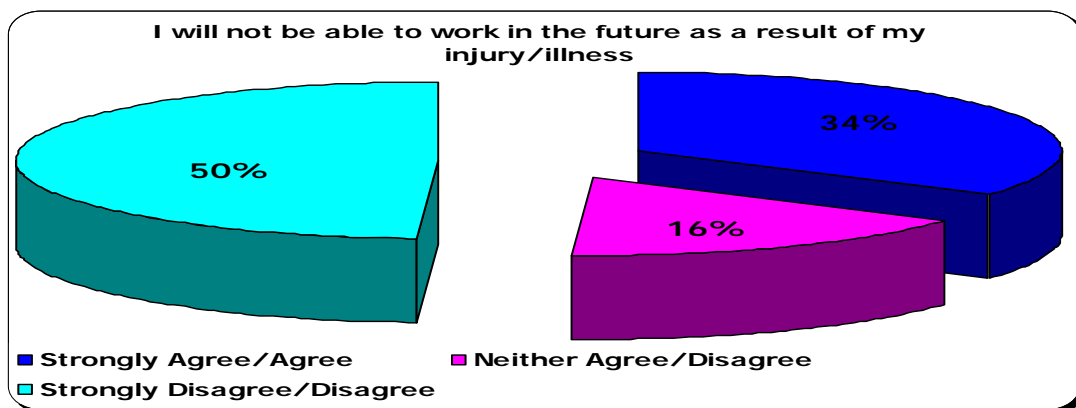
Pie Chart 17 demonstrates that 54% of 181 respondents advised they will have to change their career/profession as a result of their injury and/or illness.

Pie Chart 17



Pie Chart 18 demonstrates that 34% of 189 respondents advised that they expect to not be able to work in the future as a result of their injury.

Pie Chart 18



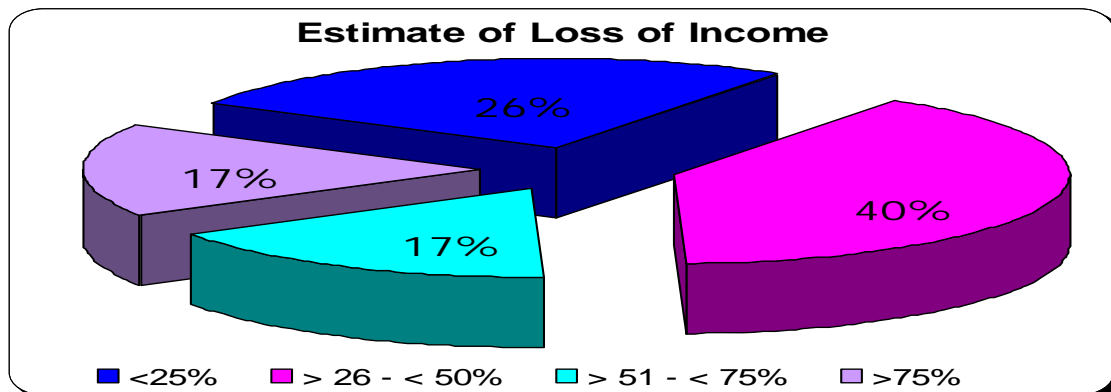
3.1.4 Financial Situation

Pie Chart 19 outlines the following injured and/or ill nurses' estimate of their loss in income due to their work related injury:

- 26% had a < 25% loss in income.
- 40% had between 26% and 50% loss in income.
- 17% had between 51% and 75% loss in income.
- 17% had a > 75% loss in income.

Pie Chart 19

Can you provide an estimate of how less income you are now receiving?

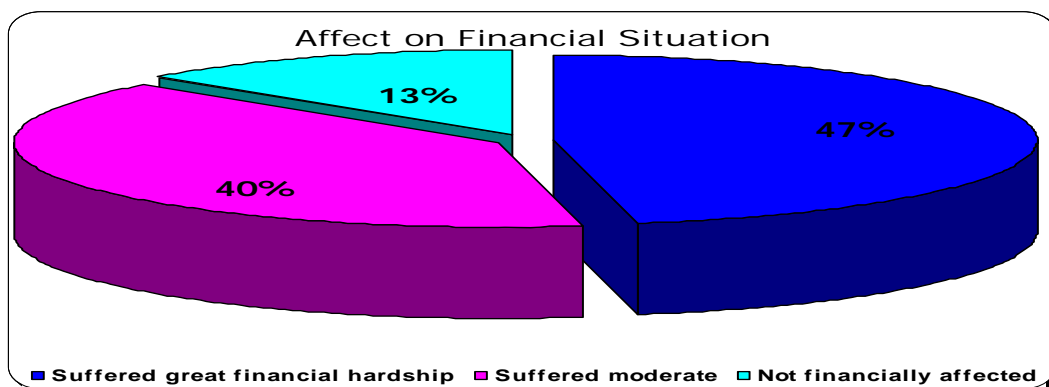


Pie Chart 20 demonstrates the following financial impact on 201 respondents due to their work related condition:

- 47% have suffered great financial hardship.
- 40% have suffered moderate financial hardship.
- 13% were not financially affected.

Pie Chart 20

Has your financial situation been affected by your condition?



4. Other Data Sources

4.1 Heads of Workers' Compensation Authorities

The Heads of Workers' Compensation Authorities (HWCA) were written to on 1 June 2007, requesting if it was possible to breakdown the data from the *Australia and New Zealand Return To Work Monitor 2005/2006 Report*, specific to nurses in Victoria. The Project was advised on the 4 June 2007 that this was not possible due to the statistical validity of the sample size (HWCA, 2007).

4.2 Nurses and Midwives e-cohort Study

The Nurses and Midwives e-cohort Study is a longitudinal study of nurses and midwives in Australia, New Zealand and the United Kingdom. The Study is focused on:

- (a) Recruitment and Retention; and
- (b) Health outcomes, focused on musculoskeletal disorder incidence (Nurses and Midwives e-cohort, 2007a).

The e-cohort Study collects data on the incidence of work based injuries to nurses. The Study has not sought information regarding RTW. However, there is a follow up survey in 2008 and there is potential to include additional questions (Nurses and Midwives e-cohort, 2007b). The ANF (Federal Office) will consult with the e-cohort study on the Survey to be conducted in 2008, with the results potentially available in 2009.

5. Direct and Indirect Cost of Workplace Injury and/or Illness

Studies by the Australian Bureau of Statistics (ABS), Industry Commission and the National Occupational Health and Safety Commission (NOSHC) illustrate problems associated with relying on workers' compensation data to understand the impact of workplace injury on workers, the community and employers (ABS, 2007; ABS, 2006; Industry Commission, 1995; NOSHC, 2004).

The ABS Survey *Work-Related Injuries, Australia 2005-06* reported that of the 10.8 million people who worked in the 12 month period 2005-2006, 6.4% or 689,500 had a work-related injury and/or illness.

The ABS reported that of the injured and/or ill workers:

- (a) 65% did not apply for workers' compensation.
- (b) 57% received financial assistance, of whom 55% received workers' compensation.
- (c) The main reason that workers did not apply for workers' compensation was:
 - 51% said their injury was minor.
 - 17% said they were not covered, or not aware of entitlement to workers' compensation, or didn't think they were eligible.
 - 7% said it would have a negative impact on their current or future employment (ABS, 2006).

The ABS (2006) also reported the percentage of injured or ill workers receiving compensation included:

- (a) 35% with chronic joint or muscle conditions.

- (b) 10% with stress or other mental illness.

The ABS was contacted for data from the Survey *Work-Related Injuries 2005-06* for Victorian nurses on:

- (a) Reasons for not applying for workers compensation;
- (b) Days or shifts absent from work due to work related injury;
- (c) Percentage of nurses who did or did not apply for workers compensation; and
- (d) The cost of injured workers /nurses being out of the workforce (ABS, 2006).

The ABS advised they were unable to provide any data on Victorian Nurses (ABS, 2007).

Work related injury imposes costs on the employer, the worker, and the community, both directly and indirectly (DEWR, 2003; Industry Commission, 1995a; Johnstone et al; 2004; NOSHHC, 2004).¹⁶ Studies document that much of the cost of work related injury and/or illness falls on the injured and/or ill worker and on the community (ABS, 2007; DEWR, 2003; Industry Commission, 1995; NOSHHC, 2004; PriceWaterhouse Coopers, 2003).

The Industry Commission (1995) estimated that "25% of the total cost of work related injury and disease was due to the direct cost of work related incidents. The remaining 75% was accounted for by indirect costs." (NOSHHC, 2004:2) The Industry Commission reported in 1995 that the burden of costs for work related injury and/or illness was imposed:

- (a) 30% on the employer;
- (b) 30% on the injured and/or ill worker, with severe injuries and/or illness the worker can incur up to 50% of the costs;
- (c) 40% on the community (1995:102).¹⁷

NOSHHC (2004) estimates the total cost of injury to be 3% on the employer, 44% on the injured worker, and 53% on the community.¹⁸

The 3% of total costs of injury on the employer does not include payment of workers' compensation premiums, which were not considered to be a cost to the employer but one distributed as a cost to society (NOHSC, 2004). If workers' compensation premiums were calculated in the total cost of injury to employers, "the total cost borne by employers would be 24% and the cost borne by society would be 35%...economic costs borne by workers would remain the same" (NOHSC, 2004:3).¹⁹

¹⁶ Direct costs include worker's compensation premiums, workers' compensation payments. Indirect costs refer to Appendix 1 and 2.

¹⁷ Based on the workers' compensation figures 1992-93.

¹⁸ The methodology is based on the "ex-post" approach, costs are attributed to incidents after they occur and as a direct result of the incident (NOSHHC, 2004:10).

¹⁹ Methodology is based on the "ex-ante" approach, costs are attributed before incidents occur (NOSHHC, 2004:3).

An example of the transfer of the burden of cost in compensation is the Victorian Workers' Compensation scheme's utilisation of step downs. One objective of step downs is claimed to be to provide injured and/or ill workers with an incentive to RTW.²⁰ Purse (2007:10) argues that "the real role of step downs is not to provide incentive but to artificially reduce workers' compensation premiums for employers at the expense of injured workers' entitlements. Step downs do not reduce work related injury costs, but simply transfer a greater proportion to injured workers and the social security system."

Data was sought from Centrelink, ACOSS and AFDO, on injured and/or ill nurses whose workers' compensation weekly payments had been terminated and on disability pensions.

Centrelink were written to on 11 July 2007, and did not respond. ACOSS and AFDO advised that neither organisation has researched the impact on injured workers of the termination of their workers' compensation payments, including on disability pensions (ACOSS, 2007; AFDO, 2007).

HESTA, an industry superannuation fund for Health and Community Services, was contacted on 12 October 2007 seeking information on disability cover for injured and/or ill nurses whose workers' compensation claims are terminated and who have a limited and/or no capacity for work. HESTA could not provide data on payments related to injuries and illnesses by occupational groups (Soraghan, 2007).

²⁰ Step downs are phased reductions in weekly worker's compensation entitlements. Further information refer to www.worksafe.vic.gov.au/vwa/claimsmanual/default.htm, 9.1.4.1 Compensation rate for each entitlement period.

Appendix 1

Indirect Costs borne by the employer, worker and the community

<i>Indirect Costs</i>	
Employer	Loss of productivity Consequential overtime and cost of over-employment Legal Penalties Investigations of incidents and claims Rehabilitation Damage to a machine, tools, or other property or spoilage of material Replacement of equipment and other materials Employee turnover and training costs Cost of retraining Loss of goodwill and corporate image
Worker	Medical and rehabilitation Loss of income Loss of future earnings Travel to doctor (s) and the like Expenditures consequential to a new lifestyle Loss of leisure opportunities and general decline in the quality of life of the worker and his or her family Loss of self esteem Reduced social interaction and social status Cost to family members of caring for injured workers
Community	Health and medical Social and welfare payments Inspection and investigation Rehabilitation Loss of human capital Community services Travel concessions for workers permanently incapacitated

Source: Industry Commission (1995) *Work, Health and Safety: An Inquiry into Occupational Health and Safety Volume 2*, Commonwealth of Australia.

Appendix 2

Economic costs borne by the employer, worker and the community

Conceptual Group	Total (T)	Employer (E)	Worker (W)	Society (S)
Production disturbance costs	Value of Production (inc overtime)	Overtime premium Employer payments Sick leave	Loss of income prior to RPR, net of compensation, welfare and tax	Compensation and welfare payments transferred to worker for temporary loss of wage; tax losses prior to RPR
Human capital costs	Staff turnover costs Present value of earnings before incident minus earnings after incident	Staff turnover costs Zero	Zero Loss of income after RPR, net of compensation, welfare and tax	Zero Compensation and welfare payments for lost income earning capacity; tax losses after RPR
Medical costs	Medical and rehabilitation costs incurred as a result of the injury	Threshold medical payments	Gap payments Private health insurance payments	Compensation medical payments Public health system payments
Administrative costs	Legal costs	Real legal costs incurred plus fines and penalties	Real legal costs incurred	Real legal costs incurred Deadweight costs of enforcement minus fines and penalties credit.
	Investigation costs	Employer investigation costs	Zero/negligible	Real costs of running the compensation system (including investigation of claims)
	Travel costs	Zero/negligible	Travel costs net of compensation & concessions	Compensation for travel costs Travel concession
	Cost of funeral today's minus present value of future cost	Zero	Net costs of bringing funeral forward	Compensation for funeral costs
Transfer costs	Real deadweight costs of transfer payments (welfare and tax)	Negligible	Zero (accounted for in netting other items)	Deadweight costs of welfare payments (DSP, SA, Mobility Allowance, Rent Assistance)
Other	Suffering/early death	Zero	Suffering, early death (net of compensation)	Deadweight costs of tax losses Compensation payments for same
	Carers	Zero	Carer costs net of carer payments/allowance	Payments to carers plus deadweight costs
	Aids, equipment and modifications	Zero	Aids etc (net cost after reimbursements)	Reimbursement for aids etc plus deadweight cost

Source: Access Economics P/L 2004 Report on "The Costs of Work-related Injury and Illness" in National Occupational Health and Safety Commission, (2004) *"The cost of Work-related injury and illness for Australian Employers, workers and the community"*. Commonwealth of Australia: 12.

References

- Access Economics P/L 2004 Report on "The Costs of Work-related Injury and Illness" in National Occupational Health and Safety Commission, (2004) *"The cost of Work-related injury and illness for Australian Employers, workers and the community"*. Commonwealth of Australia: 12.
- Australian Bureau of Statistics (2007) *"Australian Social Trends Article: Work-Related Injuries"*. Commonwealth of Australia.
- Australian Bureau of Statistics (2007) *"Telephone Correspondence"*, 20.07.07.
- Australian Bureau of Statistics (2006) *"Work-Related Injuries, Australia, 2005/6"*. Commonwealth of Australia.
- Australian Council of Social Services (2007) *"Email Correspondence"*, 20.07.07.
- Australian Federation of Disability Organisations (2007) *"Email Correspondence"*, 23.07.07.
- Australian Safety and Compensation Council (2007a) *"Statistical Data"*. Australian Safety and Compensation Council, Commonwealth of Australia, 13.07.07.
- Australian Safety and Compensation Council (2007b) *"Statistical Data"*. Australian Safety and Compensation Council, Commonwealth of Australia, 26.07.07.
- Australian Safety and Compensation Council (2007c) *"Email Correspondence"*. Australian Safety and Compensation Council, Commonwealth of Australia, 1.11.07.
- Australian Safety and Compensation Council (2006) *"Compendium of Workers' Compensation statistics Australia 2002-03"*. Australian Safety and Compensation Council, Australian Government.
- Heads of Workers' Compensation Authorities (2007) *"Telephone Conversation"*, 4 June 2007.
- Heads of Workers' Compensation Authorities (2006) *"2005/06 Australia and New Zealand Return to Work Monitor"*. Campbell Research and Consulting Pty Ltd, Clifton Hill Victoria.
- Industry Commission (1995) *Work, Health and Safety: An Inquiry into Occupational Health and Safety Volume 1*, Commonwealth of Australia.
- Industry Commission (1995) *Work, Health and Safety: An Inquiry into Occupational Health and Safety Volume 2*, Commonwealth of Australia.
- Johnson, D and Fry, T. (2002) *"Factors Affecting Return to Work after Injury: A study for the Victorian WorkCover Authority"*, Melbourne Institute Working Paper No.28/02, Melbourne Institute of Applied Economic and Social Research, The University of Melbourne.
- Langford, E. (2007) *"Buried But Not Dead 2: A survey of occupational illness and injury incurred by nurses in the Victorian health service industry"*, data analyst Goodyear, M. (unpublished to date). Injured Nurses Support Group, Australian Nursing Federation (Victoria Branch).
- Langford, E. (1997) *"Buried But Not Dead: A survey of occupational illness and injury incurred by nurses in the Victorian health service industry"*, Injured Nurses Support Group, Australian Nursing Federation (Victoria Branch).
- National Occupational Health and Safety Commission, (2004) *"The cost of Work-related injury and illness for Australian employers, workers and the community"*. Commonwealth of Australia.
- Nurses and Midwives e-cohort, (2007) *"Email correspondence"*, 11.07.07.

Nurses and Midwives e-cohort, (2006) *Nurses and Midwives e-cohort Study*, Nurses and Midwives e-cohort, cited 10/10/07 <http://nurses.e-cohort.net/default.cfm>.

Price Waterhouse Coopers (2003) *NSW WorkCover: Health, Return to Work, Social and Financial Outcomes Associated with Different Compensation Pathways in NSW: Quantitative Survey of Claimants*, NSW WorkCover.

Purse, K. (2007) "No Evidence that Step Down Improves RTW Rates: Union SA", www.ohsalert.com.au, 19.06.07.

Soraghan, B. (2007) "Email Correspondence", 12.10.07.

Victorian WorkCover Authority (2007a) "Return to Work Presentation". Victorian WorkCover Authority, Victorian Government, 24.05.07.

Victorian WorkCover Authority (2007b) "Statistical Data", Victorian WorkCover Authority, Victorian Government, 15.06.07.

Victorian WorkCover Authority (2007c) "Statistical Data", Victorian WorkCover Authority, Victorian Government, 25.06.07.

Victorian WorkCover Authority (2007d) "Statistical Data", Victorian WorkCover Authority, Victorian Government, 13.08.07.

Victorian WorkCover Authority (2007e) "Statistical Data", Victorian WorkCover Authority, Victorian Government, 21.09.07.

Victorian WorkCover Authority (2007f) "Email Correspondence", Victorian WorkCover Authority, Victorian Government, 9.10.07.

Victorian WorkCover Authority (2007g) "Statistical Data", Victorian WorkCover Authority, Victorian Government, 19.10.07.

Victorian WorkCover Authority (2007h) "Statistical Data", Victorian WorkCover Authority, Victorian Government, 20.11.07.

Victorian WorkCover Authority, (2006) "Return to Work Sustainability Survey Wave 2 – June 2006". Victorian WorkCover Authority, Victorian Government.