Final Report for the Nurses Return to Work in Hospitals Project
An Australian Nursing Federation (Victorian Branch) Project
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September 2009

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Abbreviations

AC Act – Accident Compensation Act 1985

ANF (FO) – Australian Nursing Federation (Federal Office)

ANF (VB) – Australian Nursing Federation (Victorian Branch)

ANUM – Associate Nurse Unit Manager

DHS - Department of Human Services

NPB – Nurse Policy Branch, Department of Human Services

NUM – Nurse Unit Manager

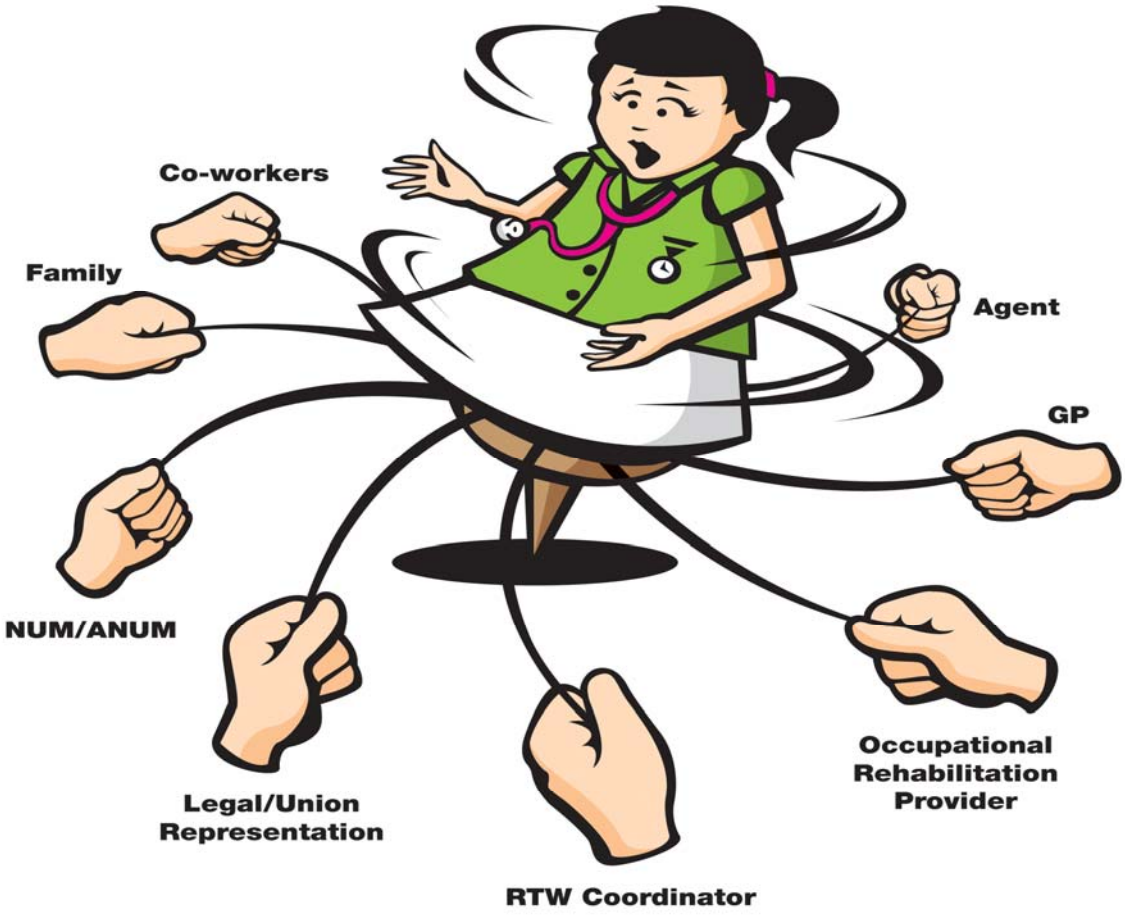
RTW – Return to Work

VNHP – Victorian Nurses Health Program

VWA - Victorian WorkCover Authority

Diagram 1

RTW a dizzying experience



Return to Work?
What a dizzying experience
There are all these people telling me different things
Not telling me anything completely
They all have expectations of how I would, or should, recover
It's all very confusing.

I feel like I am spinning, not really moving
Everyone is pulling me this way, that way or their way
Who should I listen to?

But do they know what I want?
To be healed, to be physically or mentally how I was
To continue working as a nurse this is what I want.

Yet I feel dizzy.

Introduction

> *'You really don't know about RTW processes until you are injured [and] even then it's hard to figure out'* (Urcot, 2009:9).
>
> *'...having an injury I would like more support, understanding from my coworkers and management, as often an injury is an ongoing problem,'* (Urcot, 2009:9).
>
> *'We need to work really hard to change the culture and attitude among nursing staff towards injured/ill nurses returning to work...Nurses are often too quick to doubt and criticise their colleagues.''* (Urcot, 2009:9).

It is the experience of injured nurses in Victoria that led to the Australian Nursing Federation (Victorian Branch), joined by the Victorian Hospitals Industrials Association, the Injured Nurses Support Group and Helen Sutcliffe, Occupational Physician, to instigate participation in WorkSafe Victoria's Return to Work Fund by undertaking the ***Nurses Return to Work in Hospitals Project.***

The ***Nurses Return to Work in Hospitals Project*** is a starting point for change in improving the return to work (RTW) of injured and/or ill nurses in Victoria, it is the first Project of its kind in Victoria, in Australia and even internationally.

Scope of Report

The scope of the Project has been to focus on improving the return to work of injured and/or ill nurses in Victoria, and not on specific injury types.

The Final Report will:

- Provide a background to the development and need for the Project;
- Provide a summary of the key findings based on the research and work undertaken by the Project; and
- Make appropriate recommendations to stakeholders drawing on the work undertaken by, and findings, from the Project.

These will be discussed in further detail below.

Background to the Nurses Return to Work in Hospitals Project

In order to put this report and recommendations into appropriate context, it is necessary to gain an understanding of why the ***Nurses Return to Work in Hospitals Project*** was undertaken.

1.1 Nursing in Victoria

Patients are requiring more expert nursing care than ever before "as illnesses have shifted from acute to chronic requiring more intense hospital care" (Hogan et al, 2007:190). Patients are sicker, their lengths of stay are shorter, and there is an increase in turnover rates of patients which has impacted on the workload and productivity of nurses in acute hospital settings (AHWAC, 2004; cited in Hogan et al, 2007). The consequence, for many nurses working in this environment, is the increasing risk of physical and/or psychological injury.

> "*…The injury changes everything…'* (Urcot, 2009:19).

1.2 Minimising the risk

Prior to the ***Nurses Return to Work in Hospitals Project*** there was an understanding of nurses' return to work experiences which had been gauged from Buried But Not Dead (BBND) which reported the findings of a survey of injured nurses in Victoria (Langford, 1997).

> *"There are a lot of things which you are not told about until you consult someone for information regarding your entitlements. The employer has different ideas than the doctors regarding rehabilitation. Some colleagues make it very hard for you to return to work. You feel like you are not really wanted there any more"* (Langford, 1997:93).

BBND (Langford, 1997) supported by other research studies, further highlighted the number of hazards Nurses are exposed to every working day, which includes:

- Violence, aggression and bullying in the workplace;
- Shiftwork, poor rostering and staffing of shifts;
- Hours of work/fatigue;
- Chemical hazards eg. Glutaraldehyde, cytotoxics;
- Psychological injury/stress;
- Blood borne and other infectious diseases;
- Needlestick, scalpel cuts; and
- Repetitive manual handling (ANA, 2001; ANF (FO), 2002; ANF (FO), 2006;

Health Canada, 2005; O'Brien-Pallas et al, 2004; RCN, 2005; Yassi et al, 2005).

Policies and Practices have been developed and adopted by industry in response to these identified hazards – No Lifting Policy, On-Site Decontamination Facilities, Professional Debriefing – post critical incident, Workplace Bullying and Harassment, and Zero Tolerance (Occupational Violence and Aggression) Policy, to name a few. The most notable is the No Lifting Policy which was initiated in 1998 to address the high proportion of back injuries sustained by nurses in their work, after the full extent of this problem had been highlighted in Buried But Not Dead (DHS, 2004c).

1.3 Reporting of Injuries

Whilst much work has been undertaken to minimise the risk of injury, Langford (1997), American Nurses Association (2001), Royal College of Nursing (2003), and Health Canada (2005) identified the underreporting of injury in their surveys.

> *"…People believe it is a fault scheme because they haven't utilised appropriate equipment, there is a guilt factor and as a consequence don't report the incident to not get yelled at…" (ANF (VB), 2009e).*

Nurses are underreporting injuries due to the perceived stigma of lodging a workers compensation claim. RTW Coordinators advised (sic):

> *"…Nurses tend to think they will be ok, self diagnose and they leave it rather than report or access treatment…If the injury and/or illness is not bad enough its ok, they won't report niggles….Where they report incidents they don't like to put in WorkCover claims due to the perceived stigma and would rather take sick leave…" (ANF (VB), 2009c:19).*

One nurse advised:

> *"…You don't want to have to put this on your CV to hinder you from future employment. You don't want to be labelled as an aging nurse - that makes you a liability, the nursing culture is not one to whinge and complain but to get on with it. There is a perceived shame in lodging a claim. Low confidence to raise the issue of injury, don't want to rock the boat, so you blame injury on personal incidents and get used to the pain and tolerate it…"*(ANF (VB), 2009c:20).

Furthermore, nurses advised they didn't want to be "*away from their colleagues and patients*" (Urcot, 2009:20). Consequently the care of the patient and their work colleagues are given higher value, and they often continue to work when injured (Charney

and Hudson, 2004; Crout et al, 2005). O'Brien-Pallas et al (2004) identified that where nurses continue to work despite the presence of neck, shoulder, back and buttock pain and are emotionally exhausted, they are putting themselves at greater risk of injury.

As outlined above, policies and practices have been developed, and continue to encourage methods, to address the underreporting of injury. This remains an ongoing concern, and there has been limited work to address the "stigma" of reporting.

1.4 The Cost of Injury

The financial impact of injury on nurses is alarming. Studies have identified that much of the cost of work caused injury and/or illness falls on the injured and/or ill worker and on the community (ABS, 2007; DEWR, 2003; Industry Commission, 1995; NOSHC, 2004; PriceWaterhouse Coopers, 2003). The Industry Commission reported in 1995 that the burden of cost for work related injury and/or illness was imposed accordingly:

(a) 30% on the employer;
(b) 30% on the injured and/or ill worker – with severe injuries the worker can incur up to 50% of the costs;
(c) 40% on the community (1995:102).[1]

NOHSC (2004) estimates the total cost of injury to be 3% on the employer, 44% on the injured worker, and 53% on the community.[2]

> *'Some used their sick leave rather than make claims through WorkCover. Nurses…spoke of the delay in getting payment through insurance…the delay in receiving the money meant…they…were out of pocket for some time hence putting a strain on the family finances' (Urcot, 2009:22).*

The full social and economic impact of workplace injury and illness is not known as this is not recorded officially (Burton et al, 2002). Furthermore, there is limited knowledge of the affects of compensated work caused injuries on the injured and their families (Adams et al, 2002; Dembe; 2001).

The only quantitative evidence of this impact is sourced from BBND, where 75% of respondents reported they were financially affected by their injury and/or illness (Langford, 1997). This continues to be the case as highlighted in the BBND2 Survey, conducted in 2007, where 87% of injured and/or ill nurses have reportedly suffered financial hardship as a direct consequence of their work caused injury and/or illness (Langford, 2007). BBND2 Survey reports that 74% of injured and/or ill nurses estimate

[1] Based on the workers' compensation figures 1992-93.
[2] 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 (NOHSC, 2004:10).

their loss of income to be greater than 26% of pre-injury earnings (Langford, 2007). The economic and social costs of work related injury and/or illness to nurses far exceed compensation payments.

1.5 Ageing Workforce

The impact of the loss of experienced nurses to retirement is of concern (Hogan et al, 2007), as nationally 46.5% of nurses are over the age of 45 (ANF (FO), 2006), and in Victoria the average age of nurses is approximately 42 years (ANF (FO), 2004; DHS, 2004a).

However, there is limited acknowledgement of the connection of the ageing workforce to the loss of nurses due to injury and/or illness. For the 2004/05 calendar year there was 1135 compensated injuries to nurses in Victoria, 11% of the national figure, (ASCC, 2007). 58% of injuries were sustained in 40-55 age group in Victoria, compared to the national figure of 52% (ASCC, 2007; VWA, 2007).

What is acknowledged is that many nurses will want to retire due to the intensification of nursing workloads and the increasing risk of injury, as "nurses' will be physically and mentally unable to extend their working lives despite the community need" (ANF (FO), 2006:3). Providing yet another stream in which nurses will be exiting the profession.

1.6 Recruitment and Retention of Nurses

On 15 January 2008, the Federal Government, took the first steps towards fulfilling its commitment to increase the number of nurses in our health and aged care system by more than 10, 000 within 5 years (DoHA, 2008). The Federal Government reported that "there is approximately 30,000 qualified nurses in Australia who are currently outside the nursing workforce" (DoHA, 2008:1). The Government's plan is to encourage nurses to return to nursing in Australian hospitals (DoHA, 2008).

Whilst there is this impetus for the encouragement of nurses returning to the nursing profession, there appears to be a lack of acknowledgement and/or research into the reasons nurses leave the profession.

DHS (2004b:86) identified the "key reasons for attrition in the nursing workforce are nurses retiring, exiting due to family reasons or leaving for other forms of employment". The NSW Workforce Research Project (Nursing and Health Services Consortium, 2000) identified however that 6.7% of nurses leave nursing due to health concerns and work related injury. Unhealthy work environments affect nurses' physical and psychological health through the stress of heavy workloads, long hours, low professional status, difficult

relations in the workforce, problems carrying out professional roles and a variety of workplace hazards (ANF (FO), 2006; Baumann, 2007; ACIRRT, 2002).

The Victorian WorkCover Authority (VWA) Business Plan 2006/7 identified health – hospitals, nursing homes, health centres and ambulance services – as a key industry sector with high risk, high injury rates and high volumes of injury (VWA, 2006). For the period 2000 to 2006 there were 7,688 nurses injured in Victoria and yet there is no data collected on how many nurses are lost to the nursing profession due to injury (ASCC, 2007; VWA, 2007). The consequence is that many nurses are lost to the profession, impacting them personally and professionally, which in turn leads to cost increases in the recruitment of nurses for health organisations.

1.7 It is the Workers Compensation System that Injures

It is the workers compensation system that injures, the physical or psychological injury itself is only a small part of the impact of the injury/illness. From the experiences of those who assist injured/ill nurses, the arising issues relate to (sic):

- Nurses being unaware of their entitlements;
- Lack of communication about workers compensation and return to work processes;
- Incorrect pay; and
- Employers not assisting and supporting the nurses to return to work in an effective manner (ANF (VB), 2009a).

The effect of this is that many nurses have to spend energy focusing on the system and not on recovery, which in turn impacts on their injury. Korzycki's et al (2006:281) study reinforces this as injured workers efforts are "spent on resolving system tensions rather than moving forward in their RTW journey."

In understanding the workers compensation system in Victoria it is important to note that the system has conflicting goals: on the one hand workers compensation is an entitlement of employment and is therefore a protection for workers when work injury occurs "out of or in the course of employment" (S82, Accident Compensation Act 1985), and, on the other hand wanting to appease employers for instance through premium reductions and minimisation of the requirement to provide suitable duties to 52 weeks (Purse, 2000). The need for this balance however leads to systemic imbalance, as the desire to treat all parties equally is an oxymoron in this context. WorkSafe Victoria however would argue this is necessary, as their objective is to balance relationships to ensure all parties' needs are met equally (RTW Fund Forum, 2009).

Furthermore as highlighted in Diagram 1, there are many stakeholders involved in the RTW of an injured nurse, each with their own expectations, which impact on the injured nurse (Korzycki et al, 2006). Each stakeholder is working to meet their own expectations, each demonstrating a reluctance to work in the first instance with the injured nurse and then with each other (ANF (VB), 2008a). It can feel to the injured nurse that they are being pulled in multiple directions but they are never actually moving anywhere.

It is in this context of this nursing environment and the impact of work related injury and/or illness on nurses that the ANF (VB), joined by the Victorian Hospitals Industrials Association, the Injured Nurses Support Group and Helen Sutcliffe, Occupational Physician, made the decision to apply for funding from WorkSafe Victoria through their RTW Fund to undertake the ***Nurses Return to Work in Hospitals Project*** in 2007.

2. Nurses Return to Work in Hospitals Project

The ANF (Vic Branch) undertook a major RTW Project for three years, through funding received from the WorkSafe Victoria RTW Fund. The ANF (Vic Branch) is joined in the project by the:

- Victorian Hospitals' Industrial Association, representing employers in public and private health care facilities;
- Injured Nurses Support Group, representing injured and ill nurses; and
- Dr Helen Sutcliffe, providing additional experience of injured and ill nurses.[3]

Injured and ill nurses who want to return to their profession are often prevented due to poor rehabilitation and return to work practices.

The aims of the Project in the Hospital Sector were to:

i. Identify barriers to and factors for successful return to work.
ii. Promote early and proactive return to work.
iii. Achieve meaningful, productive, safe and durable return to work.
iv. Identify strategies to support long-term injured nurses.
v. Promote a holistic approach to rehabilitation and return to work.

The Project's objective was to assist the Hospital Sector to:

i. Improve rehabilitation and return to work outcomes.
ii. Reduce the human and financial costs of injury and illness.
iii. Reduce the loss of skilled nurses and the associated costs of nurse shortages, recruitment and training.
iv. Promote recruitment and retention.

The Project involved three Phases which will be outlined below.

[3] The Project partners participated in a steering committee, which met bi-monthly, and assisted in providing:

- Oversight of the Project.
- Assistance with consultation and publicity for the Project.
- Assistance with information for the Project.
- Support of dissemination of information and outcomes from the Project through their respective organisations and constituents.

2.1 Phase A – Identification of barriers to and factors for successful return to work for nurses

Phase A involved the identification of barriers to and factors for successful return to work for nurses, which involved compiling a number of reports:

2.1.1 Literature review of Barriers to and Factors for Successful Return to Work[4]

The objective of the *Literature Review* was to provide a review of published sources on RTW to assist in identifying the barriers to and factors for successful RTW of injured and/or ill nurses.

The method utilised to conduct this review included:

1. Review of Australian workers' compensation jurisdictions, publications and websites;[5]
2. Identification of studies relating to return to work of injured and/or ill nurses in Victoria, Australia and Internationally; and
3. Identification of studies in hospitals of return to work for injured and/or ill nurses.

The *Literature Review* identified the limited sources on RTW of nurses specifically following work related injury and/or illness, however the experiences of injured and/or ill workers in general is relevant to nurses' experience.

2.1.2 Initial Report on Barriers to and Factors for Successful Return to Work for Nurses

The *Initial Report on Barriers to and Factors for Successful Return to Work for Nurses* drew on the research identified in the *Literature Review.* The objective was to highlight the factors for successful RTW and to only highlight those barriers to successful RTW where there was no identified solution.

2.1.3 Report on Experiences of Injured and Ill nurses: Return to Work Data

The Project sought data from the Australian Safety and Compensation Council (ASCC) and from the Victorian WorkCover Authority (VWA). The data received was mainly workers' compensation data, and not RTW data, as there is limited data specifically on the RTW experience of Victorian nurses (ANF (VB), 2007c).

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[4] Refer to Attachment 1 for a detailed list of publications, guides and resource tools developed by the ***Nurses Return to Work in Hospitals Project***.

[5] Electronic Databases - CINAHL, MEDLINE, COCHRANE DATABASE of SYSTEMATIC REVIEWS, EBM Reviews, Expanded Academic ASAP, Journals@OVID full text, PsycINFO, Proquest 5000. A general internet search was undertaken, and references of key documents were also scanned for relevant studies. The objective was to identify original research published in English. The key words searched by were: return to work, injury, workplace injuries, occupational injuries, injured nurses, injury management, disability management, workers compensation, rehabilitation, vocational rehabilitation and barriers. These key words were exploded and all word combinations were applied in the searches.

Outlined below are key findings from the Report:

- 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 greater than 20 days in 2006 (calendar year).
- 20% of injured and/or ill nurses did not have a required RTW plan in 2006 (ANF (VB), 2007c).

The data is limiting due to the lack of direct RTW data. Furthermore what data is available is focused on cessation of workers compensation payments and not on the actual RTW of an injured worker, which has the effect of skewing the RTW data (Johnson and Fry, 2002; Price Waterhouse Coopers, 2003). This in turn disables the ability to gauge a true picture of injured workers RTW.

2.1.4 Report on Experiences of Injured and Ill Nurses: Return to Work Focus Groups

The objective of the RTW Focus Groups was to provide injured and/or ill nurses with an opportunity to discuss the barriers to and factors for suitable return to work (ANF (VB) 2007d).

Nurses advised they 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 (ANF (VB), 2007d).

2.1.5 Report on Consultation with Key Organisations on Return to Work

The Project sought to understand the barriers to and factors for successful RTW from key organisations, which included consultation with medical and allied health professionals, agents, legal practitioners, nurse educators and government organisations.[6]

From the consultations it was clear that each stakeholder group was focused on their role in the RTW process rather than applying an holistic approach to RTW.

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 (ANF (VB), 2008a).

The research, in Phase A, assisted the Project in providing direction in undertaking a Pilot Program in five Victorian Hospitals.

2.2 Phase B – examine the feasibility of a Catalogue of RTW duties and Employment Opportunities, and undertake a Pilot Program in Five Victorian Hospitals

Phase B of the Project had two distinct objectives, these being to:

1. Examine the feasibility of a catalogue of RTW Duties and Employment Opportunities; and
2. To develop and implement a pilot program in five Victorian hospitals.

2.2.1 Report on and examine the feasibility of a Catalogue of RTW duties and Employment Opportunities

The Project sought to examine the feasibility of a Catalogue of RTW Duties and Employment Opportunities to support return to work planning.

[6] The views of employers and RTW Coordinators on the barriers to and factors for successful RTW were explored in the *Report Pilot Program in 5 Victorian Hospitals* (ANF (VB), 2009a).

The Report identified:

- No evidence and/or research on the application and implementation of a Catalogue of Return to Work Duties to support return to work planning.
- Impossibility within the scope of the report to examine the economic feasibility of a Catalogue of Return to Work Duties and Employment Opportunities to support return to work planning.
- Issues in identifying return to work duties for nurses to return to work in their pre-injury role.
- An hypothesis for identifying RTW duties.
- Issues with the retainment of injured and/or ill nurses in the nursing profession following a work related injury and/or illness.
- Internal Vocational Rehabilitation as a proposed solution for retaining injured and/or ill nurses in the nursing profession.
- A need for a resource to assist nurses in identifying employment opportunities in the nursing profession.
- Concerns raised by health organisations of the validity of a Catalogue of Return to Work Duties.
- Support for a change management strategy for RTW rather than a Catalogue of Return to Work Duties (ANF (VB), 2008b).

The Report recommended the:

- Development and application of the “bottom up” hypothesis for identifying RTW duties, to assist where possible nurses to remain in their clinical role.
- Development and application of internal vocational rehabilitation – explored in the Pilot Program in Five Victorian Hospitals.
- Development of resource tools for identifying Nursing Employment Opportunities for injured and/or ill nurses (ANF (VB), 2008b:1).

The Project was then able to further implement these recommendations through the development of:

- Guidance on applying the “bottom up” hypothesis for identifying RTW duties; and
- A Resource tool for identifying Nursing Employment Opportunities for injured and/or ill nurses.

2.2.1.1 Guidance on Return to Work Duties

The ***Nurses Return to Work in Hospitals Project*** identified, in Report Six *Examine Feasibility of a Catalogue of Return to Work Duties and Employment Opportunities to Support Return to Work Planning,* that a "bottom up" approach should be tested to identify suitable RTW duties, recognising that:

- Nurses in their own ward are the most appropriate people for identifying hazards and solutions in their work environment;
- Nurses have the knowledge of their roles, responsibilities and the work environment to identify RTW duties (ANF (VB), 2008b).

> *'…Nurses wanted to be involved in developing this resource tool, they recognised the value to them as nurses regardless of whether they have had a work related injury/illness or not, they recognised the importance of RTW duties being real nursing duties…'* (Begg, 2009:4).

Fiona Begg, Occupational Health and Safety Consultant, in consultation with the ***Nurses Return to Work in Hospitals Project*** developed guidance for health care facilities based on the "bottom up approach" in identifying suitable return to work duties. The objective was to develop a resource tool with samples of duty demand evaluations for use in the RTW process.

> *"…I think this is brilliant that this pilot is being done. I felt awful when I returned to work after my injury because I was shoved into doing filing and paperwork. If I had wanted to do that, I wouldn't have become a nurse! It was really demeaning…"* (Begg, 2009:68).

The aim of the Guidance on Return to Work Duties was to develop:

- A holistic, proactive approach to the identification of return to work duties for injured and/or ill nurses;
- A "bottom up" approach, driven by direct care nurses, while securing support from senior management and promoting a 'whole of hospital' approach;
- A simple and sustainable process that can be facilitated in house, without an expert, wherever possible;
- An approach that promotes a link between OHS injury prevention and improved RTW;
- A process that maximises what nurses can, rather than can't do (Begg, 2009).

The Valley Private Hospital, a member of the Healthe Care Group volunteered to assist in developing the Guidance on Return to Work Duties.[7]

> *'…The Guidance on Return to Work Duties has provided a mechanism of understanding for NUMs/ANUMs that injured/ill nurses can return to work, that is productive work for the injured/ill nurse. It is now clearer that we are all working together. Injured/ill nurses don't feel so isolated, feel productive and can do their jobs…'* Glenda Wharton, RTW Coordinator, Healthe Care Group (ANF (VB), 2009b).

2.2.1.2 Guide to Nursing Roles and Employment Opportunities in Nursing for Injured and/or Ill Nurses in Victoria

Nurses informed the ***Nurses Return to Work in Hospitals Project*** that they want to be assisted to remain in the nursing profession following a work related injury/illness where it is identified that they are unable to return to their pre-injury role and/or clinical role. Research has also identified the difficulty for nurses in being retained in the nursing profession following a work related injury and/or illness (ANF, 2007d).

The ***Nurses Return to Work in Hospitals Project,*** Project Officer, in consultation with Bronwyn Carter RN Grad.Cert Rehab, MPH (Student), developed a resource tool for identifying nursing roles and employment opportunities. The objective was to identify employment opportunities within the nursing profession for injured and/or ill nurses.

Linda Newby, Injury Management Coordinator, for Ballarat Health advised the Project that she was already utilising the Guide and that they were very excited about the Guide and its application. She advised she had already utilised the Guide to assist an injured nurse.

> The injured nurse '*…was in a really bad mind state. She (had) thought her life was over. (The guide) really got her thinking about her options. She has chosen a community nursing role, we have put forward training (which) should be approved soon. She is a different person…'* (ANF (VB), 2009b).

2.2.4 Pilot Program in Five Victorian Hospitals

As a component of the ***Nurses Return to Work in Hospitals Project***, it was proposed to undertake a Pilot Program with five hospitals in Victoria.

> '*…The RTW Coordinators spoke with high regard about the Pilot… saw their participation as an opportunity; some to enhance their practice and procedures, others to build them…'* (Urcot, 2009:15).

[7] The Guidance on Return to Work Duties can be accessed at www.NursesRTW.com.au

'…For some hospitals the Pilot offered a mechanism for engagement in RTW and rehabilitation that had not existed before…' (Urcot, 2009:15).

'…One of the additional benefits of this Pilot has been the opportunity for RTW Co-ordinators to get together, to share ideas and discuss practices that work well for them…' (Urcot, 2009:15).

The Pilot Program Report:

- Defined Return to Work;
- Provided a background to the development of the Pilot Program;
- Outlined the development of a Model to Pilot;
- Applied the Pilot Program in 5 Pilot Hospitals; and
- Undertook three case studies in the Pilot Hospitals (ANF (VB), 2009c).[8]

'*…All hospitals thought that elements of the draft RehabMoC were valuable…'* (Urcot, 2009:15).

The Project strategy for the Pilot Program at the macro level was focused on the development of the RehabMoC to provide a framework for the management of injury, and at the micro level was focused on the development of usable resources driven by injured nurse analysis. These strategies have led to the development of practical, useful and relevant tools for the management of workplace injury for the benefit of injured nurses and their employers.

2.3 Phase C – Evaluation of the Pilot Program and Publication of Best Practice Material

Phase C of the Project involved the Evaluation of the Pilot Program in five Victorian Hospitals and the publication of best practice material, which will be outlined below:

2.3.1 Evaluation Report: *Nurses Return to Work in Hospitals Project* Pilot Program

The objective of the evaluation was to report on whether the RehabMoC is a workable and effective model, designed to facilitate:

a) Communication between all parties;

[8] The Three Case Studies were:
1. Developing and applying training and education in three of the Pilot Hospitals.
2. Developing and applying internal vocational rehabilitation in three of the Pilot Hospitals.
3. Developing tools for Medical Practitioners on their roles and responsibilities for return to work in conjunction with one of the Pilot Hospitals.
The Case Studies can be accessed at www.NursesRTW.com.au

b) Recovery from work related injury;
c) Early, safe, sustainable, meaningful and durable RTW; and
d) Prompt resolution and minimisation of disputes.

The intent during the investigations was to seek feedback on whether the Pilot had been useful, what the learnings had been from the Pilot and to establish whether attitudinal change had occurred and if so, in what way (Urcot, 2009).

> *'…one hospital in particular believed that significant positive cultural change had occurred as a result of the Pilot. This was corroborated by the nurses, the NUMs and ANUMs…'* (Urcot, 2009:15).

The following is a summary of the findings:

1 The draft Rehabilitation Model of Care (RehabMoC) represents a significant step forward in the management and support of injured or ill nurses rehabilitation and return to work.
2 Those that approached the Pilot Program holistically and had the opportunity to access the support and resources that the Pilot offered, and those hospitals in which there was active involvement by hospital staff in the Pilot, claimed the most success.
3 Survey results suggest that nurses have little knowledge or awareness about RTW, and that a significant proportion of nurses believe that workplace injury and/or illness and RTW and rehabilitation practices lead to increases in the workload of non-injured nurses.
4 Statistical data from hospitals was difficult to obtain. The reasons for this included:

- Inadequacy in the hospital systems which prevented access to the data;
- The difficulty and time investment required in disaggregating the data and distinguishing nurses from other workers;
- Some statistical data sets requested are not kept by hospitals;
- Changes in staff and management which meant data was not available; and
- Reluctance amongst hospitals to release information.

5 The Gap Analysis revealed a consistent gap between RTW legislative obligations and the draft RehabMoC, as the requirements of the RehabMoC are above and beyond the existing RTW legislative obligations.
6 One of the clear implications of the Pilot is the importance of education.
7 The case study for Training and Education for Nurse Unit Managers (NUMs) and Injured Nurses was viewed as productive.
8 The case study for Development of Guidelines for Medical Practitioners is expected to be useful for some doctors. Whether the guidelines are adopted by doctors will

depend on educational support that they receive during its introduction and the extent of the intervention by WorkSafe (Urcot, 2009:8).

2.3.2 Development of Best Practice Material

The ***Nurses Return to Work in Hospitals Project*** has developed the following resources which the ANF (VB) considers to be 'Best Practice Material':

1. Rehabilitation Model of Care for Injured and/or Ill Nurses in Victoria.
2. Guidance on Return to Work Duties.
3. Brochure for Nurses "Injured at work? Advice for Injured and/or Ill Nurses".
4. Training material for NUMS/ANUMS and Nurses in rehabilitation and return to work.
5. Training material for RTW Coordinators, which is an extension of the current training provided to RTW Coordinators.
6. Training material for Union organisers in rehabilitation and return to work.
7. Internal vocational rehabilitation sample policy and procedures, and assessment report.
8. Guidance material for Medical Practitioners on their role in rehabilitation and return to work.
9. Guide to Nursing Roles and Employment Opportunities – "It's my career: I'm taking charge".

These resources can be accessed at www.NursesRTW.com.au.

3. Recommendations

This section will outline the recommendations and supporting evidence which have evolved from the work of the ***Nurses Return to Work in Hospitals Project.***[9] These will be directed to the following Groups/Organisations:

- WorkSafe Victoria;
- Australian Nursing Federation (Victorian Branch);
- Hospitals;
- Nurses Board of Victoria;
- Nurse Policy Branch (Department of Human Services);
- Nurses, Associate Nurse Unit Managers, Nurse Unit Managers; and
- Educational Institutions.

The ***Nurses Return to Work in Hospitals Project*** will correspond with each of the Groups/Organisations requesting their support/modifications/not supporting response to the recommendations by February 2010. The responses will then be published on the ***Nurses Return to Work in Hospitals Project*** webpage www.NursesRTW.com.au.

3.1 All Groups/Organisations - Recommendations 1-4

The Australian Nursing Federation (Victorian Branch) and Project partners, endorse the Final Report and the following recommendations.

Recommendation 1

The ***Nurses Return to Work in Hospitals Project*** recommends that the recommendations to:

- WorkSafe Victoria;
- Australian Nursing Federation (Victorian Branch);
- Hospitals;
- Nurses Board of Victoria;
- Nurse Policy Branch (Department of Human Services);
- Nurses, Associate Nurse Unit Managers, and Nurse Unit Managers; and
- Educational Institutions.

be supported and implemented.

[9] Please note supporting evidence for each recommendation will be made with the stated recommendation defined below this.

Recommendation 2

All parties to the rehabilitation and return to work process understand and recognise the link between OHS prevention/safe work environment and early, effective and sustainable return to work, and that they put the necessary mechanisms in place to support this at all levels of the rehabilitation and return to work process.

Recommendation 3

All parties understand and recognise improved rehabilitation and return to work of injured/ill nurses as an important component of nurses' recruitment and retention, particularly in the context of a chronic nurse shortage, and ageing workforce and population.

Recommendation 4

All parties promote the Rehabilitation Model of Care and its associated guidelines, tools and resources developed in this Project, as a critical component of future strategies to support nurse recruitment and retention at the workplace and broader system levels.

3.2 WorkSafe Victoria

3.2.1 Rehabilitation Model of Care for Injured and/or Ill Nurses – Recommendations 5 to 7

For something that is considered quite simple it is evident that it is actually quite difficult to define RTW, which inadvertently leads to RTW being defined in an ambiguous manner. To focus solely on RTW is flawed, as this fails to acknowledge the number of phases that an injured nurse will go through as part of the rehabilitative process following a workplace injury and/or illness (Friesen et al, 2001; Young et al, 2005). In focusing on RTW this also takes focus away from the individual with the work related injury, therefore taking the human out of the process. As a consequence it is limiting to focus solely on RTW.

The ***Nurses Return to Work in Hospitals Project*** defines return to work as one component of Rehabilitation. RTW therefore means, in this context, return where possible to the pre-injury role following a workplace injury.

The ***Nurses Return to Work in Hospitals Project*** defines rehabilitation as:

> The restoration of the injured to their fullest physical, mental, social, vocational and economic capabilities, it begins from the moment of injury or disease and continues until the nurse returns to meaningful and productive employment.
>
> To achieve maximum recovery rehabilitation should therefore include:
>
> (i) The physical, social and psychological rehabilitation of the injured and/or ill nurse and assistance in returning them to their work as nurses;
> (ii) A commitment to recovery and return to work from both the employer and injured nurse;
> (iii) Provision of meaningful, productive, safe and durable return to work of injured and/or ill nurses identified through consultation with the injured/ill nurse, their employer, treating doctor and other key stakeholders;
> (iv) Early identification of those injured and/or ill nurses who cannot or potentially will be unable to return to their pre-injury nursing role and assistance provided for training and re-skilling to achieve meaningful and productive alternative employment with potential to achieve similar income to that prior to injury/illness;
> (v) Strategies for long term injured nurses who will never return to work in any capacity and this must encompass quality of life to the maximum possible level; and

(vi) The linking of rehabilitation with prevention of injury and/or illness to nurses in hospitals (ANF (VB), 2009d:3-4).

Recommendation 5

WorkSafe Victoria to incorporate changes to the AC Act to include a holistic approach to the management of workplace injury, defining the rehabilitation of an injured worker with RTW as one component, as defined in the RehabMoC.

The Hanks Review, a recent review of the Victorian Workers Compensation System.[10] Recommendation 19 states:

> "The AC Act should include a set of principles that apply to return to work. The principles would help guide employers, injured workers and other stakeholders in interpreting the legislative requirements, and foster the type of relationship between the various stakeholders that is essential to a successful return to work process" (WorkSafe Victoria, 2009b).

Recommendation 19 has been supported by the Government (WorkSafe Victoria, 2009b).

The Rehabilitation Model of Care (RehabMoC) for Injured and/or ill Nurses in Victoria provides a comprehensive model for rehabilitation and return to work of injured nurses based on a holistic, multi-faceted approach, and is targeted towards employers, nurses and others who participate and/or play a role in the rehabilitation and return to work of injured and/or ill nurses.

The RehabMoC is underpinned by the following principles:

- A non-adversarial approach to manage injuries which encourages early reporting, injured worker advocacy, and facilitation of care.
- Preventative measures applied through policy and practice to prevent injury in the workplace.
- A psychosocial approach to the management of injuries, with the objective to:
  - i. Build supportive relationships;
  - ii. Be considerate;
  - iii. Tend to psychological and emotional needs of injured workers.
- Early intervention is critical. Rehabilitation should commence as soon as possible following injury regardless of determination of liability.
- All parties, including the worker, should:

[10] For information on the Hanks Review refer to www.compensationreview.vic.gov.au.

i. View recovery and return to work as the primary goals following a workplace injury and/or illness.
ii. Have a shared commitment to these goals; and
iii. Work together through co-operation, collaboration and consultation to achieve these goals.

- Rehabilitation will include maintenance of the relationship between the employer and the injured nurse.
- Recognition of the differing phases of rehabilitation.
- Support for long term injured nurses to promote the recovery and restoration of their functional capabilities, return to work and/or employability and/or quality of life, to the maximum possible level.
- All parties, particularly the injured nurse, their employer and medical practitioner should have access to information and support in order to clearly understand their roles, rights and responsibilities.
- Provision of sustainable, safe, meaningful and durable duties.
- Competent, knowledgeable and authoritative return to work coordinator and line management.
- Active involvement from Boards and senior management, particularly in:
  i. Awareness raising regarding injury and consequence of injury;
  ii. Adopt fair, equitable and non-discriminatory policies that support injured and/or ill workers.
  iii. Budget appropriately.
- Continuous evaluation and improvement (ANF (VB), 2009d:10-11).

Recommendation 6

WorkSafe Victoria to incorporate changes to the AC Act to include a set of principles that apply to rehabilitation and return to work, consistent with those defined in the RehabMoC. The principles should extend to the adoption of a Guide, the Rehabilitation Model of Care, for employers, injured workers and other stakeholders in interpreting the legislative requirements, and foster the type of relationship between the various stakeholders that is essential to the successful rehabilitation and return to work of injured workers, based on the RehabMoC principles.

The Hanks Review Recommendation 21 states:

“The VWA should, in consultation with stakeholders, develop subordinate instruments that set out how to comply with the requirements imposed by the principal legislation, and deal with issues such as:

- how employers should plan for a worker's return to work, including the development of more formal plans for workers who remain incapacitated for longer periods;
- how and when employers should consult with injured workers and treating practitioners;
- what policies and procedures should be maintained by employers to manage return to work and occupational rehabilitation in their workplaces;
- how those policies and procedures should be made available to workers;
- how employers should maintain a safe and healthy working environment for workers returning to work following injury;
- how each of the participants in the return to work process (employers, workers, health and safety representatives (HSRs), treating practitioners and the VWA) should work together to promote return to work outcomes;
- how host employers should cooperate with labour hire agencies on return to work; and
- what constitutes reasonable efforts to return to work by a worker" (WorkSafe Victoria, 2009b).

Recommendation 21 has been supported by the Government (WorkSafe Victoria, 2009). The RehabMoC provides the above instruments.

Recommendation 7

WorkSafe Victoria, ratifies and endorses the RehabMoC as its preferred model, as aligned with Hanks Review Recommendation 21.

3.2.2 Guidance Materials and Resource Tools – Recommendations 8 to 14

The ***Nurses Return to Work in Hospitals Project*** has developed the following resources:

1 Rehabilitation Model of Care for Injured and/or Ill Nurses in Victoria.
2 Guidance on Return to Work Duties.
3 Brochure for Nurses on "Injured at work? Advice for Injured and/or Ill Nurses".
4 Training material for NUMS/ANUMS and Nurses in rehabilitation and return to work.
5 Training material for RTW Coordinators, which is an extension of the current training provided to RTW Coordinators.
6 Training material for Union organisers in rehabilitation and return to work.

7 Internal Vocational Rehabilitation sample policy and procedures, and assessment report.
8 Guidance material for Medical Practitioners on their role in rehabilitation and return to work.
9 Guide to Nursing Roles and Employment Opportunities – "It's my career: I'm taking charge".

These resources were utilised as part of the ***Nurses Return to Work in Hospitals Project***, and are currently still being utilised by hospitals who participated in the Pilot Program.

Recommendation 8

WorkSafe Victoria endorses, publishes and promotes the resources developed from the ***Nurses Return to Work in Hospitals Project*** for access by all hospitals and sectors of the health and aged care industry, and that this is coupled with investment in implementation.

Recommendation 9

WorkSafe Victoria develops and adapts the resources from the ***Nurses Return to Work in Hospitals Project*** to be utilised across industry.

The RehabMoC has defined resource tools to assist RTW Coordinators in the explanation of workers compensation, rehabilitation and return to work to injured nurses. The following tools were developed:

- Overview of the Workers Compensation Claim Process;
- Overview of Employer RTW legislative obligations;
- Overview of Injured Nurses RTW legislative obligations 93Ca and 93 CB;
- Overview of Roles and Responsibilities; and
- Overview of Entitlements.

The tools are one page and are written in a simple manner. The objective was for these tools to assist RTW Coordinators be transparent in the information provided to injured nurses on workers compensation, rehabilitation and RTW.

Recommendation 10

WorkSafe Victoria publishes all of the resource tools developed for the Rehabilitation Model of Care for access by all hospitals and across all industries, (including all sectors of the health and aged care industry) and that this is coupled with investment in implementation, including personnel, time, funding, training and other resources.

Recommendation 11

WorkSafe Victoria develops and adapts the resource tools to be utilised across industry, including all sectors of the health and aged care industry.

The Rehabilitation Model of Care developed a Rehabilitation Management Plan, which promotes the involvement of the key stakeholders, injured nurse, their NUM/ANUM, medical practitioner and RTW Coordinator in the development of the plan. The objective is to have a comprehensive plan for coordinating and managing the treatment, rehabilitation and return to work of an injured and/or ill nurse.

The Rehabilitation Management Plan includes:

1. Contact details for all parties.
2. Demonstration of consultation with the injured nurse, NUM/ANUM, treating Medical Practitioner in the development of Rehabilitation Management Plan.
3. Signed agreement by the injured nurse, NUM/ANUM, treating Medical Practitioner and RTW Coordinator:
    - To cooperate and comply with the Rehabilitation Management Plan.
4. Outline communication pathways.
5. Assessment of injury/illness.
6. Medical and Allied Health Management.
7. Offer of suitable duties.
8. Identification of retraining where applicable.
9. Occupational Rehabilitation Services.
10. Roles and Obligations of all parties.
11. Scheduled dates for review (ANF (VB), 2009d:36).

Recommendation 12

WorkSafe Victoria to incorporate changes to the AC Act ratifying the Rehabilitation Management Plan to replace the existing offer of suitable duties and return to work plan, as defined in the Rehabilitation Model of Care.

The Hanks Review Recommendation 36 states:

"Additional guidance material should be developed so as to assist and support healthcare professionals in their treatment of injured workers" (WorkSafe Victoria, 2009b).

Recommendation 36 has been supported by the Government (WorkSafe Victoria, 2009b).

The ***Nurses Return to Work in Hospitals Project*** developed resource material for medical practitioners as part of the Case Study – Medical Practitioners (ANF (VB), 2009g). The objective of the case study was to develop tools for medical practitioners/allied health professionals on their roles and responsibilities in rehabilitation and return to work, on the role of a nurse, and to trial a medical certificate with the focus on rehabilitation.

WorkCover SA has developed online resource materials and links for medical practitioners entitled TREAT. TREAT provides information on:

- the acute/subacute phase of soft tissue injuries
- best practice in workers compensation
- preventing chronic injuries
- important factors for health providers to consider (WorkCover SA, 2009).

Recommendation 13

WorkSafe Victoria utilise the guidance material developed from the Case Study Medical Practitioners to assist and support healthcare professionals in their treatment of injured workers.

Recommendation 14

WorkSafe Victoria to develop online resource material for medical practitioners to raise awareness, and provide information and education for medical practitioners in relation to rehabilitation and return to work of injured/ill nurses and other workers, based on materials developed in this Project.

3.2.3 Training and Education – Recommendations 15 to 17

The RehabMoC encourages employers to:

- Provide training and information on workers compensation and rehabilitation for managers and supervisors in order to establish and foster a supportive workplace for injured and/or ill nurses.
- Educate all nurses of the consequence of injury and/or illness as part of induction, with refresher training biennially (ANF (VB), 2009d).

"…there should be compulsory information sessions for nurses at all levels on this important subject to ensure an understanding of the process involved…" (Urcot, 2009:10).

Recommendation 15

WorkSafe Victoria and Hospitals invest in a training and learning initiative designed to ensure learning about injury and RTW is integrated. This would need to include:

- Education for Boards and CEOs relating to the financial costs including the effect on premiums as well as education exploring the effect of injury and RTW on nurses and their colleagues.
- Education for NUMs and ANUMs based on and/or adapted from the training developed in the ***Nurses Return to Work in Hospitals Project.***
- Train-the-trainer facilitation skills so peer education sessions can occur when a worker is injured and on RTW.

Recommendation 16

WorkSafe Victoria accredit, fund and provide training to RTW Co-ordinators in Hospitals based on the training developed in the ***Nurses Return to Work in Hospitals Project***, as an extension of the WorkSafe basic two day training course currently offered to RTW Co-ordinators.

The Hanks Review Recommendation 23 states:

"The AC Act should specify the competencies required of each person appointed to manage return to work, without demanding training as the only way of achieving competence" (WorkSafe Victoria, 2009b).

Recommendation 23 has been supported by the Government (WorkSafe Victoria, 2009b).

The RehabMoC encourages employers to promote the appointment of and/or provide training for RTW Coordinators incorporating the following competencies:

- Comprehensive knowledge of Legislation, including detailed understanding of practical application of workers compensation, rehabilitation and RTW.
- Conflict Resolution Skills – effective management and negotiation skills, to influence assertively in the workplace.
- Counselling skills – particularly understanding importance of empathy.
- Knowledge and understanding of injuries and the impact of injuries (ANF (VB), 2009d).

Recommendation 17

WorkSafe Victoria to incorporate changes to AC Act specifying the competencies required of each person appointed to manage return to work utilising the endorsed RehabMoC for framing knowledge, skills and competencies.

3.2.4 Internal Vocational Rehabilitation – Recommendations 18 to 21

It was identified there is a Gap between Occupational Employer Services and New Employer Services provided to injured nurses (ANF (VB), 2007d, 2008a, 2008b). Furthermore, RTW Coordinators advised the Project that:

> *"Vocational assessments do not assist the process as positions that are identified are generally very generic and unrealistic, ie crossing attendant, supermarket checkout assistant. Options should be tailored to the injured workers rather than just a labour market analysis. For instance, it should be about identifying options, transferable skills, and assistance with career planning and identifying employment opportunities" (ANF (VB), 2009f:8).*

Internal Vocational Rehabilitation (IVR) has been identified as an approach which should be implemented when it is identified that an injured and/or ill nurse cannot return to their pre-injury role (ANF (VB), 2009f).

IVR is where an employer makes a commitment to supporting and assisting injured workers to remain with their pre-injury employer in a new role. Vocational rehabilitation in this context is not about solely determining if an injured nurse is employable but about assisting injured nurses to remain within the nursing profession (ANF (VB), 2009f).

The occupational rehabilitation providers' role would entail undertaking an Internal Vocational Assessment Report to assist the injured worker and their employer with

outlining where they have been in their career, defining their skills and identifying training needs, it is an indepth assessment of the injured worker's career (ANF (VB), 2009f).

> *"The job analysis that can be the bulk of a Vocational Assessment is always very general and not necessarily suited to the worker and at the Vocational Assessment stage, not necessary. The Internal Vocational Rehabilitation Assessment Report suggested in this policy and process focuses more on what the worker is interested in, is capable of and has experience in rather than a general sweep of available jobs in the marketplace.*
>
> *I think as a RTW Coordinator I would have more success with redeployment if I could offer Vocational Counselling and a thorough personal Vocational Assessment like the one suggested in the attached Internal Vocational Rehabilitation Policy and Process."* Tracey Smith, RTW Coordinator, St Vincents Public Hospital.

Recommendation 18

WorkSafe Victoria incorporates Internal Vocational Rehabilitation into the service standards for Occupational Rehabilitation Providers.

Recommendation 19

WorkSafe Victoria reviews agents' responsibilities and the claims process to remove any current administrative, funding and other barriers to effective utilisation of Internal Vocational Rehabilitation by occupational rehabilitation providers (including processes for approval of costs for relevant rehabilitation services, expertise of case managers, etc), and to maximise the capacity for Internal Vocational Rehabilitation to be applied in practice.

Recommendation 20

WorkSafe Victoria provide premium incentives to employers who apply Internal Vocational Rehabilitation, enforcing the premium incentives be utilised by employers for funding Internal Vocational Rehabilitation.

Recommendation 21

WorkSafe Victoria promotes utilisation of the resource: *Guide to Nursing Roles and Employment Opportunities in Nursing for Injured and/or Ill Nurses in Victoria* by Occupational Rehabilitation Providers, to support the Internal Vocational Rehabilitation process.

3.2.1 Ongoing Research – Recommendations 22 to 28

Nurses advised the Project in *Report 4 Experiences of Injured and/or Ill Nurses – Focus Groups* that they believed "having an independent person/counsellor to support them would be an advantage" (ANF (VB), 2007d). MacEachen et al (2007:159) also identified in their study that "personal advocacy, or having someone with direct experience of work injury and who was 'on my side', emerged as a central theme."

The Evaluation Report: ***Nurses Return to Work in Hospitals*** Pilot Program, focus groups identified that "nurses spoke with some poignancy of the fear of the unknown after being injured…Nurses were frightened of the injury itself: certainly the pain was significant, as was the ambiguity surrounding the injury" (URCOT, 2009:21).

Recommendation 22

WorkSafe Victoria, in collaboration with the ANF (VB) and Nurses Board of Victoria pilot the provision of advocacy/counselling services from the date of injury for injured nurses/workers through the Victorian Nurses Health Program and concurrently through WorkCover Assist.[11] The pilot should be for a period of 12 months.

The objective would be to provide a maximum of 3 sessions, utilising a cognitive behaviour therapy approach, with someone qualified in counselling and workers compensation. The advocacy/counselling is focused on explaining rights, responsibilities, and entitlements and providing information on referrals, coupled with counselling around the effect and impact of injury.

"Injury has an effect on the identity of the nurses; both their identity at work and their identity in their community including their home. Many spoke of their loss of self-confidence and their apprehension of the future. Others articulated their depression and feelings of isolation. Specifically many of the women expressed that they felt a sense of disappointment in themselves when they were unable to continue activities that they considered central to their identity as a mother or partner. These women expressed a sense of guilt that they were unable to play with their children, complete household tasks or be intimate with their partner. While the effect on those aspects of identity relating to their roles as mother and partners were definitely the most upsetting for them, other aspects of their lives as women separate to their children and partners were very difficult

[11] Advocacy, in this context, means someone who is able to explain the workers compensation system, advice of where they can obtain further assistance, and empowers the individual. It is not a person representing another.

for them to pursue. So much of their time and energy was required to do 'ordinary things' and also was required for rehabilitation that going out with friends (when pain was not too great) tended to be foregone due to exhaustion. Almost all injured nurses spoke with concern about feeling depressed and the damage to their self-esteem" (URCOT, 2009:21-22).

Recommendation 23

WorkSafe Victoria in conjunction with the ANF (VB), through the Institute for Safety, Compensation and Recovery Research, establishes a project to explore the complexities of the effect of injury and RTW on nurses, their families, communities and workplaces.

Whilst there is concern raised of the impact of the loss of experienced nurses to retirement (Hogan et al, 2007). However there is limited acknowledgement of the connection to the loss due to injury and/or illness. Nor has the effect this has on the retention of nurses in the nursing profession been explored, or the effect on the individual nurse in continuing to be able to nurse.

Recommendation 24

Building on the work undertaken by the ***Nurses Return to Work in Hospitals Project***, WorkSafe Victoria in conjunction with the ANF (VB) and the Nurse Policy Branch, Department of Human Services, through the Institute for Safety, Compensation and Recovery Research, establishes a project to explore the interconnectedness between injury and/or illness and the retention of nurses in the nursing profession.

It was reported in *Pilot Program in 5 Victorian Hospitals* that the resources developed as part of the Pilot Program and Project as a whole have ongoing practical value, as the Pilot Hospitals are continuing to utilise this material (ANF (VB), 2009a). However due to the length of the Pilot Program, nine months, it was not a feasible timeframe in which to measure the potential benefits to injured nurses in these hospitals.

Recommendation 25

WorkSafe Victoria, in consultation with the ANF (VB) and VHIA, conducts an evaluation in twelve months time of the Pilot Hospitals to assess the practical benefits of the resources and adoption of the key features of the RehabMoC in these workplaces.

The Hanks Review Recommendation 36 states:

"Additional guidance material should be developed so as to assist and support healthcare professionals in their treatment of injured workers" (WorkSafe Victoria, 2009b).

Recommendation 36 has been supported by the Government (WorkSafe Victoria, 2009b).

The ***Nurses Return to Work in Hospitals Project*** developed resource material for medical practitioners as part of the Case Study – Medical Practitioners (ANF (VB), 2009g). The objective of the case study was to develop tools for medical practitioners/allied health professionals on their roles and responsibilities in rehabilitation and return to work, on the role of a nurse, and to trial a medical certificate with the focus on rehabilitation.

WorkCover SA has developed online resource materials and links for medical practitioners entitled TREAT. TREAT provides information on:

- the acute/subacute phase of soft tissue injuries
- best practice in workers compensation
- preventing chronic injuries
- important factors for health providers to consider (WorkCover SA, 2009).

Recommendation 26

WorkSafe Victoria utilise the guidance material developed from the Case Study Medical Practitioners to assist and support healthcare professionals in their treatment of injured workers.

Recommendation 27

WorkSafe Victoria to develop online resource material for medical practitioners to raise awareness, and provide information and education for medical practitioners in relation to rehabilitation and return to work of injured/ill nurses and other workers, based on materials developed in this Project.

It was identified, in *Report 3 Experiences of injured and/or ill nurses - RTW Data,* that the data provided was limiting due to the lack of direct RTW data. Furthermore the data that is available is focused on cessation of workers payments which has the affect of skewing

RTW data (Johnson and Fry, 2002; Price Waterhouse Coopers, 2003). This in turn disables the ability to gauge a true picture of injured workers RTW.

Recommendation 28

WorkSafe Victoria, in consultation with stakeholder groups, seeks to develop a mechanism for the collection and reporting of RTW data, which is not based on the cessation of workers compensation payments, to gauge a true picture of injured workers' RTW.

3.3 Australian Nursing Federation (Victorian Branch)

Refer to recommendations 1 to 5. In addition the following recommendations are made:

3.3.1 Rights and Responsibilities – Recommendations 29 to 30

Nurses expressed "that someone should inform them of their rights" (ANF (VB), 2007d:8); "there should be compulsory info sessions for nurses at all levels on this important subject to ensure an understanding of the process involved" (URCOT, 2009:10); and concern "that injured workers were not aware of their rights" (URCOT, 2009:22).

Research identified that the provision of information on RTW at the onset of injury and/or illness is a factor for successful RTW (ANF, 2007a). The RehabMoC contains overview sheets on:

- The Workers Compensation Process;
- The overview of Employers Return to Work Legislative Obligations;
- The overview of Injured and/or Ill Worker's Return to Work Legislative Obligations S93CA and S93CB; and
- The overview of Injured and/or Ill Nurses Entitlements.

Recommendation 29

The ANF (VB) ensure that information pertaining to rights and responsibilities in relation to injury and RTW based on the RehabMoC, and related guidelines, tools and resources developed in this Project, are made available and disseminated to its members including nurses, ANUMs, NUMs, job representatives and health and safety representatives.

Recommendation 30

The ANF (VB) maintains the website www.NursesRTW.com.au to support the promotion and dissemination of resources, guidelines and other materials developed from the ***Nurses Return to Work in Hospitals Project***.

3.3.2 Training and Education – Recommendations 31 to 32

The ANF (VB) industrial staff are involved with supporting and assisting members with workers compensation, rehabilitation and return to work issues. Whilst industrial staff are provided with training, the materials developed for the ***Nurses Return to Work in***

Hospitals Project is specific to nurses and therefore the following recommendations are made.

Recommendation 31

The ANF (VB) provides ongoing training to its industrial staff involved in the return to work of injured/ill nurses, utilising the resources, guidelines and training materials developed from the ***Nurses Return to Work in Hospitals Project***.

Recommendation 32

The ANF (VB) and industrial staff utilise the guidelines, tools and resources developed in the ***Nurses Return to Work in Hospitals Project***, to negotiate improved return to work outcomes for injured/ill nurses at the workplace level, and encourage employers to adapt these via their workplace policies and procedures in industrial agreements.

3.3.3 'Stigma' of Reporting – Recommendation 33

Section 1.3 of this Report highlighted there has been limited work to address the 'stigma' of reporting incidents.

Recommendation 33

Australian Nursing Federation (VB) and Employers to develop and implement strategies to address and diminish the 'stigma' attached to the reporting of incidents by nurses, utilising the resources, guidelines and training materials developed from the ***Nurses Return to Work in Hospitals Project***.

3.4 Hospitals

Refer to recommendations 1 to 4, and 33. In addition the following recommendations are made:

3.4.1 Rehabilitation Model of Care – Recommendations 34 to 39

The Rehabilitation Model of Care (RehabMoC) for Injured and/or ill Nurses in Victoria provides a comprehensive model for rehabilitation and return to work of injured nurses based on a holistic, multi-faceted approach, and is targeted towards employers, nurses and others who participate and/or play a role in the rehabilitation and return to work of injured and/or ill nurses.

The principles which underpin the RehabMoC are outlined in Section 3.2.1, in addition the following recommendations are made:

Recommendation 34

Hospital CEOs and Boards adopt the principles and policies developed in the Rehabilitation Model of Care and related guidelines, tools and resources, to support rehabilitation and return to work of their injured/ill nurses.

Recommendation 35

Hospitals develop and implement systems for injury management, rehabilitation and return to work of injured/ill nurses to support these principles and policies, based on the Rehabilitation Model of Care and related guidelines, tools and resources developed in this Project.

Recommendation 36

Hospitals support implementation of these systems and processes via the allocation of appropriate and adequate resources, including personnel, training, equipment, workplace consultative structures, administrative support, time and funding.

The RehabMoC promoted that employers should review data collected and any other relevant information, including stakeholder feedback, to monitor outcomes and effectiveness with a commitment to continual improvement (ANF (VB), 2009d).

Recommendation 37

Hospitals consult with injured nurses who have made a successful return to work to identify which types of information were most useful. This will ensure that RTW and effective rehabilitation have the greatest chance of success.

Refer to recommendation 15. In addition, the following recommendation is made:

Recommendation 38

Hospitals, in consultation with relevant stakeholders (e.g. OHS Committee), modify/enhance their 'Human Resource' Key Performance Indicators (KPI's) at the local management level to reflect the RTW and rehabilitation outcomes in the reporting to their Boards and Senior Management, based on the principles and elements of the Rehabilitation Model of Care.

Nurses expressed "that someone should inform them of their rights" (ANF (VB), 2007d:8); "there should be compulsory info sessions for nurses at all levels on this important subject to ensure an understanding of the process involved" (URCOT, 2009:10); and concern "that injured workers were not aware of their rights" (URCOT, 2009:22).

Research identified that the provision of information on RTW at the onset of injury and/or illness is a factor for successful RTW (ANF, 2007a). The RehabMoC contains overview sheets on:

- The Workers Compensation Process;
- The overview of Employers Return to Work Legislative Obligations;
- The overview of Injured and/or Ill Worker's Return to Work Legislative Obligations S93CA and S93CB; and
- The overview of Injured and/or Ill Nurses Entitlements.

Recommendation 39

Hospitals ensure that information pertaining to rights and responsibilities in relation to injury and RTW is formally included in all induction programs for nurses.

3.4.2 Guidance Material and Resource Tools - Recommendation 40

Nurses expressed concern that their "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" (ANF (VB), 2007d:6).

A "bottom up" approach was identified to determine suitable RTW duties, which was based on Nurse participation in:

- identifying hazards and solutions in their work environment;
- Knowing their roles, responsibilities in their work environments to assist to identify RTW duties (ANF (VB), 2008b).

> *"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."*
>
> *"Focus on what can do and match with work environment."*
>
> *"Realistic duties/nursing duties that are meaningful and valued in the workplace. For example, mentoring, helping with work in unit/ward, monitoring drips, etc…"* (ANF (VB)2007d:10).
>
> *"…Getting nurses back on the ward, rather than in an administration role, is the best possible situation for the injured nurse…"* (Begg, 2009:68).

Recommendation 40

Hospitals adopt the "bottom up" approach and tools developed in the ***Nurses Return to Work in Hospitals Project*** *"Guidance on Return to Work Duties"* to support identification of suitable return to work duties which are aimed at retaining injured nurses in a clinical nursing role wherever possible.

3.4.3 Training and Education – Recommendation 41 to 46

The RehabMoC encourages employers to promote the appointment of and/or provide training for RTW Coordinators incorporating the competencies outlined in Recommendation 17.

RTW Coordinators, from the Pilot Hospitals, advised when asked how they learnt the job (sic):

> *One a HR professional who was given the role of RTW Co-ordinator sought out further training opportunities, including negotiation and conflict management skills. This participant had also undertaken a diploma in medical terminology and health counselling to enhance their skills and understanding of the nature of the injuries experienced by injured nurses and provide more effective support for injured nurses.*
>
> *One participant was a former nurse who 'fell into the role and wouldn't do it again.' She acknowledged that she had been lucky to find (or was able to seek out) experienced mentors who had a real commitment to the successful rehabilitation of injured workers* (ANF (VB), 2009b).

Recommendation 41

Hospitals appoint appropriately trained/qualified and experienced personnel to co-ordinate return to work of injured/ill workers.

Recommendation 42

Hospitals ensure return to work co-ordinators are provided with adequate time, supports and resources and operate at an appropriately senior level of responsibility and authority, such as to enable effective performance of their role.

Recommendation 43

Hospitals ensure return to work co-ordinators are supported to undertake relevant professional development in relation to rehabilitation and return to work of injured nurses and other workers, including maintenance of skills and knowledge, updates and refresher training.

Refer to recommendation 20.

> *"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"* (ANF (VB), 2007d:7).

In addition, the following recommendations are made:

Recommendation 44

Hospitals provide training on return to work to all staff, including RTW Co-ordinators, ANUMs, NUMs, and nurses, based on the training developed in the ***Nurses Return to Work in Hospitals Project*.**

Recommendation 45

Further, hospitals provide this training, including consequence of injury, reporting, rights and responsibilities of all parties, and workplace policies and procedures, be provided formally at induction/commencement of employment with ongoing refresher training at yearly intervals to all staff in accordance with Recommendation 15.

Recommendation 46

CEO's, Boards and Hospitals incorporate the allocation of appropriate funding, personnel and other resources for this purpose to be integrated into ongoing budget planning.

3.4.4 Internal Vocational Rehabilitation – Recommendation 47

Refer to Section 3.2.2. In addition, the following recommendation is made:

Recommendation 47

Employers adopt and apply Internal Vocational Rehabilitation.

3.4.5 Return to Work and the Supernumery approach – Recommendations 48 to 50

As identified in the research phase of the Project there is a certain labelling attached to being on 'light duties', albeit in a supernumery position, rather than providing meaningful and "real" jobs for injured nurses (Begg, 2009; Urcot, 2009). Impact on workloads, and implications for staffing and rostering were also identified as issues affecting return to work and co-worker attitudes to the injured nurse (Begg, 2009; Urcot, 2009).

> *"…Supernumery nurses are those whose shifts are in addition to regular staffing numbers. These nurses are not counted as rostered staff…" (Urcot, 2009:13).*

Return to work in what is deemed a 'supernumery position' is not sustainable, and does

not lend itself to a proper assessment of what the nurse might need in the short, medium and longer terms to achieve that sustainability and hopefully remain in a clinical nursing role.

Recommendation 48

Hospitals to focus on identification of meaningful, sustainable return to work duties for injured nurses which views injured nurses as an integral part of the team, utilising the guidance, associated tools and resources developed in this Project.

Recommendation 49

Hospitals ensure wards are staffed to appropriate capacity, this is to include staffing to cover for absence/return to work on reduced hours or restricted duties of injured nurses.

Further, hospitals integrate costs for this purpose into their yearly budgets in the same way as funding is allocated for staff coverage for sick leave, annual leave or other contingencies.

Recommendation 50

Hospitals to consult with nurse colleagues/co-workers of the injured nurse regarding rostering and staffing the ward such as to ensure optimum allocation of resources, taking into account patient needs and dependency levels and any restrictions (as applicable) of the injured nurse. Consultation to occur on a regular basis to ensure the strategy is working and any issues are proactively identified and addressed.

3.5 Nurses, Associate Nurse Unit Managers, Nurse Unit Managers – Recommendations 51 to 55

Refer to recommendations 1 to 4. In addition the following recommendations are made:

The objective of the ***Nurses Return to Work in Hospitals Project*** was to develop resources, tools and guidelines for the benefit of injured and/or ill nurses, as outlined in recommendation 14.

Recommendation 51

Injured nurses to be encouraged to utilise the guidelines, tools and resources developed in this Project to assist in their own rehabilitation and return to work, including taking them to their treating doctor, employer, and occupational rehabilitation provider as examples of what can be done to support and assist their return to work.

Recommendation 52

Nurses (and their representatives) actively participate in and comply with workplace policies, procedures and practices which support rehabilitation and return to work, based on the Rehabilitation Model of Care, and associated guidelines, tools and resources.

Recommendation 53

Nurse Unit Managers and Associate Nurse Unit Managers to be encouraged to access and utilise the guidelines, tools and resources developed in this Project to assist and support return to work of injured/ill nurses, and to access training to support their role in this process based on the ***Nurses Return to Work in Hospitals Project***.

It is evident from the research undertaken by the ***Nurses Return to Work in Hospitals Project*** that there is reluctance on the part of nurses to report work related injury and/or illness or lodge a workers compensation claim.

Recommendation 54

Nurses to:

- Take responsibility to report incidents when they occur - if no one knows about the injury, no one can support and assist you while you recover, and are encouraged and supported by their managers in this process;
- Ask questions if they are uncertain at any time, and to seek assistance and advice at all stages of the injury and recovery process, not just when there is an issue with their RTW;
- Be informed about and recognise there are consequences to their own safety, the safety of their work colleagues, and patients, when they continue to work whilst injured; and
- Be informed about and recognise the consequence of injury and/or illness on their health and wellbeing.

Recommendation 55

Nurses (and their representatives) to actively participate in consultative processes aimed at improving return to work policies and procedures in their workplace, consistent with the guidelines, tools and resources developed in the ***Nurses Return to Work in Hospitals Project***.

3.6 Nurses Board of Victoria

Refer to recommendations 1 to 5.

3.7 Nurse Policy Branch, Department of Human Services – Recommendations 56 to 57

Refer to recommendations 1 to 4. In addition the following recommendations are made:

Recommendation 56

DHS reviews its policies relating to rehabilitation and return to work of injured/ill nurses in hospitals to support improved return to work outcomes, recruitment and retention of injured/ill nurses in hospitals based on the principles and outcomes of the ***Nurses Return to Work in Hospitals Project***, including allocation of funding and other resources as appropriate.

Whilst NUMs/ANUMs are aware of general information relating to injury and RTW and utilise the RTW Coordinator as a resource, they don't have a network in which they can discuss or seek assistance on for instance identifying RTW duties (Urcot, 2009).

Recommendation 57

On-line information forum **'**Blog' to be designed for NUMs and ANUMs to utilise as a means of creating a network of ideas in relation to RTW.

3.8 Educational Institutions

Refer to recommendations 1 to 5. In addition the following recommendation is made:

"There is a lack of understanding by peers of work related injury and/or illness and RTW" (ANF (VB), 2008:5). "The ANF Education and Training Centre 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 (VB), 2008:8).

Recommendation 58

Educational institutions providing undergraduate and graduate/post graduate nursing courses, including universities and TAFE's, include education on injury and consequence of injury, rehabilitation and return to work, in their nursing courses and curriculum, utilising the materials, guidelines and resources developed in the ***Nurses Return to Work in Hospitals Project.***

4. Conclusion - Are we there yet?

No, we are not there yet. The ***Nurses Return to Work in Hospitals Project*** is the starting point for change in improving the return to work (RTW) of injured and/or ill nurses in Victoria.

The Project, however has achieved its aims to:

1. Identify barriers to and factors for successful return to work.
2. Promote early and proactive return to work.
3. Achieve meaningful, productive, safe and durable return to work.
4. Identify strategies to support long-term injured nurses.
5. Promote a holistic approach to rehabilitation and return to work.

This is demonstrated by the publications, guides, and resource tools that have been developed and utilised through the ***Nurses Return to Work in Hospitals Project.***

The Projects objective was to assist the Hospital Sector to:

1. Improve rehabilitation and return to work outcomes.
2. Reduce the human and financial costs of injury and illness.
3. Reduce the loss of skilled nurses and the associated costs of nurse shortages, recruitment and training.
4. Promote recruitment and retention of nurses.

These, objectives, will need to be measured in the future in terms of the potential benefits to injured and/or ill nurses and the Hospital Sector. In meeting these objectives the publications, guides, and resource tools will be of benefit to the Hospital Sector in achieving this.

What is clear is that there is a need for an holistic approach to the management of workplace injury with an emphasis on rehabilitation, as defined in the Rehabilitation Model of Care. It is an approach that is for the benefit of the injured and/or ill nurse and their employers, and in turn can make RTW a not so dizzying experience.

Attachment 1

The following publications, guides, and resource tools have been developed by the ***Nurses Return to Work in Hospitals Project***[12]***:***

Research

2007 -

1. Literature Review of Barriers and Factors to Successful Return to Work.
2. Initial Report on Factors for and Barriers to Successful Return to work.
3. Report on Experiences of Injured and Ill Nurses: Return to Work Data.
4. Report on Experiences of Injured and Ill Nurses: Return to Work Focus Groups.

2008 -

1. Consultation with Key Organisations who affect the RTW of Injured and/or Ill Nurses.
2. Examine Feasibility of a Catalogue of Return to Work Duties and Employment Opportunities to support RTW Planning.

2009 -

1. Nurses Return to Work in Hospitals - Pilot Program in 5 Victorian Hospitals.

Guides

1. Rehabilitation Model of Care for Injured and/or Ill Nurses in Victoria.
2. Guidance on Return to Work Duties.
3. Internal Vocational Rehabilitation sample policy and procedures, and assessment report.
4. Guidance material for Medical Practitioners on their role in rehabilitation and return to work.
5. Guide to Nursing Roles and Employment Opportunities – "It's my career: I'm taking charge".

Resource Tools

1. Brochure for Nurses on "Injured at work? Advice for Injured and/or Ill Nurses".
2. Training material for NUMS/ANUMS and Nurses in rehabilitation and return to work.
3. Training material for RTW Coordinators, which is an extension of the current training provided to RTW Coordinators by WorkSafe Victoria.
4. Training material for Union organisers in rehabilitation and return to work.

[12] The publications, guides, and resource tools can be accessed at www.NursesRTW.com.au

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