Workplace Practices in Return to Work Employees with Musculoskeletal Disorder

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1. BACKGROUND

Return to work (RTW) employees with work-related musculoskeletal disabilities (WRMDs) is a complex process, involving many actors and implying several activities. Even though the importance of workplace procedures for achieving safe and sustainable RTW is generally recognized, little research has been done to document the practices implemented in the workplace.

The objective of this paper is to document, from an ergonomic perspective, the actual workplace practices pertaining to RTW employees with work-related musculoskeletal disabilities (WRMDs) in Quebec and to analyze how well these actual workplace practices reflect the recommendations given by the bulk of the literature.

2. METHODS

The first step consisted in doing a comprehensive and systematic review of literature reviews on RTW in order to identify the best practices recommended for workplace by the research. As the second step, we conducted a multiple case study in five different companies encompassing different sectors of activity: a health care establishment, an extended care facility, a manufacturer, a company fabricating heavy equipment and a large company in the energy sector.

We used multiple sources of data to investigate RTW practices for each company, such as the content of policies and informal procedures and interviews with key actors involved in an average of four cases of worker’s RTW per company. Each case considers embedded units of analysis in terms of the actions attributed to each phase and specific actor of the RTW process.

In analysis inter and intra organisation, we are looking, specifically, at differences and similarities between cases. The comparison of the best practices as described by the literature and the actual practices observed in the case studies allowed us to analyse the theoretical bases of understanding, globally or specifically, the role of context in explaining the differences or the similarity of our results.

3. RESULTS

Six strategic components were identified by our literature review as effective in workplace settings: 1) Early contact with the worker, 2) Intervention to foster concerted action and collaboration between all actors involved in the RTW process, 3) Centralized coordination oriented toward RTW, 4) Adequacy of the job demands given the nature of the temporary or permanent restrictions, 5) Gradual and progressive RTW, and 6) Active participation of the worker in the entire return to work process, including the follow-up. Even though some of these components were set by the formal procedures of the participant enterprises, the RTW policies and procedures seemed unevenly formalised, lacking clarity and precision.

The actions and procedures observed in the workplace can be associated to one or more of five specific phases of RTW: absence, modified work, gradual and progressive RTW, RTW to the regular task and follow-up. Different sequences of actions imply that one or more actors can apply them differently in the same company. Generally, there are three categories of actors within the workplace which are particularly active in the RTW process: the RTW coordinator, the worker and the supervisor.

The RTW coordinator encourages the worker to stay active. He gives him information concerning alternatives for progressively returning to work. In this way, he strengthens the commitment, active involvement and positive attitude of the worker, which is known to benefit RTW. The coordinator also makes arrangements with the supervisor and the worker for temporary provisions or modified work or progressive RTW. To do so, the coordinator needs to set up explicit lists of tasks pertaining to the jobs available in the department in collaboration with the supervisor and the union. The coordinator consults the worker about his interest and perception of the demands required by these different jobs and tasks to see if they correspond
to his expectations. When applicable, he makes the necessary adjustments. However, the roles and responsibilities of actors are not always clearly defined and are not consistently understood in the participant enterprises. As a direct consequence, coordination between the actors’ actions inside the workplace is difficult. Also, collaboration between workplace actors, as well as with the healthcare actors (doctor, providers of health care) and insurance actors is not optimal. There is a clear need for a coordinator inside the workplace.

4. DISCUSSION

Contrasting the theoretical bases of RTW workplace interventions with the reality as observed by the case studies allows us to better understand the gap at the practical level between what it is recommended and what it is done in practice. Furthermore, the consideration of the differences and/or the similarities among the distinct workplace environments allows us to better understand the different realities and constraints of the practical contexts of implementation of the RTW policies, procedures and practices.

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References


