The Role of the Workplace in Return to Work – an evidence base for informing policy and approaches

SURVEY REPORT: EXECUTIVE SUMMARY

Prepared for WorkCover SA

by

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Key Findings

- The workplace has a critical role to play in preventing work-based injury and illness, and in promoting timely and effective return-to-work following injury or illness. This is a key finding of the project and of previous research.

- Aged care organisations forming the sample for the project survey have received positive ratings for their workplace conditions, and with the greatest risk being associated with slippery floors, loose rugs and other fall-inducing conditions.

- The lowest ratings have been applied to factors that provide aged workers with a degree of control over how they undertake their work, particularly in relation to when they can take a break, how they can structure their hours. High levels of autonomy and control are associated with more effective rates of return –to-work. People working in policy or administrative roles, and in office rather than residential care or clients' home settings, had greater degrees of control than other aged care employees.

- Workplace culture has a strong influence on return-to-work outcomes and while there was a trend for most organisations to be rated positively, this did not apply when communication was poor between managers and staff or within work teams, when trust levels were low within work teams, when work teams and management were not supportive to ill or injured workers, and in the presence of workplace bullying. Aged care organisations received their most positive ratings for their supportiveness to injured or ill workers and their lowest for workplace bullying and trust between management and staff.

- Return-to-work has been found to be significantly related to perceived standards of workplace safety. The survey sample have given their most positive rating to the value placed by their employing organisation on workplace safety, and the positive impact of the aged care sector's emphasis on training in lifting and provision of lifting equipment has been reflected in the positive ratings given to this issue. The receptiveness of management to workers raising safety concerns has also been positively assessed. The lowest ratings apply to inadequate training of managers and supervisors in safety and injury management.

- The most positive ratings were applied to aged care organisations' response to workplace injury or illness, and these were higher than those given to safety and the prevention of workplace injury or illness. The most positive ratings were given to employing organisations' encouragement of early notification of injury or illness, the use of a Return-to-Work Plan and the involvement of supervisors and the injured worker in this and workplace accommodations made for the worker. The importance of appointing a Return-to-Work Coordinator was also identified. The lowest rating has been given to communication processes between all stakeholders involved in return-to-work.

Introduction

Commissioned by *WorkCover SA* and undertaken by the Australian Institute for Social Research (AISR) at The University of Adelaide, the *Return-to-Work* project is designed to increase understanding of workplace factors that affect the achievement of positive return-to-work outcomes. The Project is focused on the aged care sector in the first instance, and is planned to be extended to other industry sectors in South Australia over time. It has been undertaken using a mixed methodology of quantitative and qualitative research methods. These are its main components –

- A review of the research literature, focused on workplace factors that affect injury and illness, and effective return-to-work following injury or illness.
- Structured interviews and focus groups with key stakeholders in *WorkCover SA,* Employers Mutual (the sole agency for claims management in South Australia), aged care industry representatives and researchers specialising in return-to-work.
- Two Case Studies of Good Practice in achieving return-to-work in the aged care sector.
- Analysis of unit record data of all *WorkCover SA* claims for the 2 years 2006 and 2007.
- A survey of managers and a survey of employees from the South Australian aged care sector. The two questionnaires were piloted with two organisations prior to their release late in 2007. The survey was active for two months and was closed in February 2008. The process for distributing the survey was tailored to each organisation in order to minimise disruption and was offered with a choice of hard copy or on-line participation.

The survey sample

Ten organisations agreed to participate in the survey, and these covered a range of locations (rural, outer metropolitan and metropolitan), and a mixture of for- and not-for-profit agencies. There was also a mixture of small, medium and large organisations, providing low to high level residential care and community care. A total of **607** individuals have participated - **552** in the employee survey and **55** in the manager survey - yielding an estimated response rate of **22%** for employees and **69%** for managers.

In structuring the sample, we had sought a mixture of participants based on workers' compensation claim history. We achieved this with –

⇒ **21.2%** of the employee sample having had a **past** workers' compensation claim and returned to work;
⇒ a further **1.8%** (10 people) having had an **active** claim and had not returned to work at the time of the survey;
⇒ the majority **(68.5%)** having never been injured seriously and with **no claim** history;
⇒ a further **7.6%** (42 people) had been **injured** in their workplace but had **no claim** history.

In brief, statistical comparisons (Mann-Whitney *U*-tests)[1] revealed the following statistically significant relationships based on claim history and other variables:

- **Nurses** were significantly **more likely** to have made a claim compared to staff as a whole, and also to Care workers and Other workers (ie mainly group managers and allied health staff) in particular ($p<.05$);

[1] This is a test that is used to determine if a statistically significant difference exists between two groups.

- **Part-time** employees were significantly **more likely** to have made a claim compared with all other employees as a whole, and Casual staff in particular ($p<.05$);
- **Female** employees were significantly **more likely** to have made a claim than male employees ($p<.05$);
- **Older** employees were significantly **more likely** to have made a claim than younger employees ($p<.05$);
- Employees with a **Degree, Masters Degree or Doctorate** were significantly **less likely** to have made a claim than employees with other levels of education ($p<.05$);
- Employees with a **physical disability** were significantly **more likely** to have made a claim than those with a psychiatric disability ($p<.05$) or no disability ($p<.001$);
- **Union members** were **more likely** to have made a claim than non-members ($p<.001$).

The proportion of employees making a claim did *not* differ significantly across:

- Settings (ie residential aged care sites, clients' homes, administration centres, community care sites);
- First language (English/Other);
- Birthplace (Australia/Other English-speaking/Non-English speaking).

The Return-to-Work Indexes

The survey instrument developed and trialled in the South Australian aged care sector is designed to be –

a) repeated to measure change over time within organisations and in the sector,
b) applied to other industry sectors.

In designing the survey, the AISR drew together findings from the literature review and from our scoping interviews with aged care providers, *WorkCoverSA*, *SafeWorkSA* and Employers Mutual staff. These clustered into a number of themes which are reflected in the subsequent construction of five Indexes, each grouping together questions relating to factors that are known to affect workplace injury rates and to affect return-to-work[2]. These involve:

⇒ The conditions of the workplace
⇒ The degree of control or autonomy workers have in relation to their work role and responsibilities and how these are undertaken
⇒ The culture of the workplace – for example, supportiveness shown to injured or ill workers, the degree of trust, quality of communication
⇒ Safety in the workplace and the prevention of injury and illness
⇒ The way in which the workplace responds to injury or illness, including provision for return-to-work.

Separate surveys were provided for employees and managers, with both being constructed to enable reporting against the Indexes. Responses represent aggregated measures that provide a snapshot of overall organisational climate and capacity to achieve effective return-

[2] The response category "Unsure", and cases where no response was given -"Not stated"- were excluded from these statistical calculations.

to-work. Further analysis involving tests of significance (for example, based on the presence or absence of a current or past workers' compensation claim, or work setting) provides more detailed information about the role of the workplace in promoting health and safety and its response to injury or illness.

The five Indexes can be used as a measure of both achievement and challenges that need to be addressed. They can be used as a risk management tool through early identification and management of problems, and as a baseline to assess the impact of interventions designed to enhance the role of the workplace in the return to work.

The total ***Return-to-Work Workplace Index*** represents the employing organisation's perceived capacity to design and operate the workplace to prevent or minimise work-related injury or illness and to achieve timely[3] and effective return-to-work (as perceived by its employees and managers). Using a five point Likert scale, survey participants rated their workplace on a number of features for each of the five Indexes. The scale provided a range from '1' (which represented the least favourable rating) to '5' (representing the most positive rating). Taken together, the total survey sample findings provide ratings of this sample of the South Australian aged care sector as a whole.

As the chart below illustrates, both surveys shared common questions to derive three of the Indexes, while two of the Indexes were specific to the survey of employees. Feedback from managers was designed to obtain an assessment of their employing organisation's workplace (as opposed to their experience as employees of that organisation). Feedback from employees was designed to capture perceptions of both the workplace and their own experience as workers in their employing organisation.

Return-to-Work Workplace Index

Workplace Index – Sub Indexes	Survey of Managers	Survey of Employees
Index I: Workplace conditions		
Index III: Workplace control		
Index III: Workplace culture		
Index IV: Workplace Safety (promotion of safety and prevention of injury)		
Index V: Workplace Response to Injury (and illness/ facilitation of return to work)		

[3] We use the term 'timely' rather than 'early' to acknowledge that premature return to work is likely to militate against effective return-to-work outcomes.

Presentation of the five Indexes and accompanying analytical framework

For each of the five Indexes we present –

1 The responses to each component of that Index, showing the Mean, Median, Mode and Standard Deviation.
2 A Total Score for that Index (achieved by grouping the scores into categories).
3 Comparative analyses undertaken on the ratings of –
   a) managers and employees
   b) those with and without a workers' compensation claim history
   c) those working in residential care facilities and those working in clients' homes (for the ***Workplace Conditions Index*** only) and
   d) on the basis of different work roles (for the ***Workplace Control Index*** only).

Where statistical significance was reached in the above analyses (using the Mann-Whitney U test), the findings are reported, and these have highlighted a number of implications for reducing workplace injury and illness and for achieving effective return-to-work. Two of the Indexes (Control and Safety) have been presented with two versions, with the second removing specific items of the Index.

Findings: Overview

Collectively, the survey findings reinforce the findings of previous research regarding the important role of the workplace in relation to return-to-work, and the significant scope that exists for employers to prevent injury and to achieve effective return-to-work when this does occur.

As the chart below indicates, the majority of the aged care providers in this sample have been positive in their assessment of the aged care workplace in South Australia. However, it is also important to note that a proportion of employees (particularly those with an active or past claim for workers' compensation) report concerns, which warrant analysis and attention.

The Index to receive the **highest** overall mean score was the ***Workplace Response to Injury or Illness Index***, receiving **4.5** from employees and **4.6** from managers, followed by the ***Workplace Safety***, then ***Workplace Conditions***, and ***Workplace Culture Indexes***. The ***Workplace Control Index*** had the **lowest** score, and was the only Index to receive an average total rating below '4' with means of **3.5** and **3.7** for the two versions calculated from findings.

Ratings for the five Workplace Indexes compared

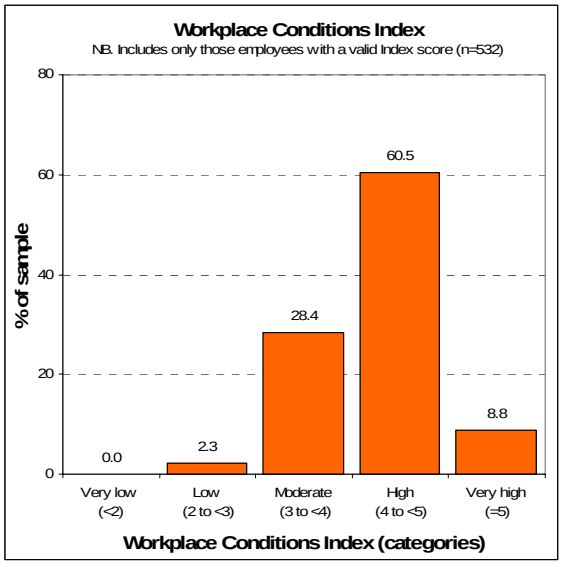
Index	Employees		Managers	
	Mean	Median	Mean	Median
Workplace Conditions	4.2	4.3	n/a	n/a
Workplace Control (1)	3.5	3.6	n/a	n/a
Workplace Control (II)[4]	3.7	4.0	n/a	n/a
Workplace Culture	4.0	4.3	4.3	4.3
Workplace Safety (I)	4.2	4.4	4.3	4.5
Workplace Safety (II)[5]	4.3	4.6	4.3	4.5
Workplace Response	4.5	4.8	4.6	4.8

Findings: The Workplace Conditions Index

Employees in general have given positive ratings of their organisations, with the **lowest** average rating (that is, the least positive) being **3.3** indicating that workplace **temperature** is too hot or too cold, followed by slippery floors and other **fall-inducing conditions** (**4.0**). The **most positive** rating was **4.7** indicating that workplaces were unlikely to expose employees to **vibration** from equipment, nor have excessive **noise** levels (**4.4**).

A ***Workplace Conditions Index*** score (i.e. the mean of all stated Workplace Conditions items) was calculated for respondents with at least 5 valid responses out of the 9 component questions. This yielded an average score across all of the items in this Index of **4.2** and a median score of **4.3**.

Chart 37: Workplace Conditions Index: total score

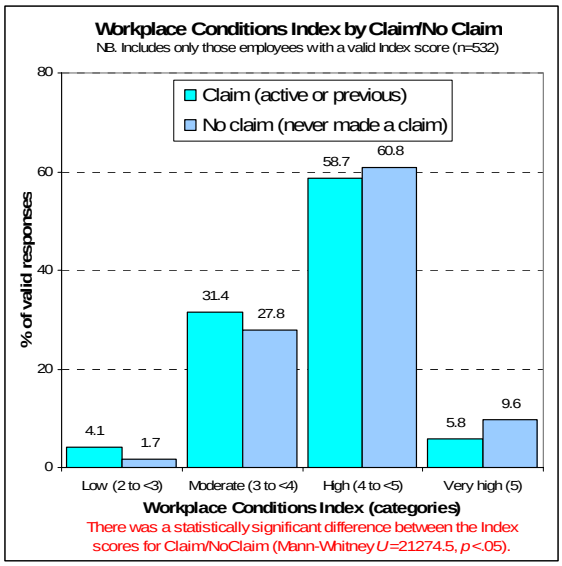


Further analysis of these findings was undertaken to take account of different **work settings**. This found a significant difference in relation to *slippery floors, loose rugs and other factors that can lead to a fall* ($p<.05$) with employees working in residential care settings being more positive than those working in clients' homes. Such conditions can be expected to be more difficult to control in a home setting than in a residential facility. This finding is of further interest when compared with the finding that workplaces bringing greater risk of falls are also significantly associated with employees with a past or active workers' compensation claim.

Analysis on the basis of workers' compensation **claim history** found statistically significant differences between the ratings of employees with, and without, a past or active workers' compensation claim in relation to the following three ***Workplace Conditions Index*** items –

- vibration from equipment - bearing in mind that this was the most positively assessed workplace condition for the sample as a whole ($p<.05$)
- being in skin contact with chemicals ($p<.05$)
- slippery floors, loose rugs and other fall-inducing conditions ($p<.05$).

There was also a statistically significant difference ($p<.05$) on the overall ***Workplace Conditions Index*** score, based on workers' compensation claim history. This yielded a Mean total score of **4.1** *for those with a claim history*, compared to the higher Mean of **4.2** *for those with no claim history*, and a Median score of **4.2** *for those with a claim history* compared to the higher Median of **4.3** *for those with no claim history.*



Findings: The Workplace Control Index

Researchers have identified that the degree of control by individual employees over their work (for example, in the ordering of tasks and timing of breaks) is critical to positive health outcomes and is thus important in managing injury or illness, with low levels of control being associated consistently with job strain and ill-health disease (Karasek & Theorell: 1990; Polanyi: 2004; Coats & Max: 2005). Employees rated their perception of seven aspects of control over their own duties/role within their workplace on a 5-point Likert scale with higher scores indicating greater control.

The overall perception of *Workplace Control* has been less positive than the rating of *Workplace Conditions* and had the lowest overall score of the five Indexes.

The lowest mean rating (**2.9**) was applied to the capacity to *'adapt my working hours within limits'* while the highest (**4.0**) related to being able to *'control or change the order of my tasks'*. However, it should be noted that these two items have strongly bimodal distributions, (that is, modes at both '1' and '5') and is likely to reflect the fact that some work roles in aged care are more difficult than others to be structured around individual worker need (for example, direct caregiving roles compared with policy or administrative roles). Therefore, a second version of the ***Workplace Control Index*** was generated which excluded these two items.

Removing the two items with bimodal scores **increased** the Mean rating to **3.7** and the Median rating to **4.0** compared with Version 1 of the Index.

Chart 50: Workplace Control Index: Total score – Version I

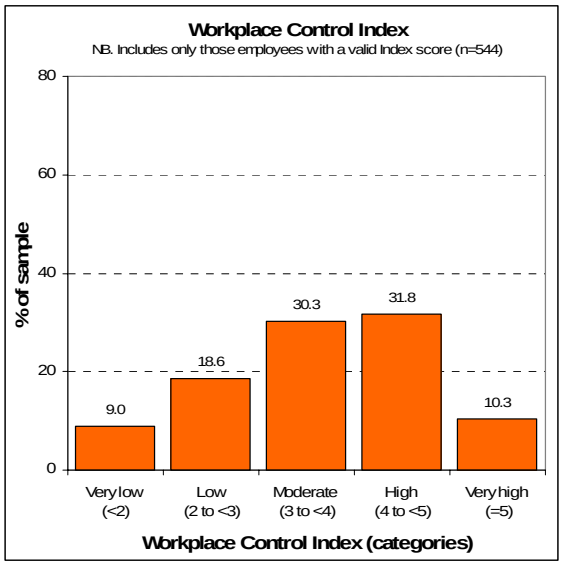
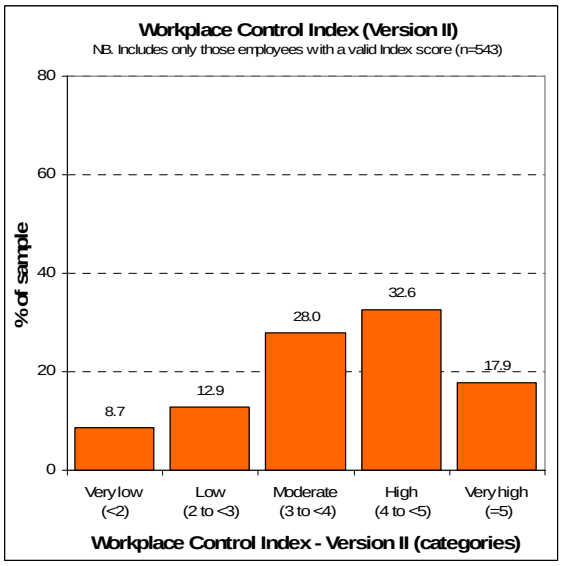


Chart 51: Workplace Control Index: Total score – Version II



All of the items forming the ***Workplace Control Index*** were tested for significance on the basis of having, or not having, an active or previous workers' compensation claim. One of the items ' *I can adapt my working hours within limits'* had a significant difference showing that employees who had made a compensation claim rated their workplace as providing less control over working hours than was the case for those with no claim history ($p<.05$).

Further analysis was undertaken of findings in relation to the two *Workplace Control Index* items with bimodal distributions -*"I can decide when to take a break"*, and *"I can adapt my working hours within limits"*. This indicated that there were groups of employees within the sample with very different levels of control in terms of working hours and timing of breaks. For this reason, we undertook further investigation of the data on the basis of a) workplace **setting** and b) **role** in the organisation.

Significant differences were found in the ratings given by employees working in residential care facilities or clients' homes compared with those working in office-like settings. Staff in administrative centres, community care offices and similar settings were more likely to agree

that they could decide when to take a break than were staff in residential aged care (Mann-Whitney *U*=11948.0, *p*<.001) and staff working in clients' homes (Mann-Whitney *U*=3124.5, *p*<.001).

Staff in residential aged care were significantly less likely to agree that they could adapt their working hours compared with staff working in clients' homes (Mann-Whitney *U*=8531.5.0, *p*<.001) and staff working in Other (administrative, community care offices etc) settings (Mann-Whitney *U*=12548.5, *p*<.001).

The level of flexibility in working hours and breaks is likely to be more a function of the role of the employees than of their work settings and there were differences reported for each role in terms of the *ability to decide when to take a break* and the *ability to adapt working hours.* Care workers tended to report the least flexibility in taking a break, and policy/administration staff tended to report the most flexibility in those areas, with nurses somewhere in between the two. Statistical comparisons indicated significant differences between the role groupings (Nurse, Care Worker, Policy/Admin, Domestic/Home Maintenance), with the exception of the comparison between care workers and domestic or home maintenance workers.

In terms of the *ability to adapt working hours*, staff working in policy or administrative roles clearly considered themselves to have greater control than did nurses, care workers and domestic or home maintenance workers. The difference between the policy / administrative role and the other roles was statistically significant (p<.001).

Findings: The Workplace Culture Index

A number of researchers have identified workplace culture as being critical to the management of successful return-to-work (Roberts-Yates: 2003, 2006; Franche *et al*: 2004; Australian Institute for Primary Care: 2006). Among the workplace culture factors affecting return-to-work are the support offered by supervisors and co-workers, overall organisational climate, and workplace conflict and stress (*ibid*: 42-47). Researchers have also identified that workplace bullying is a cause of employees under-reporting accidents and injuries, and that the incidence of injuries related to occupational violence (both verbal and physical abuse) is higher in aged care than in other fields (involving clients as well as workers), despite indications of substantial under-reporting of workplace violence or bullying. Assaulted workers were found to have increased incidences of burnout, absenteeism, and turnover (Daniels & Marlow, 2005: 17).

The survey of employees and the survey of managers asked respondents to rate their workplace on a number of factors that collectively are relevant to overall workplace culture. The items included in this Index encompassed communication, trust, bullying, encouragement of employees to raise work-related concerns with managers, and supportiveness for injured or ill workers**.**

Employees have given positive ratings about most aspects of their organisations' workplace culture. The **most positive average** rating was **4.4** - *'If an employee becomes ill/injured, the work team are usually supportive*', closely followed by *'If an employee becomes ill/injured management/supervisors are usually supportive'* **(4.3**) and *'If an employee becomes ill/injured, my colleagues would be willing to help with the workload'* (**4.3).** The **lowest** mean rating being **3.6** *(It is unusual for people to experience bullying in my organisation)* followed by *'There is a good level of trust between managers and staff*' (**3.7**). Given the research findings cited above regarding workplace culture, these two issues are important in risk assessments of aged care workplaces**.**

These findings mean that employees have rated their organisation's response to injury or illness as being more positive than its levels of trust and prevention of bullying, both of which are indicators of overall workplace culture. This trend to rate highly the supportiveness of managers and employees towards injured workers was reinforced by findings pertaining to the ***Workplace Response to Injury Index*** which reported positive ratings from most employees and managers for support provided to injured workers, and was comparatively more positive than the assessment given of workplace safety and prevention of injury (***Workplace Safety Index).***

Managers have also been positive in their assessment of their organisations' workplace culture. In agreement with employees, they have given their **least favourable** rating to *'It is unusual for people to experience bullying in this organisation'* **(3.9),** followed by *'There is a good level of trust between managers and staff'* (**4.2**). Their **most positive** rating was given to *'If an employee becomes ill/injured management/supervisors are usually supportive'* **(4.6),** followed by *'Communication between managers and staff usually works well'* (**4.4**) and *'If an employee becomes ill/injured, the work team are usually supportive'*(**4.4**).

Systematic literature reviews provide evidence that clear communication, cooperation, and establishing common agreed goals between the injured worker, health providers, supervisors and management are critical for positive clinical and occupational outcomes (Australian Institute for Primary Care: 2006; Roberts-Yates: 2006; Franche *et al:* 2007; 2004). Employees have given positive average ratings to communication in their workplaces, with communication *within their work teams* rated at **4.1** while communication *between workers and managers* was rated less positively at **3.8.** Managers have been more positive, rating communication *within work teams* at **4.3** and communication *between workers and managers* at **4.4**.

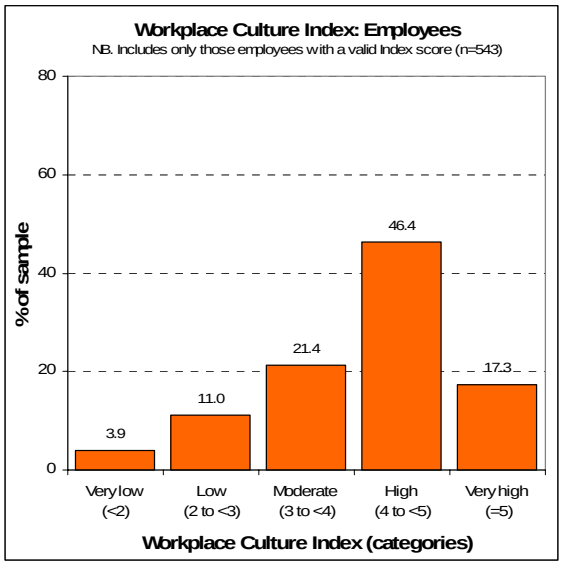
The degree of *trust* in relationships between employers and employees has also been found to be important, as this is found to affect the sense of control workers have over their work and the amount of stress experienced, with attendant health consequences (Coats & Max, 2005: 38). Employees have given a positive average rating (**4.1**) to the level of trust *within their work teams* but a less positive rating to the degree of trust *between workers and managers* (**3.7**). By contrast, managers take a more positive view than employees providing an average rating of **4.3** for the level of trust *within work teams* and an average rating of **4.2** for the degree of trust *between workers and managers.*

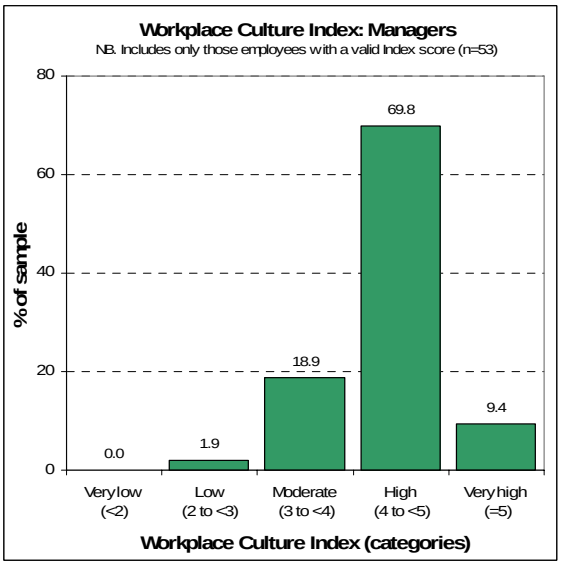
Research findings confirm the relationship between effective return-to-work and supportiveness of supervisors/managers and co-workers to injured workers (Kenny: 1998; Franche *et al:* 2004; Roberts-Yates: 2003, 2006). Employees and managers have given a positive average rating to the *supportiveness of work teams* (**4.4 each**) and *of manager or supervisors* (**4.3, 4.6**) and the *willingness to help injured colleagues* with workload (**4.3** and **4.2**).

There has been a reasonable degree of agreement between managers and employees in rating their workplace culture, with the only statistically significant difference relating to the perceived effectiveness of *communication between managers and staff,* (Mann-Whitney U = 12052, $p<.01$). This corresponds to the employees' lower rating, compared with managers, of the degree of trust between staff and management, described above.

The total average score for this Index from employees was **4.0** (median score of **4.3)** and from managers was **4.3** and (median score of **4.3).** While these total scores are positive, they represent an average score within which nearly **15%** of employees gave their workplace a 'Low' to 'Very low' rating.

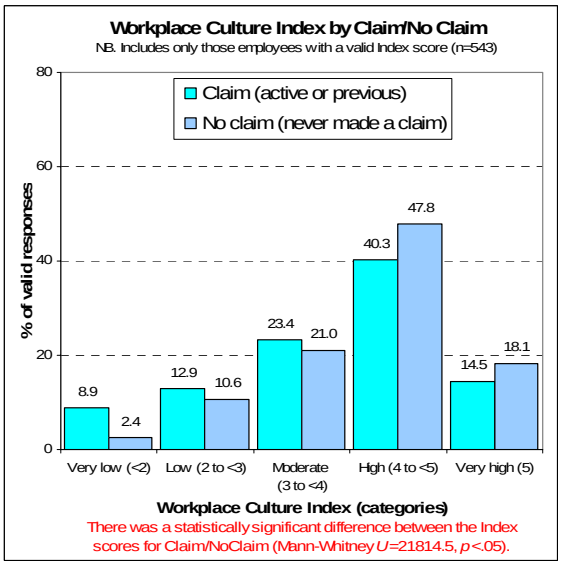
Chart 76: Workplace Culture Index - Employees





There was a statistically significant difference between employees with or without a past or active workers' compensation claim**.** This yielded a Mean score of **3.8** *for those with a claim history*, compared to the higher Mean of **4.1** *for those with no claim history*.

Chart 79: Workplace Culture Index – Claim and No Claim compared



All of the items forming the ***Workplace Culture Index*** were tested for significance on the basis of having or not having an active or previous workers' compensation claim. The following six items were found to show a statistically significant difference, being more **positively rated** by those with **no claim** history, compared to those with an active or past claim –

- Effective communication between managers and staff (p<.05)
- Effective communication within work teams (p<.05)
- Good level of trust within work teams (p<.01)
- Workplace bullying (p<.05)
- Work teams are supportive to ill/injured employee (p<.05)
- Management/supervisors are supportive to ill/injured employee (p<.05).

These findings support previous research in highlighting the important role that workplaces and the culture they embody can play in achieving effective return-to-work.

Findings: The Workplace Safety Index

Numerous researchers have linked a company's safety climate (that is, the reflection of workers' perceptions of the priority given to safety in their workplace) to injury rates (Polanyi: 2004). Australian research has found that return-to-work is significantly related to higher perceived standards of occupational health and safety characteristics of workplaces (Kenny: 1998).

The ***Workplace Safety Index*** included items assessing workers' knowledge of compensation and claims processes because researchers have frequently identified the need for injured workers to be informed about the compensation process and its associated rights and responsibilities (Franche *et al:* 2004) and that return-to-work is significantly related to positive perceptions of methods of information dissemination to workers about their rights and entitlements (Kenny: 1998).

The Index also includes items relating to the training of employees and managers in occupational health and safety and injury prevention. The importance of this in achieving effective return-to-work is a theme in the research literature (Franche *et al:* 2004).

E**mployees** were positive in their ratings with the **highest** assessment made of the *perceived value placed by their employing organisation on workplace safety* (**4.5**) and the *provision of equipment to prevent injury from heavy lifting* (**4.5**), and the *availability of lifting equipment* (**4.4**).

This is likely to be a reflection of the emphasis that has been placed by the aged care sector in recent years on training in lifting and manual handling of clients, and the provision of equipment for lifting – including making sure that sufficient lifting equipment is available. Employees have also been positive in rating the provision of *training in lifting to prevent injury* **(4.3)** and the *encouragement of bringing to the attention of managers issues about workplace safety* (**4.3).**

The **least positive** ratings pertained to the information provided to employees to ensure *familiarity with workers' compensation rights and obligations* (**3.7**) and *processes* (**3.6**), and *processes associated with making a claim* (**4.0**).

Managers were extremely positive in their ratings with the **highest** assessment made of the *perceived value placed by their employing organisation on workplace safety* (**4.75**) – in line with employees' ratings - and the *capacity of management to listen to workplace safety issues raised by employees* (**4.75**). In agreement with employees surveyed, the **least positive** ratings related to the information provided to employees to ensure *familiarity with processes associated with making a claim* (**3.75**) and to the *amount of training managers received in injury prevention* (**3.7**).

Given how positive managers have been in most of their ratings, the lower assessment given by them to the training they receive in injury prevention should be interpreted as a need for further training on this issue. Further analysis of findings showed a significant difference in ratings given to managers' training in injury prevention, based on whether or not a claim for workers' compensation was involved**.**

In calculating a total ***Workplace Safety Index*** score, it was found that **52.6**% of **employees** gave their organisation a 'High' rating overall (that is, a mean score between 4.0 and 4.9 inclusive) and

a further **17.5**% gave the most positive rating possible of '5'. This provided an average score across all of the items in this Index of **4.2** and a median score of **4.4.** However, it should be noted that nearly 9% gave a 'Low' to 'Very Low' rating.

Managers were similar in their assessment, with **67.9**% giving their organisation a 'High' rating overall and a further **5.7**% giving the most positive rating possible of '5'. This provided an average score across all of the items in this Index of **4.25** and a median score of **4.5,** which is slightly higher than that of employees**.**

Chart 112: Workplace Safety Index Version I - Employees

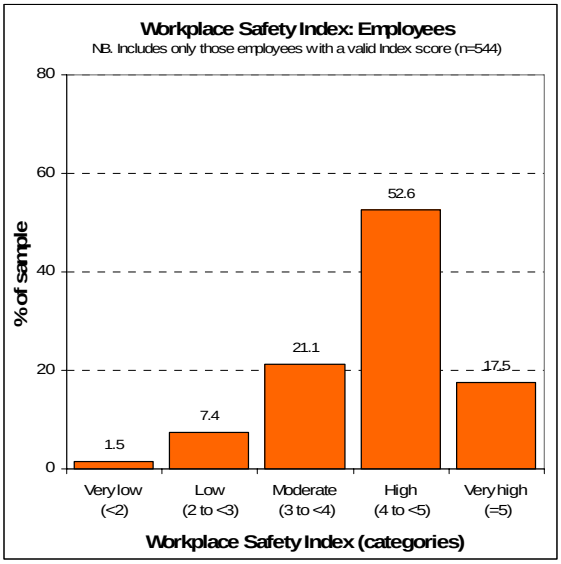
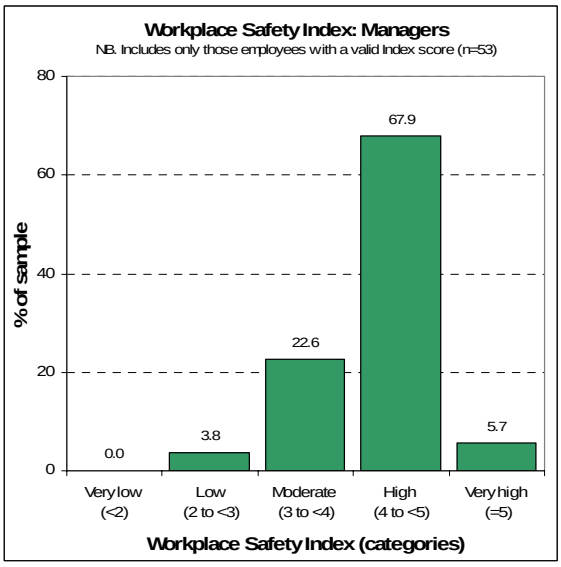


Chart 113: Workplace Safety Index Version I- Managers



A second version of the ***Workplace Safety Index*** was generated, which excluded the three items regarding employees' knowledge of workers' compensation and claim processes. Employees' average score across all of the items in this second version of the Index increased to **4.3** and the median score to **4.6.** The average score for managers also increased slightly to **4.3** and the median score remains at **4.5**.

Chart 114: Workplace Safety Index Version II- Employees

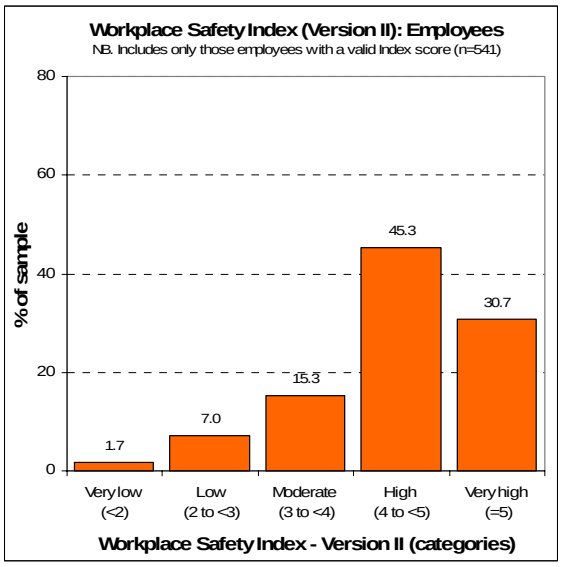
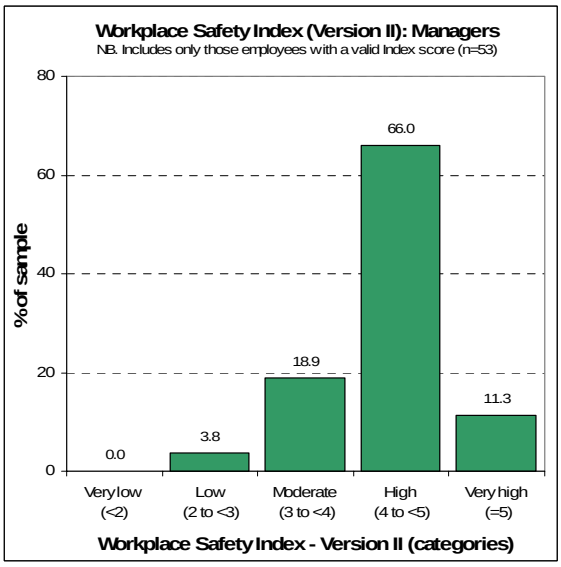
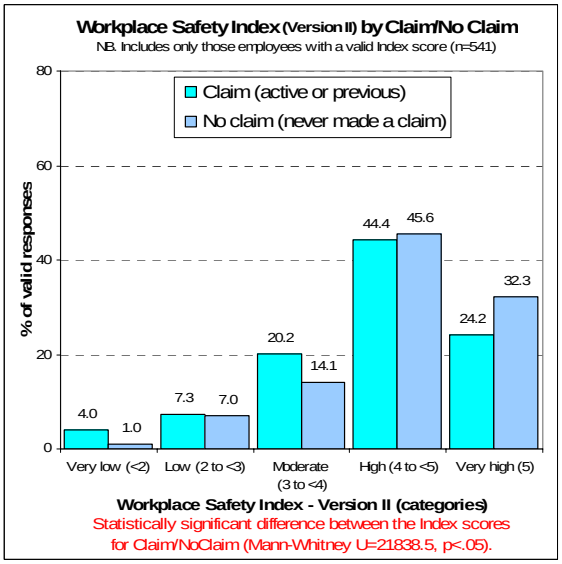


Chart 115: Workplace Safety Index Version II- Managers



The ***Workplace Safety Index*** (excluding the three items regarding employees' knowledge of workers' compensation and claim processes) was further analysed by comparing the ratings of employees on the basis of claim history. Again a statistically significant difference was evident (p<.05), with those with **no claim history** rating their workplaces' approach to safety and injury prevention in a **more positive** way. This yielded a Mean score of **4.1** *for those with a claim history*, compared to the higher Mean of **4.3** *for those with no claim history*, and a Median score of **4.3** *for those with a claim history* compared to the higher Median of **4.6** *for those with no claim history*.

Chart 116: Workplace Safety Index – employees with and without a claim



The importance of training in occupational health and safety and injury prevention, for both employees and managers, was evident in the analysis on the basis of claim history which found

that those with no claim history provided significantly more positive ratings about workplace safety and injury prevention in relation to these six items of the ***Workplace Safety Index***–

- Employees receive enough training in occupational health and safety issues (p<.01).
- Employees receive enough training in Injury prevention (p<.05).
- Managers receive enough training in occupational health and safety issues (p<.05).
- Managers receive enough training in injury prevention (p<.05).
- Employees receive enough training in lifting to prevent injury (p<.05).
- Managers listen if employees raise workplace safety issues (p<.05).

This finding reinforces the importance of a safety-focused workplace culture that fosters open communication and trust between managers and employees, and provides employees with the confidence to raise safety issues knowing that management will listen to them.

Although aged care employees and managers have been generally very positive in their assessment of workplace safety, this needs to be tempered by additional comments provided which identified as a risk to safety, the extreme pressures faced due to insufficient resources. One of the reported results of this is a tendency to rush and to take risks with lifting and manual handling in order to save time. The inter-related pressures of limited time, resources and staff numbers can overtake the benefits of training.

Findings: The Workplace Response to Injury Index

While the ***Workplace Safety Index*** examined organisations' capacity to prevent workplace injury or illness, the ***Workplace Response to Injury Index*** explored the approach taken in response to injury or illness. Both employees and managers have been more positive, overall, about their organisations' response to workplace injury and illness and to achieving return-to-work, than about their organisations' capacity to prevent injury and illness.

A number of researchers have found that early intervention (including early notification and treatment, early return-to-work and workplace modification) is a critical factor in enabling early return-to-work as well as reduced costs associated with health care and wage replacement (Roberts-Yates: 2006; Franche *et al:* 2007, 2004; Kenny: 1998; Australian Institute for Primary Care: 2006; Pransky *et al*: 2004). Early intervention relies on timely reporting (Pransky *et al:* 1999) and the lack of this may compound the seriousness and costliness of injuries (Johnson & Fry: 2002).

The ***Workplace Response to Injury Index*** assesses the communication between the different players in the return-to-work process, the timeliness of notification of an injury, the development of a return-to-work plan, the involvement of injured employees in that plan, the involvement of supervisors/managers in that plan, and the provision of support and redesign of work roles or workplaces to enable early return-to-work. Based on the findings of previous research, these are all factors that influence the achievement of positive return-to-work outcomes.

Employees gave their **most positive** average rating (**4.8**) to policies encouraging employees to *notify as early as possible* if they have been injured. It was clear from our initial interviews with managers from the participating organisations that several had been promoting early notification in response to a trend for aged care industry employees to under-report injuries. The ratings for the other workplace-based responses are also very positive. In line with research findings on the factors that enable an effective return-to-work, very positive ratings have been

given to developing a *return-to-work plan* (**4.6**), *involving supervisors* (**4.6**) and the *injured worker* in that plan (**4.5**), and *work redesign* to accommodate the injured worker (**4.5**).

Given the number of stakeholders involved in the RTW process, coordination of their inputs is essential, and is often facilitated by the appointment of a person designated to achieve this outcome. The presence of a *Return-to-Work Coordinator* has emerged as one important strategy for facilitating return-to-work, and supervisors and managers have also been found to play an important role (Australian Institute for Primary Care: 2006; Franche *et al:* 2004). Coordination is also important because it supports effective *communication* between the various people involved in the return to work process. Communication between treatment providers and the workplace that is focused on preventing re-injury is a critical factor in reducing absence from the workplace and achieving an early return-to-work (Franche *et al*: 2007). A coordinated and collaborative approach between all stakeholders has been found to be essential for the effective management of return-to-work (Australian Institute for Primary Care: 2006; Franche *et al*: 2004; Yassi *et al:* 2002).

The **most negative** rating **(3.95**) was applied to the *communication processes between management and those managing the worker's injury or illness.* However, it should be noted that only 56% of employees who had never made a claim were able to provide a rating for the communication processes between return-to-work stakeholders, compared with 79.5% of employees who had experience of making a claim (which is understandable if they have not had direct experience with a workers' compensation claim).

In deriving a total score for the *Workplace Response to Injury Index* employees' average score across all of the items in this Index was **4.5** and the median score was **4.8.** Managers' ratings were more positive and yielded an average score across all of the items in this Index of **4.6** and a Median score of **4.8**.

Chart 139: Workplace Response Index - Employees

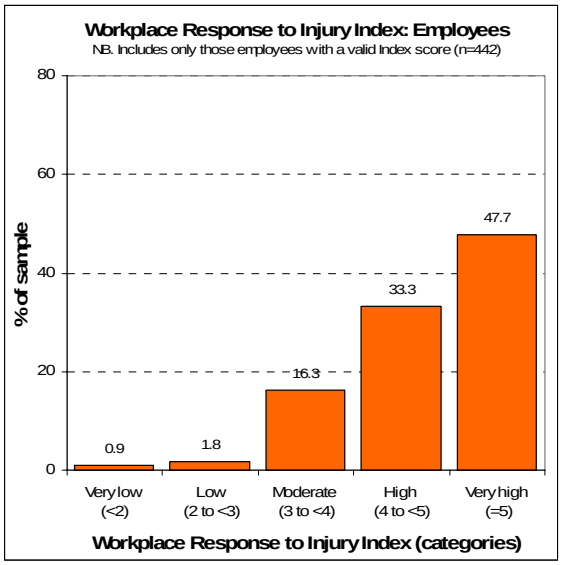
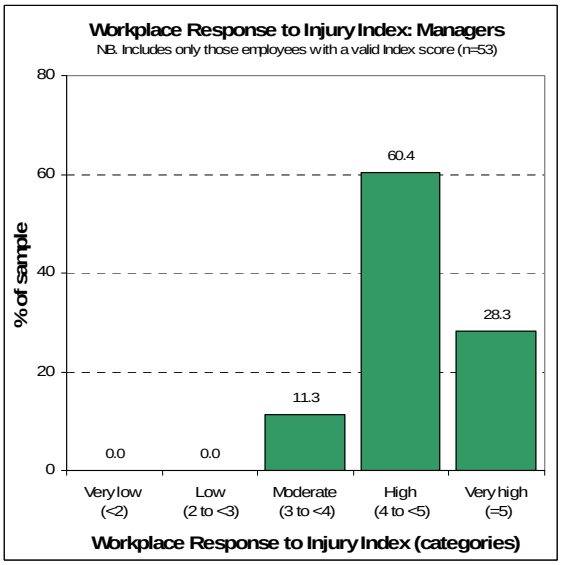


Chart 140: Workplace Response Index - Managers



No statistically significant difference was found between employees' and managers' responses for this Index as a whole. However, analysis of individual items found a significant difference ($p<.001$) between them in relation to their ratings of the *effectiveness of communication between all parties involved in the return-to-work process***.**

Comparative analysis of this Index on the basis of employees' **claim history** did **not** quite reach significance.

The majority of managers indicated that the strategy of having a specific return-to-work policy and/or set of procedures was **less likely** to be in place (**89.1**% of managers) than was the use of a designated *Return-to-Work Coordinator* and occupational health and safety (OH&S) assessments of the work environment (**94.5**% of managers for each).

Findings: Return-to-Work – Enablers and Barriers

The employees and managers surveyed have provided a significant amount of information about factors that facilitate and factors that inhibit effective return-to-work. This is evident in their responses to the items forming the five Workplace Indexes. To this information can be added the responses of the **127** individuals with a past or active workers' compensation claim who were asked to describe the factors that had assisted and the factors that hindered their return-to-work**.** Responses have been grouped into four categories –

⇒ workplace related factors
⇒ *WorkCover* related factors,
⇒ treatment-related factors and
⇒ 'other' factors which include the worker and their personal and other support sources.

These four sets of factors will all have a bearing on recovery and return-to-work, but it is clear that the workplace is identified as a critical source in enabling return-to-work, and preventing this. Setting aside the nature of the injury and the effectiveness of treatment provided, much depends on the accommodations made to work roles and conditions, and the attitudes of supervisors/managers and work colleagues. **Treatment-related** enablers collectively were identified by **65.4**% of these respondents, closely followed by **workplace-related** factors, identified by **63.0**%**.**

The most commonly identified **facilitator** was the *treatment itself* (50.4% of the 127 people who had made a claim), which is logical. However, the second most commonly identified facilitator was the *re-design of work roles and other modifications that accommodate injury or illness* (25.2%), followed by *management support and flexibility* (14.2%), *adequate time to recover* (13.4%), *support from colleagues* (13.4%) and a *Return-to-Work Plan* (7.1%) as well as the *worker's own personal qualities* (7.1%). The support provided by *WorkCover* staff or case managers was the *seventh* most frequently identified facilitator (5.5%).

The identification of workplace/work role modification as the most important workplace-based facilitator of return-to-work is also the strategy that was most commonly identified by both employees and managers when asked to indicate how aged care organisations support an early return-to-work for injured or ill workers employees. This was followed by reducing hours, then by providing flexible hours, retraining for a different work role and the provision of assistive equipment. This is an important achievement by aged care providers.

The most commonly identified **barrier** was the *injury or illness itself and the difficulties associated with it* (19.7% of these respondents). However, the second most commonly identified facilitator was *managers' or supervisors' attitude, lack of knowledge or lack of action* (12.6%), followed by *the nature of the job, including a lack of suitable alternative work duties and accommodation* (9.4%). Of the four categories of barriers, those relating to the **workplace** collectively represented **31.5**% of responses, ahead of the other three types of barriers.

Conclusions

The *Return-to-Work* survey has been designed to increase our understanding of workplace factors that affect the achievement of positive return-to-work outcomes. This has included the development and application of five Indexes which seek to measure workplace factors that affect return-to-work, while assessing the capacity of participating aged care organisations to support effective return-to-work. Survey findings support those of the existing research literature and one change has been identified as needed to the Indexes. The AISR suggests that the ***Workplace Response to Injury*** Index have one additional item that identifies the *appointment of a Return-to-Work Coordinator***.** Obviously any application to other industries will require a review and tailoring of individual items, particularly those that are part of the ***Workplace Conditions Index***.

With regard to the process used to distribute the surveys, the AISR has had positive feedback about the tailoring of this to suit individual organisations, and about the choice of written or on-line feedback. The suitability of this approach to other industry sectors would need to be determined on an industry by industry basis, but the principle of tailoring based on consultation with key stakeholders is upheld. The type of feedback for other sectors would include the option of telephone interview, especially for people with limited literacy and English language proficiency. At the same time, it is recognised that interview based feedback is more labour intensive and therefore, most costly. The tailoring approach too adds to costs because of the time spent in consultation and fine-tuning processes. However, the AISR considers that this is a necessary cost in order to ensure that survey questions are relevant and the process negotiated for participation is realistic.

An issue for consideration is future applications of the ***Workplace Response to Injury*** Index is the inclusion of contractors as well as employees with ongoing appointments. Where contractors represent a significant proportion of the workforce it will be important to include them, despite the difficulties associated with obtaining their participation (for example, their employing agencies requiring payment for their time to participate, or organisations not perceiving contractors to be part of their workforce).

Table 28 summarises the key achievements of the aged care providers studied, based on ratings of 4.1 or better by managers and employees, and the challenges that require their focus, based on ratings of 4.0 or less. Where there is agreement between managers and employees, the item has been highlighted. Workplace Conditions and Workplace Control are all highlighted as they are based on employee ratings only.

Table 28: Aged Care Providers and Return-to-Work: Achievements and Challenges summarised

Achievements	Rating	Challenges	Rating
Workplace Conditions Index			
Exposure to vibrating equipment	4.7	Workplace extremes of temperature	3.3
Exposure to excessive noise levels	4.4	Slippery floors and other fall-inducing conditions	4.0
Exposure to hazardous respiratory conditions	4.4		
Appropriate lifting equipment	4.3		
Minimal skin exposure to chemicals	4.2		
Adequate lighting	4.2		
Having appropriate tools, equipment	4.1		
Workplace Control Index (note all 7 items received ratings of 4.0 or less)			
		Capacity to adapt working hours	2.9
		Control over timing of breaks	3.3
		Control over what work is done	3.3
		Control over the pace of work	3.6
		Control over how work is done	3.8
		Control over methods used in work	3.9
		Control over the order of work tasks	4.0
Workplace Culture Index			
Management/supervisors supportive if employee becomes ill/injured	4.6E 4.6M	Experience of workplace bullying	3.6E 3.9M
Work teams supportive if employee becomes ill/injured	4.4E 4.4M	Level of trust between managers and staff	3.7E
Colleagues willing to help an injured worker with their workload	4.3E 4.2M	Communication between managers and staff	3.8E
Communication within work teams	4.1E 4.3M	Capacity to raise work-related issues or concerns with managers	3.9E
Level of trust within work teams	4.1E 4.3M	Capacity to raise work-related issues or concerns with managers	3.9E
Capacity to raise work-related issues or concerns with managers	4.4M		
Communication between managers and staff	4.4M		
Level of trust between managers and staff	4.2M		
Workplace Safety Index			
Organisation places a high value on workplace safety	4.5E 4.75M	Familiarity with workers' compensation processes	3.6E 3.75M
Organisation provides equipment to prevent injury from heavy lifting	4.5E 4.7M	Familiarity with rights & obligations re: workers' compensation processes	3.7E
Equipment to prevent injury from heavy lifting is usually available	4.4E 4.6M	Familiarity with processes involved in making a claim	4.0E
Managers listen if employees raise issues about workplace safety	4.3E 4.75M	Managers/supervisors receive enough training in OH&S issues	3.9M
Employees receive sufficient training in lifting to prevent injury	4.3E 4.4M	Employees receive enough training in injury prevention	3.8M

Achievements	Rating	Challenges	Rating
New workers have proper induction that includes workplace safety	4.2E 4.4M	Managers/supervisors receive enough training in injury prevention	3.7M
Managers/supervisors receive enough training in OH&S issues	4.2E		
Managers/supervisors receive enough training in injury prevention	4.2E		
Employees receive enough training in injury prevention	4.1E		
Employees receive enough training in OH&S issues	4.2E 4.1M		
Familiarity with rights & obligations re: workers' compensation processes	4.4M		
Familiarity with processes involved in making a claim	4.1M		
Workplace Response to Injury Index			
Early notification of injury or incident in workplace is encouraged	4.8E 4.9M	Communication between those involved in return-to-work	3.95E 3.9M
Supervisors/managers part of return-to-work planning following a claim	4.6E 4.6M		
Injured worker part of return-to-work planning following a claim	4.5E 4.75M		
Workplace modification to make timely return to work following a claim	4.5E 4.7M		
Return-to-work plan developed for injured workers	4.55E 4.7M		

The findings from the *Return-to-Work* project survey indicate the need for action in a number of areas. These are identified in the boxed sections that follow.

Workplace Conditions Index

Employees in general have given positive ratings of their organisations, with the least positive assessment of work conditions relating to extremes of workplace temperature followed by slippery floors and other fall-inducing conditions. The latter was found to be statistically significant for those with a past or active workers' compensation claim, and as such, represents the workplace condition suggested by our findings as requiring most attention from aged care providers. It was also found to represent a greater risk for employees working in clients' homes, as opposed to residential care settings.

Such conditions can be expected to be more difficult to control in a home setting than in a residential facility, but given the ongoing trend to provide care in the community, will continue to be a risk factor in workplace safety.

Determining how to manage occupational health and safety risks posed by home environments is a challenge for the aged care sector that perhaps requires a specific project to trial best practice strategies.

Our scoping interviews with aged care providers prior to designing the survey identified one strategy that involved client education in combination with care provider education. This related to lifting of clients but has potential for broader application. In relation to the prevention of falls, the education of care workers and their clients about the risks posed by

slippery floors, loose rugs, electrical cords that can be tripped over and other hazards, is of benefit to both.

A wider community education campaign by *WorkCoverSA* and *SafeWorkSA* about home and office conditions that bring the risk of falling can reach all age groups, and would strengthen the efforts of individual organisations to educate their workforce.

Workplace control

The overall perception of *Workplace Control* has been less positive than the assessment of *Workplace Conditions* and had the lowest overall score of the five Indexes. Analysis of findings showed that the capacity to adapt working hours, and to choose when to take a break varied by work setting and work role. Those in policy or administrative roles, whose setting was office-based rather than in a client's home or aged care facility had the greatest degree of autonomy and control, while direct care workers had the least. Of those providing care, people working in facilities had less capacity to adapt working hours than did those working in clients' homes. Furthermore, the capacity to adapt working hours was also greater for those who had no claim history than for those with an active or past workers' compensation claim, and this is in line with research findings linking workplace injury to limited control over work tasks.

While designing work responsibilities to maximise individual autonomy and control is relatively straightforward for those working in office settings and in policy or administrative roles, it is a much greater challenge for roles that involve direct client care and supporting roles (for example, domestic or home maintenance). Without consultation with the aged care sector, it is difficult to determine to what extent those challenges relate to the nature of the work and the type of setting, or to traditional approaches to work organisation, or both.

This indicates the need for the aged care industry to explore ways in which greater workplace control can be achieved for all roles and in all settings, and to establish a series of pilots to model alternative approaches.

Of all the challenges associated with the risks identified through the five Indexes, those associated with Workplace Conditions are likely to be the most difficult to change.

Workplace culture

The important relationship between workplace culture and the likelihood of workers making a claim for compensation for injury or illness was highlighted in the statistically significant differences found on the basis of claim history for these six items of the ***Workplace Culture Index*** **–**

- Effective communication between managers and staff.
- Effective communication within work teams.
- Good level of trust within work teams.
- Workplace bullying.
- Work teams are supportive to ill/injured employee.
- Management/supervisors are supportive to ill/injured employee.

These findings support previous research in highlighting the important role that workplaces and the culture they embody can play in achieving effective return-to-work.

Employees have given the most positive average ratings to the supportiveness of work teams, and of management/supervisors when an employee becomes ill or injured, and the willingness of colleagues to assist with the workload following an employee's injury or illness. Given the care-giving competence required of workers in the aged care sector, this is a reassuring finding.

However, attention should be directed to addressing the less positive ratings that were given to workplace bullying (by both employees and managers), and levels of trust between managers and staff (as perceived by employees). Given previous research findings on the role of workplace culture in return-to-work and in particular, on workplace bullying and its negative influence on reporting of injuries, attendance, turnover and worker health, these two issues are important in a risk assessment of aged care workplaces, and suggest the need for further exploration by aged care providers.

The research literature also confirms the need for workplace cultures that encourage timely reporting of injury or illness by promoting a climate of safety, trust and support and education of staff in injury prevention and management. Under-reporting is linked in the research literature to poor safety cultures and inadequate reporting systems and processes, a low level of commitment to safety by management and a lack of knowledge of reporting requirements. As discussed in this report, there is strong trend to under-report work-related musculoskeletal disorders (these are the most common injury in the aged care sector) and for the health and aged care sectors to under-report. Open-ended comments in our survey attributed under-reporting to workplace cultures that discourage reporting, a belief that the injury could not be attributed to a single incident, stigma associated with reporting, and unhealthy stoicism.

In terms of prevention and a proactive approach to return-to-work, these underpinning factors all have scope for intervention from management. Based on our findings and those of the existing research literature, this suggests that aged care providers can benefit from reviewing their organisation's approach to the following –

- **information and training, for both employees and managers, in safe work practices;**
- **raising awareness about the importance of timely reporting and intervention;**
- **ensuring that reporting processes are in place and clearly understood;**
- **encouragement to report all injuries, regardless of how minor they appear to be;**
- **fostering of a workplace culture that removes stigma from injury and reporting, and ensures support to injured workers.**

Workplace safety

The importance of training in occupational health and safety and injury prevention, for both employees and managers, is illustrated in our analysis which found that those with no claim history provided significantly more positive ratings in relation to training received in –

- occupational health and safety issues;
- injury prevention; and
- lifting to prevent injury.

Those with no claim history were also significantly more likely to have managers who were receptive to employees bringing to their attention workplace safety issues. Most employees

surveyed believe that they will be listened to if they bring to the attention of management workplace safety issues.

The majority of employees and managers have been positive in their assessment of workplace safety, particularly regarding training to prevent injury from heavy lifting and the provision of lifting equipment – no doubt reflecting the emphasis given by the aged care sector to this issue in recent years. Both employees and managers have also given their highest ratings to the value placed by their employing organisation on workplace safety.

The least positive ratings have been of how informed employees are regarding workers' compensation claim processes, and of the amount of training managers receive in injury prevention – indicating the need for greater attention to these two gaps. Given how positive managers have been in most of their ratings, the lower assessment given by them to the training they receive in injury prevention should be interpreted as an urgent need for further training on this issue.

Workplace response to injury or illness

Both employees and managers have been more positive, overall, about their organisations' response to workplace injury and illness and to achieving return-to-work, than about their organisations' capacity to prevent injury and illness.

Most aged care organisations in this sample have established processes that encourage the early notification of injury, the development a *return-to-work plan*, involving supervisors and the injured worker, and *work redesign* to accommodate the injured worker. However, ratings indicate that attention is needed in improving the *communication processes* between management and those managing the worker's injury or illness.

The majority of managers have indicated that the strategy of having a specific return-to-work policy and/or set of procedures was less likely to be in place than was the use of a designated *Return-to-Work Coordinator* and occupational health and safety assessments of the work environment. The importance of the latter two strategies is reinforced by previous research as is the importance of organisational policies in ensuring employee compliance with safety behaviour, reducing micro-accidents, reducing workplace disability and promoting successful work role functioning.

The findings suggest that the aged care sector should pay greater attention to developing and implementing specific return-to-work policy and procedures, and to continue working with those involved in the return-to-work process, including *WorkCover SA* to enhance and streamline communication processes between them.

Workforce development implications

It is important that organisations actively view occupational health and safety initiatives as an integral part of broader workforce development. Healthy and safe workplaces provide an environment conducive to workforce productivity, continuous learning and a positive workplace culture. The challenge to achieve these outcomes is growing in significance as industries address broader population ageing and skills shortages. Recruiting and retaining workforces in the face of these challenges will depend on the effectiveness of workforce planning and development, and within this, the promotion of workforce health and safety.

A significant component of the achievement of workforce health and safety is based on proactive, rather than reactive, initiatives. As such, there is a key role to be played in educating employers, workforces and the broader community about health-promoting and safe behaviours. Specifically, this involves the input (at State level) of the Department of Further Education, Employment, Science and Technology (DFEEST), *WorkCover SA* and *SafeWork SA*. Each has a particular contribution to make, that would be most effective if part of a coordinated and whole-of-government strategy.