

Barriers to Return to Work

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ECHO Public Safety Personnel



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• None



Faculty/Presenter Disclosure

- Faculty: Megan Edgelow, EdD, OT Reg. (Ont.)
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 - Other: Employee of Queen's University



Faculty/Presenter Disclosure

- Faculty: Dwayne Van Eerd, PhD
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 - Patents: Not applicable
 - Other: Employee of the Institute for Work & Health



Mitigating Potential Bias

- The information presented in this program is based on recent information that is explicitly "evidence-based".
- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CE/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards



Learning Objectives

By the end of this session, participants will be able to:

- 1. Describe common barriers to return to work (RTW) for public safety personnel (PSP)
- 2. Recognize how barriers can be modified
- 3. Explain how employers and healthcare practitioners can work collaboratively to support PSP to RTW



PSP RTW Experiences

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Objective 1: Describe common barriers to RTW for PSP



PSP Return to Work Experiences

- This study captured the experiences of Ontario PSP in their RTW journeys, including with employers, WSIB, and healthcare professionals (HCPs)
- A survey-based study was conducted, using email and social media platforms to distribute the survey to PSP across Ontario (November 2021-May 2022)
- Quantitative data were summarized using means and frequencies, and open text results were analyzed using qualitative framework analysis

Edgelow, M., Legassick, K., Novecosky, J., & Fecica, A. (2023a). Return to work experiences of Ontario public safety personnel with work-related psychological injuries. *Journal of Occupational Rehabilitation*, 1-12.



Survey Results

- The top three HCPs accessed by PSP were psychologists (61%), occupational therapists (OT; 60%) and general practitioners (GP; 44%)
- Respondents identified the cultural competence of HCPs in understanding their work demands and work culture as very important
- On a scale out of 5, PSP rated their experience with WSIB and employer support as poor on their first RTW attempt with an average rating of 2.93 and 2.46 respectively
- Respondents wanted improved RTW processes, access to accommodations and workplace support



Barriers and Facilitators to RTW

Most commonly endorsed barriers

- Stigma
- System navigation
- Lack of support from employer/leadership

Most commonly endorsed facilitators

- Peer support
- Experienced WSIB case manager and healthcare providers
- Confidentiality



Objective 2: Recognize how RTW barriers can be modified

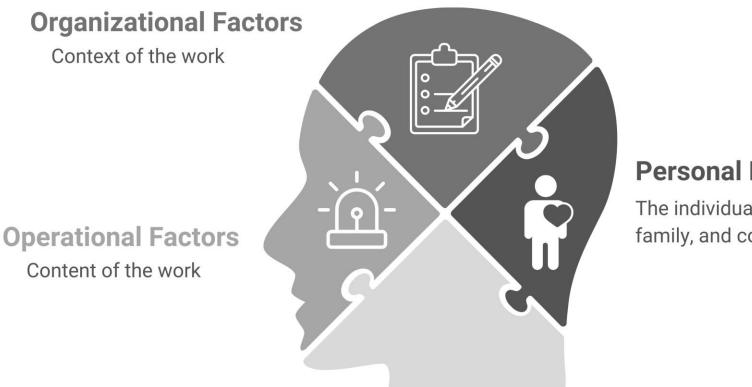
 Table 4
 Return to Work Accommodations

WHAT ACCOMMODATIONS WOULD BE HELPFUL IN n YOUR RTW?

Reduced hours	58
Flexible shifts	57
Reduced number of night shifts	47
More frequent breaks	35
Change of role	23
Limits to calls or situations attended	30
Change of station and/or post	22
Reduced number of dayshifts	13
Service animal	8
Other - Less cognitively distracting - less radio/phone	8
interactions	
Other - Working remotely	6
Other - Changing job entirely/leaving post	2
Other - Increased supervisor support	
Other - Access to gym	
Other - Open communication with employer about return to work	1
Other - Implementing mindfulness and exercise regime	1
Other - Supportive co-workers	1
Other - Proper staffing	1
Other - Having a RTW plan in place	
No response	35

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Tri-Operational-Organizational-Personal Factors Model (TROOP)



Personal Factors

The individual, their family, and community



Supervisor support

• Training, mental health promotion, cultural competence

Leadership style

• Leadership development, employee-centric approaches

Stigma and workplace culture

 Access to mental health resources, stigma reduction programs

Shift work models

 Shift work recently listed as a carcinogen by World Health Organization (WHO), 10 hour versus 24 hour

Staffing levels

Burnout prevention, adequate funding, culture of rest and breaks

Organizational Factors Most Amenable to Change



Objective 3: Explain how employers and healthcare practitioners can work collaboratively to support PSP to RTW



Be informed about mental health

PSP Advice for Healthcare Practitioners Be informed about "PTSD in first responders"

Be informed and "knowledgeable about the work we do"

"Be prepared to hear some of the horrible things we've seen"



What PSP Need From Their Employers

- Employers can work with the PSP's healthcare team to implement a specific RTW plan, tailored to the individual
- Many individuals return gradually with reduced hours and responsibilities, easing back into the workforce
 - This can ensure success on the first RTW attempt and decrease the need for multiple attempts
- Coordinated and person-centred approaches are effective for other populations making RTW attempts, including those with chronic conditions and mental health conditions
- Many of the PSP respondents in our survey study felt that their employer did not support the accommodations they needed
- A lack of support from employers can impact the ability of PSP to serve their communities competently and confidently



Take Home Messages

Research suggests that PSP would like to RTW after work-related psychological injuries

Barriers include a lack of support from employers, workplace stigma, HCP not having expertise and cultural competence, difficulties with system navigation and receiving workplace accommodations

What PSPs need in their return to work journeys:

- · Person-centred approaches to workers compensation processes and RTW planning
- Supportive work environments that enable necessary accommodations and reduce stigma
- Access to health care providers with competence in work-related psychological injuries, as well as an understanding of the specific nature of PSP work

References



Edgelow, M., Legassick, K., Novecosky, J., & Fecica, A. (2023a). Return to work experiences of Ontario public safety personnel with work-related psychological injuries. *Journal of Occupational Rehabilitation*, 1-12. <u>https://doi.org/10.1007/s10926-023-10114-6</u>

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RTW in Ontario Police Services

Dwayne Van Eerd

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Return to Work in Ontario Police Services

Objective:

- Working with a stakeholder committee we collected and synthesized current workplace RTW practices to document and improve RTW in Ontario police services
- Perspectives of those who have experienced RTW: workers, manager/supervisor, OHS/RTW practitioner + research evidence







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Methods:

- Stage 1: Semi-structured interviews with police members (sworn and civilian) about RTW practices and experiences. Content analysis of RTW policy documents
- Stage 2: Rapid review of the peerreviewed literature on RTW in policing
- Stage 3: Synthesis of stage 1 and 2 to develop a practical guide for RTW practices in policing

Qualitative Results – Participants



Interview participant characteristics: 49

Char	acteristic	Percent of sample
Gender	Male: Female:	53% 45%
Age range	18-34: 35-44: 45-54: 55 and above:	12% 35% 37% 16%
Role	Manager/OHS Worker	41% 59%
Sworn	Sworn Civilian	61% 39%
Injury type	Physical Psychological Combination	18% 33% 49%

Inclusion criteria

Police service members who have experienced RTW:

- Following a work absence from injury

or

- Supporting others in RTW following injury



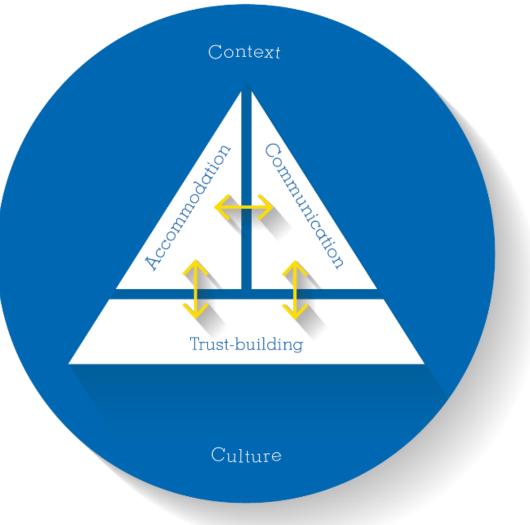
Qualitative Results – Themes

Five overarching themes emerged.

Two themes related to context and culture highlighted specific challenges to RTW in Ontario policing.

Three overarching RTW practice themes emerged:

- 1) A- Accommodation
- 2) C- Communication
- 3) T- Trust Building





Qualitative Results – Context and Culture Quote



In my role, I have lots of meetings with senior management. ... they have a whiteboard in their offices with all the people who are off sick, on WSIB, or other illnesses. And they call them broken toys. Those are the broken toy people. And they talk about what they're going to do with them, how they're going to get them back to count paper clips, and things like this. ... So, when I went back, that's what I felt like ... like a broken toy." W013



Objective 1: Common Barriers to RTW for PSP

Accommodation

- Time/effort and burden of bureaucracy
- Meaningful work versus available work

Communication

- Adversarial
- Lack of consistency

Trust building

- Lack of confidentiality
- Perceived malingering
- Link to Human Resources



Objective 2: Recognize How RTW Barriers Can Be Modified

Accommodation

- Involve worker in planning process
- Approach RTW plan with flexibility understanding that RTW process may not follow anticipated trajectory

Communication

- Genuine, negotiate timing and mode
- Clear and include information about process not just demanding information

Trust building

- Protect privacy and confidentiality
- Adopt a zero-tolerance policy for stigmatizing language and behaviours



Objective 3: Working Collaboratively to Support PSP to RTW

Accommodation

- Be aware, specific job tasks/requirements (e.g., use of force, interacting with public) can make it tricky for services to find accommodations that meet medical restrictions
- Emphasize RTW is a collaborative endeavor

Communication

- Timely, ongoing communication can help promote a smooth RTW trajectory
- Strive to be proactive and to communicate regular updates

Trust building

- Protect privacy and confidentiality
- Ensure an injured member is given all necessary procedural information in a transparent manner as soon as possible



Discussion

- The themes generated reveal some overlap with previous qualitative RTW research: accommodation, communication, trust
 - However, there are some unique aspects of policing within these themes
- Take Home Messages:
 - Understanding workplace policies/practices is important for HCP
 - Communication is key, with worker, workplace, and insurance co.
 - More research needed! there are few studies on RTW for PSP



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Questions?



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