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# **Building on strength: Improving Return-to-Work for staff and faculty in Canadian Universities**

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## **EXECUTIVE SUMMARY**

### **OBJECTIVES**

The purpose of this project is to research, summarize, analyze and report on smart practices in early Return to Work (RTW) interventions by performing a comprehensive literature review and building on the experiences of both internal and external key stakeholders. The report will be used by the Human Resources (HR) department at the University of Victoria (UVic) as a resource to establish future priorities and provide direction for the RTW program.

One of the objectives was to assess how the RTW program at UVic is perceived from a union and leaders' perspective and what factors lead to successful RTW interventions. Another objective was to explore what effective RTW practices and processes are implemented in other Canadian universities that might be applicable for UVic's RTW program. The research question that this project attempted to answer is: *“What workplace-based interventions are effective in improving return-to-work outcomes for university faculty and staff?”*

Research of this type is important because the research will allow the researcher to formulate possible recommendations in order to improve return to work outcomes for university employees. This will contribute to a healthier workplace where employees feel supported and valued. From the university's perspective, an effective disability management program will lead to cost savings that can be redirected to other important initiatives.

### **METHODOLOGY**

The methodology for this project involved two separate components. First, a literature review was conducted to determine and refine topic areas and to guide the formulation of questions for the internal and external stakeholder consultations. The second part of the research will involve interviews with stakeholders in the RTW process at UVic and in other Canadian universities. The purpose of this exploratory study is to gain insight in the barriers and contributors to a timely and successful return to work for previously ill or injured employees working in Canadian university environments based on the personal experiences of the stakeholders.

Three distinct groups of stakeholders were identified for this project. The objective of the consultations with UVic leaders and UVic union representatives was to obtain information on barriers and contributors in the RTW process at UVic. The consultations with RTW Coordinators and Disability Managers from other Canadian institutions provided information about their current smart practices and processes in return to work that can be helpful for UVic and other Canadian institutions.

### **KEY FINDINGS**

A literature review was conducted to identify current thinking and best practices related to the return to work process. The collected information was utilized to help guide and refine the interview questions for the stakeholder consultation. Five main concept areas were

identified for further exploration through Critical Incident Technique interviewing: clarity about roles and responsibilities, an employee's fears and beliefs about their medical condition, the implementation of early intervention strategies, communication between stakeholders and the level of support supervisor and colleagues. The Critical Incident Technique used for the interview format protected the confidentiality of the participating stakeholders and allowed for emerging themes to be categorized under each concept.

The consultation with internal and external stakeholders provided an opportunity to explore a range of perspectives on what stakeholders see as barriers and contributors in the RTW process in a university environment. In addition, the process provided valuable information about current smart practices and processes in return to work that facilitate successful RTWs. The stakeholder groups consisted of eight UVic leaders, five UVic union RTW Officers and eight disability managers from other Canadian universities.

The success of a return to work process is influenced by a variety of factors; return to work is not just decided by the health condition of the employee but by the complex interaction between the ill or injured employee and his or her environment. Research shows that the presence of a mental health condition can complicate a return even further. On the other hand, managers who exhibit excellent people skills and supportive coworkers can contribute positively to an employee's return.

## **RECOMMENDATIONS**

The following are general recommendations flowing from the literature review and stakeholder interviews. They are presented to assist the client in consideration of next steps.

**Start collecting and utilizing aggregate data to inform and review existing policies and practices in the areas of sick leave management, Return to Work and accommodation.** *Diligent recording and monitoring of sick leave can help the employer identify trends on injuries and illnesses and determine necessary program modifications and improvements. Utilization numbers of the Employee and Family Assistance program and Benefits plan can provide additional information.*

**Develop and implement a formal early intervention program that includes stay at work programs, gradual return to work and partial return to work arrangements.** *Attendance issues should be addressed early on. Develop written job descriptions that include the cognitive and physical demands will be helpful in ensuring that an employee's limits are not exceeded. An inventory of available 'light duties' will help facilitate an early return. Sick leave programs should be viewed as insurance rather than entitlements.*

**Develop an introductory package and/or pamphlet to inform managers, employees and physicians about the Return to Work process, roles and responsibilities.** *The introductory package should provide information about the process, including what forms need to be completed; the roles and responsibilities of the employee, the manager, the union, the WLC and the physician; and internal resources and supports available. This information can be shared during the onboarding process but should be repeated at regular intervals.*

**Implement mandatory training on Return to Work and accommodations for managers and supervisors.**

*Managers should be aware of available resources and how to access the resources and supports. Managers should be empowered to create a departmental culture where employees feel comfortable disclosing their physical and mental needs with their supervisor. Specialized training on mental health challenges should be considered.*

**Involve co-workers in the Return to Work and accommodation process where appropriate.**

*Encourage employees to (partially) disclose to their co-workers when experiencing medical challenges: this will lead to increased support and understanding. Co-workers can be actively involved in the development and implementation of Return to Work and accommodation plans. Co-workers should be made aware of the appropriate lines of communications when they are experiencing adverse effects due to a co-worker's Return to Work.*

**Conduct a comprehensive review and analysis of the interaction between short and long-term disability programs.**

*Ensure that all policies, processes, services, roles, responsibilities and accountabilities align in an integrated structure and that structural barriers to an early Return to Work are removed, especially in the Long Term Disability policies. Assess the feasibility of implementing a two-year 'exit clause' for LTD cases. Review and revise the criteria and process of sick day allocation through the union sick banks to ensure equity, fairness, and sustainability of the sick leave management system.*

**Ensure Health Promotion programs cover both employees' physical and mental health and wellness to help employees manage or prevent chronic health conditions.**

*Managers and union RTW Officers play an important role in guiding employees to the resources so they need to be aware about the programs and supports available. Health promotion information should be provided to all new employees during the onboarding process. In addition, an extra effort should be made to ensure that older employees are aware of the available resources.*

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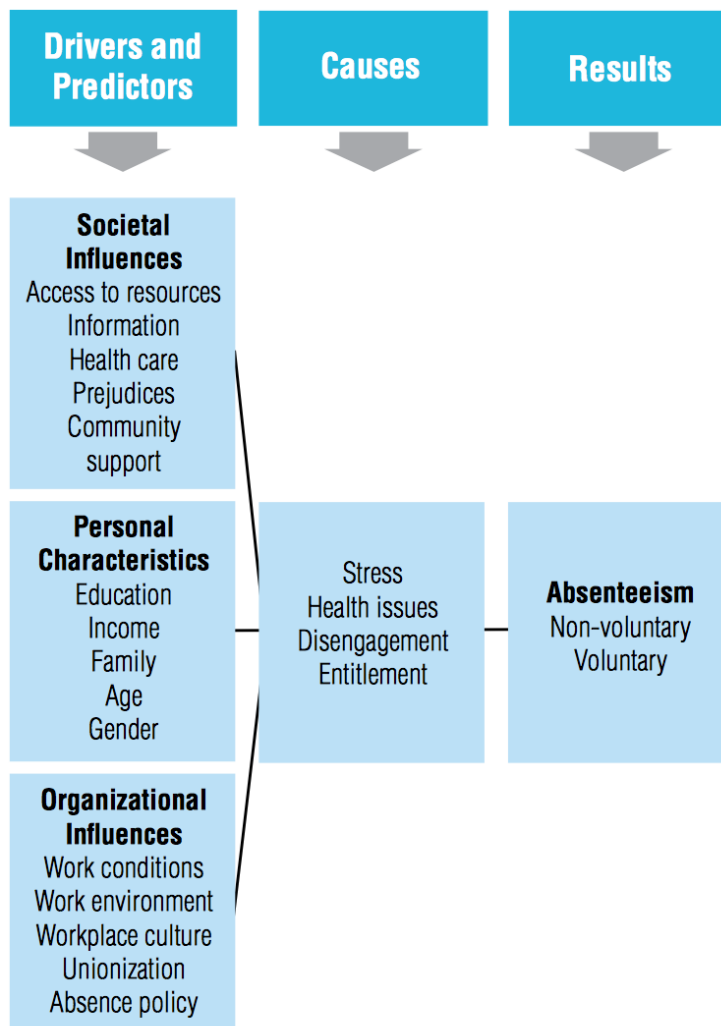
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## INTRODUCTION

Globally, employers are becoming more and more concerned about the rise of workplace absenteeism and the costs associated with this phenomenon. A briefing by the Conference Board of Canada confirms that Canadian workplaces are not immune to this issue. In 2011, the average absenteeism rate in Canada was 9.3 days per full-time employee (Conference Board of Canada, 2013b, p.1). In 2012, the direct cost of workplace absenteeism to the Canadian economy is estimated to be \$16.6 billion (CBC, p.8). If indirect costs such as backfilling costs, the negative impact on employee morale due to increased workload, and a decrease in productivity and customer satisfaction would be taken into account, this total would be substantially higher (CBC, p.8).

The Mental Health Commission of Canada (MHCC) demonstrates that the situation is not much different when looking solely at mental health related absences. As an illustration, the MHCC estimates that on any given week more than 500,000 Canadians are absent from work because of mental health challenges. Furthermore, “more than 30% of disability claims and 70% of disability costs” (MHCC, 2014, Para 3) are a direct result of mental illness, a trend that is also observed at UVic. The overall cost to the Canadian economy of mental health related absences in the workplaces is estimated to be about \$51 billion each year (Para 3).

Figure 1 – Drivers, predictors and causes of absenteeism



Despite these significant numbers, only 46% of Canadian employers are currently tracking employee absences in a systematic way (Conference Board of Canada, 2013b, p.1). Organizations are encouraged to respond to these staggering absenteeism numbers more proactively” (CBC, 2013b, p.9): improved tracking of absences and the reasons for the absence will lead to deeper insight and will help identify potential barriers to return to work (Figure 1 – CBC, 2013b, p.8). This insight will allow organizations to develop programs and policies to support their employees more effectively and in return, reduce absenteeism in the workplace.

The cost associated with absenteeism and disability management at UVic has grown significantly in the last decade. Like many organizations, UVic is experiencing the impact of an aging workforce and the burden of chronic disease in addition to workplace injuries and accidents, and mental health challenges. For 2011-2-12, the direct cost of absenteeism is estimated to be an average of 2.4 per cent of gross annual pay roll (CBC, 2013b, p.8). The following table gives an overview of what this would mean for UVic based on the budget framework 2013/2014:

*Table 1 – Impact of 2.4% direct absenteeism cost on UVic’s payroll*

	2012-13 Operating Budget (000's)	Projected 2013- 14 Operating Budget (000's)	Projected 2014- 15 Operating Budget (000's)	Projected 2015- 16 Operating Budget (000's)
Salaries and benefits	248,225	254,940	257,478	258,869
2.4%	5,957.4	6,118.56	6,179.472	6,212.856

Recently, UVic requested Organization Solutions Inc. to conduct an assessment of the current WorkSafeBC claims management processes. The assessment demonstrated that substantial savings can be achieved by adopting early return to work interventions as they are considered the most cost-effective strategies an employer can implement following an injury, work-related or not.

The purpose of this project is to gain a better understanding of what leaders and union leaders perceive to be factors that inhibit or enhance an employee’s return to work and what effective practices and processes other Canadian universities have implemented. The research question that this project will attempt to answer is: *“What workplace-based interventions are effective in improving return-to-work outcomes for university faculty and staff?”*

This research project will allow the researcher to formulate possible recommendations in order to improve RTW outcomes for university employees who are returning to work after dealing with an injury or illness. The recommendations will most likely contribute to a healthier workplace where employees feel supported and valued. From the university’s perspective, an effective disability management program will lead to cost savings that can be redirected to other important initiatives. The report will be used by the UVic’s HR department as a resource to establish future priorities and provide direction for the RTW program. The value of an early return to work is significant from a financial and human point of view.

The overall structure of the report takes the form of eight chapters including this introductory chapter. The Masters Project is composed of seven themed chapters.

- **Chapter 2** begins by laying out background information on the client and an overview of UVic's RTW process, including the stakeholders involved. A brief section is devoted to mental health in the workplace, as it is an area of special interest for the researcher and UVic. A summary of key legal principles and relevant events, programs and projects that impact UVic's RTW program are included in the appendices.
- **Chapter 3's** conceptual framework and literature review discusses the broad spectrum of concepts in RTW and disability management research, spanning a wide range of diverse scientific disciplines. This section helped define the framework in which the research was conducted. The literature review identifies current thinking and best practices related to the return to work process. The collected information was utilized to help guide and refine the interview questions for the stakeholder consultation.
- **Chapter 4** is concerned with the research design and the methodology for this project: a description of who the stakeholders were for this project; how those stakeholders were recruited; how the interviews were conducted; how the analysis of the interviews will be performed; and what the limitations of the research are. Specific deliverables for this report are formulated to ensure that the objectives set out for this project are met.
- **Chapter 5** presents a narrative and summary of the key findings from the internal and external stakeholder consultation undertaken during the course of this research.
- **Chapter 6** gives a brief summary and critique of the findings of both the literature review and the stakeholder consultation.
- **Chapter 7** draws upon the entire Masters Project, providing an overview of the research project and identifies future research opportunities.
- **Chapter 8** offers recommendations for the client's consideration.

## **BACKGROUND**

This section provides an overview of the client, UVic's return to work program and its stakeholders to provide context for this research project. Key legal principles associated with return to work and disability management in the workplace can be found in Appendix 1.

### **Client**

UVic is widely recognized for its leading role in research initiatives and co-operative education programs, in combination with high quality teaching and an ability to connect with the larger community. Under the leadership of President Jamie Cassels, about 4500 employees in academic and non-academic departments provide services and support to close to 20,000 students.

The HR department at UVic contributes to the institution's strategic vision by assisting the university in creating "environments for work and study that are safe, supportive, inclusive and healthy and that foster mutual respect and civility, recognizing that people are our primary strength" (UVic, 2012, p.6). As the Associate Vice-President of HR, Kane Kilbey is responsible for all aspects of administration and development of the HR functions including Organizational Development, Occupational Health and Safety, Labour Relations, Return to Work, and Benefits.

### **Return to Work at UVic**

Besides the legal obligation (Appendix 1) and the economic pressures (see Introduction), HR wants to honour UVic's values and principles to ensure an inclusive and respectful workplace as prescribed in the Employment Accommodation policy.

#### *RTW Process*

The RTW program at UVic was established in 2001 with a purpose to facilitate the safe and earliest possible return to work from absence due to injury, illness or a medical condition, whether occupational or non-occupational. A RTW can involve temporary or permanent modifications in hours worked, job tasks or workplace arrangements in order to accommodate a disability of a staff or faculty member.

UVic has currently three Work Life Consultants (WLCs) working in the HR department, for an equivalent of 2.7 FTE. Most of their time is dedicated to the management of the RTW program; other responsibilities include but are not limited to health promotion, ergonomics, mental health initiatives and other related projects.

The process is flexible depending on individual case needs; however, the RTW process (Flow chart - Appendix 2) generally proceeds in the following manner:

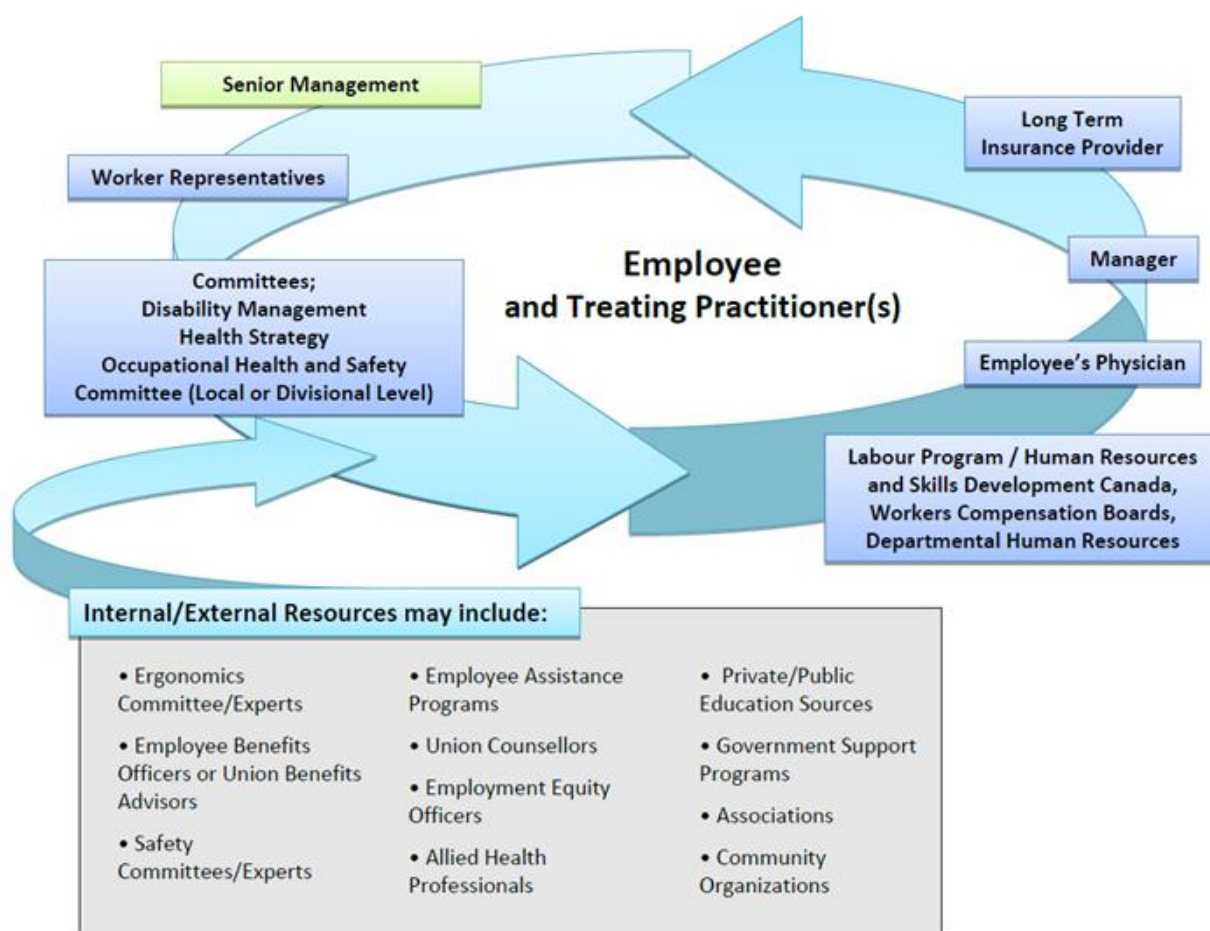
- Program description and interview
- Collection of medical documentation for the purpose of assisting with at work accommodations or RTW
- Providing updates to all stakeholders regarding restrictions, limitations and accommodations that may be required
- RTW plan implementation
- Follow up and monitoring

Respecting the employee’s dignity, the privacy of personal information and the confidentiality of the personal health information is of utmost importance for the WLCs. The information collected is used only for the purpose of assisting with staying at work or developing a safe and sustainable RTW plan for the employee and is collected in compliance with the Freedom of Information and Protection of Privacy Act (1996) and the Personal Information Protection Act (2004). Information gathered is not shared with other professionals working within the HR department, nor with the employee’s department or with outside agencies, such as WorkSafeBC, the Insurance Corporation of British Columbia (ICBC) or BC Life, UVic’s Long Term Disability (LTD) carrier.

*Stakeholders*

In general, disability and RTW management<sup>2</sup> is most successful when it is supported by the overall corporate culture to encourage all stakeholders – including union representatives, employees, human resources staff, managers and supervisors - to work cooperatively and effectively.

*Figure 2 – Stakeholders in Workplace-based Disability Management Process*



*Source: Treasury Board of Canada Secretariat, Integrated Disability Management, 2011*

Other stakeholders in a workplace-based disability management program (Figure 2) include the employee's medical care team and other external resources such as Employee and Family Assistance (EFAP) providers, LTD carriers, ICBC and WorkSafeBC. At UVic, the RTW program is a collaborative process involving departments, unions, staff and faculty members, and is coordinated by the Work Life Consultants.

### *UVic's Unions and Professional Associations*

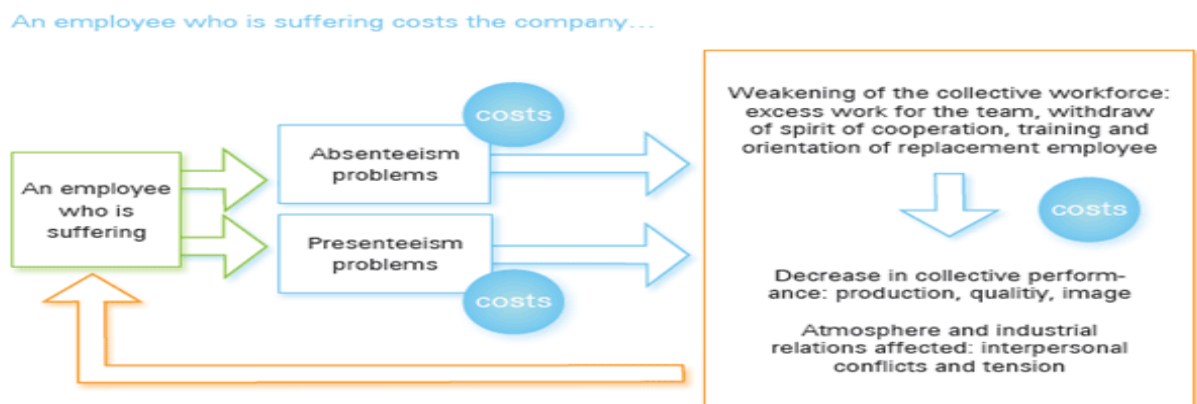
UVic has multiple bargaining groups represented on campus. The largest unions and professional associations that are actively involved in the RTW process for their members are briefly discussed in this section.

- Faculty Association: represents approximately 850 faculty members including Assistant Professors, Associate Professors, Professors, Librarians, Archivists, Assistant Teaching Professors, Limited Term Faculty, Artists in Residence and Lecturers.
- Professional Employees' Association (PEA): consists of administrative and academic professionals, representing about 850 employees.
- CUPE 917: represents the university's trades, grounds workers, security officers, facility attendants and janitorial, maintenance and food service workers. About 500 employees identify as CUPE 917 members.
- CUPE 951: provides representation for about 850 workers, including office employees, library assistants, technicians, nurses and childcare workers.

### *Mental Health*

The economic burden of mental disorders in Canada has been estimated at \$51-billion per year. Almost \$20-billion of that comes from workplace losses (Saint-Cyr, 2011, para.1). According to the World Health Organization, depression will be the second leading contributor to the global burden of disease by 2020 (World Health Organization, 2011).

*Figure 3 – Making the business case for mental health*



*Source: Workplace Mental Health Promotion, n.d.*

Recently, the provincial and federal government sent strong signals that mental health issues in the workplace cannot and should not be ignored. On a provincial level, Bill 14

brought on amendments to the BC Workers' Compensation Act in an attempt to address bullying and harassment in the workplace. Since July 1, 2012, employees can file a WorkSafeBC claim for a mental disorder if that mental is caused by a traumatic event or by significant workplace related stressors such as bullying and harassment. On November 1, 2013, WorkSafeBC released their policy outlining all parties' duty when dealing with workplace bullying and harassment. Notably, WorkSafeBC now prescribes specific responsibilities to all workers in creating a safe and healthy work environment.

At a federal level, the Mental Health Commission of Canada (MHCC) in collaboration with the Bureau de normalisation de Québec (BNQ) and the Canadian Standards Association (CSA) created the National Standard of Canada for Psychological Health and Safety in the Workplace. The Standard is a "voluntary set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors" (Mental Health Commission Canada, 2014, para 2) and provides a comprehensive framework to guide an employers' current and future initiatives.

As illustrated, there are many compelling reasons and incentives for employers to implement effective disability management and RTW programs. The researcher wants to explore what current literature review reveals as effective workplace-based interventions to assist employees back to work. The researcher also wants to assess how UVic's return-to-work program is perceived from a union and leaders' perspective and what are considered successful early interventions in a university setting. Going forward, the university is exploring creative solutions to ensure and maintain a safe and healthy work environment for all its staff and faculty members, including those with visible and invisible disabilities.

#### *Other contextual information*

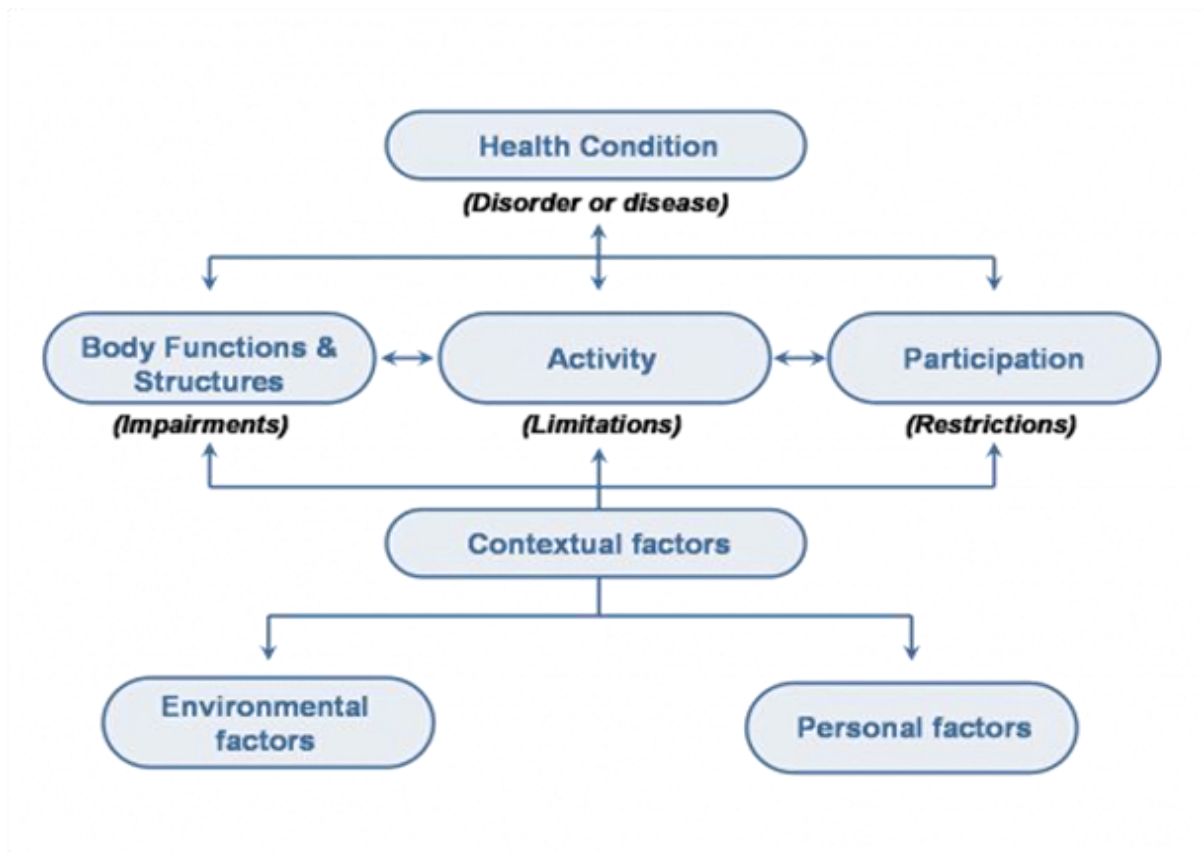
A summary of key legal principles (Appendix 1) and relevant programs and projects (Appendix 3) that impact UVic's RTW program are included in the appendices.

## CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

Literature research allows for highlighting existing knowledge gaps and comparing areas of agreement and disagreement amongst disability experts. The collected information was utilized to help guide and refine the interview questions for the stakeholder consultation. Factors that inhibit and enhance an employee's return to work are identified throughout the literature and findings.

Originally, workplace disability was often examined through a biomechanical lens; studies demonstrated the relationship between occupational exposure and the development of injuries and illness; for example how the physical exposure to vibrations and pressure on body tissue causes musculoskeletal injuries (Labriola, 2008, p. 378). Later, psychological exposures were also taken into account in the biopsychosocial model; what is the association between low job satisfaction, lack of control, and high workplace demands on one hand and absence due to illness on the other hand (p. 379)? Few studies researched whether "organization level risk factors" (p.379) affect sickness related absences. Research shows that organizations promoting an "interpersonal and value-focused" (p.379) environment experience shorter periods of absences.

*Figure 4 - International Classification of Functioning, Disability and Health model*



*Source: ICF model*

In 2001, the World Health Organization introduced the International Classification of Functioning, Disability and Health (ICF) in an effort to find a common language when describing “health and health-related states” (Nielsen, Madsen, Bultmann, Christensen, Diderichsen & Rugulies, 2010, p.806). The ICF-model clearly demonstrates that return to work is not just decided by health but is also impacted by the “complex relationship” (Nielsen et al., p.806) between the injured worker and their environment.

Empirical evidence supports this “multifactorial character of return to work” (Nielsen et al., p.806). However, it is unclear whether the model applies to mental health related RTW cases since little research has been done on predictors for cases involving employees suffering from a mental health issues. Nevertheless, Nielsen’s (p.808) findings are similar to other studies (Nieuwenhuijsen, Verbeek, de Boer, Blonk & van Dijk, 2004) when concluding that RTW is often delayed for employees suffering from depression. In addition, quantitative data reveals a high reoccurrence rate for employees who reported prior absences due to mental health problems. The intent of this project is to understand how these different factors impact the RTW based on the stakeholders’ perspective.

When looking at the taxonomy of work disability theories, an important distinction can be made between “theories that explain” and “theories that help to understand” (Loisel & Anema, 2013, p. 477). Quantitative methods are most appropriate in positivist research attempting to explain cause and effect relationships while for this project a “loose conceptual framework” (p. 477) is used to merely guide the data collection through interviews and data interpretation in order to help the researcher understand concepts and relationships materializing from the data (Polit & Beck, 2004 in Loisel & Anema, 2013, p.477).

The researcher will use the “understanding paradigm” to focus on the RTW experience for university employees from the perspective of the stakeholders being interviewed. Often, this type of research is referred to as “interpretative research” or constructionist research (Loisel & Anema, 2013, p. 477). Many different qualitative methods can be used for the collection and analysis of data; for this project, data will be collected through semi-structured interviews following the Critical Incident Technique and data analysis will be performed by thematic analysis. The conceptual framework provides a framework for the interviews and findings.

*Table 2 - Conceptual Framework*

<b>Clarity about roles and responsibilities</b>		
A critical incident question of a not-so positive experience that stakeholders have experienced or observed	A critical incident question of a positive experience that stakeholders have experienced or observed	Based on stakeholders’ experience, what ideas might be helpful in encouraging a more positive outcome

<b>Employee's fears and beliefs about their medical condition</b>		
A critical incident question of a not-so positive experience that stakeholders have experienced or observed	A critical incident question of a positive experience that stakeholders have experienced or observed	Based on stakeholders' experience, what ideas might be helpful in encouraging a more positive outcome
<b>Implementation of early intervention strategies</b>		
A critical incident question of a not-so positive experience that stakeholders have experienced or observed	A critical incident question of a positive experience that stakeholders have experienced or observed	Based on stakeholders' experience, what ideas might be helpful in encouraging a more positive outcome
<b>Communication</b>		
A critical incident question of a not-so positive experience that stakeholders have experienced or observed	A critical incident question of a positive experience that stakeholders have experienced or observed	Based on stakeholders' experience, what ideas might be helpful in encouraging a more positive outcome
<b>Level of support from supervisors and colleagues</b>		
A critical incident question of a not-so positive experience that stakeholders have experienced or observed	A critical incident question of a positive experience that stakeholders have experienced or observed	Based on stakeholders' experience, what ideas might be helpful in encouraging a more positive outcome

The literature review is based on academic and grey literature including publications from Canada, the United States, Australia and Europe. While Canadian sources are viewed as most relevant since most provinces and institutions operate under a comparable framework, international literatures are included as well since a considerable amount of RTW research has been completed in Europe, especially in the Netherlands. The main focus throughout the literature review was research pertaining to contributors and barriers to the return to work process. Searches were conducted through the University of Victoria's library and internet research – Google Scholar, DogPile and MetaCrawler – using key words such as “return to work”, “workplace disability management”, “best practices return to work” and “workplace disability”. All resources were evaluated using Manheim's (2007, p.5) guiding principles of “authority, objectivity, accuracy, currency and coverage”.

An integrated disability management program covers both prevention and rehabilitation as an ideal strategy to address the economic and human costs of injury and disability in the workplace (Westmorland, Buys, 2004, p. 32). Prevention services can include

Figure 5 - Overview Comprehensive Disability Management Program

<b>Employee work status</b>	At work	Incidental absences	Sick leave	Short-term disability leave	Long-term disability leave
<b>Type of intervention</b>	Prevention		Early intervention	Recovery	
<b>Employee health status</b>	Healthy	Possible health risks	Illness/injury	Serious or chronic conditions	
<b>Employer focus</b>	Health promotion	Health risk management	Injury/disease management	Disability management	
<b>Examples of employer programs</b>	<ul style="list-style-type: none"> <li>Life habits assessment</li> <li>Information sessions</li> <li>Work/life balance programs</li> <li>Physical activity promotion</li> </ul>	<ul style="list-style-type: none"> <li>Health risk assessment</li> <li>Behavioural change promotion</li> <li>Stress management</li> <li>Physical fitness programs</li> </ul>	<ul style="list-style-type: none"> <li>Programs aimed at specific illnesses</li> <li>Targeted education programs</li> <li>Medication adherence programs</li> <li>Care guides</li> <li>Preventative accommodations</li> </ul>	<ul style="list-style-type: none"> <li>Management of individual employee claims</li> <li>Specialized care</li> <li>Chronic or episodic illness management</li> <li>Rehabilitation</li> <li>Transitional job options</li> <li>Accommodations</li> </ul>	
<b>Return-to-work strategies</b>	n.a.	Proactive absence management	Stay-at-work program	Early return-to-work program	

Source: Conference Board Canada, 2013a, p. 3

### Roles and responsibilities stakeholders

Establishing formal written policies and procedures will ensure consistency and sustainability of the disability management program. These policies and procedures can include a mission statement; objectives; details on program administration and accountability; roles and responsibilities of key stakeholders; information on who qualifies and how to access the program; details on other departments that may be involved (e.g., occupational health and safety, EAP, benefits providers); grievance-resolution procedures (CBC, 2013a, p.22).

Research by Westmorland & Buys (2004, p.32) illustrates the importance of buy-in and commitment to disability management at all levels of the organization. An integrated approach to disability management places responsibility for prevention and rehabilitation on employers instead of third party providers such as insurers. This approach debunks the myth that injuries are “the unavoidable cost of doing business” (p.32) and requires managers to track and control the cost of workplace disability through prevention and rehabilitation. In-house disability management programs avoid the “adversarial” (p.32) work environment that is often associated with the provision of third party service providers.

White's (2011) study suggests that consultative relationships between disability managers and union representatives can considerably strengthen disability management services offered in unionized workplaces (p.22). In order to work effectively together, disability managers need to understand specific union attributes, policies and procedures and have a positive attitude towards consulting with union representatives (p.23). Active collaboration between disability managers and union representatives enhances disability management programs in the following ways: specific contract language that outlines the RTW process, enhanced awareness and knowledge regarding disability and accommodation in the workplace, implementation and development of RTW and accommodation plans that have organizational support, and the development of electronic resources that will facilitate absence tracking and management (p.23). That being said, Maiwald, de Rijk, Guzman, Schonstein & Yassi (2011, p.188) warn that the establishment of a bipartite committee is not necessarily a guarantee for effective workplace interventions and implementation.

### **Employee's fears and beliefs**

An employee will take several factors into account when making a decision to return to work or not. Factors that may lead to a "premature and unsafe RTW" (Labriola, 2008, p. 384) include the fear of job loss and financial implications. Returning to work too soon increases the risk of re-injury and long-term health conditions (p.384). On the other hand, perceived lack of social support, lack of job satisfaction, the presence of other stressors in an employee's personal life and a history of multiple absences due to a mental health condition can prohibit an early return (Lemieux, Durand & Hong, 2011, p.295).

Severe mental health problems that cause an employee to miss work "often require long periods of convalescence, with a higher risk of relapse (Conti & Burton, 1994; Druss, Schlesinger, & Allen, 2001 as cited in Saint-Arnaud, Saint-Jean & Damasse, 2006, p. 304). The duration of a work disability resulting from a depression is "approximately two and half times longer than that caused by any other illnesses (Gabriel & Liimatainen, 2000 as cited in Saint-Arnaud et al., p.304). Even though the impact of the problem is well demonstrated, research focused on return to work outcomes and how to keep employees on the job are few and far between.

### **Early intervention strategies**

Research is conclusive that early intervention strategies are effective in reducing the time taken to return to work and increasing the likelihood of returning to work. Pransky, Gatchel, Linton & Loisel (2005, p.456) demonstrate that early communication amongst all parties and the offering of appropriate workplace accommodations significantly improve RTW rates. Universally, the workplace is seen as the best place to rehabilitate: research has proven that "prolonged rest" is not always beneficial and recovery times can be reduced if appropriate activities are initiated at the workplace (Dunstan & MacEachan, 2013, p.54).

Early intervention strategies include maintaining contact with the employee who is away from work; accessing appropriate medical treatment; immediate communication with the treating physician to learn about medical limitations and to provide information about job demands and the availability of flexible return to work options; and the development and implementation of a structured RTW program that can include accommodations (Westmorland & Buys, 2004, p. 34). Busse (2011, p. 150) and colleagues highlighted

concerns of employees and supervisors about the “lack of follow-through on commitments” to put necessary accommodation measures in place.

The success of early interventions is greatly impacted by the collaboration between the treating care team, disability managers, and/or the employer to ensure that the recovery process and the RTW are aligned (Hoefsmit, Houkes & Nijhuis, 2012, p.474). Successful early interventions were found to stimulate early RTW and were associated with less repeats of sickness related absence (p.474).

### **Communication**

Both employers and unions have an important role to play in disability management. Union representatives should be included in the conversation about disability management practices and programs (Westmorland & Buys, 2004, p.33). A “culture of consultation and goodwill” (p.33) can establish a strong “occupational bond” (p.33) that will benefit the workplace and all employees. Union representatives can assist employers with the education of employees about the RTW program and their role and responsibility (p.33).

Nieuwenhuijsen, Verbeek, de Boer, Blonk & van Dijk (2004, p.818) point out the importance of frequent communication between supervisors and the absent employee. “Frequent contacts may elicit positive effects in the employee and may be perceived as social support, which in turn may accelerate return to work”(p.822). However, the same study also shows that this positive effect associated with frequent communication is less clear when communicating with an employee with severe depressive symptoms (p.821). This can be explained by the fact that supervisory behaviour can only affect non-medical factors and secondly, severe depressed employees may be more difficult to communicate with. Nielsen, Madsen, Bultmann, Christensen, Diderichsen & Rugulies, 2010, p.808) agree with Nieuwenhuijsen et al. (2004, p. 822) when concluding that return to work is often delayed for employees suffering from depression.

### **Support from supervisors and colleagues**

Literature reveals inconsistent findings regarding the impact of social support at work; some research indicates that disability can be prolonged due to low supervisor and low coworker support (Krause, Dasinger, Deegan, Rudolph & Brand, 2001 in Labriola, 2008, p. 380) while other studies report no effect.

Supervisors may prevent or reduce disability through meaningful communication with the employee who is away on sick leave and by offering accommodated duties and/or hours (Shaw, Robertson, Pransky & McLellan, 2003, p. 138). Job accommodation was noted as the most significant act of supervisor involvement. The supervisor’s creativity may be restricted by engineering limitations and other factors such as production demands, time lines and internal policies (Shaw et al., p.139).

Shaw also highlighted the distinction between leaders who are people oriented and focus heavily on the human relations facets of managing and leaders who are “more task-oriented”, focusing mainly on setting objectives, procedures and policies. Leaders high in consideration were found to be more effective when managing the human aspects of health

impairment and disability. Several employees used “flexibility” to describe their supervisor’s willingness to accommodate them. (Shaw et al., p.139).

Coworker support is a crucial but often overlooked factor in the RTW process, as illustrated by Dunstan & MacEachen (2013, p.44). Their involvement in the RTW, whether successful or not, is often unrecognized. Research indicates that the coworkers’ willingness to contribute are related to four important factors: “the quality of the work integration arrangements” (p.47), a supportive work environment (p.48), positive interpersonal relationships prior to the absence (p.47), and most importantly the “duration of the required support” (p.48). Lysaght et al (2012) refer to this limited tolerance for lengthy and/or multiple claims as “compassion fatigue” (p.384).

Concerns regarding confidentiality and privacy are cited as potential barriers to achieve coworkers’ support. Even though these laws are designed to protect the injured worker, in a disability management process they can have detrimental effects for all parties (p.54): coworkers can feel shut out when privacy laws are applied narrowly. Failure to provide coworkers with any information can lead to “damaging rumours and speculation” (p.49)

A RTW often affects coworkers in many ways, ranging from an opportunity to learn new job skills to disappointment and even “withdrawal” (Dunstand & MacEachen, p.44) from the workplace. Negative impacts for coworkers can include a heavier workload, disruption in personal workplace relationships, interruption of their own effectiveness and exposure to “externalized distress” (p.51) from the returning coworker. Careful planning and organization of the RTW can mitigate these negative effects (p.51). In other circumstances, coworkers would thrive and develop new job skills (p.51).

### **Other considerations**

More and more, employers are requiring “outcome studies” and “evidence-based tools for programs to use to improve RTW outcomes”(Tschernetzki-Neilson, Brintnell, Haws, Graham, 2007, p.484). Future research can assist in developing effective tools to measure RTW outcomes and identifying strategies to improve their performance. Tschernetzki-Neilson demonstrates the importance of early intervention and illustrates strategies for RTW to change their focus to become an outcome-oriented program.

## **METHODS**

### **Research Design**

The methodology for this project involved two separate components. First, a literature review was conducted to determine and refine topic areas and to guide the formulation of questions for the stakeholder consultations. The second part of the research involved interviews with stakeholders in the RTW process at UVic and in other Canadian universities. The purpose of this exploratory study is to gain insight in the barriers and contributors to a timely and successful return to work for previously ill or injured employees working in Canadian universities, based on the personal experiences of the stakeholders.

### **Stakeholders**

Three distinct groups of stakeholders were identified for this project. The objective of the consultations with UVic leaders and UVic union representatives was to obtain information on barriers and contributors in the RTW process at UVic. The consultations with RTW Coordinators and Disability Managers from other Canadian institutions provided information about their current practices and processes in return to work that can be helpful for UVic and other Canadian institutions.

#### *Group 1 - UVic leaders:*

In consultation with the client, a list of 10 UVic managers and directors who have actively supported the return to work of an employee was developed to recruit participants for group one. The list was put together by reviewing return to work case files from the past five years. Residence Services, Food Services and Facilities Management generate the most RTW cases; the researcher ensured that these three departments were represented. The other participants will represent a wide variety of academic and non-academic departments. The final group of participants included 8 UVic leaders.

#### *Group 2 – UVic union Return to Work Officers*

This group of stakeholders is actively involved in the return to process providing guidance and advice to their members as they return to work after an illness or injury. The union's RTW Officers work collaboratively with Human Resources and the departments to ensure a timely, safe and sustainable return to work for their members. They were interviewed to explore the opportunities and barriers they have experienced in the RTW process. Their insights and perceptions are important to understand what they see as opportunities and barriers to a successful RTW. The final group of participants included 5 union representatives.

#### *Group 3 – Return to Work Coordinators/Disability Managers Canadian Universities*

In consultation with the client, a list of 15 Disability Managers and Return to Work Coordinators from universities across Canada was established to recruit participants for group three. The list contained the names of professionals working at Canadian universities with a similar size and scope responsibilities in order to generate rich data. The final group of participants included 15 representatives from other Canadian universities.

To facilitate the recruitment process, the client sent an introductory email letter to all identified potential participants. Following the introductory letter, the researcher personally contacted all potential stakeholders to request their participation and to schedule a date for an interview that was convenient for them. The UVic leaders and union representatives were invited (Appendix 4) to participate in one-on-one, face-to-face interviews, while the RTW Coordinators and Disability Managers from other Canadian institutions (Appendix 4) were asked to participate in phone interviews in order to reach the “geographically dispersed respondents” (Novak, 2008, p.1). Prior to conducting the interviews, the consent form (Appendix 6 and 7) and interview topics (Appendix 8) were emailed to each participant. Signed consent forms were to be returned to the researcher to confirm participation in the interview.

## **Interviews**

To conduct the interviews, the researcher applied the Critical Incident Technique (CIT), a qualitative research method that is recognized as an effective “investigative” tool (Butterfield, Borgen, Amundson & Malio, 2005, p.475) to explore “what helps or hinders in a particular experience or activity” (Butterfield, 2005 in Butterfield, Borgen, Maglio & Amundson, 2009, p.268). For the purpose of this research project, ‘critical incident’ should be interpreted as ‘significant event’.

Flanagan originally defined the Critical Incident Technique as:

“The critical incident technique consists of a set of procedures for collecting direct observations of human behavior in such a way as to facilitate their potential usefulness in solving practical problems”. (Flanagan, 1954, p.327)

Semi-structured interviews offered flexibility for the researcher to approach individual respondents differently while maintaining consistency in covering the required topic areas (Noor, 2008, p. 1604). By using this approach, respondents were able to “engage in wide-ranging discussions” (Aberbach & Rockman, 2002, p. 674).

The interview questions were developed in consultation with the client with the topic areas reflecting project objectives and findings from the literature review. The questions served as a guide to facilitate the discussion as well as to obtain specific information related to each participant’s institution and unique experiences and perspectives. An overview of the questions is included in the appendices. Hand-written notes were taken for each interview. Where explicit consent was given, the interviews were recorded with a digital voice recorder as well.

## **Analysis**

After each interview was completed, the researcher transcribed the hand-written notes and digital audio recordings. Key themes were identified keeping in mind the extent to which recurring ideas and best practices were noted. Unique ideas, approaches or perspectives were showcased in a narrative. While sorting and naming themes required some level of interpretation, “interpretation” was kept to a minimum” (Anderson, 2007, p.1). Thematic analysis was ideal to identify central themes for this project but the researcher acknowledges that for future research, more quantitative and objective methodologies should be considered in addition to other qualitative methods to test specific hypotheses.

## **Limitations and Delimitations**

While the researcher acknowledges that exploring this issue from an employee's perspective would have created interesting data, it was not an objective of this research project. Literature indicates that employees might not be the best resource to provide feedback on RTW processes and policies as their perceptions are largely based on whether or not their expectations about the final outcome of the RTW process were met.

The qualitative nature of the data and the rather small sample size limited the generalized recommendations that flowed from the findings. However, the open-ended questions in the semi-structured interviews allowed for a broad range of topics and delivered rich data.

CIT relies on the accurate and truthful reporting of events as observed or experienced by the stakeholders; events can be recalled imprecise since CIT hinges on memory. The method also might have a built-in bias towards incidents that took place more recently since those events are easier to recall.

## **Results and Deliverables**

The researcher explored what current literature review revealed as effective workplace-based interventions to assist employees back to work after they have been ill or injured. In addition, the researcher assessed how UVic's return-to-work program is perceived from leader and union perspective and what they considered contributors and barriers to successful interventions. The research question that this project attempted to answer was: ***“What workplace-based interventions are effective in improving return-to-work outcomes for university faculty and staff after they have been ill or injured?”***

In support of these objectives, the final report presented to the client provides the following deliverables:

***Literature review:*** summary and analysis of literature covering a variety of academic and professional sources addressing current thinking in disability management.

***Stakeholder consultation:*** summary and analysis of interviews with UVic leaders, UVic union RTW Officers and external disability professionals from other Canadian institutions, identifying contributors and barriers to the RTW process in a university environment.

***Recommendations:*** next steps generated from the literature review and stakeholder interviews for the client's consideration

## **FINDINGS: CONSULTATION WITH UVIC LEADERS**

This internal stakeholder group consisted of eight UVic leaders, representing a wide variety of academic and non-academic departments, and hence their experiences are based within a diversity of collective agreements. Special consideration was given to ensure participation from Residence Services, University Food Services and Facilities Management since those departments are known to report the highest rates of absenteeism and work-related injuries.

The UVic leaders displayed a wide range of expertise; a Supervisor, a Coordinator, a Manager, an Administrative Officer, two Directors, an Associate Dean and an Associate Vice-President participated in the study. Some leaders were relatively new in their role, either being promoted from within the organization or being hired into the role. On average, stakeholders were in their current leader role for 6 years and employed at the university for more than 10 years on average. All leaders had extensive experience working in the university sector, either at UVic or other Canadian institutions. Their involvement in the RTW process ranges from being the first point of contact over approving sick leave and RTW plans to hands on managing complex RTWs and accommodations. The broad diversity in backgrounds allowed for rich conversations about the RTW program at UVic.

### **Clarity about roles and responsibilities stakeholders**

The majority of the interviewed UVic leaders agreed that the roles and responsibilities of the stakeholders involved in the RTW process are not always clear and sometimes ill defined. One leader stated: *“Smaller departments that only deal with RTW cases on a very infrequent basis and new supervisor and managers who are often thrown into the job without much preparation or training may not be familiar with who does what”*. In many instances, *“inexperienced supervisors are not only uninformed about their role, but are also uneducated about red flags, symptoms and early warning signs that should trigger a conversation with the employee”*. Few leaders were also apprehensive about managers being promoted in leading positions solely on merit of their seniority in the department and not based on their skillset and expertise. As one leader put it: *“These leaders might not automatically have the people skills required to effectively manage staff and have these difficult conversations even though they are the subject-matter experts in their field”*. Almost all leaders noted that more often than not, a delay in straightening out an emerging issue allowed the situation to escalate. *“A reactive approach often leads to more time spent rectifying the problem than if it would have been addressed at the beginning”*. Along the same lines, new employees or employees with no previous experience in the RTW program might not be aware of the process, their rights and responsibilities and the role of the WLCs.

Three stakeholders suspected that employees who *are* familiar with the role of the WLCs might be reluctant to involve them: *“All people working in HR are seen as an extension of the employer, as management”*. They added: *“Particularly in situations where performance concerns are raised, the employee in question might be hesitant to have HR involved because they don’t want to get in trouble”*. Certainly with the recent lay-offs fresh in mind, *“employees are often heard talking about fear of losing their job”*. From a leader’s perspective, the role of the WLCs could benefit from some clarification and further promotion as well. One leader mentioned: *“I had to correct some of my fellow supervisors*

*a couple of times when I heard them say that they didn't had to do anything further because HR was involved".*

Half of the leaders noted that their peers and direct reports are not always conscious of the bureaucracy and silo's within HR – Labour Relations, Human Resource Consultants, Benefits, Occupational Health and Safety, and the WLCs – and how this group of professionals works together and shares information. *"Outsiders might assume mistakenly that information is shared automatically and freely between the different HR units".* In addition, the same leaders voiced frustration regarding the decentralization of benefits and payroll services. One leaders stated that *"the silo inspired set-up is dysfunctional because it requires my administrative staff to duplicate requests about payroll information and sick leave allotments because every separate unit holds a piece of the puzzle".* These multiple contacts lead to unnecessary time delays and increase the risk of miscommunication.

Additionally, the bulk of stakeholders in this group mentioned concerns regarding the involvement of union representatives. One leader illustrated her experience as followed: *"I felt that the union representative involved in the RTW process was impeding the relationship between myself and my employee by talking for the employee instead of providing guidance and advice to the employee".* All leaders agree that medical conditions initially rising to the surface as performance concerns were the most challenging cases to deal with. One leader said: *"I felt so frustrated because it seemed that the union representative was solely focused on the interest of the employee with the performance concerns. The union disregarded the concerns and complaints of the coworkers, who are fellow union members in the process".*

In a couple of interviews, high ranking leaders brought up the importance of including them in the RTW conversation. As one senior leader put it: *"At the unit level, a supervisors or manager might agree to the suggested RTW plan and proposed accommodation measures, but it is crucial for them to not operate as if they are on isolated island and to check in with me. Decisions need to be made fair and equitable and consistency throughout the department is essential."* He added: *"Ultimately, as a senior executive, I have the authority for final decision making and I will be held accountable if needed".*

Likewise, senior leaders feel they should involve and inform the departmental team on a need-to-know basis as they might have to delegate certain responsibilities to their supervisors on the floor, or have other employees impacted by RTW, directly or indirectly. One leader shared: *"For example, if an employee returns to work with modified hours, the colleagues will most likely notice the change in working hours if they share an office space. They may have questions when they see their coworker arrive late or leave early".* By not informing the colleagues of the modified schedule due to confidentiality and privacy concerns, the employee returning to work might receive a less than warm welcome and maybe even experience a hostile reaction. The colleagues might assume that the employee is receiving preferential treatment. One leader drew attention to the fact that *"most employees want to be supportive; it is the manager's duty to empower their staff by informing them so that they can be supportive of their returning colleague".* Consequently, this leader advocated for coworkers to be active participants and stakeholders in the RTW planning and implementation if appropriate.

In contrast to these challenges, UVic leaders also shared many positive experiences in regards to the roles and responsibilities of stakeholders. Most interviewees highlighted their positive relationship with the Human Resource Consultants and WLCs. In particular, leaders appreciated the prompt guidance and advice from HR when emerging patterns are noticed. *“Fast response times from HR allow me to address the issue proactively, before it evolves into a crisis”*. One stakeholder stated: *“It is my practice to always involve the WLC when I’m dealing with an illness or injury, no matter how short the absence, to make sure that the right steps are taken”*. She reasons: *if timelines become drawn out, both the employee and the department end up in frustration”*. This is why she also encourages her employees to directly contact the WLC so they are aware of all their options available and they can make an informed decision.

Besides the timely advice and guidance from the HR department, leaders acknowledged the importance of transparency when setting out the parameters of the RTW; departments need to understand that an employee can return to work without being able to perform all duties associated with their position. *“Determining what minimal duties an employee should be able to perform upon his return and how long a department could support modified work hours and duties ahead of time are crucial to the success of the RTW”*. In addition, department leaders find that all managers should be aware and supportive of stay at work arrangements where an employee might not be able to perform all the duties or the full hours associated with their job.

Other success factors mentioned by leaders are familiarity with the process and the quality of the medical documentation by the treating physician. One leader recalled: *“A faculty member returned to work after she suffered from a serious mental illness. She was familiar with the RTW process because she participated in the program a few years ago due to a similar episode and her doctor presented the university with clear and objective medical limitations, so the accommodation measures needed were easy to determine and the RTW plan was simple to implement”*. He felt that due to the complex nature of her illness, this RTW had the potential to be arduous but on the contrary, the process ran smooth.

<b>KEY FINDINGS: LEADERS - ROLES AND RESPONSIBILITIES</b>
<ul style="list-style-type: none"> <li>• Managers and employees are insufficiently aware of the RTW process and the role of the WLCs</li> </ul>
<ul style="list-style-type: none"> <li>• RTW training for managers is offered infrequently and on a voluntary basis</li> </ul>
<ul style="list-style-type: none"> <li>• Formal mental health awareness training for leaders is currently non-existing on campus</li> </ul>
<ul style="list-style-type: none"> <li>• Silo-inspired approach in RTW process increases the risk for delays and miscommunication</li> </ul>

## **Employee's fears and beliefs about their medical condition and the impact of RTW on their condition**

Another factor that can influence the RTW process significantly is the employee's own fears and beliefs about their medical condition and the impact of the RTW on their medical condition. To start, almost all leaders recalled situations where the employee was reluctant to return because of the anticipated response of coworkers upon their reintegration into the work unit, especially when returning after a lengthy absence. *"The employee might feel guilty that their coworkers had to pick up the slack in their absence."* In other situations, returning employees might feel excluded and no longer a part of the team. One leader was aware of a situation where a department experienced a high rate of turnover while an employee was away for a long period of time due to a serious illness. When the employee was able to come back to work, only one of the coworkers that he used to work with remained. *"In his absence, the newly assembled team had a chance to bond while the returning employee was met with uneasiness. As a result, the employee's anxiety resurfaced and the employee went off sick again"*.

Similarly, one leader recalled a situation where the returning employee who experienced a mental health challenge was extremely frightened by the thought of returning to work. *"She had no idea of the resources and supports at UVic"*. In addition, the employee also dealt with the stigma associated with mental illness as a result of her cultural background: *"in her culture, people with mental health issues are ostracized and should be avoided"*. Lastly, the employee was struggling with a language barrier, as her *"working knowledge of English was minimal"*.

Almost all leaders have observed that *"employees are more fearful of losing their job because of the recent lay-offs"* and the uncertain economic climate that the university is operating in. *"Some employees are worried about getting fired if they are away sick for too long"*. One interviewee shared the story of an employee who convinced his doctor that he was feeling perfectly fine and expressed readiness to return to work. *"Through the grapevine, we found out that he was still in considerable pain – and most likely should be off – but that as the sole breadwinner for his family, he could not afford to lose his job"*. Another stakeholder added their own example: *"I had an employee who tried to return to work under the influence of high-dose pain killers"*. If an employee is struggling at work but he is not willing to admit that there is an underlying medical condition present, leaders find they might not have another option than to go the discipline route.

One leader explained why he feels that his managers and supervisors should not think of keeping in touch as chore when employees are away sick. *"If the department keeps in regular contact with the employee who is away sick, they have a better sense of how the person is progressing in their recovery and this helps with the operational planning. This way the RTW is a non-event; it is not a surprise but more a natural transition"*. This leader shared how he tries to encourage and educate his managers and supervisors about having that caring conversation. He also questions his staff: *"If you were sick, what would you like people to say? If the employee was on study leave, would you call them to see how they are doing? They could be sick without you knowing it and you would still call them"*. He

suggests to use simple segues to start the conversation such as *“I was reading this document that has your name on it and it made me think of you”*.

<b>KEY FINDINGS: LEADERS- EMPLOYEE'S FEARS AND BELIEFS</b>
<ul style="list-style-type: none"> <li>• Employees are not sufficiently aware of their rights and responsibilities when ill or injured or they may not know about all available resources.</li> </ul>
<ul style="list-style-type: none"> <li>• Managers feel that ongoing, frequent communication with the employee who is away reduces fear about the RTW.</li> </ul>
<ul style="list-style-type: none"> <li>• Medical documentation needs to be current, clear and describe functional limitations.</li> </ul>

### **Implementation of early intervention strategies**

Early interventions were seen by all leaders as a crucial ingredient for successful RTW, but they were all aware of situations where the RTW timelines were drawn out due to variety of reasons or where unintended consequences of early interventions resulted in a delay of full recovery.

Two leaders knew of two separate RTW cases where the employee attempted to return to work with accommodations measures before full recovery was achieved; unfortunately the employees were unable to sustain the return and ended up going off again. *“She returned to work initially for a couple of days but then had to go back on sick leave. After a few days of being home, she resumed her return, only to go off again a few days later”*. This scenario repeated itself a few time until eventually the WLCs were made aware of the situation. Since the employees worked for more than 30 days in their return to work attempts, they had reset the elimination period for long-term disability benefits and needed to wait again for the full 6 months before being able to receive any financial support through LTD. Because of the gap between their personal sick leave entitlement running out and the start of their LTD eligibility, both employees were off on unpaid sick leave.

Unanimously, managers stated that most challenges with early interventions arise when performance concerns or behaviour concerns are noted and the manager needs to determine whether or not there is a medical component that could have contributed to the performance issue. *“It goes without saying that a manager needs to meet his duty to inquire with an open mind and much sensitivity”*. One leader said: *“I know of a situation in my area where a medical issue was approached and dealt with as being a performance issue. Needless to say, relationships were seriously damaged”*.

A few interviewees stated that they feel it is an executive’s responsibility to set the tone: *“Frequent, informal check-ins are an ideal opportunity to build rapport with employees and to get a sense of an individual’s preference of communication style”*. Some employees might be very willing to share personal details while others might be extremely private and are reluctant to share information freely with their manager.

One leader who oversees several units that are part of a larger department indicated: *“It is important to ensure consistency between the different units”*. Another leader mentioned: *“I use utilizing our management meetings as an opportunity to check in, not to discuss RTW cases in details but more on a philosophical level to guarantee that all my managers are on the same page and are adhering to the outlined process”*. Case studies are used often to initiate the conversation.

Leaders who did implement early intervention strategies and brought employees back to work early with accommodations measures if needed noted positive outcomes. *“The employee often shows their appreciation by being extremely productive. And going forward, those employees are then also the champions in the department for future RTWs and accommodations”*.

<b>KEY FINDINGS: LEADERS - EARLY INTERVENTION STRATEGIES</b>
<ul style="list-style-type: none"> <li>• WLC are not always informed when an employee is away for a prolonged period of time.</li> </ul>
<ul style="list-style-type: none"> <li>• Medical conditions that are interwoven with performance concerns are deemed the most challenging to manage effectively.</li> </ul>
<ul style="list-style-type: none"> <li>• Early intervention strategies need to be developed and applied consistently between different departments and units.</li> </ul>

### **Communication between the injured worker, the RTW professionals, health providers, management and union**

Almost all respondents expressed great concern regarding the medical documentation provided by their employees’ doctors. *“Doctors often act primarily as their patient’s advocate instead of providing clear, detailed and objective medical”*. Especially in cases where a manager needs to determine whether or not a performance concern or a behavioural issue is medically based will the medical from the physician be of crucial value. One leader also showed a questioning attitude: *“Is a doctor able to decipher and diagnose complex issues within a short 10 minute visit?”*

Situations where brought up where an employee was known to be abusing their sick leave entitlements. *“One employee’s request for a vacation day was not granted due to operational considerations; subsequently this person called in sick for that day”*. Another leader stated: *“An employee took a sick day because her child was sick and her husband did not have sick benefits available through his employer. She was overheard telling a coworker: they can’t do anything about it”*. Multiple leaders felt that there is no political will to take control and often departments are seen to opt for the easy way out. One leader in an academic department noted: *“The executive consist of revolving positions so that creates a conflict adverse climate”*. Professional employees belonging to the PEA, librarians and faculty have access to 6 months of paid sick leave; managers said: *“This*

*general allotment of sick leaves provides more opportunity for abuse as sick days seem to be taken very liberally”.*

Most leaders mentioned that they have witnessed a more balanced union approach in recent years. However, they felt that in the past *“the involvement of the union sometimes complicated and delayed the RTW process.”* In particular, a discipline case where the union claimed a medical nexus between the inappropriate behaviour of an employee and her medical condition caused such friction between the different parties that an expedited arbitration session was needed to come to a resolution. As a result, the employee was required to give a personal testimony in front of the arbitrator and both the union and employer representatives. *“This act caused such an anxiety for the employee that she had to go on sick leave immediately after. The arbitrator ruled that there was no medical nexus between the behaviour displayed and the medical condition; the employee was unnecessarily put in this vulnerable position and experienced a setback in her recovery because of this”.*

Despite the challenges in the past, there are many positive experiences to build upon. The WLC practice of holding smaller meetings with the individual parties prior to the more formal RTW meeting is deemed to be extremely beneficial by leaders. *“Those meetings allow departments to ask questions about the medical limitations so that we can fully understand the impact of the medical condition. This is helpful to come up with appropriate accommodation measures and for planning purposes, i.e. is backfill needed?”*

Managers recalled: *“We have sent cards, flowers and care packages to employees on sick leave”.* Other leaders prefer to contact via email or phone. *“ I ask the employee if they would like to be contacted and if so, what their preferred method is for communicating”.* Some employees might not be able to check their work email if their doctor recommends them to unplug completely from the workplace. In those situations, a manager asked: *“Are you comfortable with sharing your personal email for staying in touch?”* Half of the leaders feel less than adequate equipped when dealing with an employee who is off due to a mental health condition. *“I’m afraid to say the wrong thing”.* Another leaders stated: *“I have taken the initiative to educate myself about mental health as I believe that I should be a role model for other employees in my department”.*

<b>KEY FINDINGS: LEADERS - COMMUNICATION</b>
<ul style="list-style-type: none"> <li>• Doctors are seen to be advocating on their patient’s behalf instead of providing clear, detailed and objective medical for the employer</li> </ul>
<ul style="list-style-type: none"> <li>• Sometimes employees view their sick leave days as an entitlement instead of as a benefit</li> </ul>
<ul style="list-style-type: none"> <li>• The larger the amount of sick leave days available, the greater potential for abuse</li> </ul>
<ul style="list-style-type: none"> <li>• The union should take the interests of all its members into account; not just of the injured or ill employee</li> </ul>

- Managers feel less than adequately equipped when their employee is dealing with a mental health related challenge

### **Level of support from supervisors and colleagues**

Managers have observed that the level of support received for an employee who returns from sick leave is often impacted by the existence of unaddressed performance concerns. *“If an employee is not performing adequately when they are at work, coworkers will be less supportive when that employee goes off. When an employee is productive at work and then needs to go off due to illness, coworkers are usually more understanding and supportive”.*

One manager stated: *“The morale in our department was damaged and was impacting the RTW so we accessed the university’s Employees and Family Assistance Program to bring group counsellors on site to work with us”.* This approach has been successfully implemented in at least three cases.

<b>KEY FINDINGS: LEADERS - SUPPORT OF SUPERVISORS AND COLLEAGUES</b>
<ul style="list-style-type: none"> <li>• Level of support experiences is thought to be directly related to the length of the absence or the number of absences an employee experiences</li> </ul>
<ul style="list-style-type: none"> <li>• Well-liked employees seem to receive more support from their coworkers and supervisors</li> </ul>
<ul style="list-style-type: none"> <li>• Lengthy absences can impact the entire department’s morale</li> </ul>

### **Wrap up**

Almost half of the group expressed concern about the lack of an ‘exit clause’ when people are away on Long Term Disability: departments are required to hold the position for the employee on leave until they move over onto Canadian Pension Plan (CPP) for disability or until they retire. Backfilling those positions is challenging because departments are only able to offer term contracts; often trained and well-liked employees end up leaving the term position in favour of a continuing position in another department on campus. Leaders feel that *“a department should not be required to hold position indefinitely but that a maximum time should be set; for example, after two years the position can be released”.* They suggest that if the employee is able to return after the position is released, the WLC will look for a suitable position within the wider university, not necessarily within the same department.

One leader mentioned, *“It used to be that once a person is accepted onto CPP, the chance of them ever returning to work was almost non-existent”* so the university advises the department to release the position of employees who are accepted for CPP, as it is a high bar of disability. In the past year, a shift was noted where two employees were cleared to return to work after being on CPP for a few years. *“This means that the university will need to reconsider the advice given to departments and faculties once an employee is accepted*

*onto CPP as it is no longer a guarantee that the employee will never be able to return to work”.*

Leaders are also taken back by the generous allotment, a maximum of an extra 66 day, of sick leave that CUPE 917 and 951 members are able to access through the sick bank in addition to their personal sick days. The sick bank is a resource available to all CUPE members who are in need of sick time in excess of their annual allotment due to an extended illness, injury or disability. Every CUPE member contributes to the fund — each year a small amount of their personal allotment is donated to the fund — and the sick bank committee uses this fund when members apply. *“Even though CUPE 917 and 951 members are contributing personal sick days to the bank, ultimately it is the department of the employee that ends up footing the bill”.* Leaders are urging for a more responsible and accountable management of the sick bank. One leader stated: *“Employees seem to consider their sick leave benefits an entitlement instead of a benefit”.*

## **FINDINGS CONSULTATION UVIC UNION RETURN TO WORK OFFICERS**

Another group of internal stakeholders consisted of five UVic union RTW Officers representing UVic's largest union groups. The interviews for this group were conducted between January 5, 2014 and January 15, 2014. The face-to-face interviews took place in the researcher's private office in HR. All interviews lasted between 45 and 60 minutes. The interview population size for this group was 6, the sample size was 5, and the participation rate was 83.3%. One individual did not respond to requests by email or phone.

The UVic RTW Officers were able to draw from their extensive knowledge and expertise as all of the interviewees in this group had at least 10 years of experience in their role. Supporting injured or ill people was originally a responsibility imbedded in the role of the shop stewards, but in the last few years this duty has developed into the specialized role of Return to Work and Accommodation Officers for both CUPE 917 and 951. CUPE 4163 and PEA provide guidance and support for their members through their business agents while the Faculty Association also has a designated contact for RTW and accommodation. The long-term commitment of these union representatives allowed them to contemplate a large inventory of RTW cases, which led to insightful and abundant data.

### **Clarity about roles and responsibilities stakeholders**

All union RTW Officers noted a huge improvement in clarity around roles and responsibilities in recent years. *"In earlier years, there was some initial friction between the Work Life Consultants and the union"*. A union RTW Officer stated: *"At that time, the Work Life Consultants and the union had a different understanding of what the process was. And the union felt that the employer was not fulfilling their duty to inquire"*. These challenges caused significant delays in the RTWs for employees. In the end, it took an expedited arbitration process to resolve the disagreements. In the resulting award, Arbitrator Sullivan helped the university and the union define better the roles and responsibilities of all stakeholders involved. The union stated: *"Overall we have a very positive view on the RTW process at UVic but because of the cluster of challenging cases happening over a relative short period of time, it gives the impression that we never valued the excellent work of the Work Life Consultants during that time"*.

One union RTW Officer stated: *"In hindsight, we should have went to the employer and expressed our frustration because it seemed as no medical was ever good enough to satisfy the Work Life Consultants"*. Instead, the union went out and hired an external expert, an occupational health nurse, to obtain sufficient medical documentation in order to establish disability for their union members. *"This was seen as being adversarial by the employer and caused a further breakdown of trust between the parties. I still believe that hiring the expert was an effective measure that has paid of dividend for our members but we could have done a better job notifying the employer about our intention to bring in an occupational health nurse and explain the intent behind it"*. Through their extensive experiences the union has developed an internal body of expertise and have to rely less and less on the external expert for guidance

Almost all union RTW Officers stated concern regarding the role of coworkers in the RTW process. *"Coworkers are often not consulted or even informed about a RTW or accommodation taking place in their area"*. The union feels that some RTWs encountered

significant difficulties because of the reaction of coworkers. The union acknowledges that *“even though the union and management were on the page and supportive of the return, the coworkers were resistant because they saw the modifications as special privileges and favouritism”*. The union wants to manage confidentiality and privacy but at the same, they want to encourage their members to at least partially disclose about what is going on. *“We do not expect an employee to share every intimate detail or diagnosis with every colleague but some information will help the rest of the team understand that something is going on”*. Having awareness will most likely make coworkers more supportive if duties or hours need to be modified. *“In a few cases where the employee was able to share how their medical condition was impacting them in the workplace and how coworkers could assist them, we noticed a huge increase in support; some coworkers even came up with their own ideas of potential solutions to make the return to work easier”*.

The union noted some changes in recent years: *“We have great trust in the Work Life Consultants to really try and keep the employee at work while in the past it was felt that LTD was often seen as an easy way out when a RTW or accommodation was seen as too complicated”*. The union feels that *“the employer is willing to investigate creative solutions, to think outside the box and to work more in collaboration with the union”* and LTD is now seen as the last resort, the safety net in worst-case scenarios. *“When we are made aware of an employee who is displaying unusual or inappropriate behaviour in the workplace, we feel comfortable encouraging that employee to connect with the Work Life Consultants in addition to seeking medical help”*. The union values the support and assistance of the Work Life Consultants in getting their members the professional help they need, especially in severe mental health cases, as there might be a lack of insight on the member’s part.

<b>KEY FINDINGS: UNIONS - ROLES AND RESPONSIBILITIES</b>
<ul style="list-style-type: none"> <li>• Union is more clear about its own role and responsibility</li> </ul>
<ul style="list-style-type: none"> <li>• Employees/members are often unaware about the RTW process and the available resources and support</li> </ul>
<ul style="list-style-type: none"> <li>• Relationship between union and WLCs has improved significantly in recent years</li> </ul>
<ul style="list-style-type: none"> <li>• Coworkers are often forgotten stakeholders in the RTW</li> </ul>

**Employee's fears and beliefs about their medical condition and the impact of RTW**

All union RTW Officers noted: *“Employees who are suffering from a mental health conditions and the stigma associated with that can certainly be responsible for an employee’s fear about returning to work”*. Employees living with a mental health condition often report diminished self-worth and self-esteem. In addition, *“they may feel guilty about not being at work for a prolonged period of time, or being at work but not being able to perform to the best of their abilities. Invisible disabilities like fibromyalgia might cause coworkers to be skeptical about the validity of the medical condition; knowing that bonafide medical limitations will be determined can alleviate some of their suspicion”*.

Union RTW Officers all agreed that situations are more complex when an employee believes that the workplace has contributed or is solely responsible for their illness. They stated that it is essential that all parties work together to peel back the layers to determine what is really going on. One union RTW Officer said: *“The university often practices conflict avoidance instead of addressing the issue. For instance, if a medical condition flares up when an employee is only trying to do their job, it should be explored if there is a mismatch from the beginning. Probation periods are exactly designed to assess an employee’s competence level and fit”*. However, in the union’s perception many managers tend to shy away from addressing the performance concerns, even during probation, and instead opt to proceed with the appointment anyway.

Almost all union RTW Officers feel that employees are sometimes afraid to disclose their medical condition or ask for accommodation because of the recent budget cuts and lay-offs. As one union RTW Officer stated: *“If you stick your head up and the employer has a hammer, everything might look like a nail”*. In other cases the employees have not requested support because they have lack insight in their current health condition. *“One example is where the employee returned after dealing with cancer treatments and considered herself cured even though her extreme fatigue and reduced immune system caused her great difficulties. Another example is one where someone who has experienced an episode of severe depression due to bipolar disorder feels; he felt that he no longer need an accommodation despite bipolar being a lifelong condition and recurrence is realistic.”*

<b>KEY FINDINGS: UNIONS- EMPLOYEE'S FEARS AND BELIEFS</b>
<ul style="list-style-type: none"> <li>• Certainly employees who are experiencing mental health conditions can be fearful about the stigma associated with mental illness</li> </ul>
<ul style="list-style-type: none"> <li>• Performance concerns should be dealt with immediately, especially during probation</li> </ul>
<ul style="list-style-type: none"> <li>• Recent layoffs and the current economic climate can contribute to an employee’s fear when experiencing medical challenges</li> </ul>

### **Implementation of early intervention strategies**

Without an exception, all union RTW Officers agreed that, when the supervisor notes a drastic change in an employee’s behaviour, they should have an immediate conversation to explore what is going on and if it is possible that a medical condition might play a role in the observed behaviour. The union felt strongly that if the behaviour is solely looked at through a disciplinary lens, there is great risk that the employee’s medical health can deteriorate rapidly. *“In one particular case an employee was called into a disciplinary meeting when he was behaving aggressively and using inappropriate language in the workplace. At the same time he was experiencing severe personal stressors, had a difficult relationship with several coworkers, was using smoking cessation medication known to increase the risk of depression and he was misdiagnosed in a walk-in clinic. Eventually, with the assistance of the union and an occupational health nurse, the employee was properly diagnosed and enrolled in appropriate treatment”*.

Almost all union representatives felt that managers are not sufficiently educated about the duty to inquire and when they are, they are often afraid to implement their knowledge out of fear of being accused of bullying and harassment. *“Managers should not shy away from addressing the issue as most likely it will not resolve itself on its own; it will only get worse. An unintended consequence of the Bill 14 legislation is that it might deter managers from asking the difficult questions when unusual behaviour is noted”*.

All union RTW Officers saw offering partial duties or partial hours before an employee starts their return as the most important early intervention strategies. They add that acquiring support and understanding from coworkers is essential. *“Coworkers should be asked for input and advice when developing the RTW plan”*.

<b>KEY FINDINGS: UNIONS - EARLY INTERVENTION STRATEGIES</b>
<ul style="list-style-type: none"> <li>• Unusual behaviour should be addressed immediately (duty to inquire).</li> </ul>
<ul style="list-style-type: none"> <li>• Managers should be educated about their duty to inquire and the implications of Bill 14</li> </ul>
<ul style="list-style-type: none"> <li>• Offering partial duties and partial hours prior to an employee’s return to work is seen as the most important early intervention strategy by the unions.</li> </ul>

**Communication between the injured worker, the RTW professionals, health providers, management and union**

All union RTW Officers talked about how often members often share with them how frustrated their physician is with the repeated requests for information. *“The number of requests should be reduced by making sure that the doctor is given sufficient information about the workplace, the job duties and if applicable, the employer’s concerns”*. Asking the right questions and ensuring the doctor and the employee that this information will help their patient will also solicit more appropriate medical information. *“After all, doctors often function as advocates for their patient and will not always provide objective medical limitations; this is not productive”*.

The union representatives agreed that they play an important role in educating the employee about their duty to cooperate and explaining what medical information the employer is allowed – and obligated – to request. *“Sometimes, we need to spell out to the member that they have to indicate what they need and not what they just want”*. They added that employees need to understand that a diagnosis does not need to be disclosed and if diagnosis were disclosed, the WLC would not share that information with the department.

<b>KEY FINDINGS: UNIONS - COMMUNICATION</b>
<ul style="list-style-type: none"> <li>• Doctors need to be provided with sufficient information about the workplace, the job duties and the accommodation options in order to provide appropriate medical documentation</li> </ul>

- A collaborative approach based on mutual respect and trust will facilitate clear communication

### **Level of support from supervisors and colleagues**

Half of all union RTW Officers stated: *“We need to be more an advocate for all employees and not solely focus on the interest of the employee who is experiencing medical difficulties”*. The union acknowledges that, in the past, coworkers saw themselves as collateral damage when the medical condition of their coworker had a devastating impact on the rest of the team. They felt forgotten by the union as their sole priority appeared to be the employee needing the accommodation.

One union RTW Officers noted that while many managers express their support for the accommodation, on occasion there is a discrepancy between their words and their actions. *“Lack of support often shows up in subtle ways like conveying a double message: yes, I need to accommodate you but you need to do these 100 things as well or the hours worked may be reduced but the workload stays the same”*. At times, managers want to be supportive but they, in turn, also require support from their supervisors.

When a manager is showing support for an employee, he will function as a role model for the coworkers in that department. The union recalled a situation where a supervisor really worked together with the employee to fully understand the employee’s medical. *“While the employee could perform task oriented jobs without difficulty, he was unable to navigate social interactions due to his medical condition. The supervisor educated his staff not to engage the employee in casual conversation but only communicate with him regarding his work tasks”*. Coworkers were empathic and the employee felt extremely supported.

### **KEY FINDINGS: UNIONS - SUPPORT FROM SUPERVISORS AND COLLEAGUES**

- Coworkers cannot be forgotten in the RTW process as they might be impacted by their colleagues’ medical condition or accommodation measures
- Accommodations should be supported in words and in action
- Managers will function as role models for the rest of the department; their empathy and support are crucial

### **Wrap up**

The unions expressed much appreciation for the positive relationship with the WLCs and *“are very encouraged about the priority given to the RTW program by the AVP HR through the support for this research project”*.

## **FINDINGS CONSULTATION RETURN TO WORK COORDINATORS AND DISABILITY MANAGERS**

The group of external stakeholder included ten Return to Work Coordinators and Disability Managers (DM<sup>3</sup>) from other Canadian Universities with a similar size and scope as UVic. The following provinces were represented: British Columbia, Alberta, Ontario and Nova Scotia. The interviews were conducted between January 3, 2014 and February 19, 2014. All interviews with external stakeholders were by telephone and lasted between 55 and 70 minutes. The interview population size was 12, the sample size was 10, and the participation rate was 83.3%. Two individuals did not respond to repeated requests by email.

The external stakeholders held a wide range of job titles within their respective institutions, often depending on where their services were placed within the organizational context; most DMs worked either for Human Resources or a variety of the Occupational Health and Safety department. Some institutions manage their short term and long term disability as part of the HR professionals' job while other universities have dedicated specialist in place to deal with sick leave, return to work and accommodation. Often these designated professionals have a medical background in Occupational Health Nursing or Kinesiology while others have obtained professional certifications in disability management. Experience within their current role of DM varied widely as well with the most junior DM being on the job for 1.5 years and the most senior DM for 15 years. Their involvement in the RTW process involves working collaboratively with managers, unions and employees in the areas of return to work, stay at work, accommodation and Long Term Disability. Some DMs always have responsibilities in the area of Health Promotion, often with extra attention being paid to Mental Health initiatives and ensuring psychological healthy workplaces. The wealth of expertise and experiences of these professionals will not only greatly contribute to this project but also the overall body of knowledge in the disability management.

### **Clarity about roles and responsibilities stakeholders**

All DMs had difficult experiences where their role or the purpose of the RTW and accommodation were misunderstood or misused. Often employees and faculty member see the RTW and accommodation process as an opportunity to meet their needs and desires, even though the request has no medical basis. *“A faculty member requested a bigger office, a different office, or a bigger window without any documented medical condition that would support this request”*. DMs consider it their main responsibility to explain the roles and responsibilities to the different stakeholders involved in the process, including staff, faculty, managers, the union and professional associations. *“Upfront, clear and transparent communication is seen a crucial factor to success and will serve as a protective factor for misunderstandings down the road”*. To help them convey this important message, DMs see the union and association representatives as important allies. While collaboration and consulting with unions is deemed necessary and valuable, the majority of DMs stressed out: *“It is important to note that the ultimate accountability and responsibility of the program lies with the DM”*.

<sup>3</sup>For the purpose of this document, the researcher will refer to Return to Work Coordinators and Disability Management professionals as DMs.

On the contrary, a DM stated: *“I do not make decisions about performance concerns – and do not want to be seen as making those decisions”*. However, DMs do play a role in helping the departments determine whether or not a performance concern or an inappropriate behaviour was caused or exacerbated by an underlying medical condition by obtaining the appropriate medical documentation from the employee’s physician. Most DMs describe their role as supportive in nature but on the other hand they *“do not shy away from having difficult conversations about perceived workload and interpersonal conflict in the workplace”*. If needed, DMs function as coaches when trying to resolve conflict in the workplace through mediation: at other times they *assist “with practical problem solving skills to empower the employee to take ownership of their situation”*.

DMs are very aware of the challenging environment that they operate in: they navigate both the academic and non-academic environments in a heavily unionized landscape. DMs have shared that *“having the flexibility and willingness to adapt your approach depending on the audience has allowed them to build rapport and relationship based on trust with their clients; this flexibility is especially important when dealing with faculty”*. One DM explained: *“I will always refer to faculty as doctor out of respect until they invite me to use just their name”*. Also, while she would normally initiate the first contact via phone when an employee is away sick, she sends faculty members an email first. She provides them with her credentials, explains her role and the RTW process and indicates that she will follow-up with a phone call at a later time. *“This allows the faculty to inform themselves and do some additional research if needed prior to me contacting them. The same process is applied but there is a subtle difference in messaging.”*

Another important role that DMs have is educating managers about their part in the RTW and accommodation process. Some managers are very knowledgeable about the process and fully understand when to include the DM into the conversation. Other managers might feel uncomfortable or are unaware of their responsibilities or the process; *“they might have never had an employee go off in their unit for anything different than the flu or a cold”*. DMs are aware that many managers consider an employee who can only do limited tasks or work limited hours as *“a burden to the department”*, at least at first. Making the business case for partial RTW can be achieved through education managers and executives about the positive impact of an early RTW on the employee and the department. *“Especially in mental health related absences can the presence of a supportive and engaged manager make a difference. By simply asking what do you need? What can I do? will the manager create a supportive environment while at the same time function as a role model for the rest of the staff”*. Early RTW is not only beneficial from a financial but also from a human perspective.

<b>KEY FINDINGS: DM – ROLES AND RESPONSIBILITIES</b>
<ul style="list-style-type: none"> <li>• Clear and transparent communication about roles and responsibilities should be provided as early as possible in the process</li> </ul>
<ul style="list-style-type: none"> <li>• DMs reinforce the difference between the RTW and accommodation process and</li> </ul>

the performance management process and explain where the two might intersect
<ul style="list-style-type: none"> <li>• DMs build report and trust with client by addressing their needs and concerns regarding the process and confidentiality</li> </ul>
<ul style="list-style-type: none"> <li>• DMs often need to make the business case for partial RTWs</li> </ul>

**Employee's fears and beliefs about their medical condition and the impact of RTW**

Most DMs brought up how employees often express concerns around privacy and confidentiality. *“Every employee wants to know what information is collected, why is it collected and who would have access to that information?”* DMs noted a greater anxiety around confidentiality in faculty members than other employees. *“Especially professors who have not yet attained tenure can be reluctant to provide their employer with medical information; they are worried that the documented presence of a medical condition might impact their chance to achieve tenure.”* One DM recalled: *“I worked with a non-tenured professor who refused to go to the doctor out of fear of how this health challenge would impact the tenure review process”*.

A couple of DMS mentioned how, in some cases, employees who have not yet sought a medical opinion will resort to the internet to self-diagnose. In many cases, this practice leads to the employee believing that their condition is serious what causes a strong emotional reaction. DMs believe that it is important to give the staff member the space to tell their story without challenging their belief immediately. *“Then, it is up to me to put the received information in perspective while recognizing their feelings and encourage the employee to seek a professional medical opinion, preferably from their family physician”*.

To have this intimate and sensitive conversation, DMs feel it is essential to provide a safe environment to talk. *“If an employee is uncomfortable with meeting in HR, I adapt to the client’s needs by suggesting an alternate location. If an employee is hesitant to come to HR, this is considered an indicator that there is more to the story and that there might be other fears and beliefs at play”*. During the first contact with an employee, DMs attempt to determine the complexity of a situation, how this situation is impacting their client’s health and what is needed to get their client on the road to recovery. If the DM is feeling uneasy about whether or not the employee will follow through, a follow-up email is send outlining the topic conversations and what actions the client has verbally committed to. By setting another follow-up phone call, the DM keeps the client accountable for their own health. *“In most cases, the employee experiences great satisfaction and increased self-worth when they can report back that they have followed through by going to the gym, contacting a counsellor etc. or at the very least, they have done some personal reflecting”*.

Personal reflection is also needed when an employee presents a rather unrealistic view of their level of wellness. One DM shared a situation where an employee needed to undergo chemo treatment. *“The employee expressed an interest to work 4 days per week and have chemo on the fifth day. After consultation with the treating physician, it was decided that it would be much more realistic to allow the employee to work from home a few days before and after the chemo”*. This way the employee could continue to contribute to the workplace while managing the fatigue and without a significant increase in infection risk.

<b>KEY FINDINGS: DM - EMPLOYEE'S FEARS AND BELIEFS</b>
<ul style="list-style-type: none"> <li>• DMs ensure a supportive culture of trust where confidentiality and privacy are protected as needed.</li> </ul>
<ul style="list-style-type: none"> <li>• DMs provide education where needed to alleviate a client's fear.</li> </ul>
<ul style="list-style-type: none"> <li>• DMs assist and guide client with setting realistic and objective goals.</li> </ul>
<ul style="list-style-type: none"> <li>• DMs acknowledge a client's perspective without judgment.</li> </ul>
<ul style="list-style-type: none"> <li>• DMs empower the client to take responsibility of their own health.</li> </ul>

**Implementation of early intervention strategies**

There is agreement amongst DMs that early intervention strategies are essential to the success of a RTW and accommodation program. Most institutions have a stringent early intervention program in place where the DMs function as the first point of contact with the employee who is away ill or injured. Some institutions contact their employees after 5 or 10 days of absence while other universities do not have a set trigger point. One DM shared *“We recently lowered our trigger point from 10 to 5 days of absence and have already noted a significant reduction in the number of sick days taken”*. Accountability is increased with improved tracking methods: *“What gets measured gets managed”*.

Almost all DMs have the perception that some employees consider their allotment of sick days an entitlement, not a benefit. *“The risk for abuse is especially high for employee groups with generous amount of sick leave available to them, mostly professionals and faculty members”*. DMs noted that it is possible for faculty to be away sick for quite a while before their absence is noticed because they experience great flexibility in their working hours and schedule. *“With many courses being taught online exclusively, it has become even easier for a faculty member to be at home struggling without anyone noticing or reaching out”*. DMs also observed greater ‘pushback’ from professionals and faculty member when they are contacted at home while away on sick leave.

While some employee react rather negatively in response, many employees express how supported they feel when they receive a phone call from the DM. In addition to reaching out, the DM will also encourage the supervisor or manager to maintain contact with the employee at home. *“Keeping the connection with the workplace going and letting the employee know that you care can be as simple as sending a card or making a phone call”*. Communicating via phone suffice when an employee is off work but when possible, DMs prefer to meet the client in person as building rapport and trust is facilitated by face-to-face conversations. Also, employees seem to have *“higher confidence when they learn of the professional designations and credentials that they bring to the table”*.

By offering a gradual or partial RTW, the employee might be able to return to work before he or she is fully healed. *“The stage for RTW can be set early on by talking to the employee about modified hours and duties in the initial contact. This way, the employee is able to*

*discuss these options with their care team and collaboratively suggest the best possible scenario for the client”.*

<b>KEY FINDINGS: DM – EARLY INTERVENTION STRATEGIES</b>
<ul style="list-style-type: none"> <li>• DMs collect and utilize aggregate data to support policies and practices</li> </ul>
<ul style="list-style-type: none"> <li>• DMs establish early contact with the employee who is away to discuss medical limitations and RTW options. If possible, DMs meet in person to build trust</li> </ul>
<ul style="list-style-type: none"> <li>• DMs offer gradual and partial return to work options to ensure an early return</li> </ul>
<ul style="list-style-type: none"> <li>• DMs ensure a clear process to safeguard confidentiality and privacy in order to gain a client’s trust.</li> </ul>

**Communication between the injured worker, the RTW professionals, health providers, management and union**

Good communication is the foundation of a successful return to work process. DMs have demonstrated that it is essential to apply the RTW process consistently for all employees. In one institution, faculty demanded that all communication regarding their sick leave was handled through their faculty representative. *“Even though I insisted on direct contact with the faculty members, I made an exception for two individuals and immediately felt as if we had changed the process”.* She tried to do what was best for the clients but in this case, it was not the best action for the process. While she believes that the unions need to be informed throughout, they are not driving the process.

Besides the unions, the DMs also have to communicate with the employees’ physician. *“Often employees are nervous when they learn that the employer will need medical information from their doctor”.* Through an open conversation, the DMs will assess the client’s comfort level and explain clearly what information is needed and what the reason is for asking. The DMs will make the process of requesting medical information as transparent as possible. Sometimes, the DMs have to go back to the physician to challenge them on the information provided. The DMs will consult with the client and their union representative to explain why more medical is needed. *“For example when a doctor declared that an employee was unable to work in stressful situations, I replied that all jobs are associated with some levels of stress and asked for clarification from the doctor; help me understand”.* Physicians can also play an important role in convincing the employee to participate in appropriate treatment when an employee is not cooperating with the recommendations of the DM. It is essential for the DM to inform the doctor of necessary background information, such as workplace challenges that could be going on, in order to allow the doctor to formulate an objective and neutral recommendation.

In addition to the physician, DMs are also in frequent contact with the managers and supervisors. Only relevant information is shared with the department. The DM will indicate *“whether the employee is disabled or not; fully or partial disability; what they can and cannot do and a prognosis for return to work”.*

<b>KEY FINDINGS: DM- COMMUNICATION</b>
<ul style="list-style-type: none"> <li>• DMS obtain written permission from employee to communicate directly with the physician.</li> </ul>
<ul style="list-style-type: none"> <li>• DMS provide the physician with the necessary information so that objective medical information can be obtained.</li> </ul>
<ul style="list-style-type: none"> <li>• DMs work proactively by establishing effective relationships with physicians, employees, managers, unions and associations.</li> </ul>

**Level of support from supervisors and colleagues**

*“Managers are often worried about bringing performance concerns to an employee’s attention out of fear of being accused of harassment”. On many occasion, DMs have conversations with managers to help them understand that “it is not fair to the employee if you let them belief that their work is fine while it really is not”. Coworkers will respect the manager more if he or she is seen as being consistent, fair and honest in their approach. “If there is no medical reason for the performance concern, it should be dealt with via the performance management process”. If there is a medical condition present, coworkers will be more supportive of the employee who is away or is only performing partial duties if they have some awareness of what is going on. “If no information is shared, coworkers will often conclude that the reduction in duties is a result of preferential treatment instead of a medical accommodation”.*

Supervisors and managers have an excellent opportunity to function as role models for the other employees in the department by being supportive. *“By simply asking the returning employee ‘what can I do to support you?’ the supervisor extends an invitation for the employee to share information about their medical condition”.* The DM can also assists in the process by facilitating educational sessions for the coworkers so that they have a better understanding of the medical condition.

<b>KEY FINDINGS: DM - SUPPORT FROM SUPERVISORS AND COLLEAGUES</b>
<ul style="list-style-type: none"> <li>• DMs encourage and facilitate open and honest communication in the departments</li> </ul>
<ul style="list-style-type: none"> <li>• DMs help ensure that performance concerns are addressed immediately and effectively</li> </ul>
<ul style="list-style-type: none"> <li>• DMs empower managers via training so that they feel confident to intervene early</li> </ul>

## **DISCUSSION**

The researcher was positively surprised by the overwhelming participation and willingness to share personal experiences about what most would consider a sensitive topic. The openness of the interview gave the participants an opportunity to fully explore what went wrong, what worked well and what could have done differently.

### **Clarity of roles and responsibilities**

Familiarity with the RTW process and the roles and responsibilities of the stakeholders involved greatly improves the outcome of the RTW. At UVic, the WLCs play a central role in explaining the roles and responsibilities to other stakeholders, including employees, managers and unions. Introductory materials, both in online and hard copy format, can help educate employees and managers about the process and the required documentation. Unions and professional associations are important allies for the WLC to convey this important message.

The UVic joint RTW training that the union and the Work Life Consultants have collaboratively developed and piloted recently is seen as an important strategy to increase awareness and education campus-wide. Within this training opportunity, both parties will bring more focus on the essential role that coworkers play in the RTW process. Coworkers are often not consulted or even informed about a RTW or an accommodation taking place in their area. RTWs can encounter significant difficulties because of the reaction of coworkers: Even though the union and management are on the page and supportive of the return, coworkers might be resistant because they see the modification as special privileges and favouritism. The union acknowledges that managing confidentiality and privacy is important but at the same time, they want to encourage their members to at least partially disclose about what is going on.

Currently, UVic does not have a standard introduction package to offer clients when they enter the RTW program. An introduction package should be available both online and in hard copy to help educate the campus community about the roles and responsibilities of all the stakeholders. It should also include an overview of the RTW process and the documentation required.

Training for UVic leaders and managers is offered a few times a year through the HR Learning and Development calendar and is completely voluntary. Other Canadian institutions are exploring the idea of making RTW training mandatory for all leaders; the proactive training would be offered regularly and repeatedly. New supervisors should complete the training within 6 months after their start day. Special consideration should be given to mental health awareness training. Leaders should be aware of available resources and where to go for support.

### **Fears and beliefs**

An employee's fears and belief about their medical condition can impact the RTW significantly. Employers need to ensure a culture of trust and confidentiality where employees feel able to communicate about the physical and mental needs. The WLC can

help alleviate an employee's fear by providing education and helping the client set realistic and objective goals.

Many of the challenging examples showed a common denominator: unfamiliarity with the role of the WLCs and other resources available both for employees and departments. Employees are often unaware of their sick leave entitlements and what the financial implications of going on sick leave are. All the options should be laid out so that an employee can make an informed decision about appropriate next steps.

UVic provides a generous allotment of paid sick days under the Collective Agreements, certainly for PEA staff, librarians and faculty. Often decisions about whether or not to return to work are heavily influenced by financial considerations. For example, if a PEA staff member learns that they would be receiving full wages for 6 months while on sick leave, they might be more willing to stay at home longer if that is what their doctor recommends than if they would have to go on Medical Employment Assistance after a few weeks what would cut their wages down to about 67%. Vice versa, if an employee runs out of paid benefits, they are often highly motivated to return to work even though they are medically not ready to do so.

Clear and detailed medical documentation can assist in making the determination on whether or not an employee can participate in a healthy and sustainable RTW. Departments should document, document, document; some individuals might not be willing to accept where they are in their recovery and those objective observations will be valuable for the care team to determine appropriate treatment options. Leaders have also witnessed the benefits of following up important conversations with an email to summarize what was discussed and what the parties agreed upon. This is especially valuable when the employee has a cognitive impairment. Employees are asked to correct their supervisor if they have a different understanding of the conversation. The employee can then take the written documentation to their union for their information. Since the documentation takes place for every employee, employees have confidence in the process as it is applied fair and equitable.

There are several reasons why an employee might be fearful about returning to work. Suffering from a mental health conditions and the stigma associated with that can certainly be responsible for an employee's fear. Employees living with a mental health condition often report diminished self-worth and self-esteem. In addition, they may feel guilty about not being at work for a prolonged period of time, or being at work but not being able to perform to the best of their abilities.

Promoting the role and increasing the visibility of the WLCs is an important strategy to ensure that employees and leaders alike are aware of this in-house resource that can provide consultation and guidance for employees and departments regarding all components of the RTW process. An employer should ask for more updated and detailed medical information regarding functional limitations if clarification is needed, contradictory evidence is provided or if difficulties are observed.

Providing the newly developed joint training with the union on Return to Work and Accommodation for all staff and faculty will create greater awareness and understanding of the RTW process and available resources: this will most likely lead to a more supportive campus community. Maintaining contact with an employee while they are off on sick leave will also help alleviate fears about their return to work. Leaders and coworkers are encouraged to call, email or send a card, invite the employee who is away sick to social events.

### **Early interventions**

Both internal and external stakeholders agree that stay at work and early intervention programs have great value and facilitate early return for employees. Clear medical documentation will ensure that the employee's medical limitations are not exceeded. Obtaining medical documentation with sufficient, objective details including an employee's functional limitations is sometimes easier said than done. Doctors often rely solely on their patient's account of what the requirements of their job are, and sometimes even ask the patient "what do you want me to write"? On occasion, medical professionals express their frustration when they are asked to complete the sometimes lengthy, detailed questionnaires in preparation for their patient's RTW and as a result they are willing to only share a minimum of information. This approach is not productive but employees are hesitant to push their doctor for the required information; Victoria is battling a serious shortage of family physicians so people are unwilling to challenge their physicians because they are afraid of being let go as a client. Another benefit of basing decisions on solid medical documentation will increase transparency and other employee's trust in the process; "If someone is away on approved sick leave, they must really be sick".

Without a doubt, most challenges with early interventions arise when performance concerns or behaviour concerns are noted and the manager needs to determine whether or not there is a medical component that could have contributed to the performance issue. It goes without saying that the leader needs to meet his/her duty to inquire with an open mind and much sensitivity. If an employee is given the opportunity to disclose but is either unwilling to admit to or does not have the insight to acknowledge that a medical condition might be present, leaders should document this. If the performance concerns or behavioural challenges continue, the manager can follow up with the employee reminding them that they were given an opportunity to explain. Ideally, they would want to invite the WLCs to be a part of that conversation.

It was interesting to note that union RTW Officers are more on the same page with UVic leaders than anyone could have anticipated. The union agrees that when the supervisor notes a drastic change in an employee's behaviour, they should have an immediate conversation to explore what is going on and if it is possible that a medical condition might play a role in the observed behaviour. Also, the union expressed concern that leaders are often afraid to implement their knowledge about the duty to inquire out of fear of being accused of bullying and harassment.

Creating a culture of openness and trust would most certainly facilitate sensitive conversations and would make it easier for employees to step forward when they are struggling at work. Leaders can use frequent, informal check-ins as an ideal opportunity to build rapport with employees and to get a sense of an individual's preference. Some

employees might be very willing to share personal details while others might be extremely private and are reluctant to share information freely with their manager. Through practical training on how to have difficult conversations with an employee, managers might feel supported and empowered to be caring and compassionate. In these sensitive situations, the confidentiality and privacy of the employee should be protected as much as possible. One important exception to this rule is when an employee poses a risk to self or others; both employers and unions are legally obliged to act immediately and ensure proper medical care.

## **Communications**

The WLC is seen as a central position in the RTW process and while all respondents were very appreciative of this resource, opportunities for improving communication can always be found. In the past, miscommunication or misunderstanding about who is responsible to initially connect with the employee when they go off on sick leave have caused unnecessary delays in receiving the appropriate medical documentation and in starting the RTW preparations. Timely documentation allows the departments to plan more effectively so that they are still able to meet their operational requirements. Leaders have a responsibility to maintain communication with their employee while they are off on sick leave but at the same, the involvement and support of the WLC is essential and most appropriate to initiate the first contact.

The WLC can ease the RTW process by asking the right questions and ensuring the doctor and the employee that this information will help their patient will also solicit more appropriate medical information. Obtaining clear and objective medical documentation from the employee's physician can be a challenge at times, as physicians tend to function as an advocate for the client. Educating the employee about what information is required, asking the physician the right questions and informing the physician about the workplace, job duties and return to work options available can reduce the number of times that additional medical needs to be requested.

Despite the challenges, there are many positive experiences to build upon. The WLC practice of holding smaller meetings with the individual parties prior to the more formal RTW meeting is deemed to be extremely beneficial by leaders. Those meetings allow departments to ask questions about the medical limitations so that they can fully understand the impact of the medical condition. This is helpful to come up with appropriate accommodation measures and for planning purposes, for example to determine whether or not backfill needed? At the same time, those pre-meetings allow the WLC, with the support and guidance from the union RTW Officers, to have an open and honest conversation with an employee in order to ensure that everyone is on the page prior to the RTW.

Another best practice concerning communication is for the department to maintain contact with the employee while they are away. Managers have sent cards, flowers and care packages to employees on sick leave. Other leaders prefer to contact their employee via email or phone. It is suggested to ask the employee if they would like to be contacted and if so, what their preferred method is for communicating. Some employees might not be able to check their work email if their doctor recommends them to unplug completely from the

workplace. In those situations, the manager can ask if the employee is comfortable with sharing their personal email for staying in touch. Some managers feel less than adequate equipped when dealing with an employee who is off due to a mental health condition; they are afraid to say the wrong thing. However, other leaders have taken the initiative to educate themselves about mental health as they believe that they should function as a role model for other employees in their department.

### **Workplace support**

Lastly, the level of support from supervisors and coworkers that an employee receives can also be a determining factor for the success of the RTW process. Lately there is a shift noted at UVic where both the employer and the union encourage the employee to at least partially disclose. When coworkers are aware that an employee has a legitimate and documented medical condition they are more likely to be supportive than if they are not informed. In that case, coworkers will often see the modifications to the job as favouritism.

All stakeholders agreed that the length of the illness and the frequency of illnesses affect the level of support received from coworkers. Often coworkers are supportive in public but are grumbling in private. If an employee who returns does no longer feel a part of the team, reintegration can be a challenge. The lack of support can almost always be traced back to coworkers not understanding or not knowing what is going on. Partial disclosure will help empower coworkers to be supportive.

Managers have an excellent opportunity to function as role models for the other employees in the department by being supportive. By simply asking the returning employee ‘what can I do to support you?’ the supervisor extends an invitation for the employee to share information about their medical condition. Coworkers will more likely to be empathic and the employee will feel supported. If needed, leaders can work together with the WLCs to facilitate educational sessions for the coworkers so that they have a better understanding of the medical condition. UVic’s Employees and Family Assistance Program can also facilitate group counselling sessions when damaged relationships with coworkers are negatively impacting the RTW.

On the other hand, managers should not be worried about bringing performance concerns to an employee’s attention out of fear of being accused of harassment. Coworkers will respect the manager more if he or she is seen as being consistent, fair and honest in their approach. If there is no medical reason for the performance concern, it should be dealt with via the performance management process. If there is a medical condition present, coworkers will be more supportive of the employee who is away or is only performing partial duties if they have some awareness of what is going on. If no information is shared, coworkers will often conclude that the reduction in duties is a result of preferential treatment instead of a medical accommodation.

## **CONCLUSION**

The cost associated with absenteeism and disability management at UVic has grown significantly in the last decade. As is the case in many organizations, an aging workforce and the burden of chronic disease affect UVic significantly. The purpose of this report was to gain a better understanding of what leaders and union leaders perceive to be factors that inhibit and enhance an employee's return to work. In addition, the report explored effective RTW practices and processes implemented in other Canadian universities.

This research identified potential challenges, opportunities and ways to improve or overcome the challenges associated with RTW in a university environment. Five key concepts were identified for further exploration through Critical Incident Technique interviewing: clarity about roles and responsibilities, an employee's fears and beliefs about their medical condition, the implementation of early intervention strategies, communication between stakeholders and the level of support supervisor and colleagues.

When analysing the results of the internal stakeholder consultation, it became apparent that managers and unions are more in agreement about the RTW process than maybe expected. Equally, when adding the external perspective provided by the Return to Work and Disability Managers working in other Canadian universities, it is obvious that Canadian universities are all grappling with similar challenges in the areas of return to work and accommodation.

This report contributes to the overall body of knowledge regarding disability management and return to work in university environments. To date research in RTW has been mainly conducted on private sector or government programs; no relevant research on disability management in the university sector was found. In the future, UVic and other Canadian universities should further explore how organizational policies and the design of their benefits plans can impact RTW outcomes in for staff and faculty working in university environments.

Through the literature review and the stakeholders' consultation, several recommendations emerged. The following section addresses potential next steps for the client's consideration in an attempt to improve the return to work outcomes for staff and faculty at UVic and other Canadian universities. Hopefully, this research will provide UVic's HR department with the basis to establish future priorities and direction for the RTW program. The recommendations will most likely contribute to a healthier workplace where employees feel supported and valued.

## **RECOMMENDATIONS**

The following are general recommendations flowing from the literature review and the stakeholder interviews. They are presented to assist the client in establishing future priorities and direction for the RTW program.

### **Start collecting and utilizing aggregate data to inform and review existing policies and practices in the areas of sick leave management, Return to Work and accommodation.**

*Diligent recording and monitoring of sick leave can help the employer identify trends on injuries and illnesses and determine necessary program modifications and improvements. Utilization numbers of the Employee and Family Assistance program and Benefits plan can provide additional information.*

### **Develop and implement a formal early intervention program that includes stay at work programs, gradual return to work and partial return to work arrangements.**

*Attendance issues should be addressed early on. Develop written job descriptions that include the cognitive and physical demands will be helpful in ensuring that an employee's limits are not exceeded. An inventory of available 'light duties' will help facilitate an early return. Sick leave programs should be viewed as insurance rather than entitlements.*

### **Develop an introductory package and/or pamphlet to inform managers, employees and physicians about the Return to Work process, roles and responsibilities.**

*The introductory package should provide information about the process, including what forms need to be completed; the roles and responsibilities of the employee, the manager, the union, the WLC and the physician; and internal resources and supports available. This information can be shared during the onboarding process but should be repeated at regular intervals.*

### **Implement mandatory training on Return to Work and accommodations for managers and supervisors.**

*Managers should be aware of available resources and how to access the resources and supports. Managers should be empowered to create a departmental culture where employees feel comfortable disclosing their physical and mental needs with their supervisor. Specialized training on mental health challenges should be considered.*

### **Involve co-workers in the Return to Work and accommodation process where appropriate.**

*Encourage employees to (partially) disclose to their co-workers when experiencing medical challenges: this will lead to increased support and understanding. Co-workers can be actively involved in the development and implementation of Return to Work and accommodation plans. Co-workers should be made aware of the appropriate lines of communications when they are experiencing adverse effects due to a co-worker's Return to Work.*

**Conduct a comprehensive review and analysis of the interaction between short and long-term disability programs.**

*Ensure that all policies, processes, services, roles, responsibilities and accountabilities align in an integrated structure and that structural barriers to an early Return to Work are removed, especially in the Long Term Disability policies. Assess the feasibility of implementing a two-year 'exit clause' for LTD cases. Review and revise the criteria and process of sick day allocation through the union sick banks to ensure equity, fairness, and sustainability of the sick leave management system.*

**Ensure Health Promotion programs cover both employees' physical and mental health and wellness to help employees manage or prevent chronic health conditions.**

*Managers and union RTW Officers play an important role in guiding employees to the resources so they need to be aware about the programs and supports available. Health promotion information should be provided to all new employees during the onboarding process. In addition, an extra effort should be made to ensure that older employees are aware of the available resources.*

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## APPENDICES

### Appendix 1 – Key legal Principles Workplace Accommodations

The Canadian Human Rights Act (CHRA, 1985) and the BC Human Rights Act (1996) outline principles that protect the rights of both employers and employees and that support productive and respectful workplaces. Principles relevant to return to work management are “protection from discrimination”, “duty to accommodate”, “undue hardship” and “privacy rights” (Canadian Human Rights Commission, 2007, p. 6).

#### *Protection from discrimination*

The CHRA prescribes that “all individuals should have an equal opportunity to make for themselves the lives that they are able and wish to have”(CHRC, 2007, p. 6). CHRA also states that individuals should have their needs accommodated without being discriminated against based on “prohibited grounds” (CHRC, p.6) which include disability. In return to work cases, the issue of discrimination because of disability– intentionally or inadvertently - is relevant. Workplace RTW programs are designed to meet the requirements outlined in Human rights legislation.

#### *The Duty to Accommodate*

The duty to accommodate describes an employer’s legal obligation to implement appropriate accommodation measures to ensure that an employee with a disability can perform their job to the best of their ability. However, the duty to accommodate needs to be balanced with the employer’s right to run a viable business.

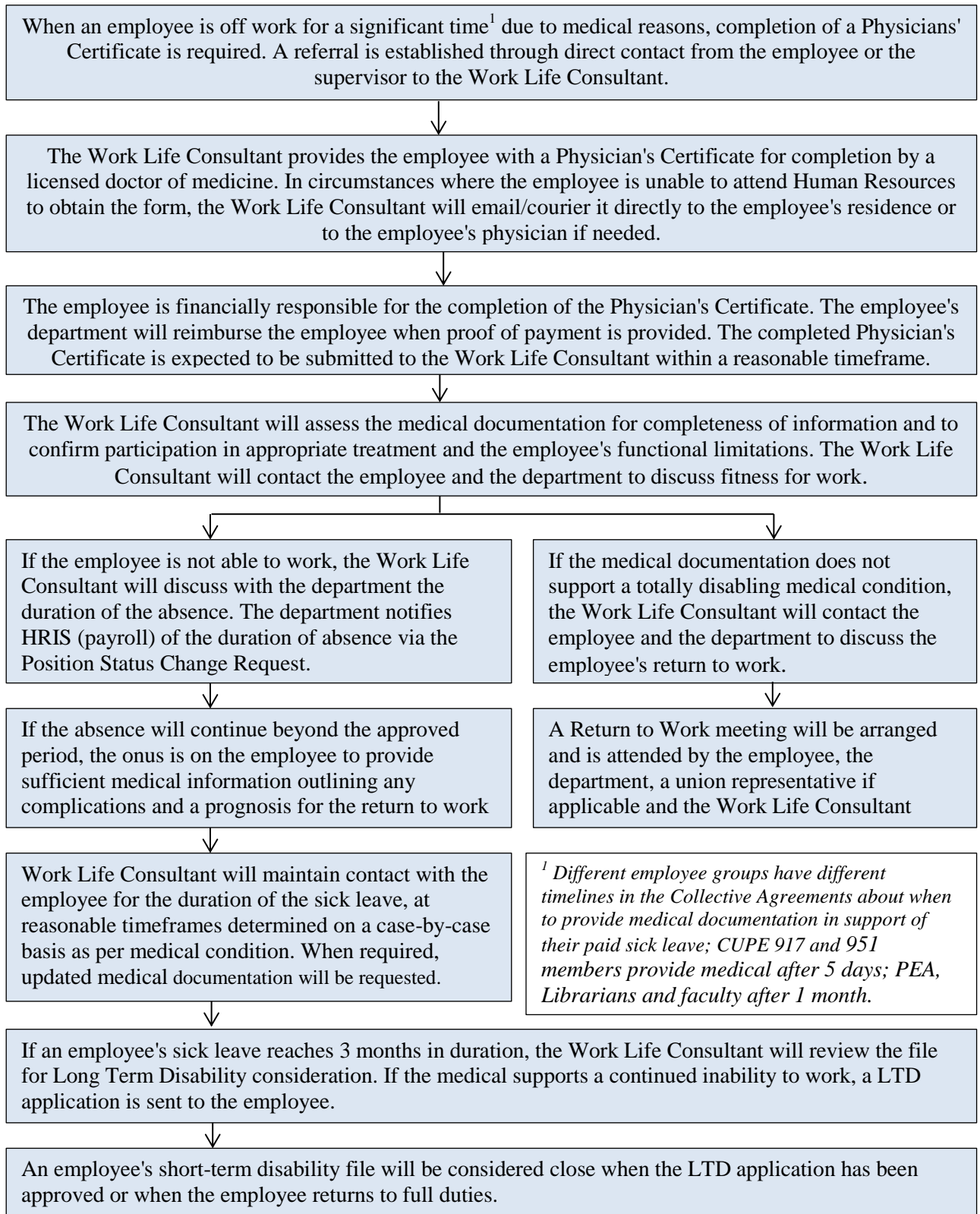
#### *Undue Hardship*

An employer is required to facilitate accommodations up to the point of undue hardship. Undue hardship takes two forms: financial hardship and undue hardship due to health and safety considerations. The onus is on the employer to prove that undue hardship exists. An employer can demonstrate financial hardship if it is proven that the implementation of the accommodation measures would trigger such costs for the employer that the viability of the business would be substantially affected. Undue hardship because of health and safety considerations can be proved if the accommodation measures would jeopardize the health and safety of the employee seeking the accommodation and/or the coworkers. The risk associated with the accommodation must outweigh the benefits of the employee returning to the workplace (CHRC, 2006, p.7).

#### *Privacy Rights*

Workplace RTW programs have a legal obligation to respect the employee’s dignity and protect the privacy and the confidentiality of employee information at all times. Personal information needs to be collected, stored and maintained in compliance with the Freedom of Information and Protection of Privacy Act (1996) and the Personal Information Protection Act (2004). Medical information should only be shared with other stakeholders in the workplace on a “need-to-know basis” (CHRC, 2006, p.8).

## Appendix 2 – Flow chart UVic’s Return to Work program



### **Appendix 3 - Related events, programs and projects**

In recent years, UVic's administration had to balance an increase in employee compensation with a significant decrease in provincial operating grants, a combination that unfortunately led to some job losses in 2012 and 2013. Job uncertainty and changes to work load likely impact any employee but it is suspected that the impact is more severe for people who are already struggling at work, especially for those who are dealing with a mental health condition. Other factors such as "stress related to technological change and organizational restructuring", an "aging workforce that is more susceptible to long-term illness" and "difficulties balancing work and family responsibilities" potentially also contribute to the observed rise in the absence rates (CHRC, p.3).

Recently, the University of Victoria requested Organization Solutions Inc. to conduct an assessment of the current WorkSafeBC claims management processes. Currently the University is paying a hefty surcharge as a result of their assigned experience rating. The assessment demonstrated that significant savings can be achieved by adopting early return to work interventions as they are the most cost-effective strategies an employer can implement following an injury, work-related or not. A targeted program to address gaps in the WorkSafeBC claims management process and to implement a more proactive approach to manage work-related injuries is being developed. The targeted start date for this program is early March 2014. The recommendations flowing from this Masters Research project will be beneficial and applicable for the WorkSafeBC project as well.

Another newly developed program that will benefit from the learning from this project is the Attendance Management pilot program (AMP), to be implemented in March 2014 in Facilities Management. The AMP program that focuses on CUPE 917 employees promotes regular and consistent attendance, and supports employee well being in a response to address high levels of absenteeism. Improving RTW outcomes will have a positive impact on overall absenteeism rates.

The WLCs are also exploring opportunities for collaboration with the Student Affairs department that has recently launched their Student Mental Health Strategy. Many of the strategy and resources offered are applicable to staff and faculty as well. Instead of establishing a completely separate mental health awareness program targeting staff and faculty, the WLCs will actively try and integrate their programs and initiatives with the Student Mental Health framework.

## Appendix 4 – Draft Letter of Introduction



To: <UVic Supervisor/Manager> and <UVic union RTW Officer>

Subject: Consultation

I am sponsoring a research project on return to work outcomes for staff and faculty after experiencing an injury or an illness. One of the objectives of this project is to identify new ways to decrease the time away from work and enhance employee satisfaction with a focus on early workplace interventions. The researcher, Tine Lathouwers, is graduate student in the Masters of Public Administration (MPA) program at UVic. Tine is also a staff member in our department working as a Work Life Consultant.

<for UVic Supervisor/Manager>

*An important part of this research is to survey UVic supervisors and managers that can assist the researcher in identifying barriers and contributors to a successful return to work process. You have been identified as a supervisor/manager who has experience with supporting an employee who suffered an injury or an illness in their return to work.*

<for UVic union RTW Officer>

*An important part of this research is to survey UVic's union Return to Work Officers that can assist the researcher in identifying barriers and contributors to a successful return to work process. You have been identified as a union RTW Officer who has experience with supporting an employee who suffered an injury or an illness in their return to work.*

To this end, I would appreciate your participation in an in-person interview that Tine will be conducting for this project. The interview will take approximately 45-60 minutes and can be scheduled at your convenience. Participation is completely voluntary and all interviews will be kept confidential. Tine will be contacting you in the next few days to request your participation and to schedule an interview date.

Thanks for your consideration.

Cheers,

Kane Kilbey.

Associate Vice-President, Human Resources

University of Victoria

Ph: (250) 721-8031

Email: [kanek@uvic.ca](mailto:kanek@uvic.ca)

## Appendix 5 – Draft Letter of Introduction Disability Managers/RTW Coordinators



To: <University RTW Coordinator/Disability Manager>

Subject: Consultation

I am sponsoring a research project on return to work outcomes for staff and faculty after experiencing an injury or illness. One of the objectives of this project is to identify new ways to decrease the time away from work and enhance employee satisfaction with a focus on early workplace-based interventions. The researcher, Tine Lathouwers, is graduate student in the Masters of Public Administration (MPA) program at UVIC. Tine is also a staff member in our department working as a Work Life Consultant.

An important part of this research is to survey Return to Work Coordinators and Disability Managers from different Canadian universities. You have been identified as a key stakeholder from which to learn more about current practices in return to work and disability management.

To this end, I would appreciate your participation in a phone interview that Tine will be conducting for this project. The interview will take approximately 45-60 minutes and can be scheduled at your convenience. Participation is completely voluntary and all interviews will be kept confidential. Tine will be contacting you in the next few days to request your participation and to schedule an interview date.

Thanks for your consideration.

Cheers,  
Kane Kilbey.

Kane Kilbey  
Associate Vice-President, Human Resources  
University of Victoria  
Ph: (250) 721-8031  
Email: [kanek@uvic.ca](mailto:kanek@uvic.ca)



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**Building on strengths: Smart Practices in Return-to-Work in Canadian Universities**

You are being invited to participate in a study entitled *Building on strengths: Smart Practices in Return-to-Work in Canadian Universities* that is being conducted by Tine Lathouwers and sponsored by Kane Kilbey, Associate Vice-President Human Resources (HUMR).

Tine Lathouwers is graduate student in the School of Public Administration and is an employee in the Department of Human Resources at the University of Victoria. You may contact the researcher if you have further questions at (250) 415-3990 or [tinelath@uvic.ca](mailto:tinelath@uvic.ca).

As a graduate student, Tine Lathouwers is required to conduct research as part of the requirements for a Master's degree in Public Administration. It is being conducted under the supervision of Dr. Barton Cunningham and Dr. Kimberley Speers. You can contact them at [bcunning@uvic.ca](mailto:bcunning@uvic.ca) and/or [kspeers@uvic.ca](mailto:kspeers@uvic.ca).

**Purpose and Objectives**

The purpose of this research project is to identify effective workplace-based interventions to assist university employees back to work in a timely and sustainable fashion. The researcher wants to assess how UVic's return-to-work program is perceived from a supervisors' perspective and what are considered successful interventions.

The research question that this project will attempt to answer is: "*What workplace-based interventions are effective in improving return-to-work outcomes for university faculty and staff after they experience an illness or injury?*"

**Importance of this Research**

Research of this type is important because the research will allow the researcher to formulate possible recommendations in order to improve return to work outcomes for university employees. This will contribute to a healthier workplace where employees feel supported and valued. From the university's perspective, an effective disability management program will lead to cost savings that can be redirected to other important initiatives.

**Power-over relationship**

The research is sponsored by Kane Kilby, the AVP of Human Resources, who is in a power-over position with respect to the participants in this study. The researcher herself may also be professional acquainted with the participants but no employees report to the researcher. Any prior acquaintance with the researcher should not influence their decision

whether or not to participate. The researcher wants to remind the participants that their participation in this project is voluntary.

### **Participants Selection <UVic Leaders>**

*You are being asked to participate in this study because it is important to supplement the findings in the literature with the perspectives and experiences of supervisors and managers. Your position offers the opportunity to learn more about the barriers and contributors to a successful return to work process. You have been selected for this study because you have experience with UVic's return to work process and the client would like the researcher to survey a representative number of supervisors and managers at the University of Victoria. The AVP Human Resources, Kane Kilby, is strongly encouraging all leaders to support participation in this research project. If your manager has any questions or concerns regarding your participation, please have them contact Kane directly at (250) 721-8031 or via [kanek@uvic.ca](mailto:kanek@uvic.ca).*

### **Participants Selection <UVic Union RTW Officers>**

*You are being asked to participate in this study because it is important to supplement the findings in the literature with the perspectives and experiences of union RTW Officers. Your position offers the opportunity to learn more about the barriers and contributors to a successful return to work process. You have been selected for this study because you have experience with UVic's return to work process and the client would like the researcher to survey a representative number of union RTW Officers at the University of Victoria. The AVP Human Resources, Kane Kilby, is strongly encouraging all leaders to support participation in this research project. If your manager has any questions or concerns regarding your participation, please have them contact Kane directly at (250) 721-8031 or via [kanek@uvic.ca](mailto:kanek@uvic.ca).*

### **What is involved**

If you agree to voluntarily participate in this research, your participation will include a single in-person interview with the researcher. Interview details and methods are as follows:

- The interview will take approximately 45-60 minutes.
- It will be scheduled at time that is convenient for you.
- The researcher will forward you a copy of the questions so that you may review the topics prior to the interview.
- On the scheduled date, the researcher will meet with you at a location of your preference and conduct the interview.
- The researcher will take hand-written notes to record your responses.
- The researcher will also ask your explicit consent to take an audio recording to check the accuracy of her hand-written notes. You may decline the option of an audio recording.
- You may also decline to answer any question during the interview.

### **Inconvenience**

Participation in this study may cause some inconvenience to you, including the time required to participate in the interview, any additional time spent preparing for it (e.g.

reviewing interview topics) and making adjustments to your work or personal schedule to accommodate the interview.

### **Risks**

This study is considered “low risk”, as defined by the Tri-Council Policy: potential participants should not reasonably expect to experience any harms greater than those encountered in his/her everyday life as it relates to this research.

### **Benefits**

The potential benefits for participation in this research include an opportunity to help improve UVic’s return to work process, share best practices in disability management and return to work processes from their own perspective and contributing to the knowledge base of disability management practices. Also, participants can request a copy of the overall research results.

### **Voluntary Participation**

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study after the interviews are conducted, your data will either:

1. be used in the study, only if you consent OR
2. not be used in the study and be destroyed.

To withdraw your participation, simply contact the researcher by phone or email. At that time, you will be asked whether or not the data collected may be used in the study. Either verbal or written consent is acceptable. If consent is not given, the data will not be used in the study and will be destroyed.

### **Anonymity and Confidentiality**

Only during the interview phase will it be possible for the researcher to associate responses with individual participants. The participants’ anonymity will be assured at all other times during the project. Names of participants, names of departments and names of institutions will be omitted in the study.

The participants’ confidentiality and the confidentiality of the data will be protected by coding each interview (e.g. “participant 1”, participant 2”, etc.) and by maintaining the access, control and security of the data and personal information during all phases of the study. All interview data gathered will be kept by the researcher in a locked filing cabinet (i.e. interview notes and audio recordings). Once the hand-written notes and audio recordings have been transcribed to an electronic file, both will be destroyed. The electronic data will then be kept in a password protected computer file on the researcher’s personal laptop.

Participants are encouraged to not name specific individuals in their responses. If participants reveal the names of individuals involved anyway, the researcher will omit any identifying information in the transcription of the interviews.

**Dissemination of Results – Limitations to Confidentiality**

Despite these measures, it should be noted that confidentiality cannot be completely guaranteed. This is due to the limited sample size of participants on campus and the visibility of participants. The results of this study will be shared during the researcher's defense of the final ADMIN 598 project. The defense is attended by the client, the academic supervisor, another faculty member (Dr. Kimberley Speers) and any individuals from the community who wish to attend and observe. In addition, a summary report of the results will be made available to participants upon request.

**Disposal of Data**

All interview data from this study will be disposed of at the end of the project. Paper files will be shredded and audio recordings and electronic data will be erased. Participants are encouraged to contact the researcher or her academic supervisor at all times to verify the ethical approval of this study or raise any concerns they may have.

**Contacts**

Participants are encouraged to contact the researcher or her academic supervisor at all times to verify the ethical approval of this study or raise any concerns they may have. In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you agree to participate in this research project.

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*Name of Participant*

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*Signature*

---

*Date*

***A copy of this consent will be left with you, and a copy will be taken by the researcher.***

## Appendix 7 – Draft Consent Form Disability Managers/RTW Coordinators



University  
of Victoria

### *Participant Consent Form*

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#### **Building on strengths: Smart Practices in Return-to-Work in Canadian Universities**

You are being invited to participate in a study entitled *Building on strengths: Smart Practices in Return-to-Work in Canadian Universities* that is being conducted by Tine Lathouwers and sponsored by Kane Kilbey, Associate Vice-President Human Resources (HUMR) of the University of Victoria.

Tine Lathouwers is graduate student in the School of Public Administration and is an employee in the Department of Human Resources at the University of Victoria. You may contact the researcher if you have further questions at (250) 415-3990 or [tinelath@uvic.ca](mailto:tinelath@uvic.ca).

As a graduate student, Tine Lathouwers is required to conduct research as part of the requirements for a Master's degree in Public Administration. It is being conducted under the supervision of Dr. Barton Cunningham and Dr. Kimberley Speers. You can contact them at [bcunning@uvic.ca](mailto:bcunning@uvic.ca) and/or [kspeers@uvic.ca](mailto:kspeers@uvic.ca).

#### **Purpose and Objectives**

The purpose of this research project is to identify effective workplace-based interventions to assist university employees back to work in a timely and sustainable fashion. The researcher wants to learn about effective workplace-based interventions that other Canadian universities have successfully implemented and how these interventions have contributed to an early and sustainable return to work for their employees.

The research question that this project will attempt to answer is: “*What workplace-based interventions are effective in improving return-to-work outcomes for university faculty and staff after they experience an illness or injury?*”

#### **Importance of this Research**

Research of this type is important because the research will allow the researcher to formulate possible recommendations in order to improve return to work outcomes for university employees. This will contribute to a healthier workplace where employees feel supported and valued. From the university's perspective, an effective disability management program will lead to cost savings that can be redirected to other important initiatives.

### **Participants Selection**

You are being asked to participate in this study because it is important to supplement the findings in the literature with the perspectives and experiences of Disability Managers and RTW Coordinators. You have direct responsibility for the disability management and/or return to work program in your respective institution and can provide insight and information on current practices in return to work and disability management involving employees that have experienced an injury or an illness.

### **What is involved**

If you agree to voluntarily participate in this research, your participation will include a single in-person interview with the researcher. Interview details and methods are as follows:

- The phone interview will take approximately 45-60 minutes.
- It will be scheduled at time that is convenient for you.
- The researcher will forward you a copy of the questions so that you may review the topics prior to the interview.
- On the scheduled date, the researcher will initiate the phone call and conduct the interview.
- The researcher will take hand-written notes to record your responses.
- The researcher will also ask your explicit consent to take an audio recording to check the accuracy of her hand-written notes. You may decline the option of an audio recording.
- You may also decline to answer any question during the interview.

### **Inconvenience**

Participation in this study may cause some inconvenience to you, including the time required to participate in the phone interview, any additional time spent preparing for it (e.g. reviewing interview topics) and making adjustments to your work or personal schedule to accommodate the interview.

### **Risks**

This study is considered “low risk”, as defined by the Tri-Council Policy: potential participants should not reasonably expect to experience any harms greater than those encountered in his/her everyday life as it relates to this research. However, the researcher will inform the participants of one potential risk related to their employment. Employee risk might exist depending on internal policies or other rules about employees participating in research about their organization (e.g. confidentiality agreements, employee oaths) at the participant’s institution. To mitigate this risk, the researcher requests that participants review any relevant policies in their organization prior to agreeing to participate in this study.

### **Benefits**

The potential benefits for participation in this research include an opportunity to share best practices in disability management and return to work processes from their own institution

and contributing to the knowledge base of disability management practices. Also, participants can request a copy of the overall research results.

### **Voluntary Participation**

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study after the interviews are conducted, your data will either:

1. be used in the study, only if you consent OR
2. not be used in the study and be destroyed.

To withdraw your participation, simply contact the researcher or the academic supervisor by phone or email. At that time, you will be asked whether or not the data collected may be used in the study. Either verbal or written consent is acceptable. If consent is not given, the data will not be used in the study and will be destroyed.

### **Anonymity and Confidentiality**

Only during the interview phase will it be possible for the researcher to associate responses with individual participants. The participants' anonymity will be assured at all other times during the project. Names of participants, names of departments and names of institutions will be omitted in the study.

The participants' confidentiality and the confidentiality of the data will be protected by coding each interview (e.g. "participant 1", participant 2", etc.) and by maintaining the access, control and security of the data and personal information during all phases of the study. All interview data gathered will be kept by the researcher in a locked filing cabinet (i.e. interview notes and audio recordings). Once the hand-written notes and audio recordings have been transcribed to an electronic file, both will be destroyed. The electronic data will then be kept in a password protected computer file on the researcher's personal laptop.

Participants are encouraged to not name specific individuals in their responses. If participants reveal the names of individuals involved anyway, the researcher will omit any identifying information in the transcription of the interviews.

### **Dissemination of Results**

Despite these measures, it should be noted that confidentiality cannot be completely guaranteed. This is due to the limited sample size of participants. The results of this study will be shared during the researcher's defense of the final ADMIN 598 project. The defense is attended by the client, the academic supervisor, another faculty member (to be named) and any individuals from the community who wish to attend and observe. In addition, a summary report of the results will be made available to participants upon request.

### **Disposal of Data**

All interview data from this study will be disposed of at the end of the project. Paper files will be shredded and audio recordings and electronic data will be erased. Participants are encouraged to contact the researcher or her academic supervisor at all times to verify the ethical approval of this study or raise any concerns they may have.

**Contacts**

Participants are encouraged to contact the researcher or her academic supervisor at all times to verify the ethical approval of this study or raise any concerns they may have.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you agree to participate in this research project.

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*Name of Participant*

---

*Signature*

---

*Date*

***A copy of this consent will be left with you, and a copy will be taken by the researcher.***

## **Appendix 8 - Interview Questions**

### **Introduction <UVic Leaders>**

1. Could you briefly describe your role as Manager/Supervisor?
2. What involvement have you had with UVic's RTW program?
3. How long have you been in your role? What is your educational background?

### **Introduction <UVic Union RTW Officers>**

1. Could you briefly describe your role as a union Return-to-Work Officer?
2. What are the key responsibilities of your role?
3. How long have you been in your role? What is your educational background?

### **Introduction < Disability Managers/RTW Coordinators>**

1. Could you briefly describe your role as Disability Manager?
2. What are the key responsibilities of your department?
3. How long have you been in your role? What is your educational background?

### **<All stakeholders>**

#### **Concept area 1 - Clarity about roles and responsibilities stakeholders**

1. A critical incident question of a not-so positive experience that you have experienced or observed
2. A critical incident question of a positive experience that you have experienced or observed
3. Based on this, what ideas might be helpful in encouraging a more positive outcome....

#### **Concept area 2 - Employee's fears and beliefs about their medical condition and the impact of their RTW on their health**

1. A critical incident question of a not-so positive experience that you have experienced or observed
2. A critical incident question of a positive experience that you have experienced or observed
3. Based on this, what ideas might be helpful in encouraging a more positive outcome....

### **Concept area 3 - Implementation of early intervention strategies**

1. A critical incident question of a not-so positive experience that you have experienced or observed
2. A critical incident question of a positive experience that you have experienced or observed
3. Based on this, what ideas might be helpful in encouraging a more positive outcome....

### **Concept area 4 - Communication between the injured worker, the RTW professionals, health providers, management and union.**

1. A critical incident question of a not-so positive experience that you have experienced or observed
2. A critical incident question of a positive experience that you have experienced or observed
3. Based on this, what ideas might be helpful in encouraging a more positive outcome....

### **Concept area 5 - Level of support from supervisors and colleagues**

1. A critical incident question of a not-so positive experience that you have experienced or observed
2. A critical incident question of a positive experience that you have experienced or observed
3. Based on this, what ideas might be helpful in encouraging a more positive outcome....

### **Conclusion**

1. Do you have any other comments you would like to share?