

RETAIN

Retaining Employment
and Talent After
Injury/Illness Network



For Your Insight: Research and Practice From the Field

October 16, 2019

Have a tip or resource to share? [Email us!](#)

This biweekly update highlights relevant research for RETAIN states and summarizes key takeaways that may benefit program implementation. Each summary includes a link to the article, resource, or formal abstract.

Return to Work Coordinators

After interviewing researchers about the role and necessary knowledge, skills, and attitudes (“competencies”) of Return to Work (RTW) coordinators working with injured workers, Gardner et al. (2010) found that researchers “strongly endorsed” including the RTW coordinator role in RTW programs. In addition, the authors identified 10 essential competencies for those filling this role, which they described as “key to the [RTW coordination] program’s success.” These competencies included “(1) individual traits/qualities, (2) relevant knowledge base, (3) RTW focus and attitude, (4) organizational/administrative skills, (5) assessment skills, (6) communication skills, (7) interpersonal relationship skills, (8) conflict resolution skills, (9) problem-solving skills, and (10) RTW facilitation skills.” In their conclusions, the authors discussed the difference between competencies that are individual traits (e.g., being flexible) that could be used to help identify potential RTW coordinators and competencies that are knowledge-based skills (e.g., RTW facilitation) that could be taught and tested in a classroom style setting.

Abstract available: [Gardner, B. T., Pransky, G., Shaw, W. S., Nha Hong, Q., & Loisel, P. \(2010\). Researcher perspectives on competencies of return-to-work coordinators. *Disability and Rehabilitation*, 32\(1\), 72–78.](#)

Tags: RTW coordinators; RTW competencies; RTW skills

Accommodations & Accessibility

Different factors in a workplace may affect the likelihood of supervisors’ granting an accommodation. Kristman et al. (2017) wanted to understand the factors that influence “supervisors’ support for temporary job accommodations for LBP [low back pain] injured workers.” The study team interviewed 796 supervisors from 19 workplaces in the United States and Canada via an online survey to identify characteristics of supervisors and workplaces that help predict their likelihood to

accommodate workers with LBP injuries. The team found that a “considerate leadership style, workplace disability management policies and practices, and supervisor autonomy for designing and providing workplace accommodations had the largest effect on supervisor support for accommodations.”

Abstract available: [Kristman, V. L., Shaw, W. S., Reguly, P., Williams-Whitt, K., Soklaridis, S., & Loisel, P. \(2017\). Supervisor and organizational factors associated with supervisor support of job accommodations for low back injured workers. *Journal of Occupational Rehabilitation*, 27\(1\), 115–127.](#)

Tags: Employers; job accommodations

Employer Engagement

Gould-Werth, Morrison, and Ben-Shalom (2018) conducted qualitative interviews with human resources professionals in Arkansas to learn of instances whereby “an employee developed or disclosed a disability” and uncovered factors that influence whether employers provide accommodations. The study team aimed to uncover “factors that affect whether employers provide accommodations to, and ultimately retain, employees with disabilities.” Fifty cases were identified and used to categorize themes. The study found that “two organization-level factors and four employee-level factors influenced employers’ efforts to accommodate and retain employees with disabilities: employer resources; employers’ communication with the employee and other stakeholders; employee tenure; employee work performance; active/sedentary nature of employee role; and the severity and type of employees’ health conditions.” The authors concluded that employers with more access to resources and better communication abilities made more of an effort to accommodate or retain employees; however, employee characteristics also affected how often employers granted accommodations to employees with disabilities. The authors stated, “Policymakers should consider intervention approaches that reach workers who may be overlooked by employers with scarce resources.”

Abstract available: [Gould-Werth, A., Morrison, K., & Ben-Shalom, Y. \(2018\). Employers’ perspectives on accommodating and retaining employees with newly acquired disabilities: An exploratory study. *Journal of Occupational Rehabilitation*, 28\(4\), 611–633.](#)

Tags: Employer engagement; employer perspectives; job accommodations

Early Intervention

In their 2-year longitudinal study of 557 workers presenting with back pain at eight private health clinics in four U.S. states, Shaw, Nelson, Woiszwilllo, Gaines, and Peters (2018) found that an early return to work (RTW) improved acute low back pain and functional recovery. However, the study team also found that whether a worker anticipated their employer supporting a job modification affected their RTW: “Among [workers] who anticipated employer support for job modification, 39% stayed on the job and only 23% had more than 7 days off work. Among those with no expected modified work, only 17% stayed on the job, and nearly half (48%) were out for more than 7 days. These data support the value of offering routine job modifications, especially given our results that an early RTW speeds the pain recovery process.” The authors concluded “that employers, clinicians, and insurers should continue to adopt policies and procedures that facilitate early RTW for back-injured workers.”

Full text available: [Shaw, W. S., Nelson, C. C., Woiszwilllo, M. J., Gaines, B., & Peters, S. E. \(2018\). Early return to work has benefits for relief of back pain and functional recovery after controlling for multiple confounds. *Journal of Occupational and Environmental Medicine*, 60\(10\), 901.](#)

Tags: Musculoskeletal injuries; early RTW; early intervention

Return to Work and Use of Pain Medications

Tye et al. (2017) explored how preoperative opioid use for degenerative lumbar stenosis (DLS) affects return to work (RTW) in workers compensation (WC) patients. Ohio WC patients who were prescribed preoperative opioids for DLS between 1993 and 2013 were more likely to RTW if they took the opioids for less than 3 months before surgery compared with workers who took the opioids for more than 3 months before surgery. Likewise, patients who took preoperative opioids for less than 3 months before surgery returned to work within a year after the surgery at higher rates than those who took opioids for longer than three months before surgery. Related to the economic cost of prolonged opioid use in this population, “patients who remained on opioid therapy longer than 3 months cost the Ohio Bureau of Workers' Compensation \$70,979 more than patients who were on opioid therapy for less than 3 months.”

Abstract available: [Tye, E., Anderson, J. T., O'Donnell, J. A., Levin, J. M., Haas, A., Woods, S. T., & Ahn, N. U. \(2017\). Prolonged preoperative opioid therapy in patients with degenerative lumbar stenosis in a workers' compensation setting. *The Spine Journal*, 17\(10\), S203.](#)

Tags: Pain management; worker's compensation; musculoskeletal injuries

This document was prepared for the U.S. Department of Labor (DOL) Office of Disability Employment Policy and Retaining Employment and Talent After Injury/Illness Network (RETAIN) state grantees, by the American Institutes for Research under DOL Contract Number 1605DC-18-F-00429. The views expressed are those of the authors and should not be attributed to DOL, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.