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### **Return-to-Work Barriers: Everyone's Responsibility**

It is difficult to dispute the benefits of getting employees back to work as quickly as possible after an injury. [California's Department of Industrial Relations](#) states that "workers who return to the job as soon as medically possible have the best outcomes: They recover from their injuries faster and suffer less wage loss". Unfortunately, this knowledge does not eliminate the multiple barriers that must be overcome before an employee successfully transitions back into the workplace. It is a process and shared responsibility that requires early intervention, cooperation, communication and clearly defined roles for medical case managers, employers, physicians, insurers, third-party administrators, unions, attorneys and the injured employee. All must become players on the same team in order to overcome any barriers to return-to-work (RTW). However, in order for the injured employee to overcome potential barriers they must first be identified.

#### **Potential Barriers in the Return to Work Process May Include:**

##### **For the Injured Worker:**

- Co-morbid (co-existing) conditions
- Prolonged inactivity
- Perceived physical roadblocks: can't drive, needs to elevate/ice foot, needs to keep wounds clean, etc.
- Early attorney involvement

##### **For the Employer:**

- Lack of awareness of the real costs of disability
- Failure to communicate with injured worker
- Low staff morale
- Lack of training to provide appropriate modifications and ongoing support
- Failure to identify obstacles to sustaining RTW

##### **For the Provider:**

- Lack of knowledge about the workplace
- Physician focuses on restrictions and not abilities
- Multiple providers
- No confidence /trust with employer
- Concerns that proposed job will aggravate injury

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While providers, employers and the injured worker are not the only three who are involved in the process (or who may trigger a barrier), physicians play a large role as well. Since the decision determining how long an employee will stay out of work is that of the physician, the results of a study in [Occupational Medicine](#), focusing on physicians' perceptions of RTW barriers, might be worth considering. Focus groups showed the most commonly cited barriers related to the workplace itself, including a lack of accommodated work for returning employees. It was also noted that there was a "need for modified work opportunities and written consents to discuss health issues". Physicians were included in the study and some identified *themselves* as a potential barrier due to their lack of occupational health training and lack of work-specific knowledge.

As [HealthCare Papers article](#) on Disability Management states, the probability of an employee's swift return to work is determined by factors other than the nature and severity of the injury or health related problem. The factors associated with extended disability included items such as "low workplace support, personal stress, shorter job tenure and delayed reporting". In order to help physicians improve disability management, this study suggested improving the flow of information between the employee and employer.

Again, communication or the lack thereof, is at the root of many RTW barriers.

In the end, a successful and sustained RTW program may all come down to having a solid team; a team including all parties involved with the injured worker. A team that can help facilitate the early establishment of clear expectations and provide communication between all involved, giving a plan of action for the most important barrier – *the employee's speedy return to work*.