

# **A perspective on the role and training practices of the Australian Workplace Return to Work Coordinator**

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## STATEMENT OF ORIGINALITY AND AUTHORSHIP

*I hereby certify that the work embodied in the thesis is my own work, conducted under normal supervision.*

*The thesis contains published scholarly work of which I am co-author. For each such work, a written statement, endorsed by the other authors, attesting to my contribution to the joint work has been included.*

*The thesis contains no material which has been accepted, or is being examined, for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968 and any other embargo.*

*Joanna Bohatko-Naismith*

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## **PUBLICATIONS AND PRESENTATIONS**

The following publications and presentations were a direct result of the work completed in this thesis:

### **Manuscript: 1**

Bohatko-Naismith J, Rivett D, Guest M, James, C (2012). A review of the role and current training of Return to Work Coordinators in Australia. *Journal of Health, Safety and Environment*. 28 (2): 173-190

### **Manuscript: 2**

Bohatko-Naismith J, James C, Guest M, Rivett D (2015). The role of the Australian workplace Return to Work Coordinator: Essential Qualities and Attributes. *Journal of Occupational Rehabilitation*. 25 (1): 65-73

### **Manuscript: 3**

Bohatko-Naismith J, Guest M, Rivett D, James C (2016). Insights into workplace Return to Work Coordinator training: An Australian perspective. *WORK*. 55 (1) 29-36

### **Manuscript: 4**

Bohatko-Naismith J, James C, Guest M, Rivett DA (2017). The injured worker's experience and relationship with the Australian workplace Return to Work Coordinator. (Under review)

### **Manuscript: 5**

Bohatko-Naismith J, Rivett DA, James C, Pond D, Guest M (2018). Australian GPs perspectives on the workplace Return to Work Coordinator. *The Australian Journal of Primary Health* (accepted 17 June 2018)

## **PUBLISHED CONFERENCES ABSTRACTS AND INVITED PRESENTATIONS**

1. Bohatko-Naismith J, Rivett DA, Guest M, James C. The experiences and perceptions of workplace Return to Work Coordinators: An Australian perspective on the role and current training. 6<sup>th</sup> International Forum on Disability Management, The Royal Society of Medicine, London, UK. The International Journal of Disability Management, 7(1,) Nov 2012.
2. Bohatko-Naismith J, Rivett D, Guest M, James C. Sink or Swim? The perceptions of Return to Work Coordinators. Safety 2012 World Conference, Wellington, New Zealand (2012). Injury Prevention, 2012;18 (Suppl1):94
3. Bohatko-Naismith J, Rivett D, Guest M, James C. The role of the Australian Return to Work Coordinator: Essential Qualities and Attributes. 3<sup>rd</sup> Australasian Compensation Health Research Forum. 2013; Swissotel, Sydney, NSW.
4. Bohatko-Naismith J. The role of the Australian Return to Work Coordinator, Suncorp Group Limited, Sydney, NSW, July 2012 (Invited speaker).
5. Bohatko-Naismith J. Workplace RTW Coordinators - The real 'Gatekeepers' of the RTW process - Key aspects of selection and training. Webinar Presentation for RTW Matters: A resource for RTW professionals. June 13 2017.
6. Bohatko-Naismith J, Guest M, Rivett DA, James, C. Deficient or sufficient? Contemporary Australian Return to Work Coordinator training practices. XXI World Congress on Safety and Health at Work 2017. Singapore. Short-listed for the best poster competition.

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## LIST OF ABBREVIATIONS

ACT	Australian Capital Territory
CM	Case Manager
CPD	Continuing Professional Development
DM	Disability Manager
DS	Disability Supervisor
GP	General Practitioner
icare	Insurance and Care Australia
IFAP	Industrial Foundation of Accident Prevention
IMC	Injury Management Coordinator
IMP	Injury Management Plan
NIDMAR	National Institute of Disability Management Research
NSW	New South Wales
NT	Northern Territory
OHS	Occupational Health and Safety
QLD	Queensland
RACGP	Royal Australian College of General Practitioners
RRTWC	Rehabilitation and Return to Work Coordinator
RTW	Return to Work
RTWC	Return to Work Coordinator
SA	South Australia
SIRA	State Insurance Regulation Authority
Tas	Tasmania
US	United States
VIC	Victoria
WA	Western Australia
WRP	Workplace Rehabilitation Provider



## ABSTRACT

The concept of a workplace Return to Work Coordinator (RTWC) stems from significant reforms to the Australian workers' compensation legislation in the mid-1980s, which highlighted the need for the rehabilitation of injured workers to occur at the workplace. Since its inception, the role of the workplace RTWC has continued to evolve, and contemporarily, the role has been recognised as critical in the facilitation of injured workers returning to pre-injury work duties.

The overall aim of the thesis is to identify the attributes and skills required to effectively perform the role of a workplace RTWC, and ascertain if the current training programs adequately prepare RTWCs in assisting an injured worker to return to work. Moreover, the thesis also explores their relationship with the injured worker and the General Practitioner (GP), and whether there are any associated barriers that may negatively impact on the injured worker. Three research studies and one literature review were undertaken to meet this aim.

In the first study, focus groups were conducted with contemporary workplace RTWCs to ascertain their views of the traits and characteristics required to perform the role successfully, and in addition highlight any deficiencies that may exist within current training practices from their perspective. In the second study, semi-structured interviews were conducted with injured workers, and in the third study a cross-sectional survey was undertaken of GPs, with both studies designed to gain insights into the relationships between these key stakeholders and the workplace RTWC. In particular, insights were sought from these stakeholders regarding the necessary traits and adequacy of training of RTWCs.

This thesis and its constituent studies revealed contemporary workplace RTWCs need to possess specific traits and characteristics such as compassion, empathy and patience to successfully perform the role, with an emphasis on identifying

these traits during the selection process of workplace RTWCs. The findings also revealed that a review of current training practices is required if workplace RTWCs are to be supported appropriately to facilitate a successful return to work for an injured worker. In turn, this will likely assist with the reduction of workplace disability and workers' compensation costs. The findings of this thesis should be of significant interest to regulators and policy makers, and have important implications for future research in the specific area of workplace rehabilitation.

## **CHAPTER 1      INTRODUCTION**

This chapter introduces the topic of the workplace Return to Work Coordinator (RTWC) and provides the rationale and aims of the research. A brief outline of the thesis contents is presented, with the scope and delimitations of the thesis, and the chapter concludes with a description of the significance of the overall thesis.

### **1.1      Background and Context**

Workplace RTWCs are critical in the facilitation of return to work in the workplace following an injury (Franche et al., 2005b). A workplace RTWC is an “employee nominated by an employer (or a contractor engaged for the role) whose principal purpose is to assist injured workers to return to work in a safe and durable manner. The return to work coordinator ensures the policy and procedures in an employer’s return to work program are followed” (WorkCover NSW, 2014). Specifically, RTWCs are required to manage the successful transition of the injured worker to their pre-injury position, develop and implement return to work programs, accommodate the injured worker with suitable duties, and provide information on the workers’ compensation process to assist injured workers return to work safely (WorkCover NSW, 2014).

In Australia, each jurisdictional work, health and safety authority is responsible for enforcing and implementing their respective workers’ compensation legislation, which includes managing the return to work process for injured workers. Employer responsibilities are prescribed by legislation and are then delegated to employees through workplace policies and procedures. The nominated treating doctor and other health professionals also provide assistance and work with the RTWC towards the aim of achieving sustainable return to work outcomes for the injured worker (Heads of Workers' Compensation

Authorities, 2009/10). It is recommended that early contact be established with the injured worker within the first 24 to 48 hours of the injury for the RTWC to establish a rapport and render the appropriate support. This has been identified as a critical component of the RTW process (Franché et al., 2005b). During the return to work process, the RTWC is expected to provide the injured worker with a clear understanding of the process and reassure them during this vulnerable time (Australian Government Productivity Commission, 2003). It has been proposed that the presence of a competent, trained workplace RTWC may assist with reducing workers' compensation costs for the employer, insurer and the jurisdictional economy (Shaw, Hong, Pransky, & Loisel, 2008).

Despite the central role of the workplace RTWC, there is little research in Australia on the specific attributes required to perform the role or whether current training programs are adequate in meeting the needs of workplace RTWCs. Such local research is required to ensure workplace RTWCs are appropriately prepared to assist injured workers in achieving a successful return to work outcome.

## **1.2 Aims of Thesis**

The overall aims of the thesis are to describe the skills and attributes required to perform the role of a workplace RTWC; ascertain if the current training programs are adequate and appropriate to enable the RTWC to assist in the facilitation of a successful return to work for the injured worker; explore the enduring relationship between the injured worker and the nominated workplace RTWC; and to investigate any barriers that exist in the relationship between the general practitioner (GP) and the RTWC that may negatively impact the worker's rehabilitation.

### 1.3 Outline of Thesis

This thesis is presented in publication style. Each manuscript was written in the conventional publication style for the journal to which it was submitted. However, in this thesis each manuscript is presented as a Word document and a consistent referencing style (APA 6<sup>th</sup> Edition) has been used throughout.

The present introductory chapter (Chapter 1) provides a contextual background and the overall research aims of the thesis. This is followed by a summary of the thesis outline, its scope and de-limitations, and the significance of the thesis.

Chapter 2: This chapter provides a review of the literature and a frame of reference for the thesis from an Australian perspective. The chapter presents an account of the conception of the role of the RTWC and its evolution over the past three decades, and observes the current federal legislative and jurisdictional differences that exist in Australia. It also provides dialogue on the role of the GP in the return to work process. This chapter includes a published narrative review of the literature, Manuscript 1: Bohatko-Naismith, J., D. Rivett, M. Guest and C. James (2012). "A review of the role and training of return to Work Coordinators in Australia." *Journal of Health, Safety and Environment* 28(2): 173-190, which provides an overview of the role, and current training practices of the workplace RTWC in Australia (prior to 2012).

Chapter 3: This chapter is an extension of the preceding chapter and considers the notable changes that have occurred within the legislation in some Australian states and territories since the publication of Manuscript 1. In addition, this chapter describes the ongoing costs of workplace injuries that currently exist in Australia. Also included in this chapter is a detailed account of the role expectation of workplace RTWCs and further discourse on the contemporary training practices from each state and territory.

Chapter 4: This chapter presents a study that focused on the role of the workplace RTWC in the Australian context, providing insight into the skills, characteristics and traits required to perform the role effectively, as reported by contemporary workplace RTWCs who participated in focus groups. This study is published in Manuscript 2, Bohatko-Naismith, J., C. James, M. Guest and D. Rivett (2014). "The Role of the Australian workplace Return to Work Coordinator: Essential Qualities and Attributes." *Journal of Occupational Rehabilitation* 25(1): 65-73.

Chapter 5: The current training available to the workplace RTWC is discussed in this chapter, alongside perceived areas of inadequacy and deficiencies in the available training programs as reported in the focus groups by contemporary workplace RTWCs. This is presented in Manuscript 3, Bohatko-Naismith, J., M. Guest, D. Rivett and C. James (2016). "Insights into workplace Return to Work Coordinator training: An Australian perspective." *Work* 55(1): 29-36.

Chapter 6: This chapter discusses the personal experiences of injured workers' and their relationship with their workplace RTWC. A qualitative study design using semi-structured interviews was used to explore the injured worker's difficulties when navigating the complex return to work process and the importance of adequately trained and experienced workplace RTWCs in this regard. The manuscript comprising this chapter is currently under review.

Chapter 7: This chapter explores the relationship between the GP, also known as the 'gatekeeper' of the return to work process, and the workplace RTWC. A cross-sectional study design using a questionnaire distributed to GPs was employed to elicit insights into their experiences working with workplace RTWCs. These insights derived from GPs' experiences with workplace RTWCs provide another key perspective as to the importance of selecting the appropriate person for the role and providing them with adequate training. The manuscript comprising this

chapter has been accepted for publication by the Australian Journal of Primary Health, June 2018.

Chapter 8: The final chapter of the thesis provides an overall discussion of the findings from the collective research studies, draws conclusions and implications for the thesis, and makes recommendations for further research.

The appendices contain relevant documents, including all published manuscripts from the studies comprising the thesis, letters of approval from the Human Research Ethics Committee of the University of Newcastle, recruitment forms and interview questions.

#### **1.4 Scope/ De-limitations**

For the most part, this thesis is presented in the Australian context and is primarily concerned with the role and current training practices of the workplace RTWC within Australia. Australia has a unique workers' compensation system and as such, the thesis has limited relevance with international research in this field. However, international comparisons may be used as a benchmark for performance and improvement. For the purpose of this thesis, the definition of the workplace RTWC used is the definition provided by Worksafe NSW: "A return to work coordinator assists injured workers remain at or return to work in a safe and durable manner. They are generally an employee nominated by an employer or a contractor engaged for the role. They ensure the policy and procedures in an employer's return to work program are followed" (WorkCover NSW, 2014). Although the exact title of the RTWC varies somewhat between states in Australia, and internationally, for the purpose of this thesis the title RTWC will be used for consistency and simplicity. This thesis will also consider two further important stakeholders in the return to work process, the injured worker and the GP as they relate to the role of the RTWC, however it does not

consider other external stakeholders, notably the external rehabilitation provider, who may be involved in the return to work process.

## **1.5 Significance**

This thesis contributes to the limited body of knowledge available in the Australian context on the workplace RTWC. This information has the potential to assist employers, employees, regulators, policy makers and other stakeholders who have an interest in enhancing the return to work process for the injured worker.



## CHAPTER 2 LITERATURE REVIEW

### 2.1 Chapter Overview

This chapter contains a published narrative review. The review provides a summary of the inception and development of the role of the workplace RTWC in Australia. The review also presents an outline of the role expectations and current training practices of the workplace RTWC in the Australian context.

### 2.2 Manuscript 1

The following manuscript has been published in a peer-reviewed journal. A printed copy of the publication is available in Appendix E as:

**Bohatko-Naismith, J., D. Rivett, M. Guest and C. James (2012). "A review of the role and training of Return to Work Coordinators in Australia." Journal of Health, Safety and Environment 28(2): 173-190**

#### 2.2.1 *Abstract*

Two decades ago, the role of the Return to Work (RTW) Coordinator was introduced to the Australian workplace and they are now critical in the facilitation of workplace RTW. RTW Coordinators are required to manage the successful transition of the injured worker to their pre-injury position, develop and implement RTW programs, accommodate the injured worker with suitable duties and provide clear guidance on the workers' compensation process. In most jurisdictions, an individual is employed or nominated by their employer to fill the role of workplace RTW Coordinator. Currently a jurisdictional disparity exists in the role requirements and training received by Australian RTW Coordinators. There is little research on the background required to effectively perform the role, or whether current training is meeting the needs of the RTW

Coordinator. This paper aims to provide an overview of the literature pertaining to the RTW Coordinator role and training available in Australia.

**Keywords:** Return to Work Coordinator, workplace injury management, workplace disability management.

## 2.3 Introduction

Due to the significant increase in the cost of workers' compensation in the 1980s, radical changes occurred within the Australian workers' compensation system (Innes, 1995). The emphasis on financial settlement was replaced with greater accountability of the employer and improved occupational health and safety within the workplace focusing on injury prevention (Harrison & Allen, 2003). However, the most innovative change to occur was the introduction of rehabilitation of the injured worker in the workplace. WorkCover NSW (the workers' compensation body in New South Wales, Australia) and agencies in other states of Australia promoted the notion that occupational rehabilitation in the workplace would be efficacious for all concerned (Innes, 1995). Occupational rehabilitation is workplace focused and aims to maintain the injured employee within the workplace or return them to appropriate employment in a timely, safe, durable and cost-efficient manner (Australian Government Comcare, 2005). A tangible reduction in workers' compensation costs, along with a reduction in illness and disability duration have been some of the identified benefits of workplace rehabilitation (Kearns, 1997; Shrey, 1996; Wood, Morrison, & Macdonald, 1995). The evidence supports early intervention in the RTW process leading to significantly positive results for injured workers, (Franché et al., 2005b) with the preferred setting for rehabilitation in large Australian organisations being the workplace (Harrison & Allen, 2003; Murphy, Foreman, & Young, 1997). For workplace-based rehabilitation to be effective, coordination of the process is

essential due to the number of stakeholders involved (Harrison & Allen, 2003; Murphy et al., 1997). In most states of Australia, the coordination of this process is facilitated by a workplace RTW Coordinator (Harrison & Allen, 2003).

A RTW Coordinator is defined as “an employee nominated by an employer (or a contractor engaged for the role) whose principal role is to assist injured workers to return to work in a safe and durable manner. The RTW Coordinator also ensures that the policies and procedures in an employer’s return to work program are followed” (WorkCover NSW, 2014). A systematic review (Franché et al., 2005b) of RTW interventions identified several studies supporting the presence of a workplace RTW Coordinator, which suggests they are critical to the facilitation of the RTW process (Australian Government Comcare, 2010b; Franché et al., 2005b; Tompa, de Oliveira, Dolinski, & Irvin, 2008). Regular and timely contact with RTW Coordinators has been shown to be effective in reducing the extent of work disability and associated costs (Franché et al., 2005b). Lack of support and assistance by key personnel such as RTW Coordinators in the workplace may reduce an injured worker’s motivation to return to work and furthermore compromise the RTW process (Lysaght & Larmour-Trode, 2008). Workplaces with proactive RTW Coordinators are more likely to have success with RTW programs, (Lysaght & Larmour-Trode, 2008; Snell & Hart, 2009) with RTW Coordinators viewed by some injured workers as a positive influence from the perspective of feeling safe and supported within the workplace (Snell & Hart, 2009; van Oostrom, van Mechelen, Terluin, de Vet, & Anema, 2009).

RTW Coordinators manage the workplace coordination of the RTW process with the medical coordination usually facilitated by the general practitioner (GP) (Muenchberger & Kendall, 2006). Essentially, a coordinated and collaborative approach between all stakeholders should enable the effective management of the RTW process (Foreman, Murphy, & Swierissen, 2006; Franché et al., 2005b).

However, often the relationship between the GP and the RTW Coordinator can be encumbered, particularly when it relates to patient information. Any tension between the two stakeholders can therefore potentially influence the RTW process. Notably, GPs believe RTW Coordinators require an in-depth knowledge of the workers' compensation system to prevent delays or hindrance in the RTW process (Muenchberger & Kendall, 2006).

In the past, various models have been proposed for the RTW process (Friesen, Yassi, & Cooper, 2001). The micro, meso, macro social theory framework highlights the importance of organisational structure and human interaction in the RTW process (Friesen et al., 2001). This multi-level framework provides an insight into where and how obstacles or blockages may occur in the process (Hage, Jordan, & Mote, 2007). Negotiation with stakeholders at all levels of this framework is important for the role of the RTW Coordinator to be discharged effectively. The micro level relates to the daily interactions the RTW Coordinator has with the injured worker, while the meso level requires the RTW Coordinator to negotiate the organisational culture and management structures. Finally, the RTW Coordinator must understand and negotiate the macro level, which involves the external stakeholders (notably the nominated treating doctor, allied health professionals, the insurer, and the legislative and regulatory bodies). The RTW Coordinator constantly moves between all three levels, placing them in a unique position to identify the obstacles hindering a successful RTW outcome. To successfully operate within the multi-levels of the micro, meso, macro framework, the RTW Coordinator must have the necessary skills, determination and diplomacy to adequately fulfil their important role of facilitating the injured workers to their pre-injury duties at the workplace (D'Amour & Oandasan, 2005; Southgate et al., 2011).

In Australia, each state and territory government is responsible for enforcement

of their own workers' compensation laws and policies. Although the goals of the states and territories are similar, their respective schemes vary. Each jurisdiction is responsible to ensure workers compensation legislation is implemented and enforced, and to further ensure that all participating stakeholders are familiar with their respective roles (Williams & Westmorland, 2002). According to the Heads of Workers' Compensation Authority (Heads of Workers' Compensation Authorities Australia and New Zealand, 2008), there are currently 10 separate workers compensation schemes operating in Australia, seven state, one territory-based and two Commonwealth legislated (Harrison & Allen, 2003) (see Figure 1). In Australia, workers' compensation insurance for most employers is managed by private insurance companies with some exceptions. For instance, the Commonwealth Government has its workers' compensation managed by Comcare (Heads of Workers' Compensation Authorities Australia and New Zealand, 2008), an organisation that is responsible for all government agencies (Dolan, 2009). In addition, Seacare (Heads of Workers' Compensation Authorities, 2009/10) which is a scheme for seafarers employed on certain ships engaged in trade or commerce, and finally other organisations that are self-insured (WorkSafe Victoria, 2004). Employers that are self-insurers need to be approved by their respective health and safety regulators, and this in turn provides them with a licence to manage their own compensation claims and have full responsibility for their claim liabilities (WorkCover NSW, 2011c; WorkSafe Victoria, 2004). Australian legislation places the responsibility of rehabilitation with the employer, often with the direct worksite coordination being assigned to a RTW Coordinator. However, in the Northern Territory and the Australian Capital Territory there is no legislative requirement for a workplace RTW Coordinator, as this role is provided by an external rehabilitation provider (WorkCover/WorkSafe ACT, 2010; WorkSafe NT, 2014). International compensation systems and workplace rehabilitation practices differ slightly from

those in Australia, although fundamentally they are all focused on achieving a successful RTW outcome for injured workers. International comparisons are important as benchmarking tools; however, they can also be notoriously problematic due to differences in definitions and compliance (Holmgren & Dahlin Ivanoff, 2007; Stahl, Svensson, Petersson, & Ekberg, 2010).

JURISDICTION	LEGISLATION
ACT	Workers' Compensation Act 1951
COMCARE	Safety, Rehabilitation and Compensation Act 1988
NORTHERN TERRITORY	The Workers' Rehabilitation and Compensation Act 2008
NSW	Workplace Injury Management and Workers Compensation Act 1998
QUEENSLAND	Workers' Compensation and Rehabilitation and Other Acts Amendment Act 2005
SOUTH AUSTRALIA	Workers' Rehabilitation and Compensation Act 1986
TASMANIA	Tasmanian Workers' Rehabilitation and Compensation Act 1988
VICTORIA	Accident Compensation Act 1985
WESTERN AUSTRALIA	Workers' Compensation and Injury Management Act 1981

**Figure 2.1: Australian state and territory legislation**

In 2003 the Productivity Commission in Australia began an inquiry into possible frameworks for workers' compensation and occupational health and safety with the intention of establishing nationally consistent arrangements (Australian Government Productivity Commission, 2003). National harmonisation of the occupational health and safety (OHS) laws was introduced in January 2012, with states implementing the changes to begin national uniformity (NSW Government, 2011; WorkCover NSW, 2011b). Following harmonisation of the OHS legislation, the harmonisation and development of a consistent workers' compensation system in Australia has been highlighted for consideration (Workcover NSW, 2007). The current state-based arrangements differ significantly in regards to services and provisions for the injured worker and their family, creating inconsistencies across state borders (Australian Government Productivity Commission, 2003).

With the contemporary focus on early RTW following an injury, the presence of a RTW Coordinator is considered pivotal to facilitate early intervention in the RTW process (Franché, Baril, Shaw, Nicholas, & Loisel, 2005a; Shaw et al., 2008; Tjulin, Edvardsson Stiwné, & Ekberg, 2009). Despite the accepted importance of the role of the RTW Coordinator in Australia, little research has been undertaken nationally (and indeed internationally) to clearly determine the background required for the RTW Coordinator role and whether current training is meeting the needs of the RTW Coordinator. This paper reports on a literature review that aimed to identify the RTW Coordinator role and training needs.

## **2.4 Methods**

### **2.4.1 Literature search**

A literature search of databases CINAHL, Medline, Embase, Cochrane Library, PsycINFO, Scopus, and Web of Science was conducted in April 2011 to identify studies or reviews relating to the workplace RTW Coordinator. The methodology involved a search using keywords including “return to work coordinator”, “RTW Coordinator”, “disability evaluation”, “occupational management” “and disability management”. Medical subject headings (MeSH terms) were also used for the search, including “disability management”, “vocational, rehabilitation” and “occupational health services”. In a recent paper Gehanno et al recommend using a combination of MeSH and non-MeSH terms when using Medline to identify relevant studies on return to work (Gehanno et al., 2009; Verbeek et al., 2005). An experienced librarian assisted with the literature search to maximise comprehensiveness. Due to the limited number of articles identified the search was extended to include Google Scholar to capture any grey literature on RTW Coordinators. Finally, a second Google Scholar search was required to locate relevant documents from Australian regulatory bodies and Australian government departments.

### **2.4.2      *Selection criteria***

The search was confined to the English language and restricted to articles from 1987–2011 to encompass all relevant literature since the NSW Workers Compensation Act required employers to be involved in the RTW of injured workers. All relevant articles were included if they were discussion papers, literature reviews, qualitative studies or quantitative studies. Articles were included if they reported workplace return to work coordination by a RTW Coordinator (or other similar titles) and were excluded if they did not meet this specific criterion. All documents from Australian regulatory bodies and Australian government departments which included information on the RTW Coordinator role and training were also retained.

### **2.4.3      *Results***

A total of 198 articles were identified and reviewed by the primary author with 40 complete articles being retrieved based on discussion of the coordination of workplace rehabilitation of injured workers. Examination of the 40 full-text articles led to the retention of 10 articles that specifically reported coordination of workplace rehabilitation by a workplace RTW Coordinator. The lists of references from the 10 articles retained were also hand-searched for any other relevant publications. From the hand-search five further articles were identified as relevant and retained. A Google Scholar search for grey literature located seven articles which were retained. A second Google Scholar search further identified a total of 11 documents from Australian regulatory bodies (seven) and from Australian government departments (four). As a result of widening the search an additional 11 articles were located and retained. (see Figure 2).



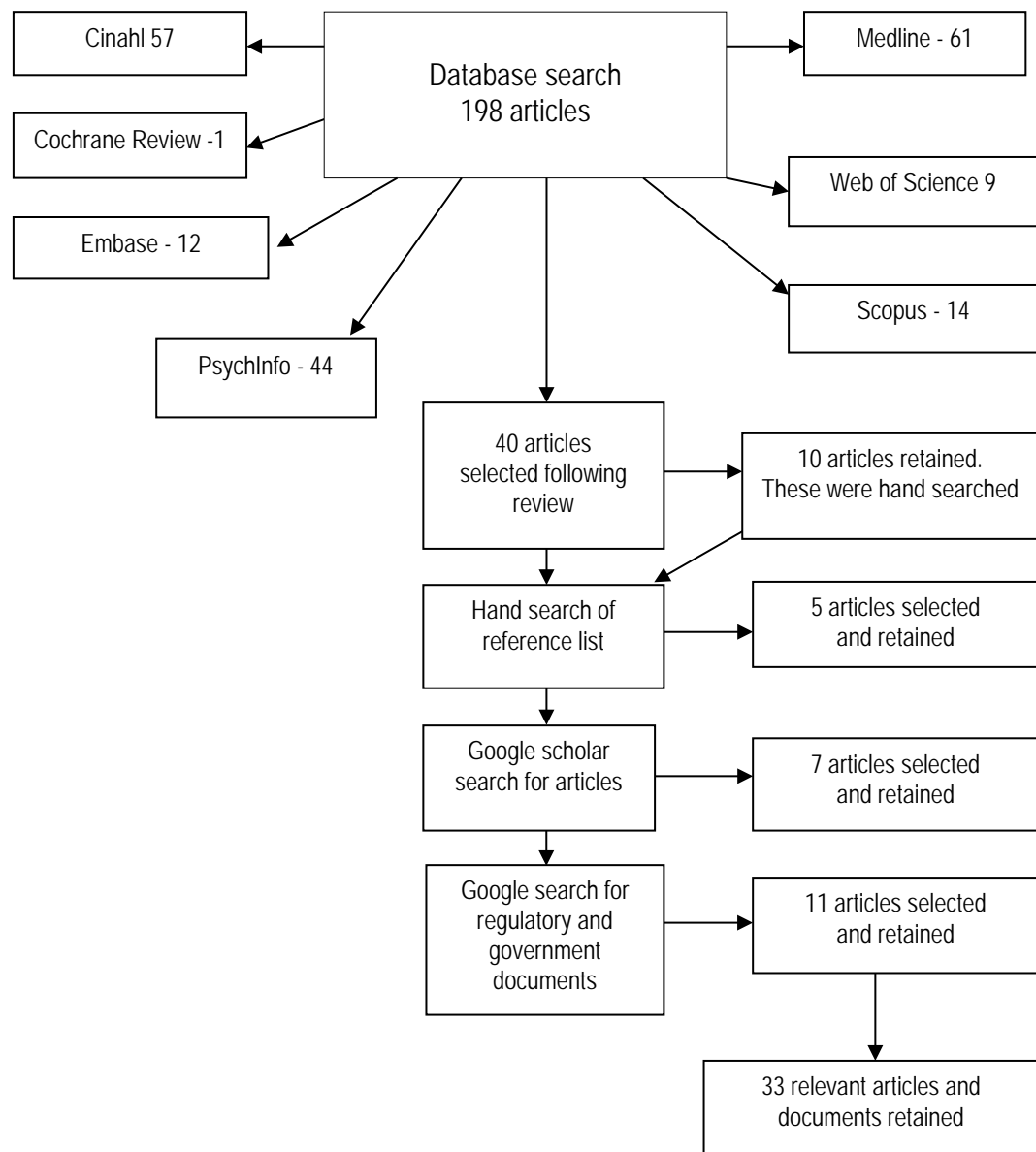


Figure 2.2: Flowchart of the review process

It should be noted that literature specific to the role and training of RTW Coordinators was often not identified in the abstract. However, this information was referred to within the paper itself, therefore the paper was included as part of this review. According to Verbeek et al, (Verbeek et al., 2005) most studies in this area rely on hand-searching to locate relevant articles. A total of 22 articles were therefore retained, with 12 relating to the role of the workplace RTW

Coordinator, two pertaining specifically to RTW Coordinator training and the final eight articles examining both the RTW Coordinator role and training (see Table 1). Table 1 presents the identified literature on the RTW Coordinator's role and training, highlighting the key findings within each paper.

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**Table 2.1: Summary of findings from included publications on the workplace Return to Work Coordinator's role and training**

Author	Country	Year	Design	Findings re role and training of RTW Coordinator Role
Innes	Australia	1995	Discussion paper	Workplace-based occupational programs compare very favourably with more traditional clinic-based programs and should be strongly supported.
Franché et al.	Canada	2005	Systematic review	Moderate evidence that workplace RTW interventions, with the presence of a RTW Coordinator can reduce disability duration.
Lysaght et al.	Canada	2008	Qualitative study (interviews)	Effectiveness of the involvement of a RTW Coordinator as source of information and support.
Muenchberger et al.	Australia	2006	Qualitative study	External stakeholders believe workplace RTW Coordinators require an understanding of the inherent complexities of the rehabilitation process to further enhance their role.
Foreman et al.	Australia	2006	Literature review	A South Australian-based study suggesting a coordinated approach between RTW stakeholders is essential, particularly linking the clinician and the workplace personnel involved with the injured workers.
Southgate et al.	Australia	2011	Qualitative study	Australian RTW Coordinators in health care facilities are committed to returning injured nurses to work in light of shortages of qualified nurses.
Stahl et al.	Sweden	2010	Qualitative study	The complexity of cooperation between stakeholders is exposed, with trust being the key condition in stakeholder cooperation to facilitate positive RTW outcomes.
Lingard et al.	Australia	2004	Qualitative study	Greater attention and legal compliance is required in the RTW process in the Australian construction industry by providing workplace RTW coordination for injured workers.
Westmorland et al.	Canada	2005	Qualitative study	Employee's perception of the role of the RTW Coordinator and the importance of communicating with injured workers and the need to respect their opinions when establishing and managing disability management policies and practices.
James et al.	Australia	2011	Qualitative study	Understanding the issues faced by RTW Coordinators and the importance of organisational structures in which they work.
MacEachen et al.	Canada	2006	Systematic review	Workplace supervisors managing RTW coordination can be seen as an unwanted burden.
Ammendolia et al.	Canada	2009	Qualitative study	A five-step program was developed for occupational low back pain and the key feature of the program is having trained RTW personnel coordinating the process.

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Author	Country	Year	Design	Findings re role and training of RTW Coordinator Role
				<b>Training</b>
Gardner et al.	Canada	2010	Qualitative study	RTW Coordinators are essential contributors to the RTW process. Specific competencies were identified to achieve this success. However, more emphasis on mentorship and observation is required to develop and evaluate necessary skills in this area.
Pransky et al.	Canada	2010	Qualitative study	Results of this study can be applied to improve RTW Coordinator selection, training and development.
				<b>Role and training</b>
Kenny	Australia	1995	Exploratory study	The RTW Coordinator as an advocate in the workplace, with assessment required on the appointment criteria, qualifications, training and workplace role.
Franché et al.	Canada	2005	Literature review	Expanding the RTW Coordinator role and their training to include problem-solving and work accommodation planning will lead to improved satisfaction among injured workers.
Larsson et al.	Sweden	2003	Qualitative study	Employers' experiences of planning workplace rehabilitation and associated costs and the need for in-service training at the workplace.
Holmgren et al.	Sweden	2007	Qualitative study	Workplace supervisors are key persons in the RTW process and in this study they provide their perspective on the complexity of the role and the opportunity to take part in training courses.
Korzycki et al.	Canada	2008	Qualitative study	Insights from individuals with chronic disabilities resulting in work absence suggest training of service providers in the RTW system and collaboration between RTW and health care services.
Tjulin et al.	Sweden	2009	Qualitative study	This study reveals barriers for implementation of workplace-based RTW interventions. Among the barriers identified was training of key stakeholders which was essential along with continuous communication and feedback during the RTW process.
Shaw et al.	Canada	2008	Literature review	This study revealed variations in the role and training of workplace-based RTW Coordinators. Based on current RTW Coordinator activities six competency-based domains were identified for future training.
Westmorland et al.	Australia, Canada	2004	Discussion paper	Comparison of RTW Coordinators' role and training in Australia and Canada. The study revealed that Australia has a stronger emphasis on workplace-based disability management programs emphasising job accommodation and provision of suitable duties.

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**Table 2.2: Return to Work Coordinator training: Training and accreditation requirements in Australian workers' compensation jurisdictions**

Jurisdiction	Title	Direct worksite coordination	Training length	Type of training and accreditation
ACT	No legislative requirement	Approved insurer and employer		
Comcare	Case manager	Employer nominated (recommended, not mandatory)	10 days Recommended, not legislated	Certificate IV Government (injury Rehabilitation Management) (PSP40904)
New South Wales	Return to Work Coordinator	Employer nominated if greater than 20 employees	1. 2 days 2. 1 day	1. WorkCover approved training course 2. Advanced RTW coordination *NSW, QLD and Vic have developed an add on course for RTW Coordinator to be able to understand legislative and operational requirements in other states.
Northern Territory	No legislative requirement	Approved insurer and employer		
Queensland	Initially managed by a WorkCover Queensland Customer Advisor unless the company wages are in excess of 5.577 million or is a high risk industry with wages in excess of 1.63 million. Then they must have a Rehabilitation and Return to Work Coordinator	Employer nominated	3 days or 100 hours equivalent, legislated	3 units of competency as per National Training Information Services (Vocational Education and Training Accreditation Board approved) *NSW, QLD and Vic have developed an add on course for RTW Coordinators to be able to understand legislative and operational requirements in other states.
South Australia	Rehabilitation and Return to Work Coordinator	Employer nominated if greater than 30 employees	Length of training not available	Run regular Rehabilitation and Return to Work Coordinator sessions. Level 1 training for low risk employers (base levy rate of less than 4.5%) Level 2 training for all other employers

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Jurisdiction	Title	Direct worksite coordination	Training length	Type of training and accreditation
Tasmania	Return to Work Coordinator	Employer nominated if greater than 50 workers	No specified time frame	3 units of competency from the Australian Qualifications Framework
Victoria	Return to Work Coordinator	Employer nominated	2 days recommended not legislated	Training course developed and endorsed by WorkSafe Victoria *NSW, QLD and Vic have developed an add on course for RTW Coordinators to be able to understand legislative and operational requirements in other states.
Western Australia	Injury Management Coordinator or managed by the employer	Only by employer unless he appoints Injury Management Coordinator	1 day 3 days	Injury Management for employers only 2 national units of competency

## 2.5 Discussion

Jurisdictionally, there are significant differences with the role requirements and training of RTW Coordinators in Australia. There is limited research on the background required to effectively perform the role, and whether current training is meeting the needs of the contemporary RTW Coordinator. The purpose of this review was therefore to synthesise the existing literature pertaining to the workplace RTW Coordinators' role and training, and begin a discourse on important issues relevant to the emerging role of RTW Coordinator.

Much of the RTW literature originates from Canada and Sweden, with both countries emphasising the employer's responsibility regarding workplace rehabilitation (Holmgren & Dahlin Ivanoff, 2007; Stahl et al., 2010). Studies in Australia and internationally have identified that RTW Coordinators may have wide and varied backgrounds (Shaw et al., 2008; Westmorland & Buys, 2004) with many being from the medical, ergonomic or allied health professions (Shaw et al., 2008) and others coming from human resource administration (Pransky, Shaw, Loisel, Hong, & Desorcy, 2010). However, in some instances in Australia, RTW Coordinators are employees of the company with no particular background. Employees such as clerks, secretaries, tradesmen or others (Lingard & Saunders, 2004) who volunteer for the role, and often have little relevant training (James et al., 2011a; Muenchberger & Kendall, 2006; Tjulin et al., 2009; Westmorland, Williams, Amick, Shannon, & Rasheed, 2005). A recent Australian study indicated some RTW Coordinators wore "many hats", not only holding the role of RTW Coordinator but also performing their regular duties within the workplace, with others being employed on a part-time basis (James et al., 2011a) with minimal time to perform the role (Muenchberger & Kendall, 2006).

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### 2.5.1 *Role*

A review of the literature highlights that one of the most important roles within the RTW process rests with the RTW Coordinator. Their presence in the workplace has emerged as a significant factor in facilitating positive RTW outcomes (Foreman et al., 2006; Franche et al., 2005b; Gardner, Pransky, Shaw, Hong, & Loisel, 2010; Southgate et al.). Notably, the title of RTW Coordinator varies between the states in Australia (Australian Government Comcare, 2010b; WorkCover SA, 2010b; WorkCover WA, n.d) (see Table 2) and in the international context RTW Coordinators are known as disability managers (Franche et al., 2005a) or disability supervisors (Holmgren & Dahlin Ivanoff, 2007). The primary role of the RTW Coordinator is to manage the successful transition of the injured worker to their pre-injury position at the workplace in a safe and durable manner. Additionally, they are required to develop and implement RTW programs, accommodate the injured worker with suitable duties and provide injured workers information on the workers' compensation system (Australian Government Comcare, 2010b; Lysaght & Larmour-Trode, 2008; MacEachen, Clarke, Franche, & Irvin, 2006; Shaw et al., 2008; WorkCover NSW, 2014; WorkCover Tasmania, 2010).

It has been suggested that the RTW process is random and unpredictable, and causes perplexity among key stakeholders (Kenny, 1995). The RTW process can involve complex interactions between the worker, employer, insurance company, the nominated treating doctor (GP) and allied health professionals (Muenchberger & Kendall, 2006). Thus, another important role of the RTW Coordinator is to promote effective communication and collaboration between the various stakeholders, which is essential for the effective management of the RTW process (Ammendolia et al., 2009; Foreman et al., 2006; Franche et al., 2005b).



In 1995 an Australian study (Kenny, 1995) highlighted deficits of the workplace RTW Coordinator role and reported injured workers were unhappy with the RTW Coordinator and their lack of understanding of the role. It has been identified that RTW Coordinators often lack the required knowledge, or have difficulty establishing a rapport with the injured worker, skills that are essential for the successful outcome of RTW (Korzycki & Shaw, 2008; Larsson & Gard, 2003; Muenchberger & Kendall, 2006; Tjulin et al., 2009). RTW Coordinators themselves expressed difficulty when managing inherent conflicts and advocating for the injured worker while maintaining loyalty to the employer (Holmgren & Dahlin Ivanoff, 2007; James et al., 2011a). RTW Coordinators also expressed uncertainty in relation to their responsibility in the rehabilitation process and how far they should extend themselves (Holmgren & Dahlin Ivanoff, 2007). Indeed, another Australian study in 2004 found some organisations did not provide RTW Coordinators with a job description, which indicates the role was not formalised, and allowed it to be performed in an ad hoc manner (Lingard & Saunders, 2004). Similarly, a recent study in Canada suggested the role of the RTW Coordinator was poorly described with limited information on the skills, attributes and knowledge required for the role (Pransky et al., 2010). The authors further state that “this role has not been systematically inventoried or supported by well-documented, independent research, using accepted methods of competency validation” (p 42). RTW Coordinators therefore remain unclear regarding the guidance and qualifications necessary, and how best to develop the important skills required to facilitate the RTW process (Pransky et al., 2010).

RTW Coordinators acknowledge that they require specialised knowledge of the workers’ compensation system and a solid understanding of the organisational structure of their workplace, along with recognising the importance of timely and early RTW for injured workers (James et al., 2011a; Tjulin et al., 2009).

RTW Coordinators are often the first point of contact for the injured worker, (Australian Government Comcare, 2010b) however injured workers have reported feeling vulnerable and unsupported and are often unsure of the process, procedures and their entitlements following an injury (Lysaght & Larmour-Trode, 2008; MacEachen et al., 2006; Shaw et al., 2008). The fundamental attributes for the role of the RTW Coordinator are the ability to communicate effectively, maintain confidentiality, and be empathetic and trustworthy in the RTW process (Lysaght & Larmour-Trode, 2008; MacEachen et al., 2006; Shaw et al., 2008). The emotional toll on the RTW Coordinator also needs to be considered as the role encompasses many different elements (James et al., 2011a; Lysaght & Larmour-Trode, 2008). It is essential that the RTW Coordinator does not take on a counsellor role or try to solve the injured worker's personal problems (Holmgren & Dahlin Ivanoff, 2007). A Canadian study undertaken in 2008 described and highlighted six preliminary competency domains that require consideration in the development of further specialised training for the RTW Coordinator. Based on their findings, the competency domains are [1] ergonomic and workplace assessment; [2] clinical interviewing; [3] social problem solving; [4] workplace mediation; [5] knowledge of business and legal aspects; and [6] knowledge of medical conditions (Shaw et al., 2008). Specifically, for a successful RTW and rehabilitation to occur the RTW Coordinator must have a solid understanding of the process and practice to confidently promote a safe and durable RTW for the injured worker (Shaw et al., 2008). The significant changes that have occurred in Australian legislation over the last decade (Innes, 1995) have created greater responsibilities for the RTW Coordinator and highlighted the need for appropriate training (Workcover NSW, 2007).

### 2.5.2 *Training*

Employing a RTW Coordinator is not mandatory in some states and territories in Australia. Often employees are appointed with the responsibility, (WorkCover WA, n.d) rarely receive the appropriate training required and struggle when facilitating the RTW process (Tjulin et al., 2009). The duration of training administered to RTW Coordinators by Australian health and safety regulatory bodies varies significantly across the states and territories, ranging from one day (WorkCover NSW, 2014; WorkSafe Victoria, 2010) to 100 hours or equivalent (WorkCover Queensland, 2010). Furthermore, there are many differences in the type of training provided to Australian RTW Coordinators, such as accredited training which is developed and endorsed by health and safety regulatory bodies and competency-based training taken from the Australian Qualifications Framework (see Table 2).

Internationally, competency-based training is being considered and promoted as a means to assist meeting the requirements of the role of the RTW Coordinator (Holmgren & Dahlin Ivanoff, 2007). In Canada, the National Institute of Disability Management and Research (NIDMAR) has developed a Certificate in Disability Management for RTW Coordinators to meet the needs of the role (Westmorland & Buys, 2004). Similarly, findings from two Canadian studies in 2008 —Korczycki & Shaw (2008) and Shaw (2008) support the development of educational training programs for RTW service providers to further assist them in conveying information effectively to injured workers. Interestingly in Sweden, supervisors responsible for initiating all of the necessary collaborations for the injured worker (Holmgren & Dahlin Ivanoff, 2007) reported that they no longer wanted the responsibility for returning injured workers to pre-injury duties as they believed they had insufficient knowledge and were not fully competent to

cope with the requirements of their duties (Holmgren & Dahlin Ivanoff, 2007; Larsson & Gard, 2003; Tjulin et al., 2009).

A submission to the Productivity Commission in 1994 from the Labour Council of NSW argued that the effectiveness of the RTW Coordinator has diminished due to insufficient training provided (Productivity Commission, 1994). Further submissions to the Commission recommended mandatory training and accreditation of workplace RTW Coordinators by the relevant authorities, renewable every 12 months (Productivity Commission 1994). Recent interest in this area has grown in Canada with two studies documenting the competencies required to perform the role of RTW Coordinator (Pransky et al., 2010; Shaw et al., 2008). Following a review of the literature in 2008, Shaw et al concluded that training based on expert opinion and ad hoc surveys was being provided to the RTW Coordinator, (Shaw et al., 2008) with RTW Coordinators remaining without direction about the required skills or qualifications necessary to facilitate the RTW process (Shaw et al., 2008). In 2010, Pransky et al highlighted that further improvement in RTW outcomes is more likely if more attention was paid to the training and selection of RTW Coordinators (Pransky et al., 2010). Given the increasing demands of the RTW Coordinator role and the pivotal part it plays in the RTW process, it is arguable that closer attention needs to be paid to their professional development, peer support and mechanisms to promote ongoing education and innovation in the field.

### **2.5.3      *Study limitations***

Studies that directly discuss the specific contribution of the RTW Coordinator in workplace RTW coordination are scarce. Indeed, most of the literature encompasses studies that have some element of limited discussion on the RTW Coordinator role and training. It should be noted that these studies generally do not specifically relate to workplace RTW Coordinators, rather the process itself,

however they do highlight some areas relevant to the role and training of workplace-based RTW Coordinators. Due to the limited relevant literature available it was necessary to include all publications (research articles, discussion papers, government documents) that provide some discussion related to RTW Coordinators.

## **2.6 Conclusion**

The role of the RTW Coordinator is continually evolving (Shaw et al., 2008) with respect to both the organisational structure and human interactions within the RTW process. Although it is a requirement of most Australian workplaces to employ a RTW Coordinator, there is little research and discussion on the background required and the training a RTW Coordinator requires to successfully manage the complex RTW process. There is a comprehensive amount of evidence suggesting the workplace is an effective setting for occupational rehabilitation (Franche et al., 2005b; Harrison & Allen, 2003). Furthermore, provision of workplace rehabilitation reduces delays in starting the process of early RTW, strengthens employer-employee links, and helps ensure the worker does not become detached from the workplace (Murphy et al., 1997; Productivity Commission, 1994). Identifying a set of national competencies specifically for Australian workplace RTW Coordinators is essential to meet the needs of injured workers and achieve greater national consistency in the role of the RTW Coordinator. Steps to begin the process of harmonisation of the workers' compensation systems nationally in Australia should arguably begin with enhancing the homogeneity of the role across jurisdictions as well as standardising and improving training for the RTW Coordinator. WorkCover NSW, WorkCover Victoria and WorkCover Queensland have consulted and initiated such change by providing RTW Coordinators with a training program enabling them the opportunity to learn about RTW in other state jurisdictions

(WorkSafe Victoria, 2010). Training and ongoing professional development are some mechanisms where greater consistency in the role of the RTW Coordinator across jurisdictions might be achieved. These findings emphasise the need to review the role and further investigate the background, qualifications and training (James et al., 2011a; Kenny, 1995) of RTW coordinators. Research is urgently required to understand the role and training of Australian RTW Coordinators in the various jurisdictions to determine whether they are appropriately equipped to optimally perform their function as facilitators of the RTW process.

## **2.7 Chapter Conclusion**

The findings of this review emphasise the importance of understanding the specific functions of the RTWC role and the importance of providing training relevant to these functions. The findings also highlight the necessity that those nominated for this role are appropriately equipped with the requisite skills, support and training to effectively perform the role. It should be noted that this narrative review was published prior to recent changes in Australian state legislation regarding the workplace RTWC. Forthwith, Chapter 3 highlights the notable legislative and related changes in all jurisdictions.

## **CHAPTER 3      LEGISLATIVE AND RELATED CHANGES SINCE 2012**

### **3.1      Chapter Overview**

Chapter 2 provided a delineation of the role of the workplace RTWC within Australia from the time of inception in the late 1980s, until the date of the publication in 2012. Since the date of that publication, there have been notable changes that have occurred within the legislation in some states in Australia.

This chapter provides an updated account of the current role expectations of the workplace RTWC, with discourse on the contemporary training practices as prescribed by each jurisdictional regulator. Furthermore, this chapter elaborates on recent legislative and any other related changes between 2012 and 2017, in regards to the role and training of workplace RTWCs and highlights the ongoing costs associated with workplace injury.

### **3.2      Australian Perspective**

#### **3.2.1      *The Australian workers' compensation system***

In the late 1980s significant changes were initiated in the Australian workers' compensation systems to address the increasing cost of workplace injuries, rising insurance premiums and escalating administrative costs (Safe Work Australia, 2015b). The significance of these changes was to replace the large financial settlements that injured workers were receiving with workplace rehabilitation, and entrust greater accountability to the employer to strengthen the role of occupational health and safety within the workplace (Purse, 2005).

Australia has a unique workers' compensation framework, which includes 11 main workers' compensation systems (Safework Australia, 2015).

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There are eight state and territory based workers compensation systems, and each is responsible for developing its own jurisdictional arrangements. In addition, there are three Commonwealth schemes, with the first specifically for Australian government employees, Australian Defence personnel and the employees of licensed self-insurers with service before 1 July 2004. The second scheme is for certain seafarers, and the third is for Australian Defence Force personnel with service on or after 1 July 2004.

Consequently, there are many inconsistencies between the various jurisdictions with regard to the applications and operation of the current workers' compensation laws. Some common disparities include the level of entitlements, common law access, scheme funding, return to work provisions and insurance coverage (Purse, 2005). These jurisdictional inconsistencies can become problematic for RTWCs working in national organisations, in particular, where employees are working in different states and territories with conflicting legislative requirements and compensation coverage, and also for their itinerant workers (Safe Work Australia, 2015a). Nonetheless, the goals of the various systems are similar, with each jurisdiction responsible for ensuring workers' compensation legislation is implemented and enforced and that all participating stakeholders are familiar with their respective roles (Williams & Westmorland, 2002).

In Australia, private insurance companies manage workers' compensation for most employers. The exception is the Commonwealth government, which has its workers' compensation managed by Comcare, an organisation that is responsible for all government agencies (The Head of Workers' Compensation Authorities, 2008). Similarly, in 1989, the New South Wales (NSW) government established the Treasury Managed Fund (TMF), a self-insurance scheme underwritten by the NSW government, providing a range of insurance cover



and services for participating government agencies. The extent of the cover is unique however, as it provides cover worldwide, pursuant to the NSW Workers Compensation and Injury Management legislation (NSW Government: The Treasury, 2012). Subsequently other Australian states and territories have also implemented comparable schemes (NSW Government: The Treasury, 2012).

### 3.2.2 *Cost of work-related injury in Australia*

Approximately 11.5 million workers constitute the Australian workforce, with an annual cost of work-related injuries in 2012/13 in the vicinity of \$61.8 billion (Safe Work Australia, 2015b). The proliferation of workers' compensation claims and the escalation of workplace injury costs is justification for increasing concern by Australian federal and state governments (Safework Australia, 2012). Table 3.1 illustrates the increasing cost of work-related injury in Australia during the financial years from 1992 – 2013.

**Table 3.1: Cost of work-related injuries in Australia from 1992 – 2013 (Safe Work Australia, 2015b)**

Financial year	Total cost borne (\$billion)	Gross Domestic Product (%)
1992 - 93	20	N/A
2001 – 01	34.3	5
2005 – 06	57.5	5.9
2008 – 09	60.6	4.8
2012 - 13	61.8	4.1

There are direct and indirect costs imposed on the worker, the community and the employers resulting from workplace injuries, illnesses and death. Direct costs include items such as workers' compensation premiums paid by employers or payments to injured or incapacitated workers from workers' compensation jurisdictions. Indirect costs include items such as lost productivity, loss of current and future earnings, lost potential output and the cost of providing social welfare

programs for injured or incapacitated workers. In terms of the economic burden, 77% of the cost is borne by the worker, 18% by the community, with 5% borne by the employer. (Safe Work Australia, 2015b).

While measures of direct costs are understood and reasonably simple to measure, these costs cover only a fraction of the total cost of work-related injury and disease. The level of costs borne by each state and territory varies with the impact of the injury or disease. The overall distribution of the costs is shown in Table 3.2 (Safe Work Australia, 2015b).

**Table 3.2: State and Territory costs for work-related injuries in 2012/13 (Safe Work Australia, 2015b)**

State/Territory	Cost – 2012/13 (\$ billion)
New South Wales	17 300
Victoria	14 600
Queensland	12 300
Western Australia	7 900
South Australian	5 000
Australian Capital Territory	1 810
Tasmania	1 800
Northern Territory	1 000
<b>Total</b>	<b>61 700</b>

### **3.2.3 *Return to Work Coordinator role***

During the reform of the workers' compensation system in Australia in the 1980s, the notion of occupational rehabilitation at the workplace was introduced. This was embraced by most states and territories, with many employers readily accepting the concept of rehabilitating an injured worker at the workplace as a potential means of reducing workers' compensation and production costs (Purse, 2013). Occupational rehabilitation has been defined as "a managed process involving early intervention with appropriate, adequate and timely services based on assessed needs, and which is aimed at maintaining injured or ill

employees in, or returning them to, suitable employment”(National Occupational Health and Safety Commission, 1995) . At the time of reform in the 1980s, it was determined that for workplace occupational rehabilitation to be effective, coordination of the return to work process would be essential, particularly given the number of stakeholders that could be involved (such as; employers, insurers, treating doctors, and other health professionals). This return to work process was to be overseen by an employee who would be appointed by the employer to fulfil the role of the workplace RTWC, and who would coordinate all involved stakeholders (Purse, 2013). Return to work refers to assisting injured workers remain at work, or get back to work, whether it be in a part-time or full-time capacity (WorkCover NSW, 2010).

In Australia, workplace RTWCs have similar functions (WorkCover NSW, 2013; WorkCover SA, 2010a; WorkCover Tasmania, 2010; WorkSafe Victoria, 2010) within their respective jurisdictions, and the functions include, but are not limited to, 1) consultation with an injured worker and employer in the development of a return to work plan, 2) assisting with the planning and implementation of a return to work program, 3) identifying suitable duties for injured workers to enable a return to work as soon as possible, 4) managing the return to work process by liaising with the employer, treating doctor, and other external rehabilitation providers, and, 5) monitoring the injured worker’s progress toward a successful return to work. The main aim of the return to work process in the legislation, with regard to a worker’s injury, is to provide for the safe and timely return to work of the injured worker as soon as possible, (Safe Work Australia, 2015a).

It should be noted that the title of the workplace RTWC varies between the states and territories (Australian Government Comcare, 2010b; WorkCover SA, 2010b; WorkCover WA, n.d). Appellations include Rehabilitation and Return to Work

Coordinator, Case Manager, and Workplace Injury Management Coordinator, while internationally the terms Workplace Disability Managers or Workplace Disability Supervisors are often used (Holmgren & Dahlin Ivanoff, 2007; Westmorland & Buys, 2004). Under their respective state and territory jurisdictional acts, (Bohatko-Naismith, Rivett, Guest, & James, 2012), regulators are responsible for providing guidance to the workplace RTWC and the employer in regards to their role and training. While the focus of this thesis is on the role and training of the Australian RTWC, it may be useful to briefly consider the international perspective at this point.

#### **3.2.4      *International perspective on Return to Work Coordinator role and training***

Engaging and collaborating in cross-national research in the area of managing workplace disability is important for improving health, well-being, and productivity for most workers and organisations. International comparisons can also be considered important as benchmarking tools. However such comparisons can be notoriously problematic due to differences in compliance, definition and regulation (Westmorland & Buys, 2004). Internationally, workers' compensation systems differ somewhat from those in Australia due to the uniqueness of each jurisdictional system, which allows for each state and territory to govern their individual workers' compensation legislation. Moderate similarities exist between the Australian and Canadian workers' compensation systems with both countries having provincial or state laws. However, individual Australian state and territory and Canadian provincial legislation has led to notable differences in services and allowances among injured workers (Westmorland & Buys, 2004) in each country, and it appears that Australia offers a greater consistency in the area of early intervention than in Canada (Westmorland & Buys, 2004). Internationally, a workplace Disability Manager (DM) or Disability Supervisor

(DS) generally discharges the role of workplace coordination. The evidence suggests that the coordination of workplace injuries by the workplace DM or DS demonstrates a moderate to large effect on workplace disability outcomes, with the literature highlighting the multiple activities required to coordinate the return to work process (Shaw et al., 2008). These activities include assessing workplace factors, developing plans for suitable duties, and facilitating agreement and communication among stakeholders', which are not dissimilar functions to those of their Australian RTWC counterparts.

Furthermore, not unlike Australian RTWCs, there is considerable variability in the background and training requirements between international Workplace DM and DS from differing countries (Shaw et al., 2008). Accordingly, internationally based competence training is being considered and promoted as a means to assist with consistently meeting the requirements needed to perform the role competently and successfully (Pransky et al., 2010). Interestingly, Australia affords a greater emphasis on workplace disability management programs such as workplace based suitable duties, workplace accommodation and transition than does Canada, despite their similarities (Westmorland & Buys, 2004).

### 3.2.5 *Return to Work Coordinator training*

In order to facilitate a successful return to work and occupational rehabilitation of the injured worker, the RTWC in Australia must have a fairly comprehensive understanding of the return to work process and practices to help ensure a safe and timely return to work (Shaw et al., 2008). The significant legislative changes that have occurred in Australia over the last quarter of a century have created significant responsibilities for the workplace RTWC (Innes, 1995). Therefore, jurisdictions that require the employment of a workplace RTWC also have specific training requirements. Most commonly, a short course is undertaken in order to gain a qualification as a workplace RTWC (Safe Work Australia, 2015a).

Further discussion outlining the various training arrangements which apply in the states and territories is provided in Chapter 5.

### **3.3 Australian Jurisdictional Differences in the Role and Current Training Practices**

#### **3.3.1 *New South Wales***

In NSW, the Workers' Compensation Act (1987) requires employer involvement in the return to work of injured workers to the workplace. Following the release of the Grellmen report in 1997 (Lozusic, 1999), deficiencies were highlighted within the NSW workers' compensation system. These weaknesses served as a catalyst for the development of an injury management process at the workplace, which would focus on pro-active management, early intervention, the promotion and implementation of safe work practices, and provide incentives for employers engaging in the process. Grellman recommended the need for a complete overhaul of the NSW workers' compensation system, however this did not come to pass, and instead the NSW Workplace Injury Management Act (1998) was conceived (Lozusic, 1999; Markey, Holley, O'Neill, & Thornthwaite, 2013). This legislation assigned further responsibility to employers and insurers to actively and effectively manage the injury management process and the workers' compensation claim system with considerable control (Kenny, 1998b). Another significant decision arising from the NSW Workplace Injury Management Act (1998) included the announcement of a name change for the 'rehabilitation program' to the 'return to work program'. Furthermore in 1999, regulatory changes also provided for a modification of the name of the Rehabilitation Coordinator to the Return to Work Coordinator, along with allowing for a shared arrangement of the RTWC between category 1 employers (WorkCover NSW, 2003). In NSW a category 1 employer (defined as having a basic tariff exceeding

\$50,000.00 or more than 20 employees or is self-insured) is required under the NSW Workers' Compensation regulations (2016), to nominate an employee of the company to the role of RTWC to assist injured workers in an early return to work (State Insurance Regulatory Authority, 2017). More recently, there have been some structural changes to the NSW workers compensation system, which included abolishing the existing regulator for NSW, WorkCover, and the creation of three new entities. These entities include the State Insurance Regulatory Authority (SIRA), SafeWork NSW and Insurance and Care NSW (icare). SafeWork NSW is NSW's independent workplace health and safety regulator and SIRA assumes the role of regulator for workers' compensation in NSW. Although these changes occurred to the system in 2015, they have not influenced the role or training practices of workplace RTWCs in NSW to date (Safework Australia, 2015).

The duties of the RTWC in NSW are currently as follows:

1. Compiling the initial notification information.
2. Coordinating the worker's recovery at work, including identifying suitable employment opportunities.
3. Preparing, monitoring and reviewing a recover at work plan (in consultation with key parties) that documents the worker's capacity and the duties available.
4. Liaising with external stakeholders, such as the nominated treating doctor, insurer, treatment providers, union and workplace rehabilitation coordinator.
5. Implementing the RTW program.

6. Supporting the redeployment of workers (internally or externally) into suitable employment when they cannot return to their pre-injury duties.
7. Keeping injury and recovery at work statistics.
8. Keeping confidential case notes and records in line with laws and guidelines.
9. Promoting the health benefits of good work to the workforce.
10. Contribute to the improvement of relevant policies and systems (State Insurance Regulatory Authority, 2017).

In NSW, state government legislation requires RTWCs to complete a two-day accredited training program endorsed by SIRA. Existing RTWC meet the role's training and experience requirements if they hold any of the following documents; a certification of attendance at the SIRA approved two-day course 'Introduction to return to work coordination'; or a certificate of attendance a WorkCover approved two-day course for rehabilitations providers from February 1995 or before; or a letter exempting them from the requirement to attend training. Employers are required to retain evidence of the RTWCs relevant qualifications (State Insurance Regulatory Authority, 2017). The SIRA two-day course aims to assist RTWCs to acquire the following competencies.

1. Effective communication skills – able to communicate clearly, actively listen to others and respond with respect.
2. Ability to consult with and influence stakeholders – collaborate with others and value their contribution.
3. Negotiation and conflict resolution – gain consensus and commitment from others and resolve issues and conflicts.



4. Being organised and skilled in time management.
5. Ability to think and solve problems – consider, analyse and develop solutions to barriers to recover at work.
6. A knowledge of NSW Compensation legislations and the roles and responsibilities of stakeholders in the system (State Insurance Regulatory Authority, 2017).

All courses are delivered by trainers approved by SIRA (State Insurance Regulatory Authority, 2017) .

### **3.3.2 Victoria**

WorkSafe Victoria is the manager of the Victorian safety and workers' compensation systems for the Victorian workforce (WorkSafe Victoria, 2009). Like NSW, Victoria has also experienced some more recent changes such as the introduction of the Workplace Injury Rehabilitation and Compensation Act (WIRC) 2013, which became operational on 1 July 2014. The WIRC Act recasts the Accident Compensation Act 1985 and the Accident Compensation (WorkCover Insurance) Act 1993 into a single Act. Noteworthy is that the changes to the Act have not influenced legislative requirements of employers in Victoria. Similar to NSW, under current legislation in Victoria an employer is required to nominate an employee to work in the capacity of workplace RTWC and ensure the legislative obligations outlined in the Workplace Injury Rehabilitation and Compensation Act (2013) are being met (Safework Australia, 2015). Employers with annual rateable remuneration of \$2 million or more must have an appointed workplace RTWC at all times, however employers with revenues less than \$2 million must appoint a RTWC at the onset and for the duration of the employer's return to work responsibilities (WorkSafe Victoria, 2010). While there is no legislative requirement by WorkSafe Victoria for the RTWC to undergo training,

it is recommended that the nominated person complete a two day RTWC training course, developed and endorsed by WorkSafe (Safe Work Australia, 2015a) .

The RTWC in Victoria is expected to:

1. Assist the injured worker, where prudent and practicable, to remain or return to work as soon as possible after injury.
2. Liaise with any parties involved in the occupational rehabilitation of, or provision of medical or hospital services to the injured worker.
3. Monitor the progress of the injured worker's capacity to work.
4. Ensure that, where reasonably necessary, the injured worker is given access to occupational rehabilitation services.
5. Take steps to (as far as is practicable) prevent recurrence or aggravation of the relevant injury upon the injured worker's return to work.
6. Assist the employer to meet their legal requirements regarding risk management, occupational rehabilitation and return to work.
7. Assist the injured worker and the employer to meet their return to work obligations (WorkSafe Victoria, 2014).

The current training recommended and provided to the Victorian RTWC is a two-day course entitled 'Role of a Return to Work Coordinator'. This training course was developed and endorsed by WorkSafe Victoria and covers the following topics:

1. The return to work process and the role of the RTWC.
2. Information that the RTWC will need to support and assist employers and injured workers.

3. Information and underlying skills that will assist RTWCs to facilitate the successful return to work of injured workers (WorkSafe Victoria, 2016).

To ensure the quality and consistency of the training, WorkSafe have approved trainers to deliver the training (WorkSafe Victoria, 2016).

### 3.3.3 *Queensland*

WorkCover Queensland has a different approach to return to work from its southern counterparts. Legislative changes to the Workers' Compensation and Rehabilitation and Other Acts Amendment (2005) introduced the rehabilitation and Return to Work Coordinator (RRTWC), formerly known as the Rehabilitation Coordinator. In addition, workplaces with 30 or more employees were no longer required to employ a RRTWC. Instead, customer advisers employed by WorkCover Queensland manage a worker's claim through to recovery, or until the injured worker's condition has stabilised or the claim is finalised. (WorkCover Queensland, 2005). Employers with wages of 7 million and higher, and high risk employers with wages of over \$3.5 million are required to employ a RRTWC (WorkCover Queensland, 2016). In regards to training for the workplace RTWC, the onus lies with the employer to ascertain if a RRTWC is 'appropriately qualified' to carry on the role in the context of the environment they are employed in. According to WorkCover Queensland, appropriately qualified is defined as; "a person who has the qualifications, experience or standing appropriate to perform the function or exercise the powers of a RRTWC" (WorkCover Queensland, 2016).

The functions of the RRTWC are to:

1. Compile and investigate initial injury notification information.

2. Facilitate and lead the early communication with an injured worker to clarify the nature and severity of the worker's injury.
3. Develop the suitable duties program component of a rehabilitation and return to work plan (if required) in consultation with the worker, the worker's employer and the treating medical practitioner.
4. Coordinate the worker's return to work.
5. Monitor and ensure the work plan is consistent with the current medical certificate or report for the worker's injury
6. Liaise with any person engaged by the employer to help in the worker's rehabilitation and return to work.
7. Liaise with the insurer about the worker's progress and indicate, as early as possible, if any assistance or intervention is required.
8. Educate workers and management about workplace rehabilitation.

Employers in Queensland must appoint a RRTWC within six months after a workplace is established or following the employment of workers (Safe Work Australia, 2015a).

There is presently no formal training provided to RRTWCs by the regulator, instead, and if requested by the employer, training is undertaken with external providers.

#### **3.3.4 *Tasmania***

The Tasmanian Workers Rehabilitation and Compensation Act (1988) was amended in July 2010, and provided a number of changes to injury management and the return to work process. Employers with 50 or more workers are now required to appoint a workplace RTWC to provide an injured worker with

support and assistance at the workplace. The primary role of the RTWC is to assist injured workers achieve the best possible outcome through their intimate knowledge and understanding of the various jobs, processes, people and management systems within the workplace (WorkCover Tasmania, 2011).

Although not legislated, employers with 50 or fewer employees are also encouraged to consider the advantages of employing a workplace RTWC.

Training is provided for Tasmanian RTWCs and is strongly encouraged. However, the WorkCover Tasmania Board has not approved a specific training course. The current training offered to a workplace RTWC in Tasmania requires the completion of three units of competency recognised within the Australian Qualifications Framework (AQF). These competencies include:

1. Work within the workers' compensation industry sector.
2. Develop return to work strategies.
3. Manage effective workplace relationships (Parker, 2011).

### **3.3.5 South Australia**

The Return to Work Act 2014 was introduced in South Australia (SA) in 2015 following the repeal of the Workers' Rehabilitation and Compensation Act (1986). After the repeal, the appellation of the Rehabilitation and Return to Work Coordinator was amended to that of RTWC, along with some modifications to the function of a workplace RTWC. Legislation in SA requires organisations employing greater than 30 employees for over three months to employ a workplace RTWC, and within six months of an employer registering with WorkCover SA.

The RTWC has the following functions in SA:

1. Assist workers suffering from compensable disabilities, where prudent and practicable, to remain at or return to work as soon as possible after the occurrence of the disability.
2. To assist the Corporation in the preparation and implementation of any recovery/return to work plan for an injured worker.
3. To liaise with any persons involved in the provision of medical and other relevant services
4. To monitor the progress of an injured worker's capacity to return to work.
5. To take steps to, as far as practicable, prevent the occurrence of an aggravation, acceleration, exacerbation, deterioration or recurrence of an injury when a worker returns to work (Return to Work Act 2014, 2015).

Training for workplace RTWCs is provided by SA approved registered training organisations. The training is expected to provide participants with an understanding of the role, functions and responsibilities of a RTWC. The aim of the training is to provide the participants with the tools and resources to:

- prepare the workplace
- know what to do when a worker is injured
- effectively communication
- identify return to work barriers and facilitators.

Notably, in SA, a RTWC must be appointed and trained within three months of a vacancy occurring.

### 3.3.6 *Western Australia*

The responsibility for managing workplace injuries in Western Australia (WA) lies with WorkCover WA as it oversees the compliance and monitoring of the Workers' Compensation and Injury Management Act (1981). The primary goal of the Act is to compensate workers who suffer a workplace injury and to support injury management to enable injured workers to return to gainful employment (WorkCover WA, 2010b). It is a legal requirement for every workplace to have an injury management system in place, focusing on returning injured workers to work as soon as medically possible (WorkCover WA, 2010a). The employers' obligation is to manage and be directly involved with the establishment and implementation of the injured worker's injury management plan with assistance from the insurer. It is not mandatory to employ a RTWC in WA; however, the employer can train either themselves or an employee within the company as a workplace Injury Management Coordinator (IMC). WorkCover WA contracts the Industrial Foundation of Accident Prevention (IFAP), to conduct training courses for employers and employees on workplace Injury Management Coordination.

The training for IMCs in WA is a three day course provided by the IFAP, Centre for Workplace Safety Training Solutions. It is expected that participants in this course will:

1. Understand the practical application of the legal requirements involved in the injury management process.
2. Understand the important issues of workplace culture, managing difficult workers' compensation cases, and data analysis and reporting.
3. Demonstrate the ability to develop a return to work plan in consultation with an injured worker (WorkCover Western Australia, 2017).

### 3.3.7 *Northern Territory*

In the Northern Territory (NT) the administration and enforcement of the Worker Rehabilitation and Compensation Act rests with WorkSafe NT. The insurer and employer have obligations and duties under the Act to manage and provide support during the rehabilitation process to the injured worker. The approved insurer is responsible for managing the claims process, with the employer responsible for the provision of the rehabilitation program (NT WorkSafe, 2010). Under the new Return to Work Act, which came into force on the 1 November 2016, there are no provisions for a workplace RTWC (Northern Territory Government, 2016). Although the scheme was reviewed in 2014, there were no significant amendments made to the NT Workers' Rehabilitation and Compensation Act particularly in relation to nominating a workplace RTWC (WorkSafe NT, 2015).

### 3.3.8 *Australian Capital Territory (ACT)*

Over the decades the ACT has not legislated the appointment of a workplace RTWC. However, in February 2016, the ACT legislative Assembly passed the Workers Compensation Amendment Act 2016. This Act was designed to modernise employer obligations in the return to work process (Safework Australia, 2015). From 1 June 2016, all large employers and self-insurers were required to appoint a suitably trained or experienced RTWC. The functions of the workplace RTWC in the ACT typically include:

1. Identifying suitable employment opportunities,
2. Liaising with insurers and treating medical practitioners in the preparation of return to work plans,
3. Monitoring the progress of an injured worker's recovery, and,



4. Identifying strategies within the workplace to improve the return to work outcomes.

In the ACT, a two-day training program is offered by four of the major insurers, and is available at no cost to the RTWC, if the employer is insured with them. Alternatively, employers can source their own training from any approved provider in NSW (Access Canberra, 2017).

### **3.3.9 Comcare**

Comcare's approach to reduce the human and financial costs of workplace injuries and disease in the Commonwealth jurisdiction is by way of working in partnership with both the employees and employers. This includes managing the workers' compensation claims of Australian government employees and managing the common law asbestos claims of the Australian Government. Additionally, Comcare provides secretariat, policy and legislative support to the Seafarers' Safety, Rehabilitation and Compensation Authority (Seacare). Rehabilitation and compensation for Comcare is administered under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) (Australian Government Comcare, 2017a). Although it is not mandatory for employers to employ a specific person to manage workplace injuries, section s41 of the Act provides for the rehabilitation of all Commonwealth employees following a workplace injury (Australian Government Comcare, 2017b). The intention of the legislation is to ensure that the employer (as the rehabilitation authority) is responsible and accountable for the early and safe return to work of injured workers (Office of Legislative Drafting and Publishing Attorney-General's Department, 1998). Through organisational policy, employers delegate Case Managers (CM) to provide support, communication and to provide coordination to relevant stakeholders. The role of the CM broadly encompasses both operational (assisting the injured worker) and strategic (managing broader issues of return

to work within the organisation) areas. (Australian Government Comcare, 2010a). The CM as the rehabilitation delegate is considered the focal point of contact following a workplace injury and with training is expected to be able to:

1. Talk with staff about their role and how to contact them
2. Consult with all relevant parties to initiate, coordinate and monitor the rehabilitation process
3. Decide if an assessment for a return to work program is required—particularly if an employee is likely to be away from work for more than 10 days (section 36, SRC Act)
4. Organise the return to work program—they may need to contract an approved Workplace Rehabilitation Provider (WRP) to develop the return to work plan
5. Manage the WRP to implement a quality and cost effective program
6. Write to the injured employee indicating any decisions to make about a rehabilitation assessment or return to work plan
7. Manage the rehabilitation program to achieve a successful return to work
8. Work with the supervisor and WRP to provide the injured worker with suitable employment (section 40, SRC Act)
9. Make sure their organisation complies with the Guidelines issued by Comcare (section 41, SRC Act) (Australian Government Comcare, 2016)

If required, the employer is responsible for engaging an approved WRP, although this is usually delegated to the case manager. An approved WRP is expected to:

1. Provide expert, objective advice to the case manager to assist the timely, safe and durable return to work of an injured worker
2. Promptly respond to referrals and other requests as outlined in Comcare's Criteria and operational standards for workplace rehabilitation providers 2015
3. Engage the injured employee, treating doctor and supervisor in developing and implementing a tailored return to work plan
4. Monitor the return to work plan and regularly communicate with all parties to ensure goals are being achieved
5. Ensure they comply with Comcare's criteria and standards for approved workplace rehabilitation providers (Australian Government Comcare, 2016).

Comcare's operational standards for WRPs require all providers and consultants working under the 1988 SRC Act to attend a one day training program as an introduction to working in the Commonwealth workers' compensation system.

The purpose of this course is to provide participants with specific knowledge and skills to actively undertake the role of a WRP consultant, in accordance with the requirements of the SRC Act. The program outlines Comcare's return to work model, legislation, procedural aspects of the return to work process and examines issues that may arise during the return to work process (Australian Government Comcare, 2017c).

### **3.3.10      *Additional training for other jurisdictions***

Following consultation and agreement between WorkCover NSW, WorkCover Qld and WorkSafe Vic, a training program for RTWCs to acquire further knowledge of other jurisdictions has been developed. Prior to applying for this

specialised training, the participant must have first completed their relevant state training program. The training is provided by the respective state in which the participant wishes to undertake further learning. The training includes the following:

1. Key differences between legislation in each state.
2. Legislative obligations of employers.
3. Role of the RTWC in each state.
4. Basic information regarding worker's entitlements.
5. Role of the agent/insurer in injury claims and return to work management.
6. Issues in working with doctors, rehabilitation professionals and treatment providers.
7. Dispute prevention and resolution strategies.
8. Sources of further information regarding injury management and return to work (WorkSafe Victoria, 2010).

In March 2014, the Safety, Rehabilitation and Compensation Legislation Amendment Bill was introduced to Parliament of Australia, allowing multi-state employers the option to join the Comcare scheme and have one set of national arrangements for work, health and safety workers' compensation (Safework Australia, 2015). The common training programs provided by NSW, Queensland and Victoria, in addition to the invitation from Comcare to multi-state employers, may represent the first steps in harmonising the role and training of the RTWC in Australia.

### 3.4 Conclusion

In the Australian context, there is a myriad of workers' compensation schemes with their own jurisdictional regulations and rules, which can encumber comparability across the schemes (Safework Australia, 2015). These differences within the workers' compensation schemes also influence how the role of the workplace RTWC is perceived in various jurisdictions and how their training practices have been developed. Over the past 30 years, research in the area of return to work has increased extensively both nationally and internationally. Consistently in the body of literature, it has been recognised that the workplace RTWC is a key stakeholder when returning a worker to work following a workplace injury (Work Safe Australia, 2014). While there have been some recent changes to the legislation in most jurisdictions with regards to the return to work process, (Safework Australia, 2015) as to the role and training of the workplace RTWC, it may be sometime before workplace RTWCs are fully recognised for their unique contribution to the return to work process.

### 3.5 Chapter Conclusion

This chapter highlighted legislative changes which have occurred in some of the jurisdictions in Australia since the publication of Manuscript 1 (chapter 2). Workplace RTWCs are part of the legislative requirement for employers in most jurisdictions of Australia, and yet inconsistencies in training and roles still exist across borders, and in particular pose a difficulty for workplace RTWCs within national organisations with operations in several state and territories. Additionally, these inconsistencies can lead to less equitable, less effective and often unsustainable outcomes for injured workers and employers (SafeWork Australia, 2013). This particularly highlights the need for harmonisation of the various workers' compensations systems in Australian. However, despite these

legislative differences across borders, close examination reveals the mandated requirements of the role and the training of the RTWC remain essentially similar in most jurisdictions.

The role of the workplace RTWC is unique in that it guides and supports an injured worker through the often adversarial and complex workers' compensation system. It is therefore important that the individual appointed to the role has the necessary qualities and attributes to effectively discharge the role. The following chapter explores the specific traits and characteristics identified by contemporary Australian workplace RTWCs as being essential to the role.

## **CHAPTER 4      THE ROLE OF THE AUSTRALIAN WORKPLACE RETURN TO WORK COORDINATOR: ESSENTIAL QUALITIES AND ATTRIBUTES**

### **4.1      Chapter Overview**

A review of the legislative framework and specific role requirements of the workplace RTWC in the Australian workplace was presented in Chapter 2, and updated in Chapter 3. The review identified that the role of the workplace RTWC is continually evolving and becoming increasingly complex. The role of the workplace RTWC is unique in that it provides the injured worker with a support person within their workplace following the workplace injury, and also during their subsequent recovery and rehabilitation. For those appointed to the position, the literature suggests difficulties can occur as they attempt to navigate their way through the often complex and adversarial workers' compensation system while adhering to their respective jurisdictional regulatory guidelines. It is therefore important that the specific but evolving functions of the workplace RTWC role are well understood, but equally important is the identification of the individual qualities and attributes necessary in the person assuming the role of the workplace RTWC. The published review of the literature presented in Chapter 2 found that there is minimal research in this regard in the contemporary Australian context. To help address this gap in the literature, the study described in this chapter aimed to provide an insight into the skills and attributes needed for the role of the Australian workplace RTWC, as derived from the experiences and perceptions of RTWCs themselves. Focus groups of RTWCs were conducted in the relevant jurisdictions that require workplace RTWCs in the return to work process, providing an opportunity for currently employed RTWCs to share their personal experiences and perspectives on the characteristics and traits required to satisfactorily perform the role.

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## 4.2 Manuscript 2

The following manuscript has been published in a peer-reviewed journal. A printed copy of this publication is available in Appendix E as:

**Bohatko-Naismith, J., C. James, M. Guest and D. Rivett (2015). "The role of the Australian workplace Return to Work Coordinator: Essential qualities and attributes." Journal of Occupational Rehabilitation 25(1): 65-73.**

### 4.2.1 *Abstract*

#### *Introduction*

In the Australian context, a Return to Work (RTW) Coordinator assists an injured worker with workplace-based support and regulatory guidance for the duration of their injury. Coordinating the return to work (RTW) process has been considered an effective approach for managing workplace injuries, however few studies have described the skills, traits or characteristics required to fulfil the role of workplace RTW Coordinator. This study aims to provide insight as to the skills and attributes needed for the role of the workplace RTW Coordinator from their experience and perception.

#### *Method*

Focus groups were conducted with workplace RTW Coordinators from six major Australian cities. Twenty-five participants were recruited through a national RTW Coordinator website, and professional RTW interest groups using a snowballing technique. Participating workplace RTW Coordinators were required to have a minimum two years' experience and to have been involved with the development and implementation of workplace policies and procedures. Thematic analysis was performed to identify meaningful patterns and themes.



### ***Results***

The data analysed provided clear insight as to the specific role requirements necessary for working as an Australian workplace RTW Coordinator. Three key themes clearly emerged; communication skills, RTW Coordinator characteristics, and managing the RTW process.

### ***Conclusion***

The findings indicate that RTW Coordinators require a wide range of traits, skills, and attributes to successfully perform this role. Effective management by the RTW Coordinator of the complex RTW process is essential to facilitate a smooth transition for the injured worker, alongside maintaining a professional relationship with the employer and external stakeholders. The results of this study can be utilised to further improve the selection of future RTW Coordinators.

**Keywords:** Workplace based return to work, return to work coordinators, disability managers, qualitative research

## **4.3 Introduction**

In Australian workplaces the primary responsibility of returning an injured worker to pre-injury duties lies with the employer. Over the past two decades changes to Australian state and territory legislation have required workplaces with a minimum number of employees to nominate a workplace Return to Work (RTW) Coordinator to facilitate the rehabilitation of injured workers at the worksite (Australian Government Comcare, 2005; WorkCover NSW, 2014; WorkCover Queensland, 2010; WorkCover SA, 2012b; WorkCover Tasmania, 2010; WorkSafe Victoria, 2010). Australia has a workforce of approximately 11.5 million people (Australian Bureau of Statistics, 2013), with the cost of work-related injuries estimated at \$AUD 60.6 billion in 2008-9 (Safework Australia, 2012).

The escalating cost of workplace injuries and the increase in workers' compensation claims has become concerning to both state and federal governments (Safework Australia, 2012). Both internationally and within Australia there is a growing awareness that long-term work absence and work disability are harmful to physical and mental health and wellbeing (The Australasian Faculty of Occupational and Environmental Medicine, 2011). There is clear evidence that supports the effectiveness of early intervention in the workplace for injured workers with the assistance of a RTW Coordinator, which in turn should reduce associated costs with the backfill of positions and workers' compensation claims (Franché et al., 2005b; Shaw et al., 2008).

Internationally, systematic reviews conducted by MacEachen et al. (2006) and Franché et al. (2005b) supported the development of a set of seven key principles for successful RTW. These principles focused on three specific outcomes: duration of work disability, costs associated with work disability, and the overall quality of the worker's life following a workplace injury (Institute for Work & Health). Of the seven principles, the most relevant to the present study is principle number six, *'Someone has the responsibility to coordinate RTW'* (Institute for Work & Health). Franché et al. (2005b) identified that the commitment and accountability of a RTW Coordinator during the RTW process produces favourable outcomes. Furthermore, an employee or employer of the company could assume the RTW Coordinator role or alternatively, the employer may engage an external stakeholder to coordinate this process. The RTW Coordinator role involves coordination of the RTW process for the injured worker by planning an individualised RTW program, ensuring the injured worker understands the process, and by communicating relevant and important information to the employer, injured worker and other stakeholders to ensure a successful RTW to pre-injury duties.

Specifically, the Australian RTW Coordinator's duties involve developing and implementing a RTW program, providing information to injured workers on workers' compensation benefits and return to work practice, and identifying and coordinating the RTW process, in addition to liaising with external stakeholders (WorkCover NSW, 2014; WorkCover Queensland, 2010; WorkCover Tasmania, 2010; WorkSafe Victoria, 2010). The RTW Coordinator is considered to require excellent written and verbal communication skills, including negotiation and listening skills, and decision making skills, as well as organisational and time management skills (WorkCover NSW, 2014). For some, the role can be very complex and difficult to balance with their other workplace responsibilities. Internationally, comparisons may be problematic due to differences that exist in the RTW process in different jurisdictions. Australia has a primarily public workers' compensation system however in some jurisdictions, it is operated privately. Whereas internationally some countries have a uniquely private insurance scheme (US) while others may be solely publicly underwritten (Canada) which might lead to some differences in the knowledge and skills required to perform this role (Pransky et al., 2010). Notably, the title of RTW Coordinator varies between states in Australia (Bohatko-Naismith et al., 2012) (see Table 1) and in the international context, RTW Coordinators are also variously known as disability managers, case managers, disability prevention specialists and disability supervisors (Pergola, Salazar, Graham, & Brines, 1999).

Table 4.1: Legislative requirement for Australian RTW Coordinators

Jurisdiction	Position title	Worksite appointment
Australian Capital Territory (WorkCover/WorkSafe ACT, 2010)	No legislative requirement	Approved insurer and employer
Comcare, Commonwealth (Australian Government Comcare, 2010b)	Case manager	Employer nominated (recommended, not mandatory)
New South Wales (WorkCover NSW, 2014)	Return to Work Coordinator	Employer nominated if greater than 20 employees
Northern Territory (WorkSafe NT)	No legislative requirement	Approved insurer and employer
Queensland (WorkCover Queensland, 2010)	Initially managed by a WorkCover Queensland Customer Advisor unless the company wages are in excess \$5.577 million or is a high risk industry with wages in excess \$1.63 million. Then they must have a Rehabilitation and Return to Work Coordinator	Employer nominated
Seafare, Commonwealth (Australian Government Comcare, 2010b)	No legislative requirement	Employer or Claims Manager
South Australia (WorkCover SA, 2010b)	Rehabilitation and Return to Work Coordinator	Employer nominated if greater than 30 employees
Tasmania (WorkCover Tasmania, 2010)	Return to Work Coordinator	Employer nominated if greater than 50 workers
Victoria (WorkSafe Victoria, 2010)	Return to Work Coordinator	Employer nominated
Western Australia (WorkCover WA, n.d)	No legislative requirement	Only by employer unless he appoints Injury Management Coordinator

It is important to acknowledge and recognise the valuable role of the RTW Coordinator in the workplace and to ensure that the most suitable people are being nominated for the position. Shaw et al. (Shaw et al., 2008) recognise the importance of understanding the complexity of the RTW Coordinator role in the effective management of injured workers. Selecting a suitable person to fulfil the role is imperative for a positive RTW experience for injured workers’.

Appointment of a RTW Coordinator who does not possess the essential skills, attributes or knowledge to perform the role can have a detrimental impact upon the process which may lead to an increase in workers’ compensation costs and loss of productivity due to lost time (Australian Government Comcare, 2005). Similarly, the consequences for injured workers can be loss of income, additional personal and familial stress, and an absence from participating in community life. Despite the clear benefits of a RTW Coordinator in the workplace, little effort has been made to systematically describe the role of RTW Coordinator (Foreman et al., 2006; Shaw et al., 2008). The present study builds on the work of Shaw et al (Shaw et al., 2008) and their recommendations to further investigate and describe the role of the workplace RTW Coordinator and also responds to a recent Australian review which highlighted the need to investigate the background and role of the RTW Coordinator (Bohatko-Naismith et al., 2012). This study proposes to explore the perceptions and experiences of currently employed RTW Coordinators with respect to their role, and describe the essential qualities and attributes required by a person to perform the role successfully.

#### **4.4 Method**

A phenomenological qualitative study using focus groups was conducted with workplace RTW Coordinators. A phenomenological approach was chosen as this allows for the exploration of experiences and perceptions of individuals who share a common interest (Holloway & Wheeler, 2010). Focus group methodology

was used to allow the participants to interact and consider each other's opinions, attitudes and beliefs (Krueger & Casey, 2009). This group dynamic is thought to provide a mechanism to stimulate discussion and gain insight into the topic at greater depth (Bowling, 2002; Holloway & Wheeler, 2010). The focus groups were facilitated by one of the researchers (JBN) using questions developed and informed by a review of the literature (Krueger & Casey, 2009; MacEachen et al., 2006; Pransky et al., 2010; Shaw et al., 2008). These questions were designed to elicit information about the knowledge, skills, attributes and behaviours which are required to perform the role of a RTW Coordinator. Ethical approval for the study was granted by the University of Newcastle Human Research Ethics Committee.

#### **4.4.1      *Participants***

Legislation in most states of Australia (New South Wales, Victoria, Queensland, Tasmania and South Australia) requires workplaces to engage a RTW Coordinator to provide workplace based support and assistance to an injured employee. Purposive sampling was used to recruit RTW Coordinators in these states for the focus groups. The inclusion criteria were as follows: individuals who were proficient in spoken English, had a minimum of two years working as a RTW Coordinator with a large or small organisation, and experience with developing and implementing RTW policies and procedures. The participating RTW Coordinators came from diverse organisations with varying backgrounds (see Table 2). No focus groups were conducted in Western Australia, the Northern Territory or the Australian Capital Territory (ACT) as there are no legislative requirements in these jurisdictions.

Table 4.2: Study participants

State	No. participants/gender	Background
New South Wales	4 (1 male, 3 female)	6 x clinical
City	7 (1 male, 6 female)	4 x administration
Regional		1 x other
Queensland	2 (2 female)	1 x clinical
		1 x other
South Australia	3 (1 male, 2 female)	3 x administration
Tasmania	2 (1 male, 1 female)	2 x administration
Victoria	7 (2 male, 5 female)	2 x clinical
		2 x administration
		1 x other
		2 x not specified

#### 4.4.2 *Recruitment*

Several methods were used for recruitment of RTW Coordinators for the study. Firstly, an advertisement for RTW Coordinators was placed with a national RTW Coordinator website requesting voluntary participation in the study. Limited success was achieved using this method, therefore state-based RTW Coordinator professional interest groups were contacted to advertise the study and the snowball sampling technique used to recruit additional participants (Holloway & Wheeler, 2010). Potential participants were emailed an invitation to participate in a focus group by their respective interest group, accompanied by an information statement providing an overview of the study. Those Interested in potentially participating were asked to contact the researchers.

#### 4.4.3 *Procedure*

Focus groups of approximately 1 – 1.5 hours duration were conducted in Victoria, New South Wales (Sydney and Newcastle) and South Australia. Focus groups were also held via teleconference to capture RTW Coordinators in Tasmania and Queensland. Kruger and Casey (2009) suggest conference call focus groups as a means of allowing participants who are geographically

dispersed to contribute without the associated costs of transporting them to one location. The principle disadvantages of the telephone focus groups are that the moderator is unable to observe the nonverbal communication and it could potentially lack the richness of evidence that would naturally occur in an in-person focus group (Krueger & Casey, 2009). The size of the focus groups ranged from two to seven participants. Written consent was obtained for all participants prior to commencement of the focus groups, with participants also informed that they could withdraw from the study at any time. All focus groups were recorded for accurate transcription.

#### **4.4.4**      *Data analysis*

All recorded focus group data were transcribed verbatim and imported into NVIVO 10 software (QSR International, Cambridge, MA USA) for analysis (QSR International, 2012). Pseudonyms were used to de-identify the participants and their respective organisations. Following reading of the transcripts, regular meetings occurred between two of the researchers (JBN & CJ) in which data were inductively coded into relevant and meaningful categories (Bowling, 2002). Themes began to emerge from the data and further discourse between the two researchers allowed for intersubjective agreement on the final codes (Kvale, 2007). To ensure validity of the interpretation of the data, key themes were checked for confirming and disconfirming evidence within the dataset (Erickson, 1986).

### **4.5**      **Results**

A total of 25 RTW Coordinators participated in the six focus groups held in different locations across Australia. The RTW Coordinators in our study had varying backgrounds and were employed by both large and small organisations. The participants in this study had 11.3 yrs  $\pm$  8.2 (mean  $\pm$  sd) of experience as



workplace RTW Coordinators and were employed in the following areas: the insurance industry, workers' compensation, human resource management, allied health, work, health and safety. Three key themes emerged from the focus group data. These were communication skills, RTW Coordinator characteristics, and managing the RTW process.

#### **4.5.1      *Communication skills***

The RTW Coordinators who participated in this study emphasised the need to possess excellent communication skills when dealing with injured workers, management and external stakeholders. As a number of RTW Coordinators expressed,

*'...you need to communicate well, and communication includes documentation and correspondence' [Participant 14].*

*'...communication is the key. Both verbal and written...but communication, phone, email or face to face, all those things are important' [Participant 9].*

The RTW Coordinators also highlighted the significance of active listening. They defined active listening to involve verbal and non-verbal skills, indicating empathy and understanding while trying to gain an insight into the perspective of the injured worker's genuine needs.

*'Learn to listen very closely to what people are saying or not saying as well' [Participant 5].*

*'Just sit and listen, sit with them for an hour and just listen to them is very, very, very, helpful for them, but you need to listen, to hear what they're saying, hear what their real problems are' [Participant 16].*

It became clear that the role of the RTW Coordinator involves dealing with many and varied stakeholders during the RTW process. RTW Coordinators noted the

need for excellent negotiation skills and equally important, the ability to manage conflict resolution. Remaining non-judgemental and encouraging cooperation between all involved parties was also viewed as important. As one participant stated...*'you need to also have negotiation skills and conflict resolution skills. And you need to have very strong skills in that area'* [Participant 25].

While there is limited discussion in the literature on the need for RTW Coordinators to have complex problem solving and mediation skills (Shaw et al., 2008), RTW Coordinators in our study were in agreement and affirm this as a necessary competency. Other important skills noted were interpersonal (people) skills and counselling skills. Collectively, the RTW Coordinators also cited organisational skills as crucial to promoting effective coordination;

*'...I think we've got to have good organisational skills too'* [Participant 10].

*'...and a must have is people skills'* [Participant 13].

In the absence of a health professional background, the RTW Coordinators in this study confirmed the importance of having a fundamental understanding of medical terminology which assisted them with interpreting medical reports. This skill also provided the RTW Coordinator with a clearer understanding of the injury which could allow for more appropriate decisions to be made in relation to selecting suitable duties for the injured worker, and most importantly assisted in communicating with the injured workers' treating doctor.

*'...at least a basic understanding of – um the human body...'* [Participant 23].

*'...you need to have an understanding of what their symptoms are...'* [Participant 25].

The RTW Coordinators also believed communication with the treating doctor was imperative to ensure the smooth transition of the injured worker to their pre-injury duties. The participants in this study acknowledge the importance of

regularly communicating with the injured workers treating doctor, however emphasised they frequently experienced difficulty when seeking additional information on an injured worker. Barriers identified by the workplace RTW Coordinators includes a lack of detail provided by the doctor on the medical certificate regarding suitable duties, and an inability to liaise directly with the doctor. Additionally, the RTW Coordinators found that communication problems with treating doctor often resulted in causing significant delays in the RTW process.

*'where we get really stuck is obviously the doctors who are quite difficult, who don't respond to our phone calls or respond to our treater's reports, do not respond to our return to work offers' [Participant 6].*

#### **4.5.2 RTW Coordinator characteristics**

RTW Coordinators in our study expressed the importance of inherent interpersonal skills when relating to injured workers and markedly articulated the necessity of having particular essential skills; attributes and knowledge to successfully fulfil the role (see Table 3). The participants clearly stated that the knowledge required for their role is both learned knowledge (in the form of training) and experiential knowledge (knowledge that one can only gain from personal experience).

Table 4.3: Inherent interpersonal traits and attributes

Empathy
Leadership
Multi-task
Perseverance/ persistence
Compassionate
Friendly
Organised
Supportive
Assertive
Gregarious
Adaptable
Patient
Life experience/ skills
Learned experience (training)

Several RTW Coordinators in our study believed that enlisting life experiences as necessary to assist with the many challenges encountered during the RTW process. As two participants stated; *‘...You’ve got to relate to them, so life experience’* [Participant 18] and [Participant 25] added *‘I’m 54 and I’m not sure that when I was 21...doing this job...I’m not sure I could have added that...life experience’*.

The RTW Coordinators in this study listed many inherent attributes such as being friendly, organised and supportive as essential to facilitate the role. One of the most notable traits identified by the RTW Coordinators was empathy. As one of the RTW Coordinators explained;

*‘...someone that has empathy but – and I’m not talking about sympathy but empathy’* [Participant 20].

Other attributes such as assertiveness, gregariousness, adaptability, patience and compassion were commonly proposed as necessary qualities required to successfully perform the role of the RTW Coordinator. Additional important attributes included strong leadership skills and the ability to multi-task.

Furthermore, interpersonal behaviours such as genuineness, trust and respectfulness were considered necessary to create a strong relationship with the injured worker and other stakeholders. As noted by two RTW Coordinators;

*'Basically being able to give respect, to be able to earn respect'... [Participant 11].*

*'If someone is injured for a while they need genuine support and empathy, they don't want sympathy, or, they just want people to understand'... [Participant 16].*

Coordinating and achieving a safe RTW for an injured worker was often a rewarding experience for RTW Coordinators. However, the demands and challenges faced by some RTW Coordinators while performing this role could be emotionally challenging. One of the RTW Coordinators explained, *'...we have to be tough skinned and can't really take things personally' [Participant 6].*

Almost all of the RTW Coordinators in this study agreed that the vulnerability of a worker following a significant injury often gave them access to the injured workers' personal and private being. Maintaining an emotional distance and keeping personal sentiments out of these sensitive situations was considered important in order to remain objective and effective. As Participant 4 reflected, *'If you get emotionally involved then you are less effective'.*

#### **4.5.3      *Managing the RTW process***

The RTW Coordinators generally felt confident in their ability to effectively manage the RTW process while working to achieve the best outcome for the injured worker.

*'I am able to comfortably, and with confidence, speak to any level of director or general manager or team leader and talk on a professional level, ...I am confident – confident with my career to date that I have the skills and knowledge' [Participant 23].*

The RTW Coordinators acknowledged that the RTW process can be challenging and is one of continual learning. Despite this, the RTW Coordinators who participated in this study were confident in their ability to identify suitable duties and to know when to outsource for assistance. As one RTW Coordinator remarked;

*'Because that's a skill, being able to – being able to help people understand where you are coming from and what you are trying to achieve... I think the ability to do proactive return to work where you can propose programs and obviously there are some other skills and knowledge that is to do with that but, having that goals oriented return to work programs, where we are trying to achieve full pre-entry duties, and that is our commitment, as a business, as a RTW coordinator' [Participant 15].*

Success in the RTW process was considered to occur when collaboration existed between all stakeholders. The RTW Coordinators in this study openly expressed the need to be flexible when dealing with executive management, external stakeholders and the injured worker;

*'It's about having an individual who has the insight to – to be able to get the right balance between what are the – what's the injured person's right and obligations, and what is the – the businesses right and obligations' [Participant 23].*

Several RTW Coordinators in this study firmly believed that organisations with a strong commitment and well established policies contribute significantly to the success of returning the injured worker to their pre-injury duties.

*'If a person came into an organisation with a policy and ground rule that everyone abides by, then that policy outlines the return to work program, who's got what responsibilities and what happens in the event of, they're the rules of engagement. If you put a person into that role who has people skills, with that behind them to rely upon, the system will work fine. If you had the people skills but they haven't got this policy or procedure in*

*place, they've got nothing to make a firm decision for backing of the organisation behind them' [Participant 11].*

While some RTW Coordinators in the present study were well resourced and highly supported by their organisations, others struggled due to their part-time status or because their position required them to 'wear many hats' (James et al., 2011a). As one RTW Coordinator states;

*'the payroll person just becomes the return to work coordinator, as well, and they have no choice in it, but, you're it' [Participant 23].*

RTW Coordinators emphasised the importance of the injured workers' awareness of the RTW Coordinator in the workplace and the key role they have in the RTW process. Additionally, RTW Coordinators believed that understanding their role in the workplace provides the injured worker with faith in the RTW Coordinator's ability to advocate for them, manage their injury accordingly, and facilitate their RTW.

*'I think one last thing is your presence in the workplace, So, before people get injured how they perceive you and how you conduct yourself in the workplace, I think that's really important...So, your pre-relationship with your workforce before their injury is important' [Participant 4].*

The RTW process involves many stakeholders and due to the uncertainty and unpredictability surrounding the process, confusion can occur among key stakeholders. RTW Coordinators identified they often encountered obstacles within the RTW process from various stakeholders. Examples given related to claims disputes with the insurance company, or lack of response when requesting clearer direction from the nominated treating doctor about a worker's suitable duties or ability to RTW. RTW Coordinators in this study acknowledged the complexity of the process, however believed they have the tenacity and the

skills to engage external stakeholders when necessary. As one RTW Coordinator stated; *'It is a continual process of learning'* [Participant 15]. Other RTW Coordinators comments on process included;

*'...You need to be flexible in dealing with your executive management, with the individual managers and with the injured worker as well, and with the external providers whether they're physios or doctors and so on.....each one of these parties need to know you are on their side, they really need to feel that'* [ Participant 4].

*'...I think persistence, especially walking into a very sort of hostile environment towards compensation and return to work and that sort of thing'* [Participant 3].

*'...and a little bit of perseverance as well as the ability to keep pushing through'* [Participant 18].

#### **4.6 Discussion**

The findings of this study provide a unique insight into a range of qualities and traits Australian RTW Coordinators perceive as essential for the successful facilitation of the RTW process. The RTW Coordinators in this study were committed to the RTW process and experienced in the development of RTW programs and implementation of RTW coordination. They highlighted that for success to occur within the RTW process, much relies on the individual RTW Coordinator's inherent interpersonal traits such as being friendly, organised, and supportive, along with possessing good communication skills. Other attributes highlighted included empathy, assertiveness, gregariousness, adaptability, patience and compassion when dealing with injured workers. The skills and traits described by the RTW Coordinators in this study could be used to inform some of the selection criteria for individuals choosing to enter this field (Pransky et al., 2010).



Until now little has been known about the background of the Australian RTW Coordinator. The legislation in most Australian states requires employers with 20 or more employees to have a designated RTW Coordinator in their workplace. As a result of this legislation the background of RTW Coordinators can vary significantly throughout the states, with many Australian RTW Coordinators often employed in the role in conjunction with other work roles and without any health background or formal training (WorkCover NSW, 2003; WorkCover Queensland, 2010; WorkCover SA, 2010b). Although involving only a modest sample, this study reflected the very diverse backgrounds of individuals before they take on the role of workplace RTW Coordinator in Australia. Nearly all workplace RTW Coordinators have been identified as having backgrounds in ergonomics, allied health or nursing (Shaw et al., 2008). Only nine of the 25 participants in this study had a health background and notably health or ergonomic background was not deemed a criterion for the role, however most of the RTW Coordinators in this study believed that an understanding of medical terminology would be useful for those without health backgrounds, and agreed on the advantages of this knowledge when determining suitable duties or communicating with doctors. A recent study (Shaw et al., 2008) explored the issue of how much medical knowledge is required for workplace RTW Coordinators and proposed that RTW Coordinators be familiar with general disabling medical conditions as an important prerequisite for facilitating RTW. The RTW Coordinators in this study expressed views consistent with this recent study (Shaw et al., 2008) and acknowledged that having some awareness and understanding of relevant medical conditions would be beneficial in discourse with doctors and provide clarity when selecting appropriate suitable duties. Organisations often employ external people to perform the role of workplace RTW Coordinator and sometimes consider a health background a prerequisite for the position (WorkCover NSW, n.d.).

In terms of RTW Coordinator characteristics, the participants in the present study provided some insight into the role requirements of the Australian workplace RTW Coordinator, highlighting the need for inherent personal qualities, along with the essential learned skills and knowledge necessary to facilitate the RTW process. This concurs with previous research which suggests well established individual qualities and personal traits are a necessary foundation for RTW Coordinators (Pransky et al., 2010). In terms of key skills, those frequently discussed by the RTW Coordinators in this study included both verbal and non-verbal communication skills. The literature similarly supports the requirement for competency in both written and verbal communication when facilitating the RTW process (Pransky et al., 2010). Additional and further valued skills identified by the participants in this study were active listening and negotiating skills, highlighting these skills as critical components for the role which is consistent with Pransky et al. findings in the study of the 'Development and validation of competencies for RTW Coordinators' (Pransky et al., 2010). As the RTW process unfolds, the RTW Coordinators emphasised the importance of listening to the injured worker's primary needs, while negotiating the needs of the employer, as being crucial to the success of the RTW process. Possessing the ability to effectively advocate for both parties, and to mediate any differences experienced between the employers and their employees equitably, is crucial for the RTW Coordinator to assist in the prevention of adversarial relationships and prevent further disputes arising which is consistent with the findings of Shaw et al. (Shaw et al., 2008).

Similarities between international and Australian RTW Coordinators are evident in the results. In this study, necessary specific skills identified in the literature include engaging participation of stakeholders in the RTW process, and the ability to maintain credibility with all stakeholders while effectively coordinating the RTW process (Shaw et al., 2008). The Australian RTW Coordinators in the

present study considered themselves competent in these skills, with the capacity to draw on their personal life experiences to assist them in their role. Other competencies identified in this study by the RTW Coordinators also included their ability to be flexible and to exercise effective organisational skills. These competencies concur with some of the findings and recommendation from Pranksy et al. (2010) & Gardener et al. (2010) consider the expectations of the role of the RTW Coordinator and highlighted the necessity of possessing problem solving skills, conflict resolution skills and effective communication skills to successfully engage and communicate with all stakeholders. Similarly, the RTW Coordinators in the present study are consistent with the findings of Gardener et al and acknowledge these key skills as necessary to achieve the desired goal of RTW for the injured worker.

The RTW Coordinators in this study were committed to facilitating a successful RTW for injured workers despite the reported challenges encountered when communicating with the injured workers' treating doctor. Given the important role the treating doctor plays in the medical coordination of the RTW process, it is imperative that there good communication between the doctor and the RTW Coordinators to enable the facilitation of the injured workers RTW. This has been highlighted in other studies (James et al., 2011a; Muenchberger & Kendall, 2006; Pransky, Shaw, Franche, & Clarke, 2004), with the RTW process being negatively impacted by communication difficulties. This study suggests communication, particularly between the RTW Coordinator and the doctor is a common issue across Australia and is an area that needs attention to improve the RTW process for injured workers.

The RTW Coordinators also emphasised the importance of organisational commitment and support for the duration of the RTW process. Often the RTW process can be lengthy and requires managerial, supervisory and employee

commitment for a successful transition of the injured worker to pre-injury duties. In particular, the involvement of a workplace RTW Coordinator needs to be supported, with evidence of greater effectiveness and better outcomes in the RTW process as a result (Shaw et al., 2008). Similarly, RTW Coordinators from the present study expressed the importance of the injured worker's awareness of the RTW Coordinator in the workplace and the key role they play in the RTW process. Additionally, RTW Coordinators believed that by understanding the role of the RTW Coordinator in the workplace, the injured worker will have greater confidence in their ability to advocate for them, manage their injury and facilitate their successful RTW.

#### **4.6.1      *Study strengths and limitations***

The qualitative nature of focus groups limits the generalisability of the findings, as does the modest sample size. However, the methodology employed is appropriate to offer insights into the attitudes, qualities and traits of professional groups who rarely have the opportunity for discussion or debate. Thus the focus groups brought together a range of RTW Coordinators from different employment sectors, with different experiences, and provided a unique opportunity to discuss the role and essential characteristics required of the RTW Coordinator. Whilst the authors acknowledge that other stakeholders are involved in the RTW process and may bring differing perspectives, the primary aim of this study was to determine the unique view and experiences of workplace RTW Coordinators due to their pivotal role in the RTW process. Future research to further explore aspects of the RTW Coordinator should involve investigation of the communication between the various stakeholders and how this can be enhanced to improve the RTW process for injured workers.

#### **4.7 Conclusion**

This study identified the importance of an individual's inherent interpersonal traits such as being friendly, supportive and organised with the most notable trait being empathy. Other attributes such as assertiveness, gregariousness, adaptability, patience and compassion along with communication skills, and knowledge of the RTW process were all identified as necessary to assist in the RTW process for injured workers. The findings of this study can inform relevant stakeholders and may assist in the recruitment process of RTW Coordinators for employers.

#### **Acknowledgments**

The authors wish to thank the RTW Coordinators who participated in this study. We also thank the organisations for their support with recruiting RTW Coordinators.

#### **4.8 Chapter Conclusion**

This chapter explored the role requirements of workplace RTWCs and identified the specific characteristics and traits they require to fulfil the role from their perspective. The findings highlight the need for careful consideration when recruiting or nominating an individual as the workplace RTWC to ensure a person with the appropriate attributes is selected for the role. Equally important is the training which is provided for the workplace RTWC to enable them to fulfil their legislative responsibilities to the employer and the injured worker. The following chapter further explores the experiences and perceptions of RTWCs as to the suitability of training practices available to workplace RTWCs to help prepare them for their role requirements.

## **CHAPTER 5      INSIGHTS INTO WORKPLACE RETURN TO WORK COORDINATOR TRAINING: AN AUSTRALIAN PERSPECTIVE:**

### **5.1      Chapter Overview**

The previous chapter provided the RTWC perspective as to the specific characteristics and traits required by a workplace RTWC, and proposed that it is important to select the appropriate person for the position of workplace RTWC. Equally important is the training available for preparing the individual for the role of workplace RTWC. This chapter commences the discussion on the appropriateness of contemporary training programs available to workplace RTWCs in Australia, again from the perspective of the RTWC. Focus groups were used as a forum for workplace RTWCs to highlight any deficiencies in the content and delivery of current training practices, particularly those which became apparent as they gained greater ongoing experience in their roles.

### **5.2      Manuscript 3**

The following manuscript has been published in a peer-reviewed journal. A printed copy of this publication is available in Appendix E as:

**Bohatko-Naismith, J., M. Guest, D. Rivett and C. James (2016). "Insights into workplace Return to Work Coordinator training: An Australian perspective." Work 55(1): 29-36.**

#### **5.2.1      *Abstract***

Following brief training, an Australian Workplace Return to Work (RTW) Coordinator is expected to provide information to the injured worker, liaise with key stakeholders and maintain workplace policies and procedures in accordance with legislative requirements.

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### ***Objectives***

The aim of this study was to provide insights into the experiences and perceptions of the Australian Workplace RTW Coordinator in relation to current training practices and to identify any existing inadequacies within the available training.

### ***Method***

Twenty-five workplace RTW Coordinators from five Australian states participated in six focus groups. Participants with a minimum of two years' experience as a workplace RTW Coordinator and involved with the development and implementation of workplace policies and procedures, were included in the study. Thematic analysis was performed to identify meaningful themes and patterns.

### ***Results***

The findings highlighted specific training requirements and additional support mechanisms recommended by current workplace RTW Coordinators. Four key themes clearly emerged: inadequate training; irrelevant content; the need for specialised trainers; and network support services.

### ***Conclusion***

RTW Coordinators require effective training and support to ensure the appropriate and timely delivery of services to all stakeholders involved in the RTW process. The results of this study may inform future training practices for RTW Coordinators.

## **5.3 Introduction**

One of the most important changes to unfold in the late 1980s to the Australian workers' compensation system was the shift from financial settlements for the injured worker to greater accountability of the employer to improve and actively

manage occupational health and safety in the workplace, with a particular focus on injury prevention (Harrison & Allen, 2003). As the implications of this change became evident for employers, especially the need to have this process managed within the workplace, the role of the workplace Return to Work (RTW) Coordinator evolved (Kenny, 1995). In line with this legislative obligation, employers began engaging the assistance of a RTW Coordinator to manage the workplace RTW process (Kenny, 1998b). International research has identified that the commitment and accountability of a workplace RTW Coordinator during the RTW process produces favourable outcomes (Franche et al., 2005b) such as a reduction in associated costs and a decrease in the duration of illness and disability (Shaw et al., 2008). The RTW Coordinator could be employed either full-time or part-time and often, an employee of the organisation would be nominated by the employer to assume the role whilst still engaged in their regular duties within the workplace. The primary function of the workplace RTW Coordinator is to provide information to the injured worker and to liaise with key stakeholders, in particular with the injured worker's treating doctor in assisting to negotiate suitable duties for early RTW (Kenny, 1995; Southgate et al.). Without all the necessary skills and knowledge required to successfully perform the role, this inadvertently began to place enormous pressure on the employee nominated to fill the position (Bohatko-Naismith et al., 2012).

The Australian workforce is comprised of approximately 11.5 million people with an estimated annual cost of \$60.6 billion in work-related injuries

(Australian Bureau of Statistics, 2013; Safework Australia, 2012). The Australian State and Federal governments are becoming increasingly concerned with regard to the growth in workers' compensation claims and the escalating cost of workplace injuries (Hallden, 2014; Safework Australia, 2012). Given the increasing demands on the workplace RTW Coordinator and the pivotal role



they play in the RTW process, it is arguable that closer examination is required to ensure the appropriate mechanisms are in place to support and promote ongoing education and innovation in training in the area of RTW. In the Australian context, jurisdictional differences exist in the duration and the content of the training provided to the workplace RTW Coordinator. Therefore, the aim of this present study was to highlight the experiences and perceptions of the contemporary Australian workplace RTW Coordinator in relation to current training practices, identify any deficiencies within these practices and inform future training programs.

## **5.4 Method**

This study used a qualitative phenomenological approach to explore the experiences and perceptions of individuals who share a common interest (Holloway & Wheeler, 2010). Focus groups were conducted with workplace RTW Coordinators which provided the participants an opportunity to interact and discuss each other's opinions, beliefs and attitudes (Krueger & Casey, 2009), and thus facilitated an insight into this topic of interest in greater depth (Bowling, 2002; Holloway & Wheeler, 2010). The focus groups were facilitated by one of the researchers (JBN) using an interview schedule that was informed and developed following a review of the literature (Krueger & Casey, 2009; MacEachen et al., 2006; Pransky et al., 2010; Shaw et al., 2008). This schedule was designed to prompt discourse about the training and attributes required to perform the role of a RTW Coordinator. Ethical approval for the study was granted by the University of Newcastle Human Research Ethics Committee.

### **5.4.1 Participants**

Purposive sampling was used to recruit RTW Coordinators from various workplaces in five Australian states (New South Wales [City and Regional],

South Australia, Queensland, Tasmania and Victoria). Participants were eligible for inclusion in the study if they were proficient in English and had a minimum of two years' experience working as a RTW Coordinator with a large or small organisation. In addition, experience with developing and implementing workplace RTW policies and procedures was required.

#### **5.4.2      *Recruitment***

Recruitment of RTW Coordinators into this study used several methods. Firstly, an advertisement requesting voluntary participation by RTW Coordinators was placed on a national RTW Coordinator website. This method achieved limited success; therefore, state-based RTW Coordinator professional interest groups were individually contacted to promote the study. A letter of invitation and information statement was provided to these groups to distribute to their members. The snowball technique was also used to recruit additional participants (Holloway & Wheeler, 2010). This approach involves asking the initial group of research participants to recommend others they may know in the target group for recruitment (Bowling, 2002).

#### **5.4.3      *Procedure***

Focus groups were conducted in New South Wales (in a regional centre and major city), and in Victoria and South Australia (in a major city) in person. To capture RTW Coordinators in Tasmania and Queensland, focus groups were conducted via teleconference. Kruger and Casey (2009) recommend conference call focus groups as a means of allowing participants who are geographically dispersed to contribute without the associated time burden and cost of transporting them to one location (Krueger & Casey, 2009). The duration of each focus group was approximately 1 - 1.5 hours or to the point of 'information redundancy' within the focus group. The size of the focus groups ranged from two to seven participants.

Written consent was obtained from all participants prior to commencement of the focus groups. Participants were also informed they could withdraw from the study at any time. The focus groups were recorded for accurate transcription.

#### **5.4.4      *Data analysis***

The focus group data was transcribed verbatim and imported into NVIVO 10 software (QSR International, Cambridge, MA USA) for analysis (QSR International, 2012). Pseudonyms were used to de-identify the participants and their organisations. Methods to promote trustworthiness within this qualitative study were implemented during data analysis. 'Peer debriefing' was employed as a strategy by two researchers (JBN, CJ) who analysed the data and together determined the categories that, in their collective views reported the experience of the participants. 'Thick description' was used to increase potential transferability (Holloway & Wheeler, 2010). Further techniques used to develop trustworthiness included dependability, credibility and confirmability (Kvale, 2007).

### **5.5      Results**

Focus groups were held across Australia with a total of 25 workplace RTW Coordinators. The RTW Coordinators in this study were employed by both small and large organisations and had varying backgrounds.

The participants reported a mean of 11.3 (SD 8.2) years of experience as workplace RTW Coordinators. They came from diverse organisations and represented a variety of professional backgrounds: work, health and safety; allied health; human resource management; and the workers' compensation insurance industry (see Table 1). Four significant constructs emerged from the focus groups: (i) inadequacy of training (ii) relevance of content (iii) the need for specialised trainers and (iv) access to network support services.

Table 5.1: Study Participants

State	Participants	Gender	Background
NSW (City)	4	1 male	2 clinical
		3 female	2 administration
NSW (Regional)	7	1 male	4 clinical
		6 female	2 administration
			1 other
South Australia	3	1 male	3 administration
		2 female	
Queensland	2	2 female	1 clinical
			1 other
Victoria	7	2 male	2 clinical
		5 female	2 administration
			1 other
Tasmania	2	1 male	1 other
		1 female	1 administration

### 5.5.1 *Inadequate training*

Although RTW Coordinator training does vary between the states in Australian, the experience and perception of the RTW Coordinators in relation to their current training practice was similar. During the focus group discussion, it became apparent that the RTW Coordinators in this study felt discontent with current training practices and were willing to share their views. The participants repeatedly emphasised the inadequacy of the current training provided for the role of workplace RTW Coordinator.

The participants agreed that current training is deficient and lacks relatively important information that can be required during the RTW process and which is unique to workplace RTW coordination. A number of comments from the RTW Coordinators echoed this sentiment; *'the training is not enough'...and 'it didn't teach me anything'* [Participant 18].

The RTW Coordinators agreed upon the importance of being trained and viewed it as a necessity, however it was suggested: *'If you follow the training you will never get them (injured workers) back to work'* [Participant 20].

As it stands, the duration of the training provided to the workplace Australian RTW Coordinator is variable and inconsistent between the states and territories (See Table 2). Also noteworthy is that the typical duration of training provided to Australian workplace RTW Coordinators is two days. The RTW Coordinators articulated their frustration that the length of the training was too short and highlighted the difficulty in assimilating the provided material in such a short time: *'The course was very brief'* [Participant 6]. *'...can't do it in 2 days'* [Participant 22], *'...you get 2 days and then you are on the job'* [Participant 13].

The intensity and the duration of the training left some RTW Coordinators confused, with one participant affirming they were *'sometimes left floundering'* [Participant 8], while another RTW Coordinator added *'...it is a matter of 'sink or swim – they throw you in the deep end'* [Participant 13].

Table 5.2: Current training provisions for Australian RTW Coordinators

Jurisdiction	Training length	Type of training and accreditation
Australian Capital Territory (WorkSafe ACT, 2013)		Not a legislative requirement
Comcare (Australian Government Comcare, 2014) (National System for the public sector)	1 day	Workplace Rehabilitation Provider
New South Wales (WorkCover NSW, 2013)	2 days 1 day	1. WorkCover approved training course 2. Advanced RTW coordination
Northern Territory (WorkSafe NT, 2014)		Not a legislative requirement
Queensland (Q-Comp The Workers Compensation Regulatory Authority, 2010)	3 days or 100 hours equivalent, legislated	Units of competency as per National Training Information Services (Vocational Education and Training Accreditation Board approved) *
South Australia (WorkCover SA, 2012a)	Length of training not specified	Run regular Rehabilitation and Return to Work Coordinator sessions: Level 1 training for low risk employers Level 2 training for all other employers
Tasmania (WorkCover Tasmania, 2010)	No specified time frame	3 units of competency from the Australian Qualifications Framework
Victoria (WorkSafe Victoria, 2010)	2 days recommended, not legislated	Training course developed and endorsed by WorkSafe Victoria
Western Australia (WorkCover WA, 2010a)	1 day 3 days	1. Injury Management for employers only 2. Two national units of competency

\*According to the Workers' Compensation and Rehabilitation and Other Legislation Amendment Act 2013 Rehabilitation and Return to Work Coordinators no longer require certification with the regulator (Queensland Government, 2003).

The RTW Coordinators cited the need for a review of the present training and suggested competency based training as a possible way forward. The participants highlighted the need for a more comprehensive course that would provide them with a broader range of skills and information. As participant 13 expressed; *'Competency based training – ...competency based training would be good.* Another participant added:

*If there was a review of the qualifications for RTW Coordinators – may need to look at the personal injury course' '...The personal injury course includes medical terminology, injury management... it is a comprehensive course – it is quite good'* [Participant 19].

### 5.5.2 *Relevant content*

In Australia, the content for the training is generally developed and distributed by the relevant regulatory authorities in the respective states and territories, with the training routinely presented by a trainer from the regulatory body or a registered training organisation. The RTW Coordinators in this study acknowledged that a sound knowledge and understanding of the legislation is imperative to assist the injured worker during the RTW process, while ensuring the needs of the employer are also being met. However, the participants began to express their frustration about the material presented in the training packages, with a particular concern expressed regarding the extensive time dedicated to legislative requirements. Indicative of this are comments about the content such as it is *'... legislative heavy'* [Participant 15]; and *'...lots of legislative jargon'* [Participant 23]. In addition, [Participant 9] added that it is *'...a blur as far as legislation goes'*. Given the duration of the training course, most RTW Coordinators in this study were of the same opinion and emphasised a need to reduce the volume of legislative content in the existing training packages.

Furthermore, the RTW Coordinators also felt that the current training content was '*...boring*' and '*...a bit of a chore to get through*' [Participant 1], and often '*...overwhelming*' [Participant 24],

The participants highlighted specific content they perceived as necessary to assist in facilitating the RTW process. These were identified as medical terminology, counselling skills and appropriate record keeping skills. Of the 25 participants, nine had allied health backgrounds. Essentially, the allied health professionals affirmed that an understanding of common medical conditions and medical terminology is desirable, and considered this knowledge beneficial when liaising with other stakeholders in the RTW process. The participants without health backgrounds strongly agreed that having an understanding of medical terminology would allow for clearer communication with other stakeholders and most importantly provide them with a greater understanding of injuries, as well as assist them with reading medical reports. As one RTW Coordinator highlighted; '*...you need a strong understanding of medical/legal issues*' [Participant 22]. [Participant 3] further added '*What I struggled with mostly was I had no medical background*'. One comment on medical terminology included; '*...you need to read x-ray reports – I Google them*' [Participant 18], with another participant adding; '*You need to know your fractures*' [Participant 23]. In addition, the participants highlighted the necessity for a general comprehension of medical terminology and common conditions associated with injured workers, and strongly recommend that this be included should the current training be reviewed.

Participants in this study proposed counselling skills as an important skill required for managing injured workers. Comments such as ... '*Counselling skills are required... we are dealing with people's lives*' [Participant 22]. Most participants agreed that '*some basic counselling skills are required*' [Participant 4 & 16].



### 5.5.3 *Specialised trainers*

Many of the RTW Coordinators in this study were unhappy with the trainers engaged to present the training. They emphasised the necessity for the trainer to have relevant experience and skills in the specialised area of RTW before presenting the training. As one RTW Coordinator stated; *'...our trainer read directly from the book – no idea'* [Participant 10], while another participant highlighted; *'...training should be presented with someone who has the skills'* [Participant 21]. Based on these reports from the RTW Coordinators, the current training can be perceived as *'overwhelming,'* which is arguably a concern given that one participant declared; *'.... some trainers condense it into 1 day'* [Participant 13].

According to the RTW Coordinators in this study, there is indeed a necessity to engage an experienced trainer in the unique area of RTW coordination. Notably there were some RTW Coordinators that found their trainers to be competent in their ability to translate the information at hand to the workplace by way of direct example. The participants who were trained by trainers more experienced in the area of RTW acknowledged the training was generally productive and meaningful. One such RTW Coordinator had this positive comment; *'...the 2 days training was excellent because of the facilitator'* [Participant 10]. Similarly, another participant added;

*'...I had a great trainer that was very experienced and he gave a lot of examples on the day, which made it come alive and really helped people with the training'* [Participant 2].

Given the complexities and the specialisation in the area of RTW, it would be reasonable to expect the trainer to be experienced and knowledgeable regarding the intricacies of the RTW process.

#### 5.5.4 *Network support services*

Several workplace RTW Coordinators proposed the idea that regular networking workshops would be valuable to ensure currency of knowledge and skills. As [Participant 14] stated; *'...we need up-skilling workshops to talk about new ideas'*.

Access to a mentor was suggested by the participants as a means of support for novice workplace RTW Coordinators. Newcomers to the role encountering complex issues require guidance and support to ensure continuity for the injured employee during the RTW process. Mentors could potentially provide valuable insight and experience to novice RTW Coordinators and those working in smaller organisations who infrequently encounter workplace injuries. As one of the RTW Coordinators suggested; *'... a mentoring system is excellent - ring someone for support'* [Participant 11].

Collectively, the participants concurred that most skills for this role are usually acquired 'on the job' while engaging in the RTW process. A number of participants in this study highlighted and acknowledged the support they received from other, more experienced RTW Coordinators at their workplace and expressed gratitude to their co-workers for their assistance. As [participant 12] stated; *'it's mostly on the job experience'*.

The participants agreed that a group support network was a necessity in the specialised and often complex area of RTW. The fundamental notion of supporting each other through a network group meeting was identified as essential. As [Participant 14] added; *'...one full day at networking with others – helping each other'* would be desirable for support.

### 5.6 Discussion

The aim of this study was to highlight the experiences and perceptions of the contemporary Australian workplace RTW Coordinator in relation to current

training practices, and to identify any deficiencies in the training which could potentially inform future training programs.

Many RTW Coordinators in this study expressed their concerns about the current training practices and affirmed that it is in need of review. For Australian RTW Coordinators to be optimally prepared to facilitate the RTW process successfully, their training should be informed by those engaged in this specialised area to ensure that the most relevant content is being delivered. Internationally, it has been identified that much of the training content is leaving RTW Coordinators without sufficient guidance and understanding of the necessary attributes required to be successful in this role (Pransky et al., 2010). A literature review by Shaw et al. 2008 (2008) describing the role of the RTW Coordinator, identified that there was meagre information on the specific knowledge and skills required for success in this role. Research supports the engagement of a workplace RTW Coordinator citing significant cost savings in workers' compensation and productivity costs, along with a reduction in workplace illness and disability (Franche et al., 2005b; Tompa et al., 2008). This current study aimed to initiate the process of identifying some of the knowledge and skills required by Australian workplace RTW Coordinators using their experiences to obtain the specific requirements for success in the role. Recognising the inadequacies in the Australian RTW Coordinator training programs and addressing these could lead to more favourable outcomes for both the injured worker and the community welfare system as a whole.

Internationally, competency-based training is being considered and promoted as a means of better meeting the training needs required for the role of the RTW Coordinator (Pransky et al., 2010). In Canada, the National Institute of Disability Management and Research (NIDMAR) has developed a competency based Certificate in Disability Management for RTW Coordinators to ensure those

entering the profession are adequately prepared for the role (Westmorland & Buys, 2004). The development of this type of educational training program for RTW Coordinators was supported by several Canadian studies (Pransky et al., 2010; Shaw et al., 2008). Australian workplace RTW Coordinators in our research similarly highlighted the need for the delivery of a more competency-based training program. Recently a study in Canada proposed that RTW Coordinators formal knowledge underpin the core competencies that are unique and specific to the role (Pransky et al., 2010). Pransky et al. (2010) highlighted the highest rated competencies which are; maintaining confidentiality, ethical practices, responding in a timely manner, and demonstrating good organisational and planning skills. Additionally listening and communication skills (Kirsh & McKee, 2003), the ability to be approachable and relate well to others, be able to instil trust, focus on important issues and effectively problem solve were also recommended. These findings have significant implications for the development of contemporary training programs for RTW Coordinators in Australia and elsewhere.

The content of the training was described by RTW Coordinators as ‘heavily’ legislatively based and they concurred that the duration of the training component related to legislation far exceeded their requirements. In the Canadian context, Pransky et al. believe knowledge about workers’ compensation practice, legislative requirements, workplace policies and procedures is advantageous for the RTW Coordinator and recommend acquiring this important information through formal course work (Pransky et al., 2010). Furthermore, Shaw et al. add that having this knowledge is important for a RTW Coordinator’s credibility with other stakeholders (Shaw et al., 2008). The participants in this study also voiced that having knowledge and understanding of workers’ compensation and the associated legislative requirements is critical

for facilitating a smooth RTW for an injured worker, but instead recommend a more balanced approach to this topic.

The professional background of the RTW Coordinator varied in this study. Nine of the 25 participants had an allied health background and this was identified as being beneficial for reading medical reports, identifying suitable duties and for liaising with other allied health professionals and the treating doctor. Those without knowledge of medical terminology felt disadvantaged when interpreting medical documents. It remains unclear what specific aspects of medical terminology are required by RTW Coordinators, however Shaw et al. (2008) identified that understanding medical conditions may provide the RTW Coordinator with realistic expectations for the injured workers' recovery and assist in communication with the injured worker, treating doctor and other stakeholders (Shaw et al., 2008). Consideration is required when developing a training program to ensure such competencies as medical terminology are included.

In this study participants also noted that counselling skills were an important competency for assisting injured workers during the RTW process. In Australia most RTW Coordinators are employees of an organisation and have an existing closeness with some of their co-workers. This familiarity and the nature of the role, potentially expose RTW Coordinators' to their co-workers vulnerabilities following a workplace injury (Bohatko-Naismith, James, Guest, & Rivett, 2015). A recent review of the role of the Australian workplace RTW Coordinator highlighted listening skills as an essential quality, and particularly having the ability to listen very closely to what the injured workers are saying or not saying.

Noteworthy is that from an international perspective, counselling skills were not recognised per se, however there was an emphasis on the RTW Coordinators maintaining positive communications and active listening skills among all

stakeholders in the process (Gardner et al., 2010; James et al., 2014). The Australian Institute of Professional Counsellors identifies listening and communication skills as specific and fundamental competencies required for counsellors (Australian Government, 2015). The participants also highlighted record keeping as an important component of the RTW process to ensure the distributions and accuracy of information to all of the stakeholders. Gardner et al. consider these skills and add effective time management as necessary for the engagement of all stakeholders (Gardner et al., 2010). Counselling skills and record keeping are critical components of the RTW Coordinator role and guidance on these aspects should be included in the content of the training.

Trainers with direct experience in the RTW process should deliver the training program. Possessing an understanding of the complexities of the RTW process and the potential barriers RTW Coordinators may encounter, is considered important when teaching and providing paradigm case studies during the training program (Guthrie, 2009).

Continuing education / professional development is an important component of many recognised professionals to ensure they maintain currency and build on existing skills (Occupational Therapy Board Australia, 2014). The RTW Coordinators in this study identified the importance of continuing education and suggested mentoring as a mechanism to assist novice RTW Coordinators to provide them with ongoing support and reassurance (Bohatko-Naismith et al., 2015). This is consistent with international research in which mentoring is recognised as an important factor in acquiring more specific skills in the field of workplace RTW Coordination (Pransky et al., 2010). Pransky et al. (2010) suggest that acquiring experience and reinforcing certain skills is a positive element of mentoring .

Networking groups are identified as one method of providing regular ongoing support to professionals (Blickle, Witzki, & Schneider, 2009). In this study the RTW Coordinators suggested networking groups as a positive means for the exchange of ideas and for bringing together a group of professionals that share a common interest to learn and support ongoing learning.

## **5.7 Limitations**

The views expressed in this study are those of some current workplace RTW Coordinators in Australia and it may not be typical of all workplace RTW Coordinators. Although a modest sample of RTW Coordinators participated we were able to capture and represent the views of RTW Coordinators from each state where such a role exists. Due to geographical dispersion some of the focus groups were conducted via teleconference, but this may have potentially precluded the moderator from observing any nonverbal communication between the participants (Krueger & Casey, 2009).

## **5.8 Conclusion**

The aim of this study was to highlight the experiences and perceptions of workplace RTW Coordinators and provide a foundation for informed discussion regarding current training practices available for RTW Coordinators in Australia. The RTW Coordinators suggested that a more extensive training program is required, with a review of the current training to ensure RTW Coordinators are being provided with relevant content to support them in their role. Emphasis on experienced professional trainers to deliver the training was deemed a necessity for productive and meaningful training.

Essentially RTW Coordinators agreed that professional networking groups and mentors would provide continuity and support for those specifically employed

in the role and in particular, for smaller organisations that may not have internal support mechanisms nor experience the extent of injuries that present themselves at larger organisations. Future research could focus on identifying the relevant competencies required by the workplace RTW Coordinator to ensure they have the relevant training to assist injured workers to RTW. Further, given the paucity of research on the topic of the RTW Coordinator training, future studies should also attempt to replicate the findings of the present study to further validate the conclusions. The findings of this study may have important implications for policy makers, regulators and employers, with better training of RTW Coordinators potentially leading to decreased workplace disability and thus lower costs for the workplace and the community.

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### **Declaration of interest**

The authors report no declaration of interest.

## **5.9 Chapter Conclusion**

This chapter explored the suitability of current training practices from the perspective of the Australian workplace RTWCs. The RTWCs emphasised the importance of possessing certain skills and knowledge so they can confidently assist an injured worker return to work in a timely and successful manner.

Additionally, the participants in this study highlighted key competencies that are currently absent from the available training practices. The findings of this study indicate the need for more research in this area, specifically in the Australian



context, with a focus on identifying the relevant competencies, knowledge and skills required by a workplace RTWC to ensure they are proficient in the return to work process. The previous study, (Chapter 4) also highlighted the need for specific selection criteria required for the role of the workplace RTWC including certain personal traits and characteristics identified as necessary by the participating RTWCs. While these insights into the inherent role requirements and the appropriateness of the current training available to workplace RTWCs are valuable, they only form one perspective from one stakeholder in the return to work process. The following chapter provides perspective from arguably the most important stakeholder in the RTW process, the injured worker, and explores the experiences of injured workers in Australia with their workplace RTWC.

## **CHAPTER 6      THE INJURED WORKERS' EXPERIENCE AND RELATIONSHIP WITH THE AUSTRALIAN WORKPLACE RETURN TO WORK COORDINATOR**

### **6.1      Chapter Overview**

The two previous chapters have discussed the specific characteristics, traits and training required to effectively perform the role of the workplace RTWC from the perspective of the RTWC. In the study described in this chapter, injured workers were interviewed about their experiences with workplace RTWCs in order to provide another key perspective regarding the inherent attributes needed for the role, and also necessary aspects to be included in the training of workplace RTWCs. The injured worker is the primary stakeholder in the RTW process, and this chapter provides them with a voice regarding their experiences and relationship with the workplace RTWC.

### **6.2      Manuscript 4**

The following manuscript has been submitted for publication in a peer-reviewed journal as:

**Bohatko-Naismith, J., C. James, M. Guest and DA, Rivett. "The injured workers' experience and relationship with the Australian Workplace Return to Work Coordinator."**

#### **6.2.1      *Abstract***

##### ***Purpose***

This paper provides insight into the injured worker's perspective of experiences with their workplace Return to Work Coordinator (RTWC), and explores some of the barriers they encountered in the return to work process.

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### *Design/methodology*

Semi structured interviews were conducted with ten injured workers from New South Wales, Australia. Thematic analysis of transcripts was completed.

### *Findings*

The findings provide an insight into the experiences of injured workers and their relationship with RTWCs. Five key themes emerged from the data; i) Return to work experiences and the RTWC role, ii) high turnover and lack of consistency in the role iii) RTWC “ideal”, knowledge and skills iv) communication skills and the RTWC role and v) GP visits privacy and conflict of interest with peer RTWCs.

### *Practical implications*

The role of the workplace RTWC in the return to work process for injured workers is important and these findings are highly relevant to the return to work sector. Consistency within the role at the workplace and careful consideration of the specific traits and characteristics required by an individual to perform the role need to be observed during the selection process by employers when appointing a workplace RTWC to assist injured workers return to work.

### *Originality/value*

This is the first Australian study to examine perceptions and experiences of injured workers about the workplace RTWC and other factors that shape the return to work process.

**Keywords:** Return to work coordinators, disability managers, injured workers, qualitative research, return to work

## **6.3 Introduction**

Returning to work is an important progression in the recovery of an injured worker. In Australia, the return to work process is regulated through the

workers' compensation system at the Commonwealth, Federal and State Government level. The responsibility to ensure workers' compensation legislation is implemented and enforced lies with each state or territory jurisdiction (Williams & Westmorland, 2002). The premise of all Australian workers' compensation schemes is to reduce costs by intervening early following injury, and seeking to maximise the opportunity for a worker to return to employment (Howe, 2015).

In 1987, noteworthy changes occurred to the New South Wales (NSW) Workers' Compensation Act. These changes shifted the focus from litigation and financial settlements for injured workers by emphasising the need for rehabilitation in the workplace. In turn, this placed the onus on the employer to establish policies, procedures and workplace programs to assist the return to work of an employee following an injury (Kenny, 1998a). A further initiative resulting from changes to the Act was the introduction of the workplace Return to Work Coordinator (RTWC) (Kenny, 1998c) to support injured workers during this process.

While international comparisons may be problematic due to differences and variances in nomenclature there are some similarities with the principal activities of Canadian RTWCs. (Westmorland & Buys, 2004). However, in Canada this role is responsible for disability management (DM) which is not commonly used in Australian workplaces. In Canada, the term DM encompasses a wide range of interventions such as claims management, case management, vocational rehabilitation and benefits management (Westmorland & Buys, 2004). Some of the principle undertakings of RTWCs in NSW are somewhat comparable to the Canadian counterparts such as the facilitation of RTW for the injured worker and the development of RTW plans (Pransky et al., 2010).

In New South Wales, a RTWC is defined as "an employee nominated by an employer, whose principal role is to support injured workers as they recover at

work” (State Insurance Regulatory Authority, 2016a). Employers with 20 or more employees are required to nominate a workplace RTWC whose primary role is to assist the employer by liaising with key stakeholders, negotiating suitable duties and providing the injured worker with relevant information. The workplace RTWC can be employed in a part-time or full-time capacity, and under certain circumstances may be shared with other employers to oversee their injured workers (State Insurance Regulatory Authority, 2016a). In most Australian states RTWCs undertake a basic two day training course and are expected to understand the legal and personal complexities involved in returning an injured employee to work (Bohatko-Naismith, Guest, Rivett, & James, 2016; State Insurance Regulatory Authority, 2016a). Furthermore, they are expected to guide the injured worker unreservedly through an inherently adversarial process (House of Representatives Standing Committee on Employment and Workplace Relations, 2003; RMIT School of Management, 2008; Roberts-Yates, 2006).

The role of the workplace RTWC in NSW includes but is not limited to; assessing the workplace, facilitating communication among stakeholders and preparing the injured worker for transitional duties (State Insurance Regulatory Authority, 2015). When an employee sustains a workplace injury at their workplace it should be a relatively straightforward process for the injured worker under the guidance of a trained and competent RTWC (Kenny, 1998c). However, injured workers often encounter various obstacles as they make their way through the return to work process (Shaw et al., 2008). While many recover from their injuries and return to work in a relatively uncomplicated manner, MacEachen and colleagues argue that others can experience extraordinary difficulties and barriers as they slowly lose control over their work, personal and social lives (MacEachen, Kosny, & Ferrier, 2007).

Conversely, an injured worker’s hostility and frustration with both the workers’

compensation system and the return to work process can commence from the time of the injury or claims lodgement, and can be present throughout the entire process (Roberts-Yates, 2006). The adversarial nature of the workers' compensation system along with input from other stakeholders, often sanction a return to work for injured workers well before they are deemed fit by their GP. It is often at this point that tension and conflict begin to occur between the injured worker and the employer and also between the GP and the employer (Strunin & Boden, 2000).

Similarly, MacEachen and colleagues reported that further problems may arise when employers are not able to, or are unwilling to provide suitable duties for the injured worker (MacEachen, Kosny, Ferrier, & Chambers, 2010; Seing, MacEachen, Ekberg, & Stahl, 2014; Strunin & Boden, 2000). Under reporting of injuries is becoming more frequent in many jurisdictions, with many injured workers suggesting they were frightened of being viewed negatively by their employers if they declared their injury (Lippel, 2012). A negative response of this nature from the employer can generate a sense of being undervalued and a feeling of being discarded by the injured worker (Sager, 2005). Providing meaningful or useful suitable duties is a key factor in the return to work process (Westmorland et al., 2005). Research highlights the importance of an injured worker re-engaging with the workplace following an injury, with the support of a competent workplace RTWC and a meaningful return to work plan (Lane et al., 2018; Shaw et al., 2008). The return to work plan requires consultation between the injured worker, the GP and the RTWC, and needs to be compatible with the injured worker's projected recovery time (Young et al., 2005).

Injured workers report during the return to work process they endure a loss of self-esteem and identity, a loss of control over their life, and feelings of shame, anger, stress, guilt, anxiety, self-blame and depression (Roberts-Yates, 2003a).

Furthermore, dealing with conflict both outside the workplace and within the workplace, and having to justify the genuineness of their injury can diminish an injured worker's self-value and add to their feeling of helplessness (Lippel, 2012; Roberts-Yates, 2003a; Strunin & Boden, 2000).

It is proposed that the coordination of the return to work process by a workplace RTWC can help address some of the problems encountered by the injured worker and potentially produce a more favourable outcome for injured workers (Foreman et al., 2006; Franche et al., 2005b; Gardner et al., 2010; Southgate et al.). It is therefore important to obtain a clearer understanding regarding the engagement between the injured worker and the workplace RTWC which can help inform the RTWC role and the selection of suitable persons to be RTWCs. This can shape appropriate training programs to meet the needs of the RTWC and the injured worker. This study aimed to provide an insight from the perspective of the injured worker in relation to their experiences with their workplace RTWC, and to explore some of the barriers they may encounter during the return to work process.

## **6.4 Methods**

A qualitative study was conducted to gain an understanding of the relationship between the injured worker and the workplace RTWC (Holloway & Wheeler, 2010). Ethical approval for the study was granted by The University of Newcastle Human Research Ethics Committee.

### **6.4.1 *Participants / Recruitment***

Purposive sampling was used to recruit injured workers from the Hunter, Upper Hunter and Central Coast regions of NSW, Australia. This method of sampling identifies participants who are able to provide rich, in-depth information on the topic being investigated (Liamputtong, 2014). The inclusion criteria for this study

were as follows: i) individuals over 18 years of age who sustained a workplace compensable injury between 2010 and 2014 ii) and reported contact with a workplace RTWC from the time of the workplace injury, iii) English speaking and iv) capable of giving informed consent.

To recruit participants a community call announcement for injured workers was placed with a local radio station requesting voluntary participation in the study. Three people responded to the community announcement. Subsequently snowball sampling was used to recruit participants (Holloway & Wheeler, 2010). This involved the initial group of research participants recommending others they knew in the target population for recruitment (Bowling, 2002). Snowballing recruited a further seven participants (Holloway & Wheeler, 2010). In total ten participants contacted the researcher by telephone or email expressing interest in the study. At this point a suitable time was arranged to conduct the interview. All participants were mailed or emailed an information statement about the research and a consent form to participate which they returned at the interview.

#### **6.4.2      *Data collection***

Data were collected using semi-structured interviews. The interviews ranged from 30-40 minutes, allowing sufficient time for the topic to be explored. Each interview included a pre-determined set of open questions designed to prompt discussion. This provided uniformity and allowed the interviewer to explore particular responses (DiCicco-Bloom & Crabtree, 2006; Liamputtong, 2014). The interviews were conducted at various facilities of the University of Newcastle and local public libraries between August 2015 and January 2016. The qualitative interview data were audio recorded and transcribed verbatim. Within the interviews, injured workers were asked to describe their experience with their workplace RTWC. The interviews were facilitated by one of the researchers (JBN) and explored the participant's experiences and perception of their RTWC



following a workplace injury. Prior to the commencement of the interview, written consent was obtained from each participant following discussion of any questions or concerns with the researcher. Participants were informed that they could withdraw from the study at any time and also withdraw their data. Participants were also given the option to cease the interview at any stage, however all participants completed the interview despite the sensitive nature of the topic. Issues of confidentiality and anonymity were discussed and participants were further informed that the interview would be recorded for accurate transcription.

### **6.4.3      *Data Analysis***

Data analysis commenced upon completion of all interviews. An inductive approach was used to analyse the data. Initially, two researchers analysed the data and identified codes and categories which best described the experience of the participants (Holloway & Wheeler, 2010).

A key method to evoking insight and developing meaning is reflexive iteration (Srivastava & Hopwood, 2009). During this iterative process the researchers reviewed and re-reviewed the data to connect them with the emerging insights, which progressively led to a more refined focus and understanding of the data. The codes were then categorised into initial themes, and finally redefined into five key themes. During this process trustworthiness was established with peer debriefing. In addition, participants were given the option of member checking their transcripts to ensure participant validation as a method of exploring the credibility of the results (Birt, Scott, Cavers, Campbell, & Walter, 2016). However no participant accepted the invitation.

## 6.5 Results

Semi-structured interviews were held with ten injured workers over the age of 45 from the Hunter, Upper Hunter and Central Coast regions of NSW, Australia.

Table 1 describes the demographic characteristics of individual participants.

Table 1: Participant characteristics

Participant pseudonym	Age	Gender	Type of workplace	Reported injury
Albert	52	Male	Manufacturing/metal	Lacerated hand
Bella	71	Female	Health	Fractured patella
Carol	45	Female	Education	Repetitive strain injury to elbow
Deidre	47	Female	Retail	Non-specific lower back injury following a fall
Eliza	53	Female	Retail	Damage to disks in neck
Frances	49	Female	Retail	Sprained thumb/complex regional pain syndrome
Glenda	61	Female	Education	Non-specific knee, neck and lower back injury following a fall
Helen	56	Female	Retail	Non-specific shoulder injury
Ian	49	Male	Health	Psychological stress
Jane	50	Female	Education	Damage to nerves in neck

To protect the anonymity of the participants, pseudonyms were used (Australian Securities Investment Commission, 2013). All ten participants in this study had returned to work in some capacity. Although the role of the RTWC is key to the process of return to work, some reported that they had gone through the process without the support of a consistent workplace RTWC and some perceived the workplace RTWC to be incompetent. Most cited financial necessity as the reason for their return to work.

Analysis of the data identified five key themes that emerged from the injured workers' experiences with the workplace RTWC. These themes included the; i) Return to work experiences and the RTWC role, ii) high turnover and lack of consistency in the role iii) RTWC "ideal", knowledge and skills iv) communication skills and the RTWC role and v) GP visits privacy and conflict of interest with peer RTWCs.

### **6.5.1      *Return to Work experiences and the RTWC role***

Eight of the participants found the return to work process to be unpleasant and difficult to manage without support from a workplace RTWC, with one participant very reluctant to report her injury;

*'...I did not want to be part of the process, it is a quagmire, unpleasant, getting caught up in the system... RTWCs are necessary in the process, who else would advocate for the injured worker?...I would not have managed the process on my own, I would still be caught up in it!'* (Carol).

Seven participants expressed how saddened they were by the lack of support from their RTWC and indicated that the absence of this support often caused delays in their timely return to work. Many of the participants in this study experienced various difficulties with their RTWC following their workplace injury, and clearly expressed this at the interview. This included reporting that their RTWC was *unsupportive, inexperienced and apathetic*.

Both Deidre and Eliza reported their experiences with feeling unsupported by their workplace RTWC and stated;

*'...she never came down on the floor to see how I was going either...not once has that woman come down to see how I'm handling the jobs'*(Deidre).

*'When I first injured myself ah, there was nothing, and I don't mean to sound rude, but none one of them wants to do the job...she was a checkout chick...and now she's my RTWC... Ah quite honestly, you've used words like support. I would never have used a word like that' (Eliza).*

Two of the injured workers in this study reported that they felt that they had no alternative but to turn to their legal representative for support. As reported by Ian; *'If I've wanted to know a question, I'll be honest, I ask my lawyer'.*

With Helen adding;

*'I would ring my lawyer up...and he tells me more than what – what the – they've ever told me'.*

Notably, two of the participants in this study found the experience of returning to work to be a positive one due to the positive experience with the RTWC with Bella and Albert stating;

*'My RTWC was very clear about the boundaries that we're working within...she had empathy but she also had knowledge...she had understanding...she had to, to be able to be a good RTWC' ... I guess, I guess just that I was lucky... I think I was one of the lucky ones. I think I had a good RTWC' (Bella).*

*'...I never had any problems whatsoever throughout the whole process you know...I never had a bad experience... (name) is a nice person' (Albert).*

### **6.5.2 Repeating my story: High turnover and lack of consistency in the RTWC role**

The participants came from various occupational backgrounds with eight of the injured workers employed by large organisations (>50 employees) and two employed by smaller organisations (<50 employees). Participants within the large organisations highlighted the difficulties of having a manager appointed as

their workplace RTWC because managers could be transferred internally to another location. This was a common experience among the injured workers employed by large organisations, with six of the eight participants reported having more than one RTWC during the return to work process. Frances described how this 'high turnover' (of managers) resulted in *'having to repeat your story for every new manager...the previous manager's good, new managers not interested, no support'*.

The participants reported that this caused increasing frustration due to having to repeat their experience and stories to a newly appointed workplace RTWC. Some expressed negative sentiments about the person who had been appointed to the role in their respective workplace. Helen reported that during her return to work she;

*'...had so many (RTWCs) I never knew who was going to be my work coordinator the next week or the next month...I was going through hell with this (name) who was my RTWC...he put me through hell...he was so rude, no manner about him or nothing, and what he said was blunt and straight forward, no feeling, no nothing...it got to the stage where I was scared to go to work if he was there'.*

The participants in this study agreed that there is a need for careful selection when appointing a workplace RTWC to assist injured workers return to work.

### **6.5.3      *Return to work Coordinator "ideal", knowledge and skills***

Participants were asked for their perception of an ideal workplace RTWC. Having considered this in relation to their experiences with the workplace RTWC, injured workers identified certain characteristics they felt the RTWC needed to possess. This was further highlighted by comments from some of the participants in this study;

*'...workplace RTWC need to be...emotionally supportive, understanding, and that sometimes someone that's been through the system themselves isn't such a bad thing...they should be schooled and tested on the knowledge of the legislation, the Act...'* (Ian).

*'My RTWC did not understand why the employer treated me so bad...the RTWC was shocked by the way management treats injured workers' (Frances).'*

Bella recognised that her positive experience was due to her workplace RTWC and noted that;

*'My RTWC should be cloned' adding '...as well as having empathy and people skills and the ability to be able to relay right at the beginning what the return to work process will be and also what the insurance company actually expects'.*

RTWCs require the necessary skills, diplomacy and determination to negotiate within organisations and with stakeholders, such as employers who may hinder a successful return to work.

#### **6.5.4      *Communication skills and the Return to Work Coordinator role***

The injured workers identified communication as often being problematic between themselves and the RTWC. Some participants reported that they were reluctant to approach their workplace RTWC to ask for assistance or to discuss their situation, commenting that they would often responded to abruptly or simply be dismissed by the RTWC, due to the perceived lack of interest in engaging with them.

In many organisations;

*'...communication with the RTWC would often depend ... sort of what mood she (RTWC) was in on the day...she didn't have time to be interested' (Eliza).*

The participants also reported experiencing difficulties when attempting to communicate with their workplace RTWC, with one participant stating; *'...communication was...minimal and basic'* (Glenda). While others recalled their experiences with communication as;

*'...one off is our communication. I – I sit and listen (Frances), and as Helen reports; 'I would like to see someone that actually listens, face-to-face, and takes at least some of it in, you know'.*

Often a workplace RTWCs is appointed to the role by their employer and may not have the essential qualities and traits required to successfully manage the return to work process for the injured worker.

#### **6.5.5      *GP visits privacy and conflict of interest with peer Return to Work Coordinators***

In Australia, a workers who sustains an injury is able to nominate their treating doctor, and in most cases and as a matter of convenience choose their family GP to assist in the management of their treatment (Mazza et al., 2015; Russell, Brown, & Stewart, 2005). Generally, a typical consultation with a GP is considered highly confidential to help ensure the utmost privacy for a patient. However, during the return to work process workplace RTWCs can request to attend GP consultations with an injured worker. This is because regular consultations with the GPs are required to gain medical certificates that identify and detail any recommended work restrictions for the injured worker.

During the interviews, participants discussed issues that often occurred when attending medical appointments with their workplace RTWCs. Some of the participants in this study reported being forced to forfeit their right to privacy and confidentiality with their family GP, as their workplace RTWC insisted on attending their medical appointments. As one participant stated;

*'GP visits are private...for discussion with the GP, venting frustrations within the workplace and things like that so I think if she (RTWC) was sitting next to me it would be really uncomfortable...'(Jane).*

Other participants were of the opinion that it was a reasonable request and had no objection to their workplace RTWC attending their medical appointments. One participant added that *'it just adds that extra level on pressure'* (Bella).

Even if the injured worker was open to the idea of the workplace RTWC attending their medical appointments it was not without some complications.

*'...some days I'd go by myself, they wouldn't even turn up, they'd tell me they'd turn up and they wouldn't'* (Helen).

*'Every time I've said, "I'm going to the doctor's this week; are you ready to come with me?" "Yeah, yeah, I'll come". I get a phone call the next –the day before, "I can't make it," or "I'm not going to come..."'* (Frances)

Following their injury, a return to work plan was prepared for most participants by their workplace RTWC. For some the return to work plan was clear and concise and assisted in timely return to work.

*'...it (RTW plan) was reviewed every time there was a new doctor's certificate'* (Bella).

For other injured workers it was reported that their RTWCs often failed to adhere to the workplace return to work plan, with one injured worker commenting on their negative experience with the RTWC.

*'You (RTWC) wrote this plan out, I'm trying to stick to it because you got up me the other day, dragged me up to the office and...said that if I couldn't do the job that I might as well leave or cut my hours back or you'd make it hard for me...I'd come back and I'd*



*be in tears and crying and everything, so then it got to the stage where the plan went out the door because he would tell me what to do and dictate to me...*' (Helen).

Another participant also commented that her RTWC failed to provide her with any support with her return to work plan...*'She (RTWC) just said, here you go, read it and sign it...'* (Deidre).

Notably all participants in this study were working at the time of the interviews either on suitable or normal duties, however some of them were disillusioned with their suitable duties and the way they were determined. For some injured workers, suitable duties were short-lived or even non-existent depending on the workplace or the RTWC.

*'The RTWC ignored the GPs advice, I am at home with no contact from the RTWC awaiting suitable duties...Having been on suitable duties and now suddenly there are no suitable duties...? ...because the RTWC decided there were no suitable duties' ...so they asked me to use my sick leave to prevent paying me, I said no'* (Helen).

*'Management say no suitable duties for me, yet other injured workers have suitable duties?'* (Ian).

Under the NSW legislation employers must provide injured worker with suitable duties (State Insurance Regulatory Authority, 2017) however, identifying suitable duties for an injured worker may present with some difficulties when a small organisation has more than one injured worker on suitable duties.

## **6.6 Discussion**

This is the first Australian study to examine the perceptions and experiences of injured workers about workplace RTWCs and how they impact upon the return to work process. The insights from the injured workers in this study highlight broad areas of concern. These findings build upon other studies which recognise

the importance of a workplace RTWC during the return to work process (Lane et al., 2018; MacEachen et al., 2006; Shaw et al., 2008). The current study indicates that while the intention of the RTWC role is to facilitate the return to work process, a lack of personal qualities valued by injured workers can act as a barrier to the process. These findings indicate that despite the important role played by the RTWC in facilitating the rehabilitation process, they may be perceived by the injured worker as inexperienced, unsupportive and possess poor communication skills. Previous research indicates injured workers respond positively to RTWCs who meet their needs, address any concerns that may have with respect and support, and provide relevant information about the return to work process (Shaw et al., 2008). It has been well documented that the support of an appropriately trained RTWC can produce positive outcomes for a worker following a workplace injury (Bohatko-Naismith et al., 2016). Indeed the participants in this study who reported a positive return to work experience were guided throughout the entire return to work process by the same workplace RTWC. However, workers in larger organisations reported having to work with a series of RTWCs when there is a high turnover of staff. This appears to exacerbate issues such as privacy and conflict of interest, particularly if the RTWC is also in a management supervisory role. Within the present study those who reported a positive relationship with the RTWC had experienced consistency, with the RTWC role being occupied by one person for the duration of their return to work.

The findings from this study support previous work that highlighted the importance of careful recruitment of a RTWC to ensure the selection of someone who can effectively and successfully manage the return to work process (Bohatko-Naismith et al., 2015; Pransky et al., 2010). In particular, the findings from the previous studies indicate the importance of specific qualities such as empathy, compassion and friendliness (Bohatko-Naismith et al., 2015) of those

appointed to the role of the workplace RTWC, because such qualities facilitate a safe and sustainable return to work for the injured worker (Ahlstrom, Hagberg, & Dellve, 2013). The experiences conveyed by the injured workers suggest that more effort is needed during the selection process to ensure an individual with the appropriate inherent inter-personal attributes and skills is engaged to manage this complex process. While inexperience and a lack of knowledge about the process may be inevitable for newly appointed RTWCs, this can be largely overcome by providing consistent suitable training to ensure that they have the knowledge and the competencies to help injured worker navigate the return to work process (Lane et al., 2018).

Although the role of the workplace RTWC is considered to be key in the return to work process, the current study's findings indicate that in many workplaces there is a high turnover of RTWCs. This may suggest that the role is not being prioritised or supported by employers and/or that the role is often secondary to other work duties (WorkCover NSW, 2014). The lack of priority given to the role of workplace RTWC may account for the cancellations of appointments, failure to attend pre-arranged appointments, and the lack of availability to provide updates as noted by the injured workers in this study. Employers need to provide the necessary support to current workplace RTWCs to ensure they prioritise this role to ensure the safe and effective return to work of injured workers.

The issue of excessive turnover in the RTWC role was recently highlighted in another Australian study (RMIT School of Management, 2008), which reported that a high proportion of workers were unaware of who was their designated workplace RTWC. The impact of having multiple RTWCs upon return to work outcomes needs further investigation specifically to consider how this impacts on injured workers with complex injuries who may have longer durations of recovery, longer claims and longer duration of return to work plans.

In addition to the complex and potentially confusing workers' compensation system, the lack of consistency and lack of support of a regular RTWC can be detrimental in the timely return to work of an injured worker to their pre-injury duties (Shaw et al., 2008).

This propounds the view that without the appropriate support and mechanisms in place at work, injured workers may begin to feel undervalued, which can be accentuated by the inattention of employers when they return to work following injury (Strunin & Boden, 2000).

As previously identified the communication skills of the RTWC in this study were identified as paramount in the injured workers' perceptions of feeling supported in their return to work. Westmorland and colleagues (Westmorland et al., 2005) have similarly reported that communication is a crucial factor in the return to work process, however the communication initiated by an injured worker is not always responded to by the RTWC. Internationally and Australian studies have further emphasised the need for effective communication and listening skills as fundamental qualities required by the workplace RTWC to facilitate a successful return to work (Bohatko-Naismith et al., 2015; Pransky et al., 2010). Skills and training in effective communication strategies should be considered as a key component of becoming a workplace RTWC.

Following a workplace injury, workers tend to seek advice from their family GP (Mazza et al., 2015; Russell et al., 2005) whom they trust to protect their privacy and provide the appropriate care. Indeed, the participants in the present study affirmed that some treatment and rehabilitation decisions were being made for them by the RTWC, or other stakeholders who have limited medical knowledge and expertise and sometimes the decisions were not consistent with their GP's recommendations (Mazza et al., 2015). Notably, in some cases GPs have a lack of understanding of the injured worker's role and work environment which can

result in vague and unclear work restrictions being prescribed by the GP. Further difficulties may also arise due to the inability to liaise directly with the injured workers GP (Bohatko-Naismith et al., 2015) which often causes unnecessary delays to the return to work process. The participants in this current study recounted feeling a loss of control over their treatment and rehabilitation. This is consistent with the literature which reports that decisions being made for an injured worker by other stakeholders and are often in direct conflict with the recommendations of the GP (Lippel, 2012; Roberts-Yates, 2006).

The importance of training for RTWCs on injured workers' rights to privacy was stressed by some workers in this study. Some participants reported being compelled to forfeit their right to privacy and confidentiality by their RTWC (or other stakeholders) who insisted that they also attend the worker's appointments with their GP. This is arguably contrary to their rights as stated by the regulatory body for NSW that "an employer cannot insist that they or their representative is present during a consultation" and can only attend if consent is provided by the injured worker (State Insurance Regulatory Authority, 2016b). Injured workers who perceive themselves under pressure from their RTWC are less likely to return to work and report detrimental effects upon their well-being and work productivity (Munir, Yarker, Hicks, & Donaldson-Feilder, 2012). Subsequently, some of the injured workers in the present study found it difficult to advocate for themselves, and therefore were forced to seek legal advice for further clarity and support around the return to work process. Participants reported their legal representatives to be of great assistance and most supportive in such instances.

Some injured workers in this study highlighted the difficulties they experienced with managers who were also the workplace RTWC, particularly in relation to determining suitable duties. They were often given tasks with which they were

unfamiliar or unable to perform. Consistent with the literature, the suitable duties provided for them were sometimes for a short duration or were suitable in name only (Strunin & Boden, 2000). In a study conducted in Sweden, Sieng et al. (2015) found that long-term injured workers (> 60 days) felt a sense of entitlement to return to their pre-injury employment tasks (with the necessary adjustments) due to their ongoing loyalty to the organisation. However, some long-term injured workers (> 60 days) in this study were informed that no suitable duties were available for them and it was suggested by the workplace RTWC that they leave the organisation or reduce their hours of employment. This is consistent with a recent Australian study which reports injured workers are being told to return to either pre-injury duties with no restrictions or else resign from their position at the workplace (Thornwaite & Markey, 2017).

Although this study offers new insights on the injured worker's perspective on their return to work experience with their workplace RTWC, it has some limitations. First, despite various strategies to facilitate recruitment the sample included only 10 injured workers from a small geographical region in NSW, who were mostly female and of similar age. The results may therefore not be generalisable beyond this region. Difficulty in recruitment may have somewhat been due to prior negative experiences, with injured workers unwilling to recall their adverse personal experiences. Second, the use of the snowballing technique as part of the recruitment strategy may have led to selection and volunteer bias (Atkinson & Flint, 2001; Liamputtong, 2014). Selection bias may have resulted, as this method only includes members of a specific network (Bowling, 2002). Volunteer bias may have occurred as those who chose to participate may have some differing views to those who chose not to volunteer (Bowling, 2002). Indeed the sample is not truly representative, however this does not mean that the findings could not be replicated in a wider population. Third, it may have been

problematic for the participants to recall their experiences accurately since their injury and return to work, raising the possibility of recall bias. Finally, the workers' compensation legislation governing the participants' return to work process was specific to NSW, Australia and as such there may be legislative differences impacting on the injured worker's experiences in other jurisdictions nationally or internationally.

## **6.7 Conclusion**

This Australian study provides new insights into the perspectives of injured workers regarding their experiences with their workplace RTWCs during the return to work process. Further research with a larger representative sample is required to determine whether the injured workers' perspectives identified in this study are consistent with other injured workers both in Australia or internationally. This study highlights important factors in the selection and training of RTWCs to ensure that RTWCs have the skills and capacity to facilitate the return to work process for injured workers. It may be useful for SafeWork NSW (formerly known as WorkCover NSW) to provide guidelines on how to select appropriate RTWCs for employers uncertain about recruitment into such a vital role. In addition, strategies to reduce the turnover of RTWCs appear to be important to avoid unnecessary delays. It is recommended that further investigation is required into the impact of the high turnover of workplace RTWCs to the injured worker. Furthermore the regulatory body needs to monitor workplaces to ensure that workplace RTWCs are receiving the mandatory training in NSW, Australia. The information gained from this study may be of assistance to stakeholders and policy makers involved in the return to work process.

### *Acknowledgments*

The authors wish to thank the injured workers who participated in this study.

### *Conflict of interest*

The authors declare that they have no conflict of interest.

## **6.8 Chapter Conclusion**

The study described in this chapter highlights the challenges faced by injured workers when the nominated workplace RTWC is not an appropriate individual for the role, or the training they undergo does not adequately prepare them for the role. The complexity of the return to work process and the often adversarial nature of the workers' compensation system in Australia means that the injured worker often requires the support of a competent RTWC to help them successfully navigate the system and guide them towards a positive outcome.

The participants in this study faced many challenges following their workplace injury. Fundamentally, they cited the mismanagement of their injury and the lack of support provided by inexperienced workplace RTWCs as one of the primary causes of difficulties they faced following their workplace injury. This finding highlights the importance of appropriate training of RTWCs and suggests current practices are inadequate. Often workers who sustain an injury require medical assistance, and most injured workers in the present study report engaging their family GP for treatment. The GP is therefore another important stakeholder in the RTW process and it is important that the workplace RTWC and the GP can work collaboratively towards a successful outcome for the injured worker. However, as reported in Chapter 2, sometimes the relationship is less than optimal and may impede the return work process.



The next chapter seeks the perspective from a key stakeholder on the required personal attributes and training practices for the workplace RTWC; that the GP, also known as, the 'gatekeeper' of the process.

## **CHAPTER 7      AUSTRALIAN GPS PERSPECTIVES ON THE WORKPLACE RETURN TO WORK COORDINATOR**

### **7.1      Chapter Overview**

This chapter describes the final study in the thesis and provides a discourse on the workplace RTWC from the experiences and perspective of the GP. The preceding studies have provided insights from both the RTWCs and injured workers that workplace RTWCs need to possess certain requisite characteristics and skills to effectively perform the role. Furthermore the requisite for a workplace RTWC to have access to appropriate and adequate training was deemed by both stakeholders as essential to successfully fulfilling the role of assisting the injured worker navigate the return to work process. However, the effectiveness of the RTWC in this regards is largely dependent on their working relationships with the nominated treating doctor, usually the injured workers GP. Thus, the final study of the thesis as described in this chapter uses a questionnaire survey design to explore the perspectives and experiences of the third and final stakeholder of the GPs in working with the workplace RTWC.

### **7.2      Manuscript 5**

The following manuscript has been accepted for publication in The Australian Journal of Primary Health.

**Bohatko-Naismith, J., M. Guest, C. James, D. Pond and DA. Rivett. "Australian GPs perspectives on the workplace Return to Work Coordinator."**

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### 7.2.1 *Abstract*

General practitioners (GP) play a key role in the return to work process, and yet their experiences working with workplace Return to Work Coordinators (RTWC) have rarely been studied. The aim of this paper was to provide insights from the GP perspective about their experiences with workplace RTWC and their preparedness for the role. GPs from Australian states and territories where legislation mandates workplaces employ a RTWC were requested to complete a questionnaire on their experiences with workplace RTWCs. Fifty GPs completed a questionnaire on the preparedness of RTWCs in relation to their role, with 58% (n=29) indicating RTWCs require more preparation. Seventy eight percent (n= 39) of respondents considered RTWCs were important in assisting injured workers return to work, with 98% (n= 49) ranking trustworthiness, respectfulness and ethicalness as the most important or/important traits for a RTWC to possess. Interestingly 40% (n=20) of respondents themselves reported having no training in the return to work process. GPs acknowledge the importance of the workplace RTWC in the return to work process and highlight the need for RTWCs to possess specific traits and appropriate training for the facilitation of a successful return to work for injured workers.

**Key words:** Return to work coordinator, workplace injury, general practitioner, rehabilitation.

#### *What is known about the topic?*

Until now, no studies have sought the perspectives of general practitioners on the selection and training requirements of the workplace Return to Work Coordinator.

#### *What does this paper add?*

This paper provides an insight into the general practitioners experiences with the workplace Return to Work Coordinator and highlights the importance of

selecting the appropriate person to the role and providing them with adequate training.

### **7.3 Introduction**

General practitioners (GP) play a key role in the return to work process, and yet their experiences with the workplace Return to Work Coordinator (RTWC) have rarely been studied. A workplace RTWC is usually an employee nominated by the employer to undertake the role, and more often it is in addition to their regular duties at the workplace. Fundamentally a workplace RTWC is expected to provide the worker with workplace based support and regulatory guidance for the duration of their injury (WorkCover NSW, 2014).

In Australia, GPs see approximately 96 % of injured workers and are often referred to as the 'gatekeeper' of the return to work process (Mazza et al., 2015). It is generally accepted that the GP manages the medical treatment of an injured worker during the return to work process (Roberts-Yates, 2003b), while the RTWC coordinates support for the injured worker at the workplace (Bohatko-Naismith et al., 2015). In order to facilitate a successful return to work, it is critical the relationship between the GP and the workplace RTWC be both professional and effective.

The cost of workplace injuries in the 2012/13 financial year in Australia was estimated at \$61.8 billion per annum, representing 4.1% of gross domestic product (Safe Work Australia, 2015b). The increasing costs of both workplace injuries and workers' compensation claims is of great concern to both federal and state governments (WorkSafe Australia, 2015). The evidence supports the effectiveness of early intervention at the workplace for injured workers with the support of a workplace RTWC, which leads to a reduction in the direct and

indirect costs associated with workers' compensation claims (Franché et al., 2005b; Shaw et al., 2008). The requirements of the GP in the return to work process are defined by workers' compensation legislation. For the most part GPs are obligated to support the worker in returning to work and in their recovery by providing the appropriate clinical intervention and management, and in this regard, the GP is also expected to collaborate with other stakeholders, such as the RTWC to assist with the facilitation of a timely return to work for an injured worker (Australian Medical Association (NSW) Limited and WorkCover NSW, 2010; State Insurer Regulatory Authority, 2015a). Importantly in the return to work process, the RTWC is key in the link between the injured worker, their GP, the employer, and other stakeholders. The RTWC identifies the needs of the injured worker and any constraints on the employer, and facilitates teamwork between the worker, employer, insurer and treating health professionals to develop and implement a return to work plan (State Insurer Regulatory Authority, 2015b).

"Work, in general, is good for health and wellbeing" and GPs play a crucial role in promoting this message to injured workers (The Royal College of Physicians and Australasian Faculty of Occupational and Environmental Medicine, 2011). Equally important is the relationship between family physicians and their patients (Hussey, Thorley, & Agius, 2016; McWhinney, 2000). However, there are potential barriers encountered by GPs during their engagement in the return to work process of the injured worker. For instance, GPs often lack an understanding of the injured worker's workplace, or lack an awareness of the return to work process itself and the workers' compensation system

(Chamberlain & Frank, 2004). Poor communication with stakeholders (Pransky et al., 2004), and pressure on consultation time may also detrimentally affect the doctor-patient relationship (Muenchberger & Kendall, 2006). Such challenges can

often stem from the GPs lack of occupational health training, which may impede their ability to make recommendations regarding suitable workplace duties or workplace modifications (Beckley, Lees, Collington, & de Bono, 2011; Fylan, Fylan, & Caverney, 2012; Kosny et al., 2015; Schweigert, McNeil, & Doupe, 2004). Consequently, the RTWCs may experience difficulties productively interacting with GPs potentially hindering a timely return to work for the injured worker. This may then become a source of frustration and confusion between the workplace RTWC who is coordinating the return to work process, and the GP (Kosny et al., 2015).

This is the first Australian study, which specifically aims to provide an insight into the perceptions and experiences of GPs in working with workplace RTWCs. An improved understanding of the role and adequacy of training of the RTWC from the perspective of the GP may lead to improvements in the selection and training of RTWCs, and ultimately the facilitation of injured workers' return to work.

#### **7.4 Methodology**

This study involved a cross-sectional survey of GPs who worked in Australian states and territories (Australian Capital Territory (ACT), New South Wales (NSW), Queensland (QLD), South Australian (SA) and Tasmania (TAS), where legislation mandates a workplace RTWC is required to coordinate the return to work process of injured workers. To be eligible for the study, participants were required to be employed as a practising GP in Australia, manage patients on workers' compensation, be proficient in the English language and have access to a computer.

A study-specific questionnaire was developed based on relevant literature (Bohatko-Naismith et al., 2016; Bohatko-Naismith et al., 2015; Franche et al.,

2005a; Franche et al., 2005b; Kosny et al., 2015; MacEachen et al., 2006; Muenchberger & Kendall, 2006; Pransky et al., 2004; Pransky et al., 2010; Shaw et al., 2008) and the results of a focus group study with RTWCs which highlighted specific challenges RTWCs sometimes experience with GPs during the return to work process including difficulties with communication, the lack of detail regarding suitable duties and the time restraints of GPs (Bohatko-Naismith et al., 2015). The questionnaire included 33 questions. Thirty two of the questions were divided into 5 sections; 1) participant demographics, 2) workplace RTWC contribution to the process, 3) workplace RTWC characteristics and attributes, 4) barriers to communication with workplace RTWC, and 5) contact with workplace RTWCs. The final question of the questionnaire required a free text response regarding the positive or negative experiences GPs had encountered with workplace RTWCs. The rationale for this question was to provide each respondent with the opportunity to express their own views and experiences on any of the topics addressed in the survey in their own words (Singer & Couper, 2017). A draft questionnaire was developed by the researchers all of whom have published and have relevant professional experience in this field (one of whom is trained as a workplace RTWC). To establish face and content validity, an expert panel of four stakeholders, who had an interest in work disability prevention and management, reviewed the draft questionnaire. The panel included two GPs, an occupational physician and a clinical psychologist/physiotherapist. The questionnaire was revised based on the expert panel's advice. Subsequently minor changes were made to a number of questions and it was resubmitted for ethical approval to the institutional Human Research and Ethics Committee.

Convenience sampling was used to recruit potential GPs. Given the acknowledged difficulties associated with engaging GPs in research (Fielding, Clothier, Stocks, & Kelly, 2005; James, Ziegenfuss, Tiburt, Harris, & Bebee, 2011b; Pit, Vo, & Pyakurel, 2014), a multi-faceted approach was used for their

recruitment in this study. Potential participants were invited to participate using three methods; 1) an advertisement in the Royal Australian College of General Practitioners (RACGP) monthly newsletter, which provided a link to the survey or 2) completing the survey in person at the 2016 Primary Health Care Research Conference or 3) returning a paper-based questionnaire, which was mailed out to a network of research GPs by the Director of the research group. Substantial research highlights the difficulties associated with recruiting GPs to complete surveys. In an effort to facilitate participation several strategies were employed to recruit GPs which had been identified in the literature as relatively successful (Bonevski, Magin, Horton, Foster, & Girgis, 2011; Pit et al., 2014). An added incentive for participation was eligibility to claim Continuing Professional Development (CPD) points for completing the questionnaire.

All participants were provided with an information statement, a copy of the questionnaire and information on how to self-claim CPD points. Participants contacted via mail were also provided with a pre-addressed reply paid envelope to facilitate return of the completed questionnaire and 2 weeks later were emailed a thank you/reminder to increase participation in the study. Participation was anonymous and voluntary, and consent was implied by completion of the survey. The University of Newcastle Human Research Ethics Committee (H-2015-0054) granted ethical approval for the study. Data were analysed descriptively, including mean values, simple associations were examined using the Chi-square test. Data analysis was conducted with the statistical program STATA Corp LLC, 14.2 (STATA Corp LLC, 2017). Formal analysis of the responses to the free text questions was not conducted as they did not provide additional information and lacked conceptual richness.



## 7.5 Results

Data was collected from 53 practicing GPs. Three were partially completed; therefore, the data from 50 participants was used in this data analysis. A key question of interest was whether GPs considered workplace RTWCs were adequately prepared for their role. A slight majority (58% n=29) of GPs in this study indicated that they considered that workplace RTWCs require more preparation for the role. Table 1 outline the demographics and characteristics of the participating practitioners by their response to the question regarding preparedness of RTWCs. Only 38% (n=19) of responding GPs had participated in training in both the workers' compensation system and return to work process, with 40% (n=20) having received no training in either the system nor the process. Participating GPs with some training reported receiving their training from either 1) initial medical training, 2) specialist medical training or 3) through CPD. The demographic characteristics of the participating GPs in this study are representative of the population being studied as reported by the Australian Department of Health (Australian Government Department of Health, 2017).

Table 7.1: Demographics

In your experience, are RTWCs prepared for the role?					
	Adequately prepared	Requires more preparation			
	N = 21	N = 29			
	Mean (SD)	Mean (SD)	t =	df	p=
Years worked as a medical practitioner	22.7 (11.7)	21.5 (12.3)	0.3	46	0.7
Years practised in Australia	17.7 (12.0)	16.8 (12.6)	0.3	47	0.8
	N = 21 (%)	N = 29 (%)	Chi <sup>2</sup>	df	p=
What is your gender?					
Male	9 (40)	13 (45)	0.2	1	0.9
Female	12 (60)	16 (55)			
What is your age?					
30 - 39 years	5 (25)	9 (31)	0.5	3	0.9
40 - 49 years	5 (25)	8 (28)			
50 - 59 years	7 (33)	8 (28)			
60 years or older	4 (19)	4 (14)			
In what state/territory do you practice?					
Australian Capital Territory	2 (9.5)	0 (0)	4.8	6	0.6
New South Wales	15 (71)	20 (69)			
Northern Territory	0 (0)	1 (3.4)			
Queensland	1 (4.8)	3 (10)			
South Australia	1 (4.8)	1 (3.4)			
Tasmania	0 (0)	1 (3.4)			
Victoria	2 (9.5)	3 (10)			
Did you complete your initial medical degree in Australia?					
Yes	14 (68)	20 (69)	0.03	1	0.9
No	7 (33)	9 (31)			
On average, what percentage of your practice time would include workers' compensation?					
0 - 10%	16 (76)	20 (69)	0.3	2	0.9
11 - 20%	4 (19)	7 (24)			
More than 20%	1 (4.8)	2 (6.9)			
On average, how many patients on workers' compensation would you see each week?					
0 - 1	11 (52)	15 (52)	0.1	2	0.9
2 - 5	9 (43)	12 (41)			
More than 6	1 (4.8)	2 (6.9)			

In your experience, are RTWCs prepared for the role?					
	Adequately prepared	Requires more preparation			
Have you received training in the workers' compensation system or the return to work process?					
Training in both workers' compensation system & return to work process	5 (24)	11 (38)	2.6	3	0.5
Training in only the workers' compensation system	4 (19)	8 (28)			
Training in only the return to work process	1 (4.8)	1 (3.4)			
No training in either system or process	11 (52)	9 (31)			

In section 2 of the questionnaire, the participating GPs' views regarding the importance of the contribution of the RTWC in the return to work process were sought. About half of the study participants (47% n=10) indicated a view that a RTWC's preparation for their role does not influence their importance in the return to work process, rather, that a RTWC is more likely to make a substantially meaningful contribution to the return to work process if they are adequately prepared (see Table 2).

Table 7.2: Workplace RTWC contribution to the role

In your experience, are RTWCs prepared for the role?					
	Adequately prepared	Requires more preparation			
	N = 21 (%)	N = 29 (%)	Chi <sup>2</sup>	df	p=
How important is the RTW Coordinator in the RTW process?			2.0	3	0.5
Very important	7 (33)	9 (31)			
Important	10 (47)	13 (44)			
Somewhat important	3 (14)	7 (24)			
Not important	1 (4.8)	0 (0.0)			
To what degree do you consider RTW Coordinators make a meaningful contribution to the return to work process?					
Not at all	1 (4.8)	0 (0.0)	7.9	3	0.04
Slightly	4 (19)	6 (20)			
Moderately	6 (28)	18 (62)			
Substantially	10 (47)	5 (17)			
In your experience, the workplace RTW Coordinator act as an advocate for the:					
Injured worker	12	15			
Employer	14	19			
Insurer	11	15			
State Regulator	7	2			
Does not act as an advocate	2	2			

In section 3 of the questionnaire, study participants were asked to select from a list of characteristics/attributes that a workplace RTWC would require to be effective in their role. Their responses are presented in Figure 1. Whatever the preparation of a RTWC, at least 80% (n=X) of GPs in this study identified the following characteristics/attributes as very important or important:

- trustworthiness, respectfulness and ethicalness (98%)
- approachability, good communication and a good listening skills (96%)

Other notable traits selected by respondents included being accessible, organised and having patience (94%).

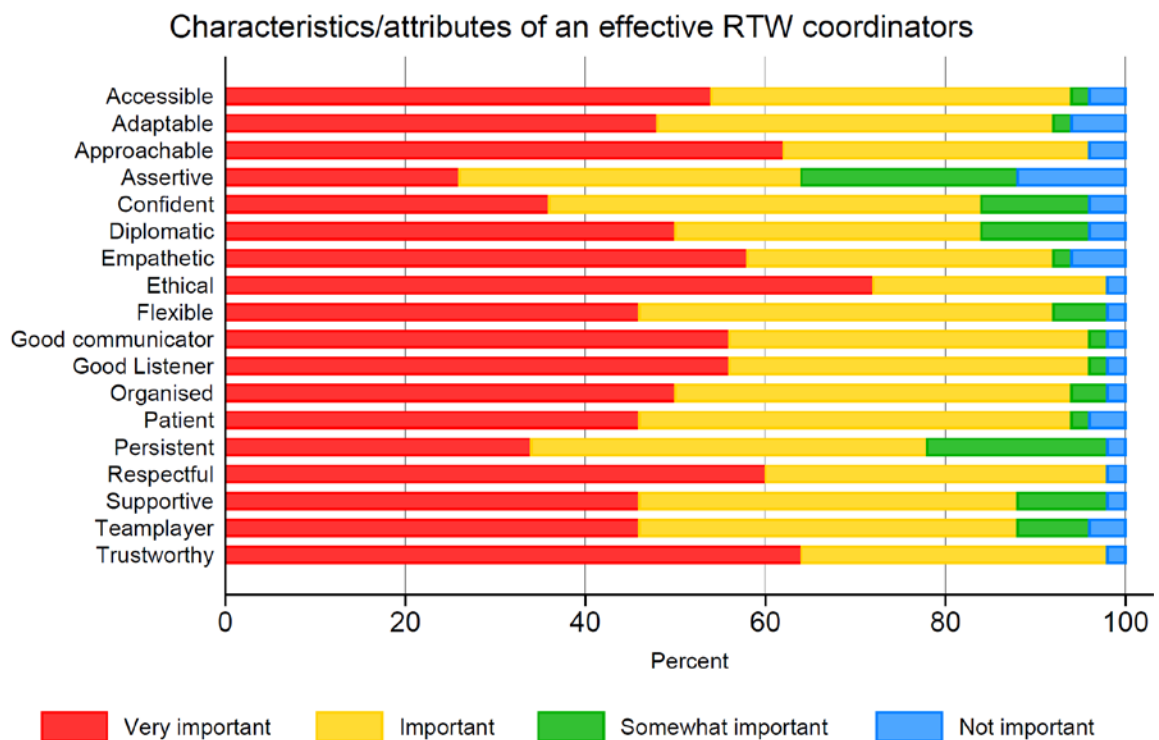


Figure 7.1: Characteristics/attributes of an effective RTW Coordinator

Section 4 of the questionnaire asked about barriers when communicating with the workplace RTWC. Figure 2 indicates that responding GPs considered that time constraints, lack of trust and confidence in the workplace RTWC, and a lack

of medical knowledge were significant barriers when communicating with the workplace RTWC. Interestingly, over half of the GPs participating in this study (55%) reported that in their view the RTWCs who require more preparation are too focused on the needs of the employer.

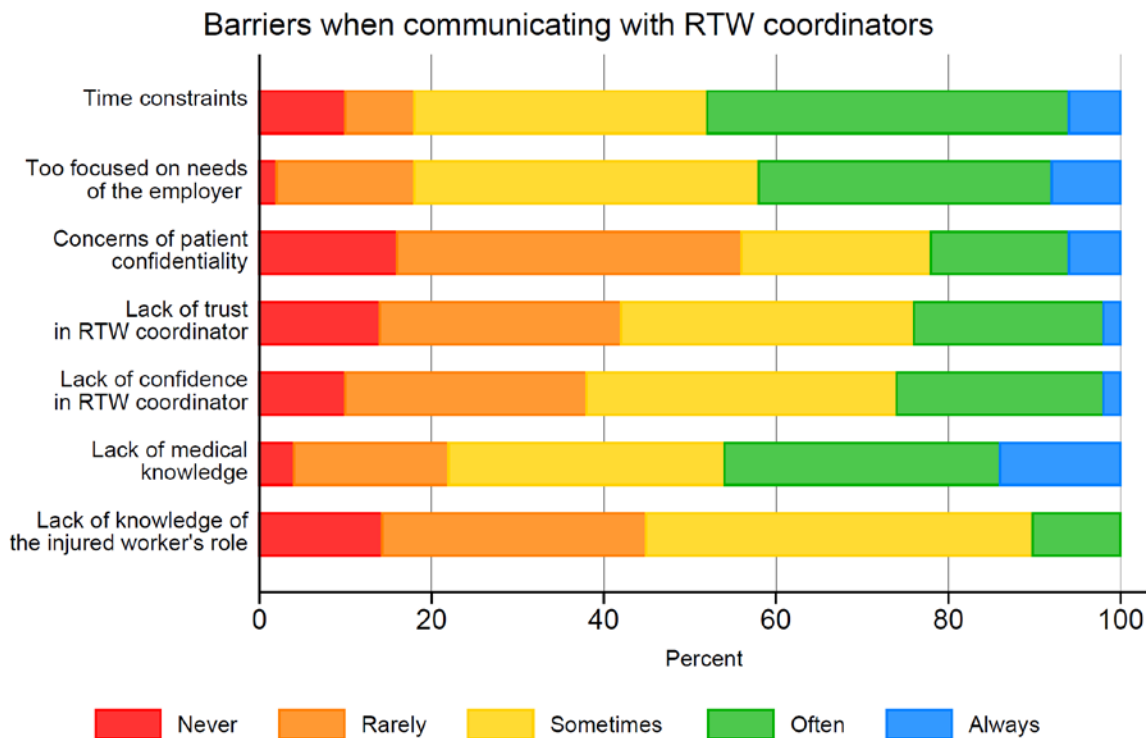


Figure 7.2: Barriers when communicating with RTWCs

In section 5 of the questionnaire, respondents were asked about their preferred method of contact with workplace RTWCs. The majority of the GPs participating in this study (90%) indicated that they considered it appropriate for adequately prepared RTWCs to attend medical appointments with consenting injured workers. Participants in this study were also asked how often they received details of workplace suitable duties from RTWCs. Over half-reported receiving details of suitable duties and 68% of these responding GPs reported, they found the details of workplace suitable duties from RTWCs very useful or mostly useful when certifying an injured worker to return to work.

Participants in the study were also asked to comment on the level of training required for a RTWC. Sixty four percent indicate that RTWCs should undertake a vocational education training certificate or diploma (see Table 3). Furthermore, 68% of the responding GPs reported that it was very important or important that RTWCs have a health professional background. Notably 78% of the GPs in this study regarded RTWCs as very important or important in assisting injured workers to return to work.

Table 7.3: Contact with workplace RTWCs

In your experience, are RTWCs prepared for the role?					
	Adequately prepared	Requires more preparation			
	N = 21 (%)	N = 29 (%)	Chi <sup>2</sup>	df	p=
How often would you typically have contact with a RTWC during an injured worker's RTW process?					
Never	1 (4.8)	3 (10)	2.1	3	0.5
1 - 2 occasions	14 (66)	20 (69)			
3 - 4 occasions	4 (19)	2 (6.9)			
More than 4 occasions	2 (9.5)	4 (13)			
How many RTWC would you typically interact with in a month?					
0	3 (14)	5 (17)	0.1	2	0.9
1 - 5	17 (81)	22 (75)			
6 - 10	1 (4.8)	2 (6.9)			
If the injured worker consents, do you think that it is appropriate for a RTWC to attend medical appointments with them?					
Yes	19 (90.5)	23 (79.3)	1.1	1	0.2
No	2 (9.5)	6 (20.7)			
Would you be available to meet with the RTWC following your consultation with the injured worker?					
Yes	0 (0.0)	2 (33.3)	0.8	1	0.3
No	2 (100.0)	4 (66.7)			
How often do you receive details of available workplace suitable duties for the injured workers from the RTWC?					
Always	6 (28.6)	2 (6.9)	15.2	3	0.002
Mostly	12 (57.1)	7 (24.1)			
Sometimes	2 (9.5)	17 (58.6)			
Never	1 (4.8)	3 (10.30)			

<b>Generally, do you find details of workplace suitable duties provided by the RTWC useful when certifying an injured worker for return to work?</b>					
Very useful	7 (33.3)	5 (17.2)	4.6	3	0.2
Mostly useful	10 (47.6)	12 (41.4)			
Somewhat useful	4 (19.0)	9 (31.0)			
Not useful at all	0 (0.0)	3 (10.3)			
<b>Has a RTWC ever requested further information from you in developing suitable workplace duties for an injured worker?</b>					
Yes	18 (85.7)	22 (75.9)	0.7	1	0.3
No	3 (14.3)	7 (24.1)			
<b>How important do you think it is for a RTWC to have a health professional background?</b>					
	<b>Adequately prepared</b>	<b>Requires more preparation</b>			
Very important	5 (23.8)	9 (31.0)	0.6	2	0.7
Important	8 (38.1)	12 (41.4)			
Somewhat important	8 (38.1)	8 (27.6)			
<b>In your opinion what level of training would you consider appropriate for a RTWC?</b>					
Regulator provided certification	3 (14.3)	1 (3.4)	3.0	3	0.3
Vocational Education and Training (VET) certificate	4 (19.0)	9 (31.0)			
Vocational Education and Training (VET) diploma	7 (33.3)	12 (41.4)			
University qualification	7 (33.3)	7 (24.1)			
<b>How important do you think the RTWC role is in assisting injured workers?</b>					
Very important	12 (57.1)	9 (31.0)	5.6	3	0.1
Important	7 (33.3)	11 (37.9)			
Somewhat important	1 (4.8)	8 (27.6)			
Not important	1 (4.8)	1 (3.4)			



## 7.6 Discussion

This study reports the results of a cross-sectional survey of GPs from Australian states and territories where legislation requires employers to appoint a workplace RTWC. The findings of this study provide a unique insight from the GP perspective about their experiences with workplace RTWCs and their preparedness for the role. They particularly highlight the need for the workplace RTWC to both possess specific personal attributes and undergo appropriate professional training necessary to enable them to facilitate a timely and successful return to work for the injured worker. While there is considerable research validating the need for effective collaborations between stakeholders in the return to work process (Pransky et al., 2004; Roberts-Yates, 2003b; Shaw et al., 2008), little has been done to establish a more efficacious partnership between the injured workers' nominated GP and the workplace RTWC. Despite the modest sample size, typical of GP surveys, (Fielding et al., 2005; James et al., 2011b; Pit et al., 2014) this study brings to light a number of important issues that merit further exploration and comment. Perhaps one of the findings was the number of responding GPs not trained in the workers' compensation system or the return to work process. It is clear a concerted effort is required to provide GPs with the necessary ongoing training in this specialised area of assisting injured workers to return to their pre-injury duties. The onus in this regard, lies with those educational providers of their initial medical training and, subsequent specialised GP training, and more importantly through the provision of ongoing and relevant CPD, so that overtime GPs will gain (and maintain) an increased understanding of the contemporary return to work process consistent with the regulatory guidelines.

An equally important result from this study is that the responding GPs acknowledged the importance of the role of the workplace RTWC and the

substantial meaningful contribution they make to the return to work process and to assisting injured workers when they are adequately prepared for the role.

The majority of the participants in this study, however, had consistent views on the characteristics and attributes required of workplace RTWCs. In particular, trustworthiness, respectfulness and ethicalness were among the most frequently nominated characteristics and attributes required of RTWCs with approachability, and being a good communicator and listener also seen as important. These results are consistent with a recent Australian study which highlighted those characteristics and attributes RTWCs themselves considered as important when they were relating to an injured worker (Bohatko-Naismith et al., 2015) .

Communication between most stakeholders continues to be problematic during the return to work process. In this study, the participants considered time constraints as a key obstacle for their lack of communication with RTWCs. In addition, respondents cited the lack of trust and confidence they have in the RTWC, as well as noting the lack of medical knowledge possessed by workplace RTWCs as other important barriers to effective communication. These perceived deficiencies in workplace RTWCs which may impede stakeholder communication were highlighted in a recent Australian study which explored the appropriateness of the training available for contemporary RTWCs (Bohatko-Naismith et al., 2016). Perhaps also the finding that respondents in the present study perceived workplace RTWCs as being too focused on the needs of the employer is a factor in this regard. Similarly, the problems associated with the lack of medical knowledge of some workplace RTWCs has also been reported in a previous study by Australian RTWCs themselves (Bohatko-Naismith et al., 2015).

Internationally medical knowledge is also considered a necessary attribute of the RTWC, however it is not clear which aspects of medical knowledge is required for the workplace RTWC to assist them with understanding the injured workers' medical condition (Pransky et al., 2010). More importantly, Shaw et al. report that if RTWCs have some understanding of an injured workers' medical condition it could assist them to respond appropriately to the worker and their concerns, and may provide them with some integrity with the GP, and other stakeholders (Shaw et al., 2008).

Without the appropriate guidance and training, RTWCs often struggle as they try to negotiate the obstacles they encounter as a stakeholder in the return to work process, including their relationship with the 'gatekeeper' of the process, the GP (Bohatko-Naismith et al., 2012).

Regulatory guidelines afford GPs with certain responsibilities within the return to work process, and one of the functions prescribed by the guidelines, is for GPs to recommend suitable duties for the injured worker (State Insurer Regulatory Authority, 2015a). Over half of the GPs in the present study, reported that they receive a list of workplace suitable duties from the injured workers RTWCs, and they acknowledged finding the list useful when assigning suitable duties for the injured worker. However, of concern is the 80% of RTWCs that require more information from the GPs to help inform the duties they recommend, and perhaps this could be attributed to the RTWCs lack of understanding of medical terms and conditions. Interestingly, when the participants in this study were asked about the level of training required by a RTWC they generally indicated vocational education training at a certificate or diploma level, which may enable sufficient scope to include medical terminology and a basic understanding of relevant medical conditions,

rather than the current highly limited regulatory training being provided (Bohatko-Naismith et al., 2016; WorkCover NSW, 2011a).

One of the limitations of this study is the modest sample size, which may reflect a non-response bias and therefore, suggesting causation in drawing inferences about the general GP population from which this sample is drawn. On the other hand, the findings of this study can be seen as valuable as they indicate the need for a targeted education program for GPs to assist them with better understanding the return to work process and the associated potential benefits of engaging more fully with the workplace RTWC. Establishing regular changes to the current education and training available to GPs would help to ensure they maintain currency with the contemporary return to work process, and this is particularly necessary for those GPs who are consulting with injured workers. This would require the involvement and support of the regulators and relevant professional bodies who could potentially prompt individual GPs when they need to update their training. In particular, the implications of this study highlight the need for both the GP and the workplace RTWC to receive regular appropriate training to equip them to confidently guide an injured worker through an often adversarial return to work process and ultimately return them to their pre-injury duties. Further research should include consultation with GPs and workplace RTWCs to gain an insight into their perceived specific training requirements.

Additionally, further research identifying the expectations GPs have of RTWCs, especially delineating their role in the return to work process would be useful, as would research aimed at determining the collective impact GPs and RTWCs have when working collaboratively and effectively towards the same goal of expeditiously returning the injured workers to their pre-injury duties.

### *Conflict of interest*

The authors have no conflict of interest to declare.

### *Acknowledgements*

The authors would like to thank the GPs who gave their time to participate in this study.

## **7.7 Chapter Conclusion**

This chapter provided an insight into the GP's experiences working with workplace RTWC. GPs acknowledged the importance of the workplace RTWC in assisting the injured worker return to work in a timely manner. In this study, the GPs identified specific areas of RTWC training that require improvement and highlighted several characteristics and traits they viewed as important for the workplace RTWC to possess to be successful in the role. This study also incidentally revealed that most GPs had little or no training in both the return to work process and the workers' compensation system. For a successful return to work for an injured worker, it is arguably necessary that both the GP and the workplace RTWC be appropriately trained and recognise and value each other's skills.

The next and final chapter will discuss the collective results of the five manuscripts comprising this thesis in light of the original overarching aims of the thesis and of the existing published literature on the topic. Conclusions and implications are drawn, with recommendations made for changes to current practices in selecting and training workplace RTWCs and for future research directions.

## **CHAPTER 8      DISCUSSION AND CONCLUSIONS**

### **8.1      Chapter Overview**

This chapter will provide an overall critical discussion of the key findings of the various studies comprising the thesis. The collective limitations and implications of the studies examined and suggestions for future research are discussed.

### **8.2      Summary of the Findings**

The overall aim of this thesis was to identify the skills and attributes required by individuals to perform the role of the workplace RTWC and determine if the current training programs available are apposite and relevant to enable the RTWC to assist in the facilitation of a successful return to work for the injured worker. This included exploring the relationship between the injured worker, the nominated treating doctor (GP) and the workplace RTWC, and highlighting the barriers that exist in this tripartite arrangement of important stakeholders in the return to work process.

The thesis comprises four studies, together with a published literature review of the role and current training of RTWCs in Australia. Initially, it was important to gain an understanding of the expectations of the role from the regulators perspective and examine the training that was legislated to assist an individual prepare for the role. The notion of the role of the workplace RTWC was a result of significant changes that occurred to the workers' compensation legislation in the mid-1980s to manage the increasing costs associated with workplace injuries. At the time, little was known about how the role of the workplace RTWC would evolve and more importantly that it would be recognised nationally and internationally as crucial in the return to work process of an injured worker (Bohatko-Naismith et al., 2015; Shaw et al., 2008). Although national

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jurisdictional differences exist in workers' compensation legislation, the role of the workplace RTWC remains comparable in most jurisdictions (Chapter 2).

The published literature review (Chapter 2) provided the rationale for the first study (Chapter 4 and 5) and informed the questions used in the focus group discussions with contemporary workplace RTWCs. Specifically, the role demands and requisite attributes of the workplace RTWC were explored in Chapter 4, and Chapter 5 investigated the RTWC perspective on the adequacy of the training provided to current workplace RTWCs. Additionally, it was important to seek the views of other key stakeholders who rely on workplace RTWCs' knowledge and skills to assist the injured worker with navigating the complex workers' compensation system and returning to pre-injury duties. Therefore, the studies described in Chapter 6 and Chapter 7 provided both injured workers and GPs with the opportunity to discuss their experiences and perceptions of workplace RTWCs, as well as highlighting particular barriers in engaging in the return to work process.

While there is much evidence highlighting the benefits of workplace RTWCs (Shaw et al., 2008; Southgate et al., 2011) little has been previously done to explicitly research the role, required attributes and current training practices of the workplace RTWC. This thesis therefore provides a springboard platform for future research on the topic of workplace RTWCs.

Study 1 (Chapter 4 and Chapter 5) allowed contemporary workplace RTWCs within various jurisdictions to articulate their experiences and perceptions while engaged in the role of workplace RTWC and after having undertaken the regulatory authority approved training. The use of focus groups provided the RTWCs the opportunity to engage with each other and share their perceptions on the essential characteristics and traits required to perform the role, and

furthermore, from their personal experiences, to identify the deficiencies within existing training practices.

In this study workplace RTWCs revealed the importance of appointing an individual with the inherent interpersonal traits of being supportive, friendly and organised, but with the most notable required trait being identified as that of empathy. The discourse with contemporary workplace RTWCs further highlighted other attributes required for the role including patience, compassion, assertiveness, gregariousness, and adaptability. Moreover, the RTWCs from this study identified good communication skills and a sound knowledge of the return to work process as necessary to assist them with the successful return to work of injured workers. These findings support the premise of selecting an appropriate individual to the role of workplace RTWC. Furthermore, the regulators could provide some guidance on the specific qualities and attributes required by workplace RTWCs, which may assist employers when selecting an employee for the role.

Chapter 5, (study 1) described the outcomes of focus group discussions with workplace RTWCs around suitability of the current training practices available to RTWCs in Australia. The RTWCs in this study suggested that a more extensive training program was required other than that currently available, which should include more relevant content to support them in their role. For instance, this content should include medical terminology for clear communication with health provider stakeholders, counselling skills to provide injured workers with the appropriate support and record keeping skills for maintaining relevant information appropriately. The RTWCs in this study confirmed the importance of having a fundamental understanding of medical terminology, which assisted them with interpreting medical reports.



This knowledge also provided the RTWC with a clearer understanding of the injury which could allow for more appropriate decisions to be made in relation to selecting suitable duties for the injured worker, and most importantly assisted in communicating with the injured worker's treating doctor. The profile of RTWCs with a health background appears consistent with the literature, and highlights the importance of RTWCs understanding medical conditions which in turn may provide them with realistic expectations for the injured worker's recovery and assist in communication with the injured worker, treating doctor and other stakeholders (Loisel et al., 2005; Shaw et al., 2008).

An emphasis was also placed on the importance of having experienced professional trainers delivering the training to ensure that the training was both productive and meaningful. For continuity and ongoing support, workplace RTWCs agreed that it was essential that they have access to professional networking groups and mentors, particularly for those located in smaller organisations who may not have the internal support mechanisms or experience to manage injuries that are more complex.

Study 2 (Chapter 6) sought to explore the effectiveness of the workplace RTWC from the injured worker's perspective using structured interviews. There were many commonalities identified by the injured workers as they discussed their personal experience with their workplace RTWCs. A unique finding and most problematic for some injured workers in this study was the constant turnover of RTWCs at their workplace, which often led to unnecessary confusion and delays during the return to work process. The extent to which the high turnover of RTWCs impacts upon injured workers requires further investigation. Notably, injured workers' who were guided through the return to work process with the consistency of the same RTWC experienced a more timely and successful return to pre-injury duties. The injured workers in the study also highlighted the

importance of certain traits and skills which they considered important, such as empathy, effective communication and domain-specific knowledge. It was perceived that a RTWC with these traits and skills could assist them to effectively navigate their way through the often complex workers' compensation system and return to work in a timely manner.

Study 3 (Chapter 7) was a survey of GPs, another key stakeholder in the return to work process, which highlighted the importance of a collaborative relationship between the workplace RTWC and the injured worker's GP. Ideally, GPs provide the medical support, while RTWCs provide the administrative support and together they collaboratively provide the injured worker with the appropriate overall support needed to return to work. Given the importance of the relationships between these three stakeholders, it was desirable to explore the barriers experienced by the GPs in this regards to ascertain their views as to what is needed for an efficacious partnership between the workplace RTWC, the injured worker and the GP. Perhaps one of the most significant findings was the proportion of Australian GPs not formally trained in workers' compensation system or the return to work process. Injured workers consulting GPs without formal training may be considered at a disadvantage in terms of prescribing of suitable duties, and in relation to the success in returning to pre-injury duties. This suggests a more consistent effort is required by the relevant professional bodies to ensure the training needs of GPs are met and currency maintained in accordance with the regulatory guidelines. In this study, GPs acknowledged the importance of adequately prepared workplace RTWCs, and the substantial meaningful contribution that they make to the return to work process and in supporting injured workers. The GPs generally had very strong views on the characteristics and attributes required by RTWCs, and these generally concurred with those nominated by the workplace RTWCs themselves (Chapter 4, Study 1) (Bohatko-Naismith et al., 2015), and with the perspectives of the injured workers

(Chapter 6, Study 2) as being essential to the role. The GPs expressed concerns over the lack of medical knowledge RTWCs possess and highlighted this as an oversight in the current RTWC training. The level of training indicated by GPs as necessary for workplace RTWCs was vocational education and training at a certificate or diploma level, which would enable sufficient scope to include more relevant competencies, such as some medical knowledge and terminology. An understanding of current legislation is definitely required by the workplace RTWC, however, the training currently prescribed is considered heavily legislatively based by contemporary workplace RTWCs, and may well require reviewing.

In addition, this final study provided some unique insights into the barriers Australian GPs encounter in the return to work process and working with the workplace RTWC. These included time constraints and a lack of trust in the workplace RTWC, and these barriers may warrant further investigation. On a more positive note, one of the prescribed functions of the nominated GP is to recommend suitable duties for the injured worker, the GPs in our study acknowledged that it was useful to receive a list of appropriate workplace duties from the RTWC to assist in determining suitable duties for an injured worker.

### **8.3 Limitations of the Research Studies**

In considering the findings from the collective studies and associate manuscripts constituting this thesis, there are some general and also specific limitations that require acknowledgement.

First, the research described in this thesis was limited to the Australian workplace RTWC, therefore, the findings may have limited generalisability beyond Australian borders. The Australian workers' compensation system and associated legislation is not the same as that of other countries, therefore the

experiences of stakeholders (RTWCs, injured workers, GPs) in the return to work process in other countries may be quite different. Second the views expressed in each of the studies are those of the participants, and the relatively modest samples suggest caution be exercised in extrapolating findings to broader populations. The voluntary nature of the recruitment process in each study also raises the possibility of selection bias. Selection bias occurs when participants' characteristics differ from those of the wider population (Bowling, 2002). In this instance, it is difficult to determine whether those who volunteered may have had a particularly negative experience, or alternatively may have had a very positive experience in their return to work process. Additionally, it is quite possible that experimenter bias and priming may have occurred during some of the studies. Every effort was made to eliminate this through standardising the moderators questions and only interpreting the data when all the interviews were finalised. Despite these limitations, the results of the studies collectively make an important contribution to the body of literature.

More specifically, in some of the six focus groups used in study 1 (Chapter 4) and (Chapter 5) it was necessary to conduct some of the focus groups via teleconference due to geographical dispersion of the participants in a particular jurisdiction. The foremost disadvantage of conducting focus groups via teleconference is the inability to observe any non-verbal communication amongst the participants. Further, the recommended size for a focus group is typically 5-8 participants (Krueger & Casey, 2009) however the focus groups in this study differed in size at each jurisdiction. Nonetheless, according to Krueger and Casey, smaller groups can provide valuable information as they give the participants an opportunity to share their information and still provide in-depth insight and understanding of their experiences on a particular topic (Krueger & Casey, 2009).

Study 3 (chapter 7) highlighted the difficulties associated with the recruitment of

GPs for survey research. Factors that impede GPs involvement in research include time constraints and survey overload (VanGeest, Johnson, & Welch, 2007). Given the difficulties associated with engaging GPs in research in general (Fielding et al., 2005), and that no single design factor or even set of factors, appears to guarantee high response rates (McLeod, Klabunde, Willis, & Stark, 2013), several attempts were made to recruit GPs for this study. Recruitment consisted of an advertisement in the RACGP monthly newsletter, attendance at the Primary Health Care Research Conference and also a mail out to a GP Network Research Group (GPNRG). In addition, a reminder/thank you letter was emailed to potential participants in the GPNRG to help increase the number of responses.

In the Australian context, there have been several studies recommending specific strategies to engage GPs in research (Bonevski et al., 2011; Parkinson et al., 2015; Pit et al., 2014), as the response rates for GPs are continually declining (Parkinson et al., 2015). Recent research has highlighted the benefits for maximising GP response rates of factoring in financial incentives in the study design (Parkinson et al., 2015). Monetary incentives has been identified as an effective means of increasing the response rates for GPs (Pit et al., 2014). In addition, the same review and other work has highlighted the relevance of the study topic to the GP as another factor that can influence their choice of whether to participate or not (Pit et al., 2014; VanGeest et al., 2007). Although the recruitment strategy attempted to target relevant potential participants, the response rate for study 3 (Chapter 7) may have been higher if financial incentives had been offered, but funding limitations precluded this option.

Despite the difficulties of engaging GPs in research, they are a key and informed stakeholder in the return to work process and have a unique perspective regarding the role and training of RTWCs. It is important that we continue to

invite GPs to participate in research about workplace injury management to optimise future planning and the delivery of health services (Bonevski et al., 2011), particularly in the area of return to work.

#### **8.4 Implications of the Body of Research**

This thesis has addressed the lack of research evidence about the role and current training practices of Australian workplace RTWCs. The studies and associated manuscripts comprising this thesis, represent the first substantial work examining the role requirements and suitability of current training practices for almost two decades (Kenny, 1998b).

Throughout the course of the research, for this thesis it has become evident that the role of the workplace RTWC has evolved substantially since its inception. Equally evident is the positive impact the role has had on the return to work process for the injured worker. The findings in this thesis confirm that workplace RTWCs are identified as an important stakeholder in the return to work process for assisting workers return to the workplace following an injury. Although it is a mandatory requirement of most Australian workplaces to employ a RTWC, there is still a considerable amount of progress required to ensure the appointment of the appropriate person, and that current training is applicable and pertinent to meet the needs of contemporary workplace RTWCs.

In 2003, the possibility of establishing nationally consistent arrangements for workers' compensation systems in Australia was considered, as current arrangements for workers' compensation differed significantly between jurisdictions in regards to the services and the provisions for the injured worker and their family. These variances and inconsistencies across borders are problematic for national organisations and their employees who sustain a workplace injury. In particular, it is problematic for workplace RTWCs within

these organisations managing a worker's injury while endeavouring to navigate jurisdictions and attempting to discern the differences in the legislation that exist between them. While arguably the notion of national consistency is desirable, it does not necessarily mean an immediate nationally consistent workers' compensation system (ACTU response to Productivity Commission Interim Report, 2003). Gradual progress towards national consistency in a workers' compensation system could commence with aligning the role requirements and current training practices of RTWCs across the jurisdictions, and in turn this should alleviate the administrative burden for truly national organisations and their workplace representatives (Collins, Meacock, & Mignot, 2007). However, the harmonisation experience with the national OHS legislation has shown this can be a challenging process, that will take time, negotiation and support of all relevant stakeholders (WorkSafe NSW, 2017).

The research has demonstrated that the role requirements for the workplace RTWC demand careful consideration of personal attributes in the selection process for the appointment of the workplace RTWC. Notably, key inherent interpersonal traits require consideration, with friendliness, compassion, supportiveness, patience and (most importantly), empathy deemed necessary by all stakeholders to consider in selecting an appropriate individual for the role of workplace RTWC. Skills related to organisational ability, communication and assertiveness can be taught within the training program. Moreover, experiential knowledge (knowledge that can be only gained through personal experience) was also regarded as important to the role of the workplace RTWC, as was learned knowledge (knowledge obtained in the form of training).

Notably, there were several commonalties identified by the injured workers and the workplace RTWCs in regard to the role requirements, in particular, having empathy. One of the most significant findings identified by the injured workers

was the high turnover of workplace RTWC within their organisations which would cause much confusion and often delay their progress in the return to work process. The injured workers stated that a high turnover of workplace RTWCs was not unusual at large national organisations and highlighted this as problematic in their attempts to return to pre-injury duties. Although this finding is unique to this study and cannot be generalised, further investigation is required to confirm if this finding is consistent in a wider population.

Understandably, a more comprehensive training program was identified as being crucial to support contemporary workplace RTWCs in their role. Key stakeholders are discontented with the current training and considered the available training programs inadequate, too brief, and lacking important competencies that would assist a workplace RTWC when facilitating a safe and durable return to work for an injured worker. A comprehensive course with a broader range of skills with relevant content was deemed essential for the workplace RTWC to successfully fulfil their role requirements. In particular, RTWCs identified basic medical knowledge, medical terminology and counselling skills as fundamental skills required to effectively perform the role, but which are presently unaddressed in training programs. Additionally, the expectation of having an experienced trainer who is knowledgeable in the specialised area of the workers' compensation system and the return to work process does not appear to be an unreasonable request by workplace RTWCs. A

review of current training practices is essential, with consideration given to developing training that is nationally consistent to fully equip all workplace RTWCs, who work in national organisations and for those that wish to change organisations or move interstate, with the knowledge they require to enable them to manage a smooth transition back to work for injured workers across all jurisdictions.



Appropriate training for all stakeholders involved in the return to work process was regarded as important for the successful management of the return to work process for the injured worker. The notion of appropriate training also extends to GPs who consult with workers following a workplace injury. Some GPs appear to be reluctant to engage in the training that is afforded to them by their respective jurisdictional regulators. If it is accepted that it is desirable that all GPs working with injured workers undergo this training, the barriers preventing GP engagement should be identified and steps taken to remove these barriers. It is important that regulators consult with GPs to identify the appropriate training GPs require to manage their obligations under the Workers' Compensation Act 1987. Rather than provide non-specific generic training that is largely peripheral to the needs of the GP, any training program for GPs should be highly relevant to their role, as short as possible, and financially incentivised. Arguably, GPs' lack of training and understanding of the workers' compensation system and the return to work process could be considered one of the major barriers between the workplace RTWC and the GP.

The GPs in this study acknowledged the importance of the RTWC role and the substantial and meaningful contribution that the workplace RTWC makes to the return to work process, the injured worker and the employer. The GPs recognised the communication difficulties they experience with RTWCs and associate this with their lack of basic medical knowledge. They indicated that a higher level of vocational education was required for the workplace RTWC, at either a certificate or diploma level. Collectively, all participants from the studies expressed very strong views on the specific characteristics and attributes required by a workplace RTWC so they can confidently manage the return to work process. They also highlighted the necessity for the training to be reviewed and to include new relevant content such as basic medical terminology and counselling skills.

## 8.5 Future Research

This thesis has raised a number of opportunities for future research in terms of both the role requirements of a workplace RTWC and their training needs. A recurrent theme throughout the research was the valuable contribution workplace RTWCs make in the return to work process. However, the training workplace RTWCs have undergone in the past has failed to prepare them adequately for the role. A focus of future research needs to be on developing and then evaluating relevant and appropriate training for workplace RTWCs that reflects the current climate and will effectively assist them perform the role competently. This may include national consistency within the training to assist workplace RTWCs in large organisations manage the return to work process across jurisdictions.

The selection process of workplace RTWCs also requires a more rigorous approach to ensure the appointment of a suitable person to the role. Future research that further examines the role of the RTWC would be a valuable and logical progression to provide further insight into the necessary competencies required by Australian workplace RTWCs to facilitate a successful return to work for injured workers. To pursue these recommendations and build on the knowledge obtained from the studies comprising this thesis would require consultation and engagement with a large cohort of national workplace RTWCs, which was beyond the scope of this thesis. Moreover, future research engaging a panel of experts consisting of recognised policy makers, regulators and workplace RTWCs is recommended to test and validate the findings of this thesis. The Delphi technique is used for consensus building by using a series of questionnaires delivered using multiple iterations from selected respondents within their domain of expertise (Hsu & Sanford, 2007). The Delphi technique could therefore be used to achieve a consensus on the recommendations from

this thesis regarding specific selection criteria for workplace RTWCs and their particular training needs.

Finally, the ongoing involvement of GPs in return to work research is important. It is particularly important for the injured worker that a collaborative partnership exists between their GP and the workplace RTWC to ensure transparency and open communication between these stakeholders. Interestingly, study 3 revealed a lack of GPs specifically trained in the workers' compensation system and the return to work process. Future research may require further consultation with GPs to determine the definitive knowledge needed to support them in the return to work process, and to develop and evaluate training that is relevant and accessible to them.

## **8.6 Summary of Thesis**

This thesis focused specifically on the role and current training practices of the workplace RTWC, and has provided a unique insight into their interactions with the injured worker and the GP. The findings of this thesis add to the important body of research in the specialised area of rehabilitation at the workplace, with unique contributions on the role and training of the workplace RTWCs. The studies that comprise this thesis have identified key findings about the Australian workplace RTWC, the injured worker, the GP, and their interactions in the return to work process. More specifically, a more rigorous recruitment and selection process for workplace RTWCs is essential to identify desirable attributes in candidates, in addition to a review of current training practices to ensure they are contemporary and comprehensive. Also important is the development of training for GPs that is relevant and accessible, and which clearly delineates the various stakeholder roles within the return to work process. The findings of this thesis should inform regulators and policy makers in future

decisions in this specific area, and in turn potentially aid in reducing workplace injury and disability costs in Australia.

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## **APPENDIX A        STATEMENTS OF COLLABORATION FROM AUTHORS**

### **STATEMENT FROM DARREN A RIVETT RELATING TO PAPERS PUBLISHED WITH JOANNA BOHATKO-NAISMITH**

I, Darren A. Rivett, attest that Research Higher Degree candidate, Joanna Bohatko-Naismith contributed to the listed publications by contributing to the conception and design of the studies, conducting and writing up the literature review, the collection of data, undertaking the statistical analysis, description and interpretation of the results, and writing the discussion and conclusions.

Bohatko-Naismith J, Rivett D, Guest M, James, C (2012). A review of the role and current training of Return to Work Coordinators in Australia. *Journal of Health, Safety and Environment*. 28 (2): 173-190

Bohatko-Naismith J, James C, Guest M, Rivett D (2015). The role of the Australian workplace Return to Work Coordinator: Essential Qualities and Attributes. *Journal of Occupational Rehabilitation*. 25 (1): 65-73

Bohatko-Naismith J, Guest M, Rivett D, James C (2016). Insights into workplace Return to Work Coordinator training: An Australian perspective. *WORK*. 55 (1) 29-36

Bohatko-Naismith J, James C, Guest M, Rivett DA. The injured worker's experience and relationship with the Australian workplace Return to Work Coordinator. *The International Journal of Workplace Health and Management (Under review)*

Bohatko-Naismith J, Guest M, James C, Pond, D, Rivett DA. The GPs perception and experiences with the workplace Return to Work Coordinator. *Australian Journal of Primary Health (Under review)*



.....  
Professor Darren A Rivett

Date: 30/5/2017

Joanna Bohatko-Naismith

Date: 20/5/2017

.....

Date: 30/5/2017

Professor Robert Callister  
Assistant Dean Research Training, Faculty of Health and Medicine

## STATEMENT FROM CAROLE JAMES RELATING TO PAPERS PUBLISHED WITH JOANNA BOHATKO-NAISMITH

I, Carole James, attest that Research Higher Degree candidate, Joanna Bohatko-Naismith contributed to the listed publications by contributing to the conception and design of the studies, conducting and writing up the literature review, the collection of data, undertaking the statistical analysis, description and interpretation of the results, and writing the discussion and conclusions.

Bohatko-Naismith J, Rivett D, Guest M, James, C (2012). A review of the role and current training of Return to Work Coordinators in Australia. *Journal of Health, Safety and Environment*. 28 (2): 173-190

Bohatko-Naismith J, James C, Guest M, Rivett D (2015). The role of the Australian workplace Return to Work Coordinator: Essential Qualities and Attributes. *Journal of Occupational Rehabilitation*. 25 (1): 65-73

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Bohatko-Naismith J, Guest M, James C, Pond, D, Rivett DA. The GPs perception and experiences with the workplace Return to Work Coordinator. *Australian Journal of Primary Health (Under review)*

.....  
Associate Professor Carole James

Date: 18/05/2017

Joanna Bohatko-Naismith

Date: 18/05/2017

.....

Date: 30/5/2017

Professor Robert Callister  
Assistant Dean Research Training, Faculty of Health and Medicine

## STATEMENT FROM MAYA GUEST RELATING TO PAPERS PUBLISHED WITH JOANNA BOHATKO-NAISMITH

I, Maya Guest, attest that Research Higher Degree candidate, Joanna Bohatko-Naismith contributed to the listed publications by contributing to the conception and design of the studies, conducting and writing up the literature review, the collection of data, undertaking the statistical analysis, description and interpretation of the results, and writing the discussion and conclusions.

Bohatko-Naismith J, Rivett D, Guest M, James, C (2012). A review of the role and current training of Return to Work Coordinators in Australia. *Journal of Health, Safety and Environment*. 28 (2): 173-190

Bohatko-Naismith J, James C, Guest M, Rivett D (2015). The role of the Australian workplace Return to Work Coordinator: Essential Qualities and Attributes. *Journal of Occupational Rehabilitation*. 25 (1): 65-73

Bohatko-Naismith J, Guest M, Rivett D, James C (2016). Insights into workplace Return to Work Coordinator training: An Australian perspective. *WORK*. 55 (1) 29-36

Bohatko-Naismith J, James C, Guest M, Rivett DA (2017). The injured worker's experience and relationship with the Australian workplace Return to Work Coordinator. *The International Journal of Workplace Health and Management (Under review)*

Bohatko-Naismith J, Guest M, James C, Pond, D, Rivett DA (2017). The GPs perspective on the workplace Return to Work Coordinator. *Australian Journal of Primary Health (Under review)*

.....  
Dr Maya Guest

Date: 9/5/2017

Joanna Bohatko-Naismith

Date: 9/5/2017

.....

Date: 30/5/2017

Professor Robert Callister  
Assistant Dean Research Training, Faculty of Health and Medicine

**STATEMENT FROM DIMITY POND RELATING TO PAPERS PUBLISHED  
WITH JOANNA BOHATKO-NAISMITH**

I, Dimity Pond, attest that Research Higher Degree candidate, Joanna Bohatko- Naismith contributed to the listed publication by contributing to the conception and design of the studies, conducting and writing up the literature review, the collection of data, undertaking the statistical analysis, description and interpretation of the results, and writing the discussion and conclusions.

Bohatko-Naismith J, Guest M, James C, Pond, D, Rivett DA. The GPs perception and experiences with the workplace Return to Work Coordinator. *Australian Journal of Primary Health* (Under review)

.....  
Professor Dimity Pond

Date: 18/05/2017

Joanna Bohatko-Naismith

Date: 18/05/2017

.....

Date: 30/5/2017

Professor Robert Callister  
Assistant Dean Research Training, Faculty of Health and Medicine

APPENDIX B      SUPPORTING DOCUMENTS FOR STUDY 1  
(CHAPTER 4 AND 5)

<http://infoed.newcastle.edu.au/administration/ShowPDF.asp?UCom...>

20/10/2011

HUMAN RESEARCH ETHICS COMMITTEE



Notification of Expedited Approval

To Chief Investigator or Project Supervisor:	<b>Professor Darren Rivett</b>
Cc Co-investigators / Research Students:	<b>Ms Carole James Mrs Maya Guest Mrs Joanna Bohatko Naismith</b>
Re Protocol:	<b>The perceptions and experience of the Return to Work Coordinator in relation to their role and training.</b>
Date:	<b>20-Jan-2011</b>
Reference No:	<b>H-2010-1301</b>
Date of Initial Approval:	<b>20-Jan-2011</b>

Thank you for your **Response to Conditional Approval (minor amendments)** submission to the Human Research Ethics Committee (HREC) seeking approval in relation to the above protocol.

Your submission was considered under **Expedited** review by the Ethics Administrator.

I am pleased to advise that the decision on your submission is **Approved effective 20-Jan-2011**.

In approving this protocol, the Human Research Ethics Committee (HREC) is of the opinion that the project complies with the provisions contained in the National Statement on Ethical Conduct in Human Research, 2007, and the requirements within this University relating to human research.

Approval will remain valid subject to the submission, and satisfactory assessment, of annual progress reports. *If the approval of an External HREC has been "noted" the approval period is as determined by that HREC.*

The full Committee will be asked to ratify this decision at its next scheduled meeting. A formal *Certificate of Approval* will be available upon request. Your approval number is **H-2010-1301**.

**If the research requires the use of an Information Statement, ensure this number is inserted at the relevant point in the Complaints paragraph prior to distribution to potential participants** You may then proceed with the research.

**Conditions of Approval**

This approval has been granted subject to you complying with the requirements for *Monitoring of Progress*, *Reporting of Adverse Events*, and *Variations to the Approved Protocol* as detailed below.

**PLEASE NOTE:**

In the case where the HREC has "noted" the approval of an External HREC, progress reports and reports of adverse events are to be submitted to the External HREC only. In the case of Variations to the approved protocol, or a Renewal of approval, you will apply to the External HREC for approval in the first instance and then Register that approval with the University's HREC.

20/01/2011 9:06 AM

- **Monitoring of Progress**

Other than above, the University is obliged to monitor the progress of research projects involving human participants to ensure that they are conducted according to the protocol as approved by the HREC. A progress report is required on an annual basis. Continuation of your HREC approval for this project is conditional upon receipt, and satisfactory assessment, of annual progress reports. You will be advised when a report is due.

- **Reporting of Adverse Events**

1. It is the responsibility of the person **first named on this Approval Advice** to report adverse events.
2. Adverse events, however minor, must be recorded by the investigator as observed by the investigator or as volunteered by a participant in the research. Full details are to be documented, whether or not the investigator, or his/her deputies, consider the event to be related to the research substance or procedure.
3. Serious or unforeseen adverse events that occur during the research or within six (6) months of completion of the research, must be reported by the person first named on the Approval Advice to the (HREC) by way of the Adverse Event Report form within 72 hours of the occurrence of the event or the investigator receiving advice of the event.
4. Serious adverse events are defined as:
  - o Causing death, life threatening or serious disability.
  - o Causing or prolonging hospitalisation.
  - o Overdoses, cancers, congenital abnormalities, tissue damage, whether or not they are judged to be caused by the investigational agent or procedure.
  - o Causing psycho-social and/or financial harm. This covers everything from perceived invasion of privacy, breach of confidentiality, or the diminution of social reputation, to the creation of psychological fears and trauma.
  - o Any other event which might affect the continued ethical acceptability of the project.
5. Reports of adverse events must include:
  - o Participant's study identification number;
  - o date of birth;
  - o date of entry into the study;
  - o treatment arm (if applicable);
  - o date of event;
  - o details of event;
  - o the investigator's opinion as to whether the event is related to the research procedures; and
  - o action taken in response to the event.
6. Adverse events which do not fall within the definition of serious or unexpected, including those reported from other sites involved in the research, are to be reported in detail at the time of the annual progress report to the HREC.

- **Variations to approved protocol**

If you wish to change, or deviate from, the approved protocol, you will need to submit an *Application for Variation to Approved Human Research*. Variations may include, but are not limited to, changes or additions to investigators, study design, study population, number of participants, methods of recruitment, or participant information/consent documentation. **Variations must be approved by the (HREC) before they are implemented** except when Registering an approval of a variation from an external HREC which has been designated the lead HREC, in which case you may proceed as soon as you receive an acknowledgement of your Registration.

#### **Linkage of ethics approval to a new Grant**

20/01/2011 9:06 AM



HREC approvals cannot be assigned to a new grant or award (ie those that were not identified on the application for ethics approval) without confirmation of the approval from the Human Research Ethics Officer on behalf of the HREC.

Best wishes for a successful project.

Professor Alison Ferguson  
**Chair, Human Research Ethics Committee**

*For communications and enquiries:*  
**Human Research Ethics Administration**

Research Services  
Research Office  
The University of Newcastle  
Callaghan NSW 2308  
T +61 2 492 18999  
F +61 2 492 17164  
[Human-Ethics@newcastle.edu.au](mailto:Human-Ethics@newcastle.edu.au)

***Linked University of Newcastle administered funding:***

Funding body	Funding project title	First named investigator	Grant Ref
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20/01/2011 9:06 AM

## VOLUNTEERS NEEDED

Volunteer return to work coordinators  
required for focus groups



THE UNIVERSITY OF  
NEWCASTLE  
AUSTRALIA

**This study is to gauge the perceptions and experiences of the Return to Work Coordinator in relation to their role and training. Have you:**

- ☐ Worked full-time as a Return to Work Coordinator for more than two years?
- ☐ Been involved in the development and implementation of return to work programs, policies and procedures within your workplace?

**If this is you, then we need your expert opinion!**

We invite you to participate in a research project conducted by Joanna Bohatko-Naismith as part of her PhD candidature at the University of Newcastle.

Participants are requested to attend a 1 to 1.5 hour focus group in your area and discuss your perceptions and experiences as a Return To Work Coordinator.

### CONTACT

If you are interested in finding out more about this study please contact:

**Joanna Bohatko-Naismith**

PhD Candidate at the University of Newcastle under the Supervision of Professor Darren Rivett.

[Joanna.Bohatko-Naismith@newcastle.edu.au](mailto:Joanna.Bohatko-Naismith@newcastle.edu.au) T 02 4921 7038

This project has been approved by the University's Human Research Ethics Committee, Approval No H-2010-1301.

RESEARCH  
STUDY

[www.newcastle.edu.au](http://www.newcastle.edu.au)



## **FACULTY OF HEALTH**

Professor Darren Rivett  
Head, The School of Health Sciences, Faculty of Health  
Room HA. 15A, The Hunter Building  
Callaghan Campus  
CALLAGHAN NSW 2308



### **The perceptions and experiences of the Return To Work Coordinator in relation to their role and training Version 4; 01/08/2011**

Dear Sir/Madam

You are invited to take part in the research project identified above being conducted by Joanna Bohatko-Naismith, as part of her PhD candidature under the supervision of Professor Darren Rivett, with Ms Carole James and Ms Maya Guest as co-supervisors.

The study aims to explore the perceptions and experiences of the Return To Work Coordinator in relation to their role and current training practices. The information obtained may be of use to Return To Work Coordinators, industry professionals, policy makers, trainers and educators.

We are seeking to gather the views of Return To Work Coordinators and explore if current training is meeting their needs. We are interested in talking to Return To Work Coordinators who have assisted injured workers and have been involved in developing return to work programs, policies and procedures for their workplaces for a minimum of 2 years in a full-time capacity.

We are writing to invite you to attend a one to 1.5 hour focus group to be conducted in your area. Participation is entirely voluntary, and confidentiality and anonymity of the information provided is assured. Upon completion of the study a copy of the study results may be provided to you upon request.

We have enclosed an information sheet with further details regarding the research and participation. Should you require further information or wish to indicate an interest in our study, please contact: Joanna Bohatko-Naismith Email: [Joanna.Bohatko-Naismith@newcastle.edu.au](mailto:Joanna.Bohatko-Naismith@newcastle.edu.au)

Ph: (02) 49217038

Thank you for considering our invitation to participate in this study.

Kind regards

Professor Darren A. Rivett  
Head, School of Health Sciences  
Room HA.15A, The Hunter Building  
Callaghan Campus  
CALLAGHAN NSW 2308  
T+61 2 4921 7220  
F+61 2 4921 7053  
[Darren.Rivett@newcastle.edu.au](mailto:Darren.Rivett@newcastle.edu.au)



Dear Return to Work Coordinator

My name is Joanna Bohatko-Naismith and I am a PhD candidate at the University of Newcastle investigating the 'Perceptions and experiences of the Return to Work Coordinator in relation to their role and training'.

I am interested in talking to Return to Work Coordinators who have assisted injured workers and have been involved in developing return to work programs, policies and procedures for their workplaces for a minimum of two years in a full-time capacity.

The purpose of the study is to evaluate the perceptions and experiences of Return to Work Coordinators and explore if current training provides the necessary competencies required to perform the role successfully. This study may provide valuable information about the Return to Work Coordinator's role and its effectiveness in the workplace, and the training needed to perform this role.

Further information about the study can be found in the attached Letter of Invitation and the Participant Information Statement.

Should you require further information please feel free to contact me.

Thank you in anticipation of your assistance with this important project.

Joanna Bohatko-Naismith  
PhD Candidate

Email: [Joanna.bohatko-naismith@newcastle.edu.au](mailto:Joanna.bohatko-naismith@newcastle.edu.au)  
Telephone: (02) 49217038

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**NEWCASTLE** | CENTRAL COAST | PORT MACQUARIE | SINGAPORE

The University of Newcastle  
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[www.newcastle.edu.au](http://www.newcastle.edu.au)

**Information Statement for the Research Project:**

**The perceptions and experiences of the Return to Work Coordinator in relation to  
their role and training  
Version 5; 01/08/11**

**Why is the research being done?**

The purpose of the research is to evaluate the perceptions and experiences of Return to Work Coordinators and explore if current training provides the necessary competencies required to perform the role successfully. This study may provide valuable information about the Return to Work Coordinator's role and its effectiveness in the workplace, and the training needed to perform this role.

The expected benefit of this research to the Return to Work Coordinator profession is to inform the training required to perform the role effectively. Participants will consist of workplace Return to Work Coordinators who have been employed full-time for 2 years or more.

**What choice do you have?**

You have been contacted as a Return to Work Coordinator via a Return To Work Coordinator interest group. If you are interested in participating in the study you should contact the researcher directly via email for further information. Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you.

**How much time will it take?**

The focus group discussion should take approximately one to 1.5 hours.

**What are the risks and benefits of participating?**

There will be no direct benefit or risk to you in participating in this research.

**What would you be asked to do?**

Participants are requested to attend a focus group in their area which will last between one and 1.5 hours. Informed consent will be sought in written form and by tape recorded affirmation at the beginning of the focus group. It will be explained to participants that the focus group will be tape recorded and the discussion transcribed, however all identifying place, organisation and personal names will be replaced by pseudonyms in the final transcript and in any publications. Participants will have the right to withdraw from the study at any time including during and after the focus group and to withdraw any data that identifies them without penalty or explanation. There is an expectation that participants will share their training and professional experiences, and provide valuable information on the role of the workplace Return to Work Coordinator. Participants will be asked to discuss any commonalities and differences in their backgrounds, training, perceptions, experiences and work practices.

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**How will your privacy be protected?**

Your participation is voluntary and your confidentiality will be maintained by the researchers. Prior to commencement of the focus group, a consent form will be provided and discussed by the researcher. Each participant will then be invited to sign a consent form. All of the tape recorded data collected during focus group recording will be kept in a locked cabinet and electronic transcriptions will be kept in password protected electronic data files. All data will be stored in the School of Health Sciences for at least 5 years after the conclusion of the project. Participants have the right to withdraw at any time and have any data that identifies them withdrawn. Participants will be asked to maintain the confidentiality of the group's discussions.

**How will the information collected be used?**

The results will be used to inform industry professionals, trainers and Return to Work Coordinators as to the competencies required to perform the role of Return To Work Coordinator. It may inform the education of Return to Work Coordinators. It is also expected that the information and results may be published in a peer reviewed journal, a PhD Thesis and presented at professional conferences in a de-identified form.

**What do you need to do to participate?**

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or if you have questions, contact the researcher. Please forward this information to other Return to Work Coordinators who may be interested in being part of this study. Alternatively if you have any colleagues who may be interested in this study, with their permission you can provide their details and we will contact them directly.

**Further information**

If you would like further information please contact: Ms Joanna Bohatko-Naismith PhD candidate.

Email: [Joanna.Bohatko-Naismith@newcastle.edu.au](mailto:Joanna.Bohatko-Naismith@newcastle.edu.au) Phone: 02 49217038

Thank you for considering this invitation.

Kind regards

Professor Darren A. Rivett|  
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F+61 2 4921 7053  
[Darren.Rivett@newcastle.edu.au](mailto:Darren.Rivett@newcastle.edu.au)

**Complaints about this research**

This project has been approved by the University's Human Research Ethics Committee, Approval No. H2010-1301. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email [Human-Ethics@newcastle.edu.au](mailto:Human-Ethics@newcastle.edu.au)

## **The perceptions and experiences of Return To Work Coordinators in relation to their role and training.**

### **Consent Form** Version 6; 15/03/2011

**Researchers: Prof. Darren Rivett, Ms Carole James, Ms Maya Guest, Ms Joanna Bohatko-Naismith**

I agree to participate in the above research project and give my consent freely.

I understand that the project will be conducted as described in the Information Statement, a copy of which I have retained.

I understand that I can withdraw any data that identifies me at any time and do not have to give any reason for withdrawing.

I consent to participate in a focus group which will be audio recorded.

I understand that my personal information will remain confidential to the researchers, all of whom have signed a confidentiality agreement.

I have had the opportunity to have questions answered to my satisfaction.

I agree to receive a final copy of the focus groups transcript to review if my comments are a true representation of what I said.

*Please circle Yes/No*

I understand when reviewing the transcript that I will have the opportunity to provide additional comments to the researcher if desired.

I consent to the researcher contacting me for clarification of the information I have provided to the focus group.

*Please circle Yes/No*

**Print Name:**

---

**Signature:**

---

**Date:**



## **Focus group schedule**

**Version 3; 28/10/10**

- 1. Facilitator-led preliminary activities** – Introduction of facilitator and description of research project and focus group activities; confidentiality within the group; confidentiality and anonymity of data; dissemination of findings; focus group around rules and informed consent.
- 2. Group introduction exercise** – Can you please tell the group who you are, a bit about your professional background, your training for the role and how you came to your role as a Return to Work Coordinator (RTWC), and what your role involves?
- 3. Group discussion** - What do you see as some of the major barriers to performing your role as a RTWC? Can you identify any factors that assist you to perform your role?
- 4. Group discussion** – What knowledge, skills, attitudes and behaviours do you feel are required for a return to work coordination to be effective?
- 5. Group discussion** – What would you like to see included in the training packages to assist you to perform the role effectively and competently?
- 6. Finishing off with individual contribution** – What attributes or qualities do you think that you have brought personally to the role?

**OR**

You are asked to help train a new workplace RTWC who will work with injured workers in your organisation. You have to give the new coordinators one piece of advice. What would it be?

Any final comments are sought or can be emailed to the research team.

# SINK OR SWIM? THE PERCEPTIONS OF RETURN TO WORK COORDINATORS

J. Bohatko-Naismith<sup>1</sup>, Prof Darren Rivett<sup>1</sup>, Dr Carole James<sup>1</sup>, Dr Maya Guest<sup>1</sup>.

<sup>1</sup> School of Health Sciences, Faculty of Health, University of Newcastle, NSW, Australia.



## Background

Due to the significant increase in the cost of workers' compensation in the 1980s, radical changes occurred within the Australian system. <sup>(1)</sup> As a result the most innovative change to occur was the introduction of rehabilitation of the injured worker in the workplace. <sup>(1)</sup> For workplace based rehabilitation to be effective, coordination of the process is essential due to the number of stakeholders involved. <sup>(2,3)</sup> In most states of Australia the coordination of this process is facilitated by a workplace Return to Work (RTW) Coordinator. <sup>(2)</sup> Employing a RTW Coordinator is not mandatory in some states and territories in Australia. Often employees are appointed with the responsibility <sup>(4)</sup>, rarely receive the appropriate training required and struggle when facilitating the RTW process. <sup>(5)</sup> The duration of training administered to RTW Coordinators by Australian health and safety regulatory bodies varies significantly across the states and territories, ranging from one day <sup>(6,7)</sup> to 100 hours. <sup>(8)</sup> Furthermore, there are many differences in the type of training provided to Australian RTW Coordinators, such as accredited training which is developed and endorsed by health and safety regulatory bodies and competency based training taken from the Australian

Qualifications Framework.

### Aim

To understand the perceptions and experiences of RTW Coordinators with respect to their current training and to ascertain whether it is meeting their requirements.

### Participants

No. Participants	21
Dual Role	8
Experience (average)	2.5 years
Training	18
No Training	2
Unspecified	1
Advance training	1

### Methods

Purposive Sampling Framework <sup>(9)</sup>  
Five Focus Groups of 1-1.5 hour duration.  
Focus groups recorded and transcribed.



### Data Analysis

Analysed according to a group meeting process.  
Transcripts coded according to key themes, categories and issues.  
Group synthesised inductively derived categories over a series of meetings <sup>(10)</sup>

### Results

1. Inadequate training
2. Practical content
3. Specialised trainers



### Conclusion

Given the increasing demands of the RTW Coordinator role and the pivotal part it plays in the RTW process, it is arguable that closer attention needs to be paid to their professional development, peer support and mechanisms to promote ongoing education and innovation in the field.

### Discussion

#### Inadequate training

The significant changes that have occurred in Australian legislation over the last decade <sup>(1)</sup> have created greater responsibilities for the RTW Coordinator and highlighted the need for appropriate training. <sup>(34)</sup> RTW Coordinators are unhappy with the current training stating:  
“.. I found the course; just basically adequate... it's not enough” (NSW)  
“..the 2 day course I thought - I thought it was very brief” (Victoria)  
“.. I don't think the training helped me that much” (Tasmania)  
“.. You get the 2 days and then you just move out to the job” (NSW)

Jurisdiction	Training
New South Wales	2 days
Victoria	2 days recommended *
South Australia	Length of training not available
Western Australia	1 day or 3 days
Australian Capital Territory	10 days recommended *
Queensland	3 days or 100 hours
Tasmania	No specified time frame
Northern Territory	No legislative requirements

#### Practical content

RTW Coordinators acknowledge the need for training on relevant compensation and legislation but felt that it was too heavily focused on legislation. They felt that the content needs to be reviewed and reported:  
“..when you get out to the real world and you're dealing with people's emotions and physical pain, mental pain and stuff like that, I wasn't really prepared for it” (NSW)  
“.. a very high focus on legislation, which obviously should be there..I think more time spent on...case notes and how to write appropriate case notes: (Queensland)  
“.. sink or swim – yeah throw you in the deep, yeah” (NSW)

#### Specialised trainers

RTW Coordinators emphasised the need for Trainers to be competent in the area of RTW. RTW Coordinators need have confidence in their trainers and know that they have both the knowledge and experience within the RTW process, giving them the confidence they need when they are assisting injured workers return to the workplace following injury. As reported by a RTW Coordinator:  
“she read from the book...she had no idea what she was doing...there was no information, no support” (NSW)



### References:

1. Innes, E. Workplace-based occupational rehabilitation in New South Wales, Australia. Work 5. 1995:147-52.
2. Harrison K, Allen S. Features of occupational rehabilitation systems in Australia: a map through the maze. Work. 2003;21(2):141-52.
3. Murphy RC, Foreman P, Young AE. Differences in the organizational behaviour beliefs held by Australian employer representatives and health professionals involved in occupational rehabilitation: implications for workplace disability management. The International Journal of Human Resource Management. 1997;8(1):18-26.
4. WorkCover WA. Obligations of the key parties. n.d. Available from: <http://www.workcover.wa.gov.au/Returning+to+Work/Obligations+of+the+key+parties/Default.htm>.
5. Tjulin A, Edvardsson Stewie E, Elberg K. Experience of the implementation of a multi-stakeholder return-to-work programme. J Occup Rehabil. 2009 Dec;19(4):409-18.
6. WorkCover NSW. Return to Work Coordinator. n.d [cited 2010]. Available from: <http://www.workcover.nsw.gov.au/injuriesclaims/injurymanagement/ReturntoWork/ReturntoWorkCoordinator/Pages/default.aspx>.
7. WorkSafe Victoria. Return to work coordinators. n.d [02/03/10]. Available from: [http://www.worksafe.vic.gov.au/wps/wcm/connect/wainetnet/WorkSafe/Home/Injury+and+Claims/Returning+to+Work/Return+to+Work+Coordinators/D\\_Return+to+Work+Coordinators](http://www.worksafe.vic.gov.au/wps/wcm/connect/wainetnet/WorkSafe/Home/Injury+and+Claims/Returning+to+Work/Return+to+Work+Coordinators/D_Return+to+Work+Coordinators).
8. WorkCover Queensland. Employers obligations - an overview. Q-Comp. 2010. Available from: <http://www.qcomp.com.au/rehabilitation/employer-obligations--an-overview>.
9. Merriam SB. Qualitative research: A guide to design and implementation. San Francisco: Wiley Press; 2009.
10. Kvale S. Doing interviews. London: Sage; 2007.
11. Courtesy of Google Images

# The role of the Australian Return to Work Coordinator: Essential Qualities and Attributes

J. BOHATKO-NAISMITH<sup>1</sup>, C. JAMES<sup>1</sup>, M. GUEST<sup>1</sup> D. RIVETT<sup>1</sup>.

<sup>1</sup> School of Health Sciences, Faculty of Health and Medicine, The University of Newcastle, NSW, Australia.



## Background:

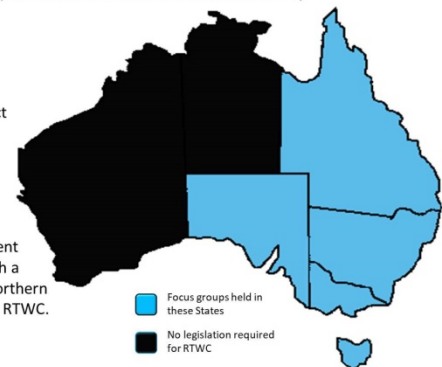
In the Australian context a Return to Work Coordinator (RTWC) assists an injured worker with workplace-based support and guidance following a work-place injury. Legislative requirements and the involvement of many stakeholders add to the complexity of the role. Selecting the right person for the role, those who possess suitable qualities and traits to manage the RTW process may assist to promote a more positive outcome for workers. International literature recommends the need to clearly describe the role and the essential qualities and attributes required for RTWC to facilitate a safe and early RTW for injured workers.

## Objectives:

The aim of the study was to understand the perceptions and experiences of RTWC with respect to the essential qualities and characteristics required to perform their role.

## Method:

Seven focus groups with 25 participants were conducted in 7 major Australian cities with Workplace RTWC who had a minimum 2 years experience and were involved in the development and implementation of workplace policies and procedures. Participants were recruited through a National RTWC website, RTWC interest groups and snowballing. Western Australian and the Northern Territory were excluded from this study as they have no legislative requirements for workplace RTWC.



## Principal findings:

Three key themes were identified from the data. 1) Communication skills, 2) RTWC characteristics, and 3) Managing the RTWC process.

### Communication Skills

RTWC emphasised the importance of possessing effective communication and active listening skills as being central to the role. RTWC need to be committed to providing practical, non-judgmental and honest communication with all stakeholders in the RTW process (1). As one of the RTWC explained,

*'you need to communicate well, and communication includes documentation and correspondence' [Participant 14]*

RTWC in this study highlighted the necessity of both verbal and non-verbal communication skills with all stakeholders to perform the role proficiently.

### RTWC Characteristics

RTWC in this study expressed the necessity of inherent interpersonal skills when relating to injured workers and clearly articulated the importance of having particular essential skills, attributes and knowledge to successfully fulfil the role. A few noteworthy attributes are having empathy and being compassionate, friendliness, organisation, being supportive and 'thick skinned'. Perseverance and persistence were also identified as notable traits when encountering obstacles in the RTW process:

*'I think persistence, especially walking into a very sort of hostile environment towards compensation and return to work and that sort of thing'. [Participant 3]*  
*'...and a little bit of perseverance as well as the ability to keep pushing through' [Participant 20]*

### RTWC Process

RTWCs acknowledged some of the challenges faced during the RTW process. RTWC often struggle due to the lack of organisational resources and support, while others contend with wearing 'many hats' within their workplace or their part-time status. The RTWC in this study were confident in their ability to manage the RTW process while working to achieve the best outcome for the injured worker.

*'Because that's a skill, being able to – being able to help people understand where you are coming from and what you are trying to achieve... I think the ability to do proactive return to work where you can propose programs and obviously there are some other skills and knowledge that is to do with that but, having that goals oriented return to work programs, where we are trying to achieve full pre-entry duties, and that is our commitment, as a business, as a RTWC' [Participant 15]*

## Discussion:

RTWC in this study highlighted that for success to occur within the RTW process, much relies on the individual RTWC inherent interpersonal qualities. In addition the RTWC identified compassion, empathy, friendly, organised and supportive as necessary attributes to perform the role. Essential qualities included good communication skills, listening skills, and problem solving and mediation skills. The qualities, attributes and skills identified in this study may be used to define the required selection criteria for individuals choosing to enter this field of work.

## References:

1. Shaw W, Hong Q-N, Fransky G, Losel P A literature review describing the role of return-to-work coordinators in trial programs and interventions designed to prevent workplace disability J Occup Rehabil. 2008 Mar;18(1):2-15.





# DEFICIENT OR SUFFICIENT? CONTEMPORARY AUSTRALIAN RETURN TO WORK COORDINATOR TRAINING PRACTICES

Joanna Bohatko-Naismith, Maya Guest, Darren A Rivett, Carole James

School of Health Sciences, Faculty of Health and Medicine, The University of Newcastle, NSW, Australia.



## Background

In most Australian states, workplace rehabilitation is managed by a workplace Return to Work Coordinator (RTWC)<sup>(1)</sup>, which has been reported to produce favourable outcomes for the employer and the injured worker, specifically in regards to production and disability costs<sup>(2)</sup>.

## Aim

The aim of this study was to gain insight into the perceptions and experiences of workplace RTWCs and provide a discourse on current training and highlight inadequacies within contemporary training practices.

## Methods

Six focus groups were conducted with 25 workplace RTWCs from various workplaces in 5 Australian states. Participants were recruited via professional RTW interest groups, through a national professional website, and using the snowball sampling technique. Eligibility for participation in the study was a minimum of 2 years' experience as a workplace RTWC with responsibility for the development and implementation of workplace RTW policies and procedures. Thematic analysis identified meaningful themes and categories.

## Results

On average, in Australia, two days training is provided to a RTWC and they are expected to implement policies and accordance with legislative requirements, liaise with key stakeholders, and navigate the often complex RTW process for the injured worker. The findings in this study identified and recommended the need for specific training requirements and additional support mechanisms. Four key themes clearly emerged.



Focus groups held in these States  
No legislation required for RTWC

Jurisdictions In Australia	Length of Training
New South Wales	2 days
Victoria	2 days recommended
South Australia	2 days
Western Australia	1 day or 3 days
Australian Capital Territory	10 days recommended
Queensland	1 day or online
Tasmania	No specified time frame
Northern Territory	No legislative requirements

### 1. Inadequate training

Over the last decade significant changes have occurred in Australian legislation<sup>(1)</sup> creating greater responsibilities for the workplace RTWC and highlighting the need for a review of training practices<sup>(3)</sup>. Contemporary RTWCs are unhappy with the current training stating:  
'... I found the course; just basically adequate... it's not enough' (NSW)  
'...the 2 day course I thought - I thought it was very brief' (Victoria)  
'... I don't think the training helped me that much' (Tasmania)  
'... You get the 2 days and then you just move out to the job' (NSW)

### 2. Irrelevant content

Workplace RTWCs acknowledge the need for training; however felt that the current training is too heavily focused on legislation. They felt that the content needs to be reviewed and reported:  
'...when you get out to the real world and you're dealing with people's emotions and physical pain, mental pain and stuff like that, I wasn't really prepared for it' (NSW)  
'... a very high focus on legislation, which obviously should be there.. I think more time spent on...case notes and how to write appropriate case notes' (Queensland)  
'... sink or swim - yeah throw you in the deep end' (NSW)

### 3. The need for specialised trainers

Workplace RTWCs emphasised the need for Trainers to be competent in the area of RTW. RTWCs need to have confidence in their trainers and know that they have both the knowledge and experience within the RTW process, giving them the confidence they need when they are assisting injured workers return to the workplace following injury. As reported by a RTWC:  
'...she read from the book...she had no idea what she was doing...there was no information, no support' (NSW)

### 4. Network support services

Several workplace RTW Coordinators proposed the idea that regular networking workshops would be valuable to ensure currency of knowledge and skills.  
As one participant stated; '... we need up-skilling workshops to talk about new ideas' (South Australia)

## Conclusion

Effective training and support are perceived as fundamental requirements by workplace RTWCs to ensure they are enabled to deliver appropriate and timely services to all relevant stakeholders involved in the RTW process. The findings of this study may have significant implications for policy makers, employers and regulators. Improved training practices of RTWCs may lead to decreased workplace disability and lower workers' compensation costs.

## References

1. Innes, E. Workplace-based occupational rehabilitation in New South Wales, Australia. *Work* 5, 1995:147-52.
2. Shaw W, Hong QN, Pransky G, Loisel P. A literature review describing the role of return-to-work coordinators in trial programs and interventions designed to prevent workplace disability. *Journal of Occupational Rehabilitation* 2008;18:2-15.
3. Bohatko-Naismith J, Rivett D, Guest M, James C. A review of the role and training of return to Work Coordinators in Australia. *Journal of Health, Safety and Environment* 2012;28:173-90.

APPENDIX C      SUPPORTING DOCUMENTS FOR  
STUDY 2 (CHAPTER 6)



HUMAN RESEARCH ETHICS COMMITTEE

Response Required

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To Chief Investigator or Project Supervisor:	<b>Associate Professor Carole James</b>
Cc Co-investigators / Research Students:	<b>Mrs Joanna Bohatko Naismith Professor Darren Rivett Doctor Maya Guest</b>
Re Protocol:	<b>The perceptions and experiences of injured workers' in relation to their interactions with the workplace Return to Work Coordinator.</b>
Date:	<b>24-Apr-2015</b>
Reference No:	<b>H-2015-0097</b>

---

Thank you for your **Initial Application** submission to the Human Research Ethics Committee (HREC) seeking approval in relation to the above protocol.

Your submission was considered under **L2 Low Risk Research Expedited** review by the **HREC Panel** on 24-Apr-2015.

The status of your submission is **Conditional Approval (minor amendments)**. Before it can be considered further, you are asked to provide a response to the matters listed below.

**Before preparing your response, please note:**

- Please highlight any amendments to supporting documents and update the version number and date
- Where the research is the project of a student, ensure that the response is submitted to the HREC by the project supervisor
- **The research must not commence until you receive written confirmation of full approval**

**Matters to be addressed:**

1. Application Queries

a. For noting: Should the researchers wish to retain a back-up recruitment strategy (other than the radio announcement) then please provide details.

b. Please advise whether participants can edit the transcript of their interview. The application suggests that they can check that the transcript accurately reflects their comments, but it is unclear whether they will be invited to amend the transcript should they wish to retract or amend their comments for any other reason.

c. Please advise how the collected data (transcripts/recordings etc) will be deleted or destroyed once no longer required.

## 2. Participant Information Statement

### a. Within the 'Risks and Benefits' section:

- i). Please advise that the research involves the collection of sensitive personal information (as you have stated within your application)
- ii). You may also wish to advise participants of the \$20 gift card as thanks for their time.
- b. Please include the relevant inclusion/exclusion criteria, under a heading 'Who can participate?'
- c. Within the section 'What would you be asked to do?' it states that 'It will be explained that the interview will be recorded and transcribed.' Please consider revising this to state simply that 'The interview will be audio recorded and transcribed.'
- d. Within the section 'What do you need to do to participate?' please include instructions on what participants should do if they wish to participate (eg complete and return the attached consent form via email)
- e. Please confirm who will transcribe the interviews. If it will be done by a third party, please confirm that they will sign a confidentiality agreement.
- f. If there is any end-point after which participants will be unable to withdraw their data, then please make this clear.
- h. Please advise participants that they can review and edit the transcript of their interview upon request (not exclusively to remove any data which identifies them)
- i. Within the section 'How will the information collected be used' please add:

'Non-identifiable data may be also be shared with other parties to encourage scientific scrutiny, and to contribute to further research and public knowledge, or as required by law.'

## 3. Consent

For noting only: Please consider using spacing or bullet points for clarity.

## 4. Radio Announcement

- a. Please provide the indicative text for the radio announcement
- b. Please confirm that you will obtain approval from Marketing and Public Relations, prior to using the radio announcement.
- c. Will the radio announcement detail the relevant inclusion criteria for participation?

### **Response:**

To respond to the HREC follow these steps:

- Log into RIMS - <https://RIMS.newcastle.edu.au/login.asp>
- Open the protocol - H-2015-0097
- Go to the Submission section and click [Respond](#)
- Chose the appropriate submission type based on the status of your submission (Conditional Approval (minor amendments))
- Complete the **Response** eForm
- Attach any amended documentation (if requested above)

- Submit the response (this action must be undertaken by the chief investigator/project supervisor)

For more detailed instructions on how to complete this response submission, click **Help - Dev** under the **My Human Ethics** section.

***Application Expiry:***

Your application will remain valid for six (6) months from the date of the above decision. If you do not respond within that time the application will be cancelled and you will need to submit a new application if you wish to pursue the research.

Professor Allyson Holbrook

**Chair, Human Research Ethics Committee**

*For communications and enquiries:*

**Human Research Ethics Administration**

Research Services  
Research Integrity Unit  
The Chancellery  
The University of Newcastle  
Callaghan NSW 2308  
T +61 2 492 17894  
F +61 2 492 17164  
[Human-Ethics@newcastle.edu.au](mailto:Human-Ethics@newcastle.edu.au)

RIMS website - <https://RIMS.newcastle.edu.au/login.asp>

**Study Title: The perceptions and experiences of injured workers' in relation to their interactions with the workplace Return to Work Coordinator**

The purpose of the research is to examine the injured workers perspective on the relationship between them and the workplace Return to Work (RTW) Coordinator and their views on the necessary skills and attributes required for a RTW Coordinator to be effective in their role.

We are seeking 12 participants that:

- Are over 18 years of age
- Have sustained a workplace compensable injury during 2013 or 2014
- Have had contact with a workplace Return to Work Coordinator (RTWC) from the time of the workplace injury
- Have been employed with an employer who has a designated workplace RTW Coordinator at the time of the injury.
- Are English speaking
- Are capable of giving informed consent

Participants will be requested to attend an interview at a University of Newcastle facility, which will last approximately one (1) hour, at a convenient time.

Participants will be compensated with a \$20.00 gift card as a thank you for their time and travel.

This study is being conducted by Joanna Bohatko-Naismith, a University of Newcastle PhD student, under the supervision of Professor Darren Rivett, Associate Professor Carole James and Dr Maya Guest.

If you are interested in participating in the study please contact Joanna on (02) 49217038 or you can email her at [Joanna.bohatko-naismith@newcastle.edu.au](mailto:Joanna.bohatko-naismith@newcastle.edu.au)



Professor Darren Rivett  
The School of Health Sciences  
Room HE13, Hunter Building  
Callaghan Campus  
CALLAGHAN NSW 2308

### **Information Statement for the Research Project:**

#### **The perceptions and experiences of injured workers' in relation to their interactions with the workplace Return to Work Coordinator**

Version 3; 08/10/15

#### **Why is the research being done?**

The purpose of the research is to examine the relationship between the injured worker and the workplace Return to Work (RTW) Coordinator from the perspective of the injured worker, seeking the views of injured workers regarding the necessary skills and attributes required for a RTW Coordinator to be effective in their role.

#### **What choice do you have?**

Participation in this research is entirely your choice. Only those people who give their informed consent will be included in the project. Whether or not you decide to participate, your decision will not disadvantage you.

#### **How much time will it take?**

The interview should take approximately one (1) hour.

#### **What are the risks and benefits of participating?**

The expected benefit of this study will be to provide evidence of the effectiveness of current practices relating to interactions with RTW Coordinators from the perspective of the injured worker. This research involves the collection of sensitive personal information and you have the right to cease the interview at any time if you wish to. All audio recorded data will be transcribed by a professional transcription service who have completed a confidentiality agreement. Participants will be compensated with a \$20.00 gift card as thanks for their time and travel.

#### **What would you be asked to do?**

You are requested to attend an interview which will last approximately one (1) hour at a University of Newcastle facility or your workplace, and at a time that is convenient for you. Your informed consent to participate will be sought in written form and by recorded affirmation at the beginning of the interview. It will be explained to you that the interview will be audio recorded and transcribed, however any personal names will be replaced by pseudonyms in the final transcript and in any publications. You have the right to withdraw from the study at any time including during and after the interview. You can review and edit the transcript of your interview upon request without penalty or explanation. At this end-point participants will no longer be able to withdraw or alter any data. It is hoped that you will share your perceptions and experiences, and provide valuable information on your interactions with the workplace RTW Coordinator.

**How will your privacy be protected?**

Your participation is voluntary and your confidentiality will be maintained by the researchers. You will be asked to sign a consent form prior to participation in the study. All of the data collected during the interview will be kept in password protected computer electronic data files. All data will be stored in the School of Health Sciences for at least 5 years after the conclusion of the project. You have the right to withdraw at any time and have any data that identifies you withdrawn from the study.

**How will the information collected be used?**

The results of the study will be used to inform industry professionals, trainers and RTW Coordinators as to the competencies required to perform the role of RTW Coordinator. It may also inform the education of RTW Coordinators. It is also expected that the information and results may be published in a peer reviewed journal, Joanna's PhD thesis and presented at professional conferences in a de-identified form. Non-identifiable data may also be shared with other parties to encourage scientific scrutiny, and to contribute to further research and public knowledge, or as required by law.

**Who can participate?**

The potential participant must meet the following requirements:

- Be over 18 years of age
- Have sustained a workplace compensable injury from 2010 to 2014
- Have had contact with a workplace Return to Work Coordinator (RTWC) from the time of the workplace injury
- Have been employed with an employer who has a designated workplace RTW Coordinator at the time of the injury.
- English speaking
- Capable of giving informed consent

This study is not suitable for you if you are:

- Non-English speaking
- Employed with an employer that has less than 20 employees
- No designated RTW Coordinator at the workplace

**What do you need to do to participate?**

Please read this Information Statement and be sure you understand its contents before you consent to participate. If you wish to participate in this study, please complete the accompanying consent form and return it to the researchers in the reply paid envelope. If you consent, you will then be contacted by a researcher in regards to time and venue that are convenient to you. If there is anything you do not understand, or if you have questions, please contact Joanna.

**Further information**

If you would like further information please contact: Ms Joanna Bohatko-Naismith

Email: [Joanna.Bohatko-Naismith@newcastle.edu.au](mailto:Joanna.Bohatko-Naismith@newcastle.edu.au) Phone: 02 49217038

Thank you for considering this invitation.

Kind regards

Professor Darren Rivett  
School of Health Sciences  
Room HE13, Hunter Building

Joanna Bohatko-Naismith  
PhD Candidate  
School of Health Sciences

Callaghan Campus  
T +61 2 4921 5642  
F +61 2 4921 7053  
[Darren.Rivett@newcastle.edu.au](mailto:Darren.Rivett@newcastle.edu.au)

The University of Newcastle

**Complaints about this research**

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-2015-0097. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email [Human-Ethics@newcastle.edu.au](mailto:Human-Ethics@newcastle.edu.au)  
7 August 2014

**The perceptions and experiences of injured workers' in relation to their interactions with the workplace Return to Work Coordinator**

**Consent Form**

**Version 2: 26/04/2015**

**Researchers: Prof Darren Rivett, Assoc Prof Carole James, Dr Maya**

**Guest, Ms Joanna Bohatko-Naismith**

- I agree to participate in the above research project and give my consent freely.
- I understand that the project will be conducted as described in the Information Statement, a copy of which I have retained.
- I understand that I can withdraw any data that identifies me at any time and do not have to give any reason for withdrawing.
- I consent to participate in a semi-structured interview which will be audio recorded.
- I understand that my personal information will remain confidential to the researchers, all of whom have signed a confidentiality agreement.
- I have had the opportunity to have questions answered to my satisfaction.
- I agree to receive a final copy of my semi-structured interview transcript to review if my comments are a true representation of what I said.

***Please circle Yes/No***

- I understand when reviewing the transcript that I will have the opportunity to provide additional comments to the researchers if desired.
- I consent to the researchers contacting me for clarification of the information I have provided in the semi-structured interview.

***Please circle Yes/No***

**Print Name:**

---

**Signature:**

**Date:** \_\_\_\_\_

**NEWCASTLE** | **CENTRAL COAST** | **PORT MACQUARIE** | **SINGAPORE**

The University of Newcastle  
Callaghan NSW 2308 Australia

enquirycentre@newcastle.edu.au  
CRICOS Provider Number: 00109J

T +61 2 4921 5000  
www.newcastle.edu.au

APPENDIX D      SUPPORTING DOCUMENTS FOR STUDY 3  
(CHAPTER 7)



**HUMAN RESEARCH ETHICS COMMITTEE**

**Response Required**

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To Chief Investigator or Project Supervisor:	<b>Professor Darren Rivett</b>
Cc Co-investigators / Research Students:	<b>Doctor Maya Guest</b> <b>Associate Professor Carole James</b> <b>Mrs Joanna Bohatko Naismith</b>
Re Protocol:	<b>GPs perceptions and experiences of working with Return to Work Coordinators</b>
Date:	<b>04-Mar-2015</b>
Reference No:	<b>H-2015-0054</b>

---

Thank you for your **Initial Application** submission to the Human Research Ethics Committee (HREC) seeking approval in relation to the above protocol.

Your submission was considered under **L1 Low Risk Research Expedited** review by the **Chair/Deputy Chair** on 04-Mar-2015.

The status of your submission is **Conditional Approval (minor amendments)**. Before it can be considered further, you are asked to provide a response to the matters listed below.

**Before preparing your response, please note:**

- Please highlight any amendments to supporting documents and update the version number and date
- Where the research is the project of a student, ensure that the response is submitted to the HREC by the project supervisor
- **The research must not commence until you receive written confirmation of full approval**

**Matters to be addressed:**

1. Application Queries

Please advise what online tool will be used to administer the survey and collect the data (Survey Monkey, Qualtrics etc). Please advise what security measures are employed by the online administrator, and how the online data will be securely stored and deleted.

2. Participant Information Statement

- a. Please include the letterhead of the Chief Investigator and University of Newcastle logo.
  - b. Within the 'Risks and Benefits' section, please identify the benefits of participation, such as the provision of CPD points as referred to within your application.
  - c. Within the section 'How will your privacy be protected?' please detail how the online data will be securely stored and deleted.
  - d. Within the Participant Information Statement, please include the sub-heading 'Who can participate?' and provide the relevant inclusion/exclusion criteria for participation.
-

e. Within the section 'How will the information collected be used?' please detail how participants can request/access a summary of the results of the research.

f. Please include the sub-heading 'What do you need to do to participate?' in which you should detail the request to click 'next'/'start' etc to proceed to the online survey. Please also state that 'Completion of the online survey will be taken as your implied consent to participate.'

### 3. Online Advertisement

a. Please ensure that the online advertisement carries the University of Newcastle logo, and the name of the Chief Investigator.

b. Please ensure that the link provided within the online advertisement, directs respondents to the online Participant Information Statement, and not directly to the survey as indicated.

c. Please ensure that the online advertisement is approved by Marketing and Public Relations prior to release.

#### **Response:**

To respond to the HREC follow these steps:

- Log into RIMS - <https://RIMS.newcastle.edu.au/login.asp>
- Open the protocol - H-2015-0054
- Go to the Submission section and click [Respond](#)
- Chose the appropriate submission type based on the status of your submission (Conditional Approval (minor amendments))
- Complete the **Response** eForm
- Attach any amended documentation (if requested above)
- Submit the response (this action must be undertaken by the chief investigator/project supervisor)

For more detailed instructions on how to complete this response submission, click **Help - Dev** under the **My Human Ethics** section.

#### **Application Expiry:**

Your application will remain valid for six (6) months from the date of the above decision. If you do not respond within that time the application will be cancelled and you will need to submit a new application if you wish to pursue the research.

Professor Allyson Holbrook  
**Chair, Human Research Ethics Committee**

*For communications and enquiries:*

#### **Human Research Ethics Administration**

Research Services  
Research Integrity Unit  
The Chancellery  
The University of Newcastle  
Callaghan NSW 2308  
T +61 2 492 17894  
F +61 2 492 17164  
[Human-Ethics@newcastle.edu.au](mailto:Human-Ethics@newcastle.edu.au)



### **General Practitioners required for research Study**

*"This activity has not been allocated QI&CPD points for this triennium. However, the RACGP acknowledges the personal learning value of various activities. GPs are therefore welcome to self-record this activity using the QI&CPD online services. Please contact your respective QI&CPD faculty for assistance."*

**This study aims to explore the experiences and perspectives of GP's when dealing with the Return to Work (RTW) Coordinator, specifically in relation to their role and training requirements.**

**Have you:**

- ☐ Treated patients on workers' compensation?
- ☐ Had contact with a workplace RTW Coordinator?

**If this is you, then we need your expert opinion**

We invite you to participate in a research project conducted by Joanna Bohatko- Naismith as part of her PhD candidature at the University of Newcastle. Participants are requested to complete a 5 minute online survey to assist in identifying the barriers and challenges experienced by GPs when dealing with workplace RTW Coordinators.

CLICK HERE: <https://www.surveymonkey.com/r/RTWCandGPSurvey>

**If you require further information please contact:**

**Joanna Bohatko-Naismith**

PhD Candidate

Joanna.bohatko-naismith@newcastle.edu.au

T 02 49217038, Approval No: H-2015-0054



*Newsletter*

## RACGP NSW&ACT newsletter



### **GPs required for online research study\***

A short study that aims to explore the experiences and perspectives of GPs when dealing with the Return to Work (RTW) Coordinator, specifically in relation to their role and training requirements.

[Read more](#)

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## General Practitioners required for research study



**This study aims to explore the experiences and perspectives of GPs when dealing with the Return to Work (RTW) Coordinator, specifically in relation to their role and training requirements.**

We invite you to participate in a research project conducted by Joanna Bohatko-Naismith as part of her PhD candidature at the University of Newcastle.

Participants are requested to complete a **5 minute** online survey to assist in identifying the barriers and challenges experienced by GPs when dealing with workplace RTW Coordinators.

To complete this survey please go to : <https://www.surveymonkey.com/r/RTWCandGPSurvey>

For further information please contact:

[Joanna.bohatko-naismith@newcastle.edu.au](mailto:Joanna.bohatko-naismith@newcastle.edu.au)

T: 02 49217038, Approval No: H-2015-0054





## *Certificate of Attendance*

This is to certify that

*Joanna Bohatko-Naismith*

attended the

2016 Primary Health Care Research Conference  
Canberra, Australia  
8-9 June 2016

**Dr Christina Hagger**  
Conference Convenor 2016

13 hours of attendance may be recorded for Professional Development Program points

## Information Statement

### **The experiences and perspectives of GPs when dealing with the workplace Return to Work (RTW) Coordinator, specifically in relation to their role and training requirements.**

**Version 6: 23/08/2016**

#### **Why is the research being done?**

The study recognises that there are many stakeholders involved in returning injured workers into employment, including the Return to Work (RTW) Coordinator. This study invites the professional opinion of General Practitioners working with RTW Coordinators and asks them to provide their experiences and perceptions on the role of the RTW Coordinator in regards to their ability to consult, communicate and manage the return to work process. RTW Coordinators often come from various backgrounds and there has been little documented on the competencies required to be successful in the role. The expected benefits of this study will be to provide evidence of current practices, from the GP's perspective, relating to RTW Coordinators and what helps or hinders a successful relationship during the RTW process.

#### **Who can participate?**

To participate in this study you must meet the following criteria:

1. Be employed as a practising GP in Australia
2. Currently manage patients on workers' compensation
3. Be proficient in the English language, and
4. Have access to a computer

#### **What choice do you have?**

Participation in this research is entirely your choice. Consent will be implied through the completion of the survey. Whether or not you decide to participate, your decision will not disadvantage you.

#### **What are the risks and benefits of participating?**

There are no risks or benefits of participating in this survey; however you are welcome to self-record this activity using the QI&CPD online services. Details on how to self-claim QI & CPD points has been provided in your package. If further information is required please contact your respective QI&CPD faculty for assistance.

#### **What do you need to do to participate?**

Participants will be mailed a participant Information Statement, a copy of the survey, details of self-claiming QI & CPD points and a return pre-paid envelope by the Network of Research General Practitioners (NRGP). Participants are requested to read the information statement and complete the survey and return it in the pre-paid enveloped provided. If the survey not been returned within 2 weeks a reminder letter and a copy of the survey will be resent to the GP by the NRGp.

Alternatively participants can complete the survey online at the following link:

<https://www.surveymonkey.com/r/RTWCandGPSurvey>

A participant Information Statement is also provided at the beginning of the online survey. The survey should take approximately 5 minutes to complete. Completion of the online survey will be taken as your implied consent to participate.

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**How will your privacy be protected?**

Survey data will be collected using the online “Survey Monkey” tool, which is in a password protected account only accessible to the researchers. There is a secure connection where sensitive information is encrypted for transmission. De-identified data will be stored for (5 years) as per university policy after which time it will be deleted. Your participation is voluntary and all surveys are anonymous.

**How will the information collected be used?**

The results will be used to inform numerous groups (including RTW Coordinators, GPs, and regulators) about current practice of successful facilitation of early RTW for injured workers. It may also inform the education of RTW Coordinators. It is expected that the information and results may be disseminated in peer reviewed journal publications, a PhD Thesis and presented at professional conferences. Participants can request a copy or summary of the results of the survey by contacting the researcher (JBN) via telephone or email.

**Further information**

If you would like further information or have any questions please contact:

Ms Joanna Bohatko-Naismith, PhD Candidate

Email: [Joanna.Bohatko-Naismith@newcastle.edu.au](mailto:Joanna.Bohatko-Naismith@newcastle.edu.au)

Phone: 02 49217038

Thank you for considering this invitation.

Kind regards

Professor Darren A. Rivett  
Principal Supervisor  
School of Health Sciences  
Room HE13, The Hunter Building  
Callaghan NSW 2308  
T +61 2 4921 5642  
F +61 2 4921 7053  
[Darren.Rivett@newcastle.edu.au](mailto:Darren.Rivett@newcastle.edu.au)

**Complaints about this research:**

This project has been approved by the University’s Human Research Ethics Committee, Approval No. H-2015-0054. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email: [Human-Ethics@newcastle.edu.au](mailto:Human-Ethics@newcastle.edu.au)

## **GPs' perceptions of the workplace Return to Work Coordinator**

### **Information Statement**

The experiences and perspectives of GPs when dealing with the workplace Return to Work (RTW) Coordinator, specifically in relation to their role and training requirements. Version 4:  
24/08/2016

### **Why is the research being done?**

The study recognises that there are many stakeholders involved in returning injured workers into employment, including the Return to Work (RTW) Coordinator. This study invites the professional opinion of General Practitioners working with RTW Coordinators and asks them to provide their experiences and perceptions on the role of the RTW Coordinator in regards to their ability to consult, communicate and manage the return to work process. RTW Coordinators often come from various backgrounds and there has been little documented on the competencies required to be successful in the role. The expected benefits of this study will be to provide evidence of current practices, from the GP's perspective, relating to RTW Coordinators and what helps or hinders a successful relationship during the RTW process.

### **Who can participate?**

To participate in this study you must meet the following criteria:

1. Be employed as a practising GP in Australia
2. Currently manage patients on workers' compensation
3. Be proficient in the English language, and
4. Have access to a computer

### **What choice do you have?**

Participation in this research is entirely your choice. Consent will be implied through the completion of the survey. Whether or not you decide to participate, your decision will not disadvantage you.

### **What are the risks and benefits of participating?**

There are no risks or benefits of participating in this survey, however you are welcome to self-record this activity using the Quality Improvement and Continuing Professional Development (QI&CPD) online services. Please contact your respective QI&CPD faculty for assistance.

### **What do you need to do to participate?**

Participants are requested to proceed to the online survey. The survey should take approximately 5 minutes to complete. Completion of the online survey will be taken as your implied consent to participate.

### **How will your privacy be protected?**

Survey data will be collected using the online "Survey Monkey" tool, which is in a password protected account only accessible to the researchers. There is a secure connection where sensitive information is encrypted for transmission. De-identified data will be stored for (5 years) as per university policy after which time it will be deleted. Your participation is voluntary and all surveys are anonymous.

### **How will the information collected be used?**

The results will be used to inform numerous groups (including RTW Coordinators, GPs, and regulators) about current practice of successful facilitation of early RTW for injured workers. It may also inform the education of RTW Coordinators. It is expected that the information and results may be disseminated in peer reviewed journal publications, a PhD Thesis and presented at professional conferences. Participants can request a copy or summary of the results of the survey by contacting the researcher (JBN) via telephone or email.

---

**Further information**

If you would like further information or have any questions please contact:

Ms Joanna Bohatko-Naismith, PhD Candidate

Email: [Joanna.Bohatko-Naismith@newcastle.edu.au](mailto:Joanna.Bohatko-Naismith@newcastle.edu.au)

Phone: 02 49217038

Thank you for considering this invitation.

Kind regards

Professor Darren A. Rivett

Principal Supervisor

School of Health Sciences

Room HE13, The Hunter Building

Callaghan NSW 2308

T +61 2 4921 5642

F +61 2 4921 7053

[Darren.Rivett@newcastle.edu.au](mailto:Darren.Rivett@newcastle.edu.au)

**Complaints about this research:**

This project has been approved by the University's Human Research Ethics Committee, Approval No. H-2015-0054. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email: [Human-Ethics@newcastle.edu.au](mailto:Human-Ethics@newcastle.edu.au)

## GPs' perceptions of the workplace Return to Work Coordinator

Version 3: 24/08/2016

The Royal Australian College of General Practitioners acknowledges the personal learning value of various activities. GPs are therefore welcome to self-record this activity using the QI & CPD online services. Please contact your respective QI & CPD faculty for assistance."

**Thank you for taking the time to participate in this survey. Please begin.**

Thank you for taking the time to participate in this survey. Please begin.

### 1. What is your gender?

☐ Male

☐ Female

### 2. What is your age?

☐ 21 - 29

☐ 30 - 39

☐ 40 - 49

☐ 50 - 59

☐ 60 or older

### 3. In the last 5 years please indicate in which Australian state or territory you have practiced, and currently practice in?

	Currently practice	Past practice
ACT	<input type="checkbox"/>	<input type="checkbox"/>
New South Wales	<input type="checkbox"/>	<input type="checkbox"/>
Northern Territory	<input type="checkbox"/>	<input type="checkbox"/>
Queensland	<input type="checkbox"/>	<input type="checkbox"/>
South Australia	<input type="checkbox"/>	<input type="checkbox"/>
Tasmania	<input type="checkbox"/>	<input type="checkbox"/>
Victoria	<input type="checkbox"/>	<input type="checkbox"/>
Western Australia	<input type="checkbox"/>	<input type="checkbox"/>

**4. Did you complete your initial medical degree in Australia?**

☐ Yes

☐ No

If No, please specify where you did your training

**5. How many years have you worked as a Medical Practitioner?**

**6. How many years have you been working as a General Practitioner in Australia?**

**7. On average, what percentage of your practice time would include workers' compensation patients?**

☐ 0 - 10%

☐ 11 - 20%

☐ 21 - 30%

☐ 31 - 40%

☐ 41 - 50%

☐ 50% or more

**8. On average, how many patients on workers' compensation would you see each week?**

☐ 0-1

☐ 2-5

☐ 6-10

☐ More than 10



**9. Have you received any training in the workers' compensation system?**

☐ Yes

☐ No

**10. Please indicate at what level(s) you received training in the workers' compensation system. (please select all that apply)**

☐ Initial Medical Qualification

☐ Specialist GP Training

☐ QI & CPD (Quality Improvement and Continuing Professional Development)

Other (please specify)

**11. Have you received any training in the return to work process?**

☐ Yes

☐ No

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**12. Please indicate the level(s) at which you received training in the return to work process. (please select all that apply)**

☐ Initial Medical Qualification

☐ Specialist GP Training

☐ QI & CPD (Quality Improvement and Continuing Professional Development)

Other type of training (please specify)

A workplace Return to Work (RTW) Coordinator (also known as Rehabilitation and Return to Work Coordinator) is usually an employee nominated by an employer whose principal role is to assist injured workers return to work in a safe and durable manner. They also ensure the policies and procedures in an employer's return to work program are followed.

**13. Are you familiar with the role of the workplace Return to Work (RTW) Coordinator?**

☐ Yes

☐ No

**14. How important is the RTW Coordinator in the RTW process?**

Very important	Important	Somewhat important	Not important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. To what degree do you consider RTW Coordinators make a meaningful contribution to the RTW Process?**

Not at all	Slightly	Moderately	Substantially
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. In your experience, the workplace RTW Coordinator act as an advocate for the: (Tick all that apply)**

- ☐ Injured worker
- ☐ Employer
- ☐ Insurer
- ☐ State Regulator
- ☐ Does not act as an advocate
- ☐ Other

Other (please specify)

**17. In your experience, how important are the following characteristics/attributes for a workplace RTW Coordinator to be effective in their role? Please rate the following**

	Very important	Important	Somewhat important	Not important
Accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diplomatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good communicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good listener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

**18. In your experience, when communicating with RTW Coordinators, how often would you encounter the following barriers?**

	Never	Rarely	Sometimes	Often	Always
Time constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too focused on needs of the employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns of patient confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of trust in RTW Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of confidence in RTW Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of medical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of knowledge of the injured worker's role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

**19. How often would you typically have contact with a RTW Coordinator during an injured worker's RTW process?**

- ☐ Never
- ☐ On 1-2 occasions
- ☐ On 3-4 occasions
- ☐ More than 4 occasions

**20. How many RTW Coordinators would you typically interact with in a month?**

- ☐ 0
- ☐ 1-5
- ☐ 6-10
- ☐ More than 10

**21. Which of the following would you consider to be your typical method(s) of communication with the RTW Coordinator? Please select all that apply**

- ☐ Appointment without injured worker
- ☐ Appointment with injured worker
- ☐ Email
- ☐ Fax
- ☐ RTW Coordinator leaves message with practice secretary for GP
- ☐ GP practice secretary relays message from GP to RTW Coordinator
- ☐ Telephone
- ☐ Text (sms)
- ☐ Medical certificate
- ☐ Prefer not to be contacted

Other (please specify)

**22. If the injured worker consents, do you think that it is appropriate for a RTW Coordinator to attend medical appointments with them?**

- ☐ Yes
- ☐ No

**23. Would you be available to meet with the RTW Coordinator following your consultation with the injured worker?**

- ☐ Yes
- ☐ No

**24. In your experience what are some of the challenges when a RTW Coordinator attends an appointment with an injured worker? (please select all that apply)**

- ☐ Patient uncomfortable with RTW Coordinator present
- ☐ GP uncomfortable with RTW Coordinator present
- ☐ Patient feels forced to return to work
- ☐ No challenges
- ☐ Other

Other (please specify)

**25. How often do you receive details of available workplace suitable duties for the injured workers from the RTW Coordinator?**

Always	Mostly	Sometimes	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**26. Generally, do you find details of workplace suitable duties provided by the RTW Coordinator useful when certifying an injured worker for RTW?**

Very useful	Mostly useful	Somewhat useful	Not useful at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**27. Has a RTW Coordinator ever requested further information from you in developing suitable workplace duties for an injured worker?**

- ☐ Yes
- ☐ No

**28. How important do you think it is for a RTW Coordinator to have a health professional background?**

Very important	Important	Somewhat important	Not important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**29. In your opinion should RTW Coordinator training cover the following: (please select all that apply)**

- ☐ Medical terminology
- ☐ Basic understanding of workplace injuries
- ☐ Written communication skills
- ☐ Verbal communication skills
- ☐ Listening skills
- ☐ Mediation/negotiation skills
- ☐ Knowledge of the workers' compensation system
- ☐ Knowledge of the RTW process
- ☐ Other

Other (please specify)

**30. In your opinion what level of training would you consider appropriate for a RTW Coordinator?**

- ☐ Regulator provided certification
- ☐ Vocational Education and Training (VET) certificate
- ☐ Vocational Education and Training (VET) diploma
- ☐ University qualification

**31. In your experience are RTW Coordinators prepared for the role?**

Fully prepared      Adequately prepared      Require more preparation      Not prepared at all

**32. How important do you think the RTW Coordinator role is in assisting injured workers?**

Very important      Important      Somewhat important      Not important

**33. Please provide any other comments on your positive or negative experiences with workplace RTW Coordinators**

--

Thank you for taking the time to complete this survey.

Please do not forget to record this activity using the QI & CPD RACGP online service.



## APPENDIX E      JOURNAL PUBLICATIONS

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JOURNAL OF  
**Health,  
Safety and  
Environment**

Volume 28(2)    November 2012

**Features and editorials:**

The long, tragic career of Exxon Valdez finally comes to an end. The ageing workforce: Is this a HSE issue?

Recent OHS Performance in the Australian red meat industry





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# FEATURE ARTICLE

## **A review of the role and training of Return to Work Coordinators in Australia**

**J Bohatko-Naismith, DA Rivett, C James, M Guest**

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### **Abstract**

Two decades ago the role of the Return to Work (RTW) Coordinator was introduced to the Australian workplace and they are now critical in the facilitation of workplace RTW. RTW Coordinators are required to manage the successful transition of the injured worker to their pre-injury position, develop and implement RTW programs, accommodate the injured worker with suitable duties and provide clear guidance on the workers compensation process. In most jurisdictions an individual is employed or nominated by their employer to fill the role of workplace RTW Coordinator. Currently a jurisdictional disparity exists in the role requirements and training received by Australian RTW Coordinators. There is little research on the background required to effectively perform the role, or whether current training is meeting the needs of the RTW Coordinator. This paper aims to provide an overview of the literature pertaining to the RTW Coordinator role and training available in Australia.

**Keywords:** Return to Work Coordinator, workplace injury management, workplace disability management.

### **Introduction**

Due to the significant increase in the cost of workers compensation in the 1980s, radical changes occurred within the Australian workers compensation system.<sup>1</sup> The emphasis on financial settlement was replaced with greater accountability of the

employer and improved occupational health and safety within the workplace focusing on injury prevention.<sup>2</sup> However, the most innovative change to occur was the introduction of rehabilitation of the injured worker in the workplace. WorkCover NSW (the workers' compensation body in New South Wales, Australia) and agencies in other states of Australia promoted the notion that occupational rehabilitation in the workplace would be efficacious for all concerned.<sup>1</sup> Occupational rehabilitation is workplace focused and aims to maintain the injured employee within the workplace or return them to appropriate employment in a timely, safe, durable and cost-efficient manner.<sup>3</sup> A tangible reduction in workers compensation costs, along with a reduction in illness and disability duration have been some of the identified benefits of workplace rehabilitation.<sup>4,5,6</sup> The evidence supports early intervention in the RTW process leading to significantly positive results for injured workers,<sup>7</sup> with the preferred setting for rehabilitation in large Australian organisations being the workplace.<sup>2,8</sup> For workplace based rehabilitation to be effective, coordination of the process is essential due to the number of stakeholders involved.<sup>2,8</sup> In most states of Australia the coordination of this process is facilitated by a workplace RTW Coordinator.<sup>2</sup>

A RTW Coordinator is defined as "an employee nominated by an employer (or a contractor engaged for the role) whose principal role is to assist injured workers to return to work in a safe and durable manner. The RTW Coordinator also ensures that the policies and procedures in an employer's return to work program are followed".<sup>9</sup> A systematic review<sup>7</sup> of RTW interventions identified several studies supporting the presence of a workplace RTW Coordinator, which suggests they are critical to the facilitation of the RTW process.<sup>7,10,11</sup> Regular and timely contact with RTW Coordinators has been shown to be effective in reducing the extent of work disability and associated costs.<sup>7</sup> Lack of support and assistance by key personnel such as RTW Coordinators in the workplace may reduce an injured worker's motivation to return to work and furthermore compromise the RTW process.<sup>12</sup> Workplaces with proactive RTW Coordinators are more likely to have success with RTW programs,<sup>12,13</sup> with RTW Coordinators viewed by some injured workers as a positive influence from the perspective of feeling safe and supported within the workplace.<sup>13,14</sup>

RTW Coordinators manage the workplace coordination of the RTW process with the medical coordination usually facilitated by the general practitioner (GP).<sup>15</sup> Essentially, a coordinated and collaborative approach between all stakeholders should enable the effective management of the RTW process.<sup>7,16</sup> However, often the relationship between the GP and the RTW Coordinator can be encumbered, particularly when it relates to patient information. Any tension between the two stakeholders can therefore potentially influence the RTW process. Notably, GPs believe RTW Coordinators require an in-depth knowledge of the workers compensation system to prevent delays or hindrance in the RTW process.<sup>15</sup> In the past, various models have been proposed for the RTW process.<sup>17</sup> The micro, meso, macro social theory framework highlights the importance of organisational structure and human interaction in the RTW process.<sup>17</sup> This multi-level framework provides an insight into where and how obstacles or blockages may occur in the process.<sup>18</sup> Negotiation with stakeholders at all levels of this framework is important for the role of the RTW Coordinator to be discharged effectively.

The micro level relates to the daily interactions the RTW Coordinator has with the injured worker, while the meso level requires the RTW Coordinator to negotiate the organisational culture and management structures. Finally, the RTW Coordinator must understand and negotiate the macro level, which involves the external stakeholders (notably the nominated treating doctor, allied health professionals, the insurer, and the legislative and regulatory bodies). The RTW Coordinator constantly moves between all three levels, placing them in a unique position to identify the obstacles hindering a successful RTW outcome. To successfully operate within the multi-levels of the micro, meso, macro framework, the RTW Coordinator must have the necessary skills, determination and diplomacy to adequately fulfil their important role of facilitating the injured workers to their pre-injury duties at the workplace.<sup>19,20</sup>

In Australia, each state and territory government is responsible for enforcement of their own workers compensation laws and policies. Although the goals of the states and territories are similar, their respective schemes vary. Each jurisdiction is responsible to ensure workers compensation legislation is implemented and enforced, and to further ensure that all participating stakeholders are familiar with their respective roles.<sup>21</sup> According to the Heads of Workers' Compensation Authority<sup>22</sup>, there are currently 10 separate workers compensation schemes operating in Australia, seven state, one territory-based and two Commonwealth legislated<sup>2</sup> (see Figure 1). In Australia, workers compensation insurance for most employers is managed by private insurance companies with some exceptions. For instance, the Commonwealth Government has its workers compensation managed by Comcare<sup>22</sup>, an organisation that is responsible for all government agencies.<sup>23</sup> In addition, Seacare<sup>24</sup> which is a scheme for seafarers employed on certain ships engaged in trade or commerce, and finally other organisations that are self-insured.<sup>25</sup> Employers that are self-insurers need to be approved by their respective health and safety regulators, and this in turn provides them with a licence to manage their own compensation claims and have full responsibility for their claim liabilities. Australian legislation places the responsibility of rehabilitation with the employer, often with the direct worksite coordination being assigned to a RTW Coordinator. However, in the Northern Territory and the Australian Capital Territory there is no legislative requirement for a workplace RTW Coordinator, as this role is provided by an external rehabilitation provider.<sup>27, 28</sup> International compensation systems and workplace rehabilitation practices differ slightly from those in Australia, although fundamentally they are all focused on achieving a successful RTW outcome for injured workers. International comparisons are important as benchmarking tools; however, they can also be notoriously problematic due to differences in definitions and compliance.<sup>29,30</sup>

## A review of the role and training of Return to Work Coordinators in Australia

**Figure 1: Australian state and territory legislation**

JURISDICTION	LEGISLATION
ACT	<i>Workers Compensation Act 1951</i>
COMCARE	<i>Safety, Rehabilitation and Compensation Act 1988</i>
NORTHERN TERRITORY	<i>The Workers Rehabilitation and Compensation Act 2008</i>
NSW	<i>Workplace Injury Management and Workers Compensation Act 1998</i>
QUEENSLAND	<i>Workers' Compensation and Rehabilitation and Other Acts Amendment Act 2005</i>
SEACARE	<i>Seafarers Rehabilitation and Compensation Act 1992</i>
SOUTH AUSTRALIA	<i>Workers Rehabilitation and Compensation Act 1986</i>
TASMANIA	<i>Workers Rehabilitation and Compensation Act 1988</i>
VICTORIA	<i>Accident Compensation Act 1985</i>
WESTERN AUSTRALIA	<i>Workers' Compensation and Injury Management Act 1981</i>

In 2003 the Productivity Commission in Australia began an inquiry into possible frameworks for workers compensation and -occupational health and safety with the intention of establishing nationally consistent arrangements.<sup>31</sup> National harmonisation of the occupational health and safety (OHS) laws was introduced in January 2012, with states implementing the changes to begin national uniformity.<sup>32</sup> Following harmonisation of the OHS legislation, the harmonisation and development of a consistent workers compensation system in Australia has been highlighted for consideration.<sup>34</sup> The current state-based arrangements differ significantly in regards to services and provisions for the injured worker and their family, creating inconsistencies across state borders.<sup>31</sup>

With the contemporary focus on early RTW following an injury, the presence of a RTW Coordinator is considered pivotal<sup>7</sup> to facilitate early intervention in the RTW process.<sup>35,36,37</sup> Despite the accepted importance of the role of the RTW Coordinator in Australia, little research has been undertaken nationally (and indeed internationally) to clearly determine the background required for the RTW Coordinator role and whether current training is meeting the needs of the RTW Coordinator. This paper reports on a literature review that aimed to identify the RTW Coordinator role and training needs.

### Methods

#### *Literature search*

A literature of databases CINAHL, Medline, Embase, Cochrane Library, PsycINFO, Scopus, and Web of Science was conducted in April 2011 to identify studies or reviews relating to the workplace RTW Coordinator. The methodology involved a search using keywords including "return to work coordinator", "RTW Coordinator", "disability evaluation", "occupational management" "and disability management". Medical subject headings (MeSH terms) were also used for the search, including "disability management", "vocational, rehabilitation" and "occupational health services". In a recent paper Gehanno et al recommend using a combination of MeSH and non-MeSH terms when using Medline to identify relevant studies on return to work.<sup>38,39</sup> An experienced librarian assisted with the literature search to maximise comprehensiveness.

Due to the limited number of articles identified the search was extended to include Google Scholar to capture any grey literature on RTW Coordinators. Finally, a second Google Scholar search was required to locate relevant documents from Australian regulatory bodies and Australian government departments.

#### *Selection criteria*

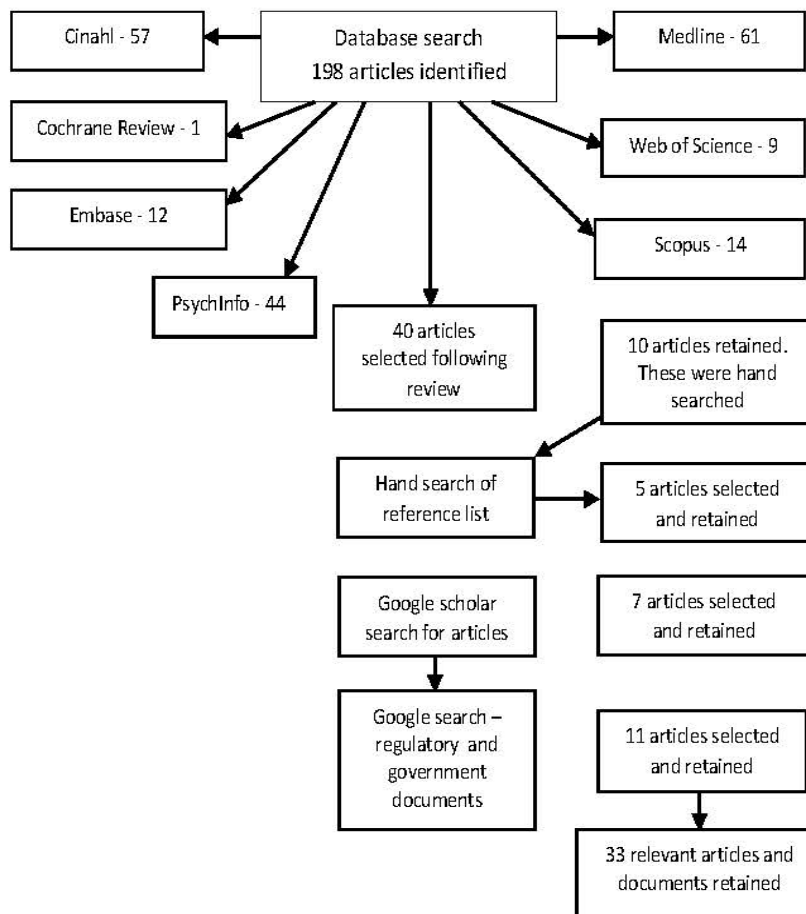
The search was confined to the English language and restricted to articles from 1987-2011 to encompass all relevant literature since the NSW Workers Compensation Act required employers to be involved in the RTW of injured workers. All relevant articles were included if they were discussion papers, literature reviews, qualitative studies or quantitative studies. Articles were included if they reported workplace return to work coordination by a RTW Coordinator (or other similar titles) and were excluded if they did not meet this specific criteria. All documents from Australian regulatory bodies and Australian government departments which included information on the RTW Coordinator role and training were also retained.

#### *Results*

A total of 198 articles were identified and reviewed by the primary author with 40 complete articles being retrieved based on discussion of the coordination of workplace rehabilitation of injured workers. Examination of the 40 full-text articles led to the retention of 10 articles that specifically reported coordination of workplace rehabilitation by a workplace RTW Coordinator. The lists of references from the 10 articles retained were also hand-searched for any other relevant publications. From the hand-search five further articles were identified as relevant and retained. A Google Scholar search for grey literature located seven articles which were retained. A second Google Scholar search further identified a total of 11 documents from Australian regulatory bodies (seven) and from Australian government departments (four). As a result of widening the search an additional 11 articles were located and retained. (see Figure 2).



Figure 2: Flowchart of the review process



It should be noted that literature specific to the role and training of RTW Coordinators was often not identified in the abstract. However this information was referred to within the paper itself, therefore the paper was included as part of this review. According to Verbeek et al<sup>39</sup>, most studies in this area rely on hand-searching to locate relevant articles. A total of 22 articles were therefore retained, with 12 relating to the role of the workplace RTW Coordinator, two pertaining specifically to RTW Coordinator training and the final eight articles examining both the RTW Coordinator role and training (see Table 1). Table 1 presents the identified literature on the RTW Coordinator's role and training, highlighting the key findings within each paper.

**Table 1: Summary of findings from included publications on the workplace Return to Work Coordinator's role and training**

Author	Country	Year	Design	Findings re role and training of RTW Coordinator
Innes <sup>1</sup>	Australia	1995	Discussion paper	<b>Role</b> Workplace-based occupational programs compare very favourably with more traditional clinic-based programs and should be strongly supported.
Franché et al <sup>7</sup>	Canada	2005	Systematic review	Moderate evidence that workplace RTW interventions, with the presence of a RTW Coordinator can reduce disability duration.
Lysaght et al <sup>12</sup>	Canada	2008	Qualitative study (interviews)	Effectiveness of the involvement of a RTW Coordinator as source of information and support.
Muenchberger et al <sup>15</sup>	Australia	2006	Qualitative study	External stakeholders believe workplace RTW Coordinators require an understanding of the inherent complexities of the rehabilitation process to further enhance their role.
Foreman et al <sup>16</sup>	Australia	2006	Literature review	A South Australian-based study suggesting a coordinated approach between RTW stakeholders is essential, particularly linking the clinician and the workplace personnel involved with the injured workers.
Southgate et al <sup>20</sup>	Australia	2011	Qualitative study	Australian RTW Coordinators in health care facilities are committed to returning injured nurses to work in light of shortages of qualified nurses.
Stahl et al <sup>29</sup>	Sweden	2010	Qualitative study	The complexity of cooperation between stakeholders is exposed, with trust being the key condition in stakeholder cooperation to facilitate positive RTW outcomes.
Lingard et al <sup>42</sup>	Australia	2004	Qualitative study	Greater attention and legal compliance is required in the RTW process in the Australian construction industry by providing workplace RTW coordination for injured workers.
Westmorland et al <sup>44</sup>	Canada	2005	Qualitative study	Employee's perception of the role of the RTW Coordinator and the importance of communicating with injured workers and the need to respect their opinions when establishing and managing disability management policies and practices.

## A review of the role and training of Return to Work Coordinators in Australia

**Table 1: Summary of findings from included publications on the workplace Return to Work Coordinator's role and training**

Author	Country	Year	Design	Findings re role and training of RTW Coordinator
James et al <sup>4</sup>	Australia	2011	Qualitative study	Understanding the issues faced by RTW Coordinators and the importance of organisational structures in which they work.
MacEachen et al <sup>49</sup>	Canada	2006	Systematic review	Workplace supervisors managing RTW coordination can be seen as an unwanted burden.
Ammendolia et al <sup>52</sup>	Canada	2009	Qualitative study	A five-step program was developed for occupational low back pain and the key feature of the program is having trained RTW personnel coordinating the process.
Gardner et al <sup>46</sup>	Canada	2010	Qualitative study	<b>Training</b> RTW Coordinators are essential contributors to the RTW process. Specific competencies were identified to achieve this success. However, more emphasis on mentorship and observation is required to develop and evaluate necessary skills in this area.
Pransky et al <sup>41</sup>	Canada	2010	Qualitative study	Results of this study can be applied to improve RTW Coordinator selection, training and development.
Kenny <sup>51</sup>	Australia	1995	Exploratory study	<b>Role and training</b> The RTW Coordinator as an advocate in the workplace, with assessment required on the appointment criteria, qualifications, training and workplace role.
Franché et al <sup>35</sup>	Canada	2005	Literature review	Expanding the RTW Coordinator role and their training to include problem-solving and work accommodation planning will lead to improved satisfaction among injured workers.
Larsson et al <sup>53</sup>	Sweden	2003	Qualitative study	Employers' experiences of planning workplace rehabilitation and associated costs and the need for in-service training at the workplace.
Holmgren et al <sup>30</sup>	Sweden	2007	Qualitative study	Workplace supervisors are key persons in the RTW process and in this study they provide their perspective on the complexity of the role and the opportunity to take part in training courses.

**Table 1: Summary of findings from included publications on the workplace Return to Work Coordinator's role and training**

Author	Country	Year	Design	Findings re role and training of RTW Coordinator
Korzycki et al <sup>54</sup>	Canada	2008	Qualitative study	Insights from individuals with chronic disabilities resulting in work absence suggest training of service providers in the RTW system and collaboration between RTW and health care services.
Tjulin et al <sup>37</sup>	Sweden	2009	Qualitative study	This study reveals barriers for implementation of workplace-based RTW interventions. Among the barriers identified was training of key stakeholders which was essential along with continuous communication and feedback during the RTW process.
Shaw et al. <sup>36</sup>	Canada	2008	Literature review	This study revealed variations in the role and training of workplace-based RTW Coordinators. Based on current RTW Coordinator activities six competency-based domains were identified for future training.
Westmorland et al <sup>40</sup>	Australia, Canada	2004	Discussion paper	Comparison of RTW Coordinators' role and training in Australia and Canada. The study revealed that Australia has a stronger emphasis on workplace-based disability management programs emphasising job accommodation and provision of suitable duties.

RTW = return to work

**Table 2: The Return to Work Coordinator: Training and accreditation requirements in Australian workers compensation jurisdictions**

Reference	Jurisdiction	Title	Direct worksite coordination	Training length	Type of training and accreditation
WorkSafe ACT <sup>28</sup>	Australian Capital Territory	No legislative requirement	Approved insurer and employer		
Australian government Comcare <sup>10</sup>	Comcare	Case manager	Employer nominated (recommended, not mandatory)	10 days recommended, not legislated	Certificate IV Government (Injury Rehabilitation Management) (PSP40904)
WorkCover New South Wales <sup>9</sup>	New South Wales	Return to Work Coordinator	Employer nominated if greater than 20 employees	1. 2 days	1. WorkCover approved training course

# A review of the role and training of Return to Work Coordinators in Australia

**Table 2: The Return to Work Coordinator: Training and accreditation requirements in Australian workers compensation jurisdictions**

Reference	Jurisdiction	Title	Direct worksite coordination	Training length	Type of training and accreditation
				2. 1 day	2. Advanced RTW coordination * NSW, QLD and Vic have developed an add-on course for RTW Coordinator to be able to understand legislative and operational requirements in other states.
WorkSafe Northern Territory <sup>27</sup>	Northern Territory	No legislative requirement	Approved Insurer and employer		
WorkCover Queensland <sup>56</sup>	Queensland	Initially managed by a WorkCover Queensland Customer Advisor unless the company wages are in excess of 5.577m or is a high-risk industry with wages in excess of 1.63m. Then they must have a Rehabilitation and Return to Work Coordinator	Employer nominated	3 days or 100 hours equivalent, legislated	3 units of competency as per National Training Information Services (Vocational Education and Training Accreditation Board approved) * NSW, QLD and Vic have developed an add-on course for RTW Coordinators to be able to understand legislative and operational requirements in other states.
Australian government Comcare <sup>10</sup>	Seafare	No legislative requirement	Employer or Claims Manager	Not specified	Not specified
WorkCover South Australia <sup>47</sup>	South Australia	Rehabilitation and Return to Work Coordinator	Employer nominated if greater than 30 employees	Length of training not available	Run regular Rehabilitation and Return to Work Coordinator sessions.  Level 1 training for low-risk employers (base levy rate of less than 4.5%)

**Table 2: The Return to Work Coordinator: Training and accreditation requirements in Australian workers compensation jurisdictions**

Reference	Jurisdiction	Title	Direct worksite coordination	Training length	Type of training and accreditation
WorkCover Tasmania <sup>50</sup>	Tasmania	Return to Work Coordinator	Employer nominated if greater than 50 workers	No specified time frame	Level 2 training for all other employers 3 units of competency from the Australian Qualifications Framework
WorkSafe Victoria <sup>55</sup>	Victoria	Return to Work Coordinator	Employer nominated	2 days recommended, not legislated	Training course developed and endorsed by WorkSafe Victoria * NSW, QLD and Vic have developed an add-on course for RTW Coordinators to be able to understand legislative and operational requirements in other states.
WorkCover Western Australia <sup>48</sup>	Western Australia	Injury Management Coordinator or managed by the employer	Only by employer unless he appoints Injury Management Coordinator	1 day  3 days	Injury Management for employers only  2 national units of competency

\* Productivity Commission, Workers Compensation in Australia<sup>57</sup> used to inform discussion

## Discussion

Jurisdictionally, there are significant differences with the role requirements and training of RTW Coordinators in Australia. There is limited research on the background required to effectively perform the role, and whether current training is meeting the needs of the contemporary RTW Coordinator. The purpose of this review was therefore to synthesise the existing literature pertaining to the workplace RTW Coordinators' role and training, and begin a discourse on important issues relevant to the emerging role of RTW Coordinator.

Much of the RTW literature originates from Canada and Sweden, with both countries emphasising the employer's responsibility regarding workplace rehabilitation.<sup>29-30</sup> Studies in Australia and internationally have identified that RTW Coordinators may have wide and varied backgrounds<sup>36-40</sup> with many being from the medical, ergonomic or allied health professions<sup>36</sup> and others coming from human resource administration.<sup>41</sup>

However, in some instances in Australia, RTW Coordinators are employees of the company with no particular background. Employees such as clerks, secretaries, tradesmen or others<sup>42</sup> who volunteer for the role, and often have little relevant training.<sup>15,37,43,44</sup> A recent Australian study indicated some RTW Coordinators wore "many hats", not only holding the role of RTW Coordinator but also performing their regular duties within the workplace, with others being employed on a part-time basis<sup>43</sup> with minimal time to perform the role.<sup>15</sup>

### Role

A review of the literature highlights that one of the most important roles within the RTW process rests with the RTW Coordinator. Their presence in the workplace has emerged as a significant factor in facilitating positive RTW outcomes.<sup>7,20,45,46</sup> Notably the title of the RTW Coordinator varies between the states in Australia<sup>10,47,48</sup> (see Table 2) and in the international context RTW Coordinators are known as disability managers<sup>35</sup> or disability supervisors.<sup>30</sup> The primary role of the RTW Coordinator is to manage the successful transition of the injured worker to their pre-injury position at the workplace in a safe and durable manner. Additionally they are required to develop and implement RTW programs, accommodate the injured worker with suitable duties and provide injured workers information on the workers compensation.<sup>9,10,12,36,49,50</sup>

It has been suggested that the RTW process is random and unpredictable, and causes perplexity among key stakeholders.<sup>st</sup> The RTW process can involve complex interactions between the worker, employer, insurance company, the nominated treating doctor (GP) and allied health professionals.<sup>15</sup> Thus another important role of the RTW Coordinator is to promote effective communication and collaboration between the various stakeholders, which is essential for the effective management of the RTW process.<sup>7,45,52</sup>

In 1995 an Australian study<sup>51</sup> highlighted deficits of the workplace RTW Coordinator role and reported injured workers were unhappy with the RTW Coordinator and their lack of understanding of the role. It has been identified that RTW Coordinators often lack the required knowledge, or have difficulty establishing a rapport with the injured worker, skills that are essential for the successful outcome of RTW.<sup>15,37,53,54</sup> RTW Coordinators themselves expressed difficulty when managing inherent conflicts and advocating for the injured worker while maintaining loyalty to the employer.<sup>30,43</sup> RTW Coordinators also expressed uncertainty in relation to their responsibility in the rehabilitation process and how far they should extend themselves.<sup>30</sup> Indeed, another Australian study in 2004 found some organisations did not provide RTW Coordinators with a job description, which indicates the role was not formalised, and allowed it to be performed in an ad hoc manner.<sup>42</sup> Similarly, a recent study in Canada suggested the role of the RTW Coordinator was poorly described with limited information on the skills, attributes and knowledge required for the role.<sup>41</sup> The authors further state that "this role has not been systematically inventoried or supported by well-documented, independent research, using accepted methods of competency validation" (p 42). RTW Coordinators therefore remain unclear regarding the guidance and qualifications necessary, and how best to develop the important skills required to facilitate the RTW process.<sup>41</sup>

RTW Coordinators acknowledge that they require specialised knowledge of the workers compensation system and a solid understanding of the organisational structure of their workplace, along with recognising the importance of timely and early RTW for injured workers.<sup>37,43</sup> RTW Coordinators are often the first point of contact for the injured worker,<sup>10</sup> however injured workers have reported feeling vulnerable and unsupported and are often unsure of the process, procedures and their entitlements following an injury.<sup>12,36,49</sup> The fundamental attributes for the role of the RTW Coordinator are the ability to communicate effectively, maintain confidentiality, and be empathetic and trustworthy in the RTW process.<sup>12,36,49</sup> The emotional toll on the RTW Coordinator also needs to be considered as the role encompasses many different elements.<sup>12,43</sup> It is essential that the RTW Coordinator does not take on a counsellor role or try to solve the injured worker's personal problems.<sup>30</sup> A Canadian study undertaken in 2008 described and highlighted six preliminary competency domains that require consideration in the development of further specialised training for the RTW Coordinator. Based on their findings, the competency domains are {1} ergonomic and workplace assessment; {2} clinical interviewing; {3} social problem solving; {4} workplace mediation; {5} knowledge of business and legal aspects; and {6} knowledge of medical conditions.<sup>36</sup> Specifically, for a successful RTW and rehabilitation to occur the RTW Coordinator must have a solid understanding of the process and practice to confidently promote a safe and durable RTW for the injured worker.<sup>36</sup> The significant changes that have occurred in Australian legislation over the last decade<sup>1</sup> have created greater responsibilities for the RTW Coordinator and highlighted the need for appropriate training.<sup>34</sup>

### Training

Employing a RTW Coordinator is not mandatory in some states and territories in Australia. Often employees are appointed with the responsibility,<sup>48</sup> rarely receive the appropriate training required and struggle when facilitating the RTW process.<sup>37</sup> The duration of training administered to RTW Coordinators by Australian health and safety regulatory bodies varies significantly across the states and territories, ranging from one day<sup>9,55</sup> to 100 hours or equivalent.<sup>56</sup> Furthermore, there are many differences in the type of training provided to Australian RTW Coordinators, such as accredited training which is developed and endorsed by health and safety regulatory bodies and competency-based training taken from the Australian Qualifications Framework (see Table 2).

Internationally, competency-based training is being considered and promoted as a means to assist meeting the requirements of the role of the RTW Coordinator.<sup>30</sup>

In Canada, the National Institute of Disability Management and Research (NIDMAR) has developed a Certificate in Disability Management for RTW Coordinators to meet the needs of the role.<sup>40</sup> Similarly, findings from two Canadian studies in 2008 - Korczycki<sup>54</sup> and Shaw<sup>36</sup> support the development of educational training programs for RTW service providers to further assist them in conveying information effectively to injured workers. Interestingly in Sweden, supervisors responsible for initiating all of the necessary collaborations for the injured worker<sup>30</sup> reported that they no longer wanted the responsibility for returning injured workers to pre-injury duties as they



## **A review of the role and training of Return to Work Coordinators in Australia**

believed they had insufficient knowledge and were not fully competent to cope with the requirements of their duties.<sup>30,37,53</sup>

A submission to the Productivity Commission in 1994 from the Labour Council of NSW argued that the effectiveness of the RTW Coordinator has diminished due to insufficient training provided.<sup>57</sup> Further submissions to the Commission recommended mandatory training and accreditation of workplace RTW Coordinators by the relevant authorities, renewable every 12 months.<sup>57</sup> Recent interest in this area has grown in Canada with two studies documenting the competencies required to perform the role of RTW Coordinator.<sup>36,41</sup> Following a review of the literature in 2008, Shaw et al concluded that training based on expert opinion and ad hoc surveys was being provided to the RTW Coordinator,<sup>36</sup> with RTW Coordinators remaining without direction about the required skills or qualifications necessary to facilitate the RTW process.<sup>36</sup> In 2010, Pransky et al highlighted that further improvement in RTW outcomes is more likely if more attention was paid to the training and selection of RTW Coordinators.<sup>41</sup> Given the increasing demands of the RTW Coordinator role and the pivotal part it plays in the RTW process, it is arguable that closer attention needs to be paid to their professional development, peer support and mechanisms to promote ongoing education and innovation in the field.

### **Study limitations**

Studies that directly discuss the specific contribution of the RTW Coordinator in workplace RTW coordination are scarce. Indeed most of the literature encompasses studies that have some element of limited discussion on the RTW Coordinator role and training. It should be noted that these studies generally do not specifically relate to workplace RTW Coordinators, rather the process itself, however they do highlight some areas relevant to the role and training of workplace-based RTW Coordinators. Due to the limited relevant literature available it was necessary to include all publications (research articles, discussion papers, government documents) that provide some discussion related to RTW Coordinators.

### **Conclusion**

The role of the RTW Coordinator is continually evolving<sup>36</sup> with respect to both the organisational structure and human interactions within the RTW process. Although it is a requirement of most Australian workplaces to employ a RTW Coordinator, there is little research and discussion on the background required and the training a RTW Coordinator requires to successfully manage the complex RTW process. There is a comprehensive amount of evidence suggesting the workplace is an effective setting for occupational rehabilitation.<sup>2,7</sup> Furthermore, provision of workplace rehabilitation reduces delays in starting the process of early RTW, strengthens employer-employee links, and helps ensure the worker does not become detached from the workplace.<sup>8,57</sup> Identifying a set of national competencies specifically for Australian workplace RTW Coordinators is essential to meet the needs of injured workers and achieve greater national consistency in the role of the RTW Coordinator. Steps to begin the process of harmonisation of the workers compensation systems nationally in Australia should arguably begin with enhancing the homogeneity of the role across jurisdictions as well as standardising and improving training for the RTW Coordinator. WorkCover NSW, WorkCover Victoria and WorkCover Queensland

have consulted and initiated such change by providing RTW Coordinators with a training program enabling them the opportunity to learn about RTW in other state jurisdictions.<sup>55</sup> Training and ongoing professional development are some mechanisms where greater consistency in the role of the RTW Coordinator across jurisdictions might be achieved. These findings emphasise the need to review the role and further investigate the background, qualifications and training<sup>43,51</sup> of RTW coordinators. Research is urgently required to understand the role and training of Australian RTW Coordinators in the various jurisdictions to determine whether they are appropriately equipped to optimally perform their function as facilitators of the RTW process.

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# The Role of the Australian Workplace Return to Work Coordinator: Essential Qualities and Attributes

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**Abstract** *Introduction* In the Australian context, a return to work (RTW) Coordinator assists an injured worker with workplace-based support and regulatory guidance for the duration of their injury. Coordinating the RTW process has been considered an effective approach for managing workplace injuries, however few studies have described the skills, traits or characteristics required to fulfil the role of workplace RTW Coordinator. This study aims to provide insight as to the skills and attributes needed for the role of the workplace RTW Coordinator from their experience and perception. *Method* Focus groups were conducted with workplace RTW Coordinators from six major Australian cities. Twenty five participants were recruited through a national RTW Coordinator website, and professional RTW interest groups using a snowballing technique. Participating workplace RTW Coordinators were required to have a minimum 2 years' experience and to have been involved with the development and implementation of workplace policies and procedures. Thematic analysis was performed to identify meaningful patterns and themes. *Results* The data analysed provided clear insight as to the specific role requirements necessary for working as an Australian workplace RTW Coordinator. Three key themes clearly emerged; communication skills, RTW Coordinator characteristics, and managing the RTW process. *Conclusion* The findings indicate that RTW Coordinators require a wide range of traits, skills, and attributes to successfully perform this role. Effective management by the RTW

Coordinator of the complex RTW process is essential to facilitate a smooth transition for the injured worker, alongside maintaining a professional relationship with the employer and external stakeholders. The results of this study can be utilised to further improve the selection of future RTW Coordinators.

**Keywords** Workplace based return to work · Return to work coordinators · Disability managers · Qualitative research

## Introduction

In Australian workplaces the primary responsibility of returning an injured worker to pre-injury duties lies with the employer. Over the past two decades changes to Australian state and territory legislation have required workplaces with a minimum number of employees to nominate a workplace return to work (RTW) Coordinator to facilitate the rehabilitation of injured workers at the worksite [1–6]. Australia has a workforce of approximately 11.5 million people [7], with the cost of work-related injuries estimated at \$AUD 60.6 billion in 2008–2009 [8]. The escalating cost of workplace injuries and the increase in workers' compensation claims has become concerning to both state and federal governments [8]. Both internationally and within Australia there is a growing awareness that long-term work absence and work disability are harmful to physical and mental health and wellbeing [9]. There is clear evidence that supports the effectiveness of early intervention in the workplace for injured workers with the assistance of a RTW Coordinator, which in turn should reduce associated costs with the backfill of positions and workers' compensation claims [10, 11].

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Internationally, systematic reviews conducted by MacEachen et al. [12] and Franche et al. [10] supported the development of a set of seven key principles for successful RTW. These principles focused on three specific outcomes: duration of work disability, costs associated with work disability, and the overall quality of the worker's life following a workplace injury [13]. Of the seven principles, the most relevant to the present study is principle number six, 'Someone has the responsibility to coordinate RTW' [13]. Franche et al. [10] identified that the commitment and accountability of a RTW Coordinator during the RTW process produces favourable outcomes. Furthermore, an employee or employer of the company could assume the RTW Coordinator role or alternatively, the employer may engage an external stakeholder to coordinate this process. The RTW Coordinator role involves coordination of the RTW process for the injured worker by planning an individualised RTW program, ensuring the injured worker understands the process, and by communicating relevant and important information to the employer, injured worker and other stakeholders to ensure a successful RTW to pre-injury duties.

Specifically, the Australian RTW Coordinator's duties involve developing and implementing a RTW program, providing information to injured workers on workers' compensation benefits and return to work practice, and identifying and coordinating the RTW process, in addition to liaising with external stakeholders [1–4]. The RTW Coordinator is considered to require excellent written and verbal communication skills, including negotiation and listening skills, and decision making skills, as well as organisational and time management skills [1]. For some, the role can be very complex and difficult to balance with their other workplace responsibilities. Internationally,

comparisons may be problematic due to differences that exist in the RTW process in different jurisdictions. Australia has a primarily public workers' compensation system but in some jurisdictions it is operated privately. Whereas internationally some countries have a uniquely private insurance scheme (US) while others may be solely publicly underwritten (Canada) which might lead to some differences in the knowledge and skills required to perform this role [14]. Notably, the title of RTW Coordinator varies between states in Australia [15] (see Table 1) and in the international context, RTW Coordinators are also variously known as disability managers, case managers, disability prevention specialists and disability supervisors [16].

It is important to acknowledge and recognise the valuable role of the RTW Coordinator in the workplace and to ensure that the most suitable people are being nominated for the position. Shaw et al. [11] recognise the importance of understanding the complexity of the RTW Coordinator role in the effective management of injured workers. Selecting a suitable person to fulfil the role is imperative for a positive RTW experience for injured workers'. Appointment of a RTW Coordinator who does not possess the essential skills, attributes or knowledge to perform the role can have a detrimental impact upon the process which may lead to an increase in workers' compensation costs and loss of productivity due to lost time [5]. Similarly, the consequences for injured workers can be loss of income, additional personal and familial stress, and an absence from participating in community life. Despite the clear benefits of a RTW Coordinator in the workplace, little effort has been made to systematically describe the role of RTW Coordinator [11, 17]. The present study builds on the work of Shaw et al. [11] and their recommendations to further investigate and describe the role of the workplace RTW

**Table 1** Legislative requirement for Australian RTW Coordinators

Jurisdiction	Position title	Worksite appointment
Australian Capital Territory [31]	No legislative requirement	Approved insurer and employer
Comcare, Commonwealth [32]	Case manager	Employer nominated (recommended, not mandatory)
New South Wales [1]	Return to Work Coordinator	Employer nominated if > 20 employees
Northern Territory [33]	No legislative requirement	Approved insurer and employer
Queensland [4]	Initially managed by a WorkCover Queensland Customer Advisor unless the company wages are in excess \$5.577 million or is a high risk industry with wages in excess \$1.63 million. Then they must have a Rehabilitation and Return to Work Coordinator	Employer nominated
Seafare, Commonwealth [32]	No legislative requirement	Employer or Claims Manager
South Australia [26]	Rehabilitation and Return to Work Coordinator	Employer nominated if > 30 employees
Tasmania [2]	Return to Work Coordinator	Employer nominated if > 50 workers
Victoria [3]	Return to Work Coordinator	Employer nominated
Western Australia [34]	No legislative requirement	Only by employer unless he appoints Injury Management Coordinator

Coordinator and also responds to a recent Australian review which highlighted the need to investigate the background and role of the RTW Coordinator [15]. This study proposes to explore the perceptions and experiences of currently employed RTW Coordinators with respect to their role, and describe the essential qualities and attributes required by a person to perform the role successfully.

## Methods

A phenomenological qualitative study using focus groups was conducted with workplace RTW Coordinators. A phenomenological approach was chosen as this allows for the exploration of experiences and perceptions of individuals who share a common interest [18]. Focus group methodology was used to allow the participants to interact and consider each other's opinions, attitudes and beliefs [19]. This group dynamic is thought to provide a mechanism to stimulate discussion and gain insight into the topic at greater depth [18, 20]. The focus groups were facilitated by one of the researchers (JBN) using questions developed and informed by a review of the literature [11, 12, 14, 19]. These questions were designed to elicit information about the knowledge, skills, attributes and behaviours which are required to perform the role of a RTW Coordinator. Ethical approval for the study was granted by the University of Newcastle Human Research Ethics Committee.

## Participants

Legislation in most states of Australia (New South Wales, Victoria, Queensland, Tasmania and South Australia) requires workplaces to engage a RTW Coordinator to provide workplace based support and assistance to an injured employee. Purposive sampling was used to recruit RTW Coordinators in these states for the focus groups. The inclusion criteria were as follows: individuals who were proficient in spoken English, had a minimum of 2 years working as a RTW Coordinator with a large or small organisation, and experience with developing and implementing RTW policies and procedures. The participating RTW Coordinators came from diverse organisations with varying backgrounds (see Table 2). No focus groups were conducted in Western Australia, the Northern Territory or the Australian Capital Territory (ACT) as there are no legislative requirements in these jurisdictions.

## Recruitment

Several methods were used for recruitment of RTW Coordinators for the study. Firstly, an advertisement for RTW Coordinators was placed with a national RTW

**Table 2** Study participants

State	No. participants/gender	Background
New South Wales		6 × clinical
City	4 (1 male, 3 female)	4 × administration
Regional	7 (1 male, 6 female)	1 × other
Queensland	2 (2 female)	1 × clinical
		1 × other
South Australia	3 (1 male, 2 female)	3 × administration
Tasmania	2 (1 male, 1 female)	2 × administration
Victoria	7 (2 male, 5 female)	2 × clinical
		2 × administration
		1 × other
		2 × not specified

Coordinator website requesting voluntary participation in the study. Limited success was achieved using this method, therefore state-based RTW Coordinator professional interest groups were contacted to advertise the study and the snowball sampling technique used to recruit additional participants [18]. Potential participants were emailed an invitation to participate in a focus group by their respective interest group, accompanied by an information statement providing an overview of the study. Those interested in potentially participating were asked to contact the researchers.

## Procedure

Focus groups of approximately 1–1.5 h duration were conducted in Victoria, New South Wales (Sydney and Newcastle) and South Australia. Focus groups were also held via teleconference to capture RTW Coordinators in Tasmania and Queensland. Krueger and Casey [19] suggest conference call focus groups as a means of allowing participants who are geographically dispersed to contribute without the associated costs of transporting them to one location. The principle disadvantages of the telephone focus groups are that the moderator is unable to observe the nonverbal communication and it could potentially lack the richness of evidence that would naturally occur in an in-person focus group. The size of the focus groups ranged from two to seven participants. Written consent was obtained for all participants prior to commencement of the focus groups, with participants also informed that they could withdraw from the study at any time. All focus groups were recorded for accurate transcription.

## Data Analysis

All recorded focus group data were transcribed verbatim and imported into NVIVO 10 software (QSR International,



Cambridge, MA USA) for analysis [21]. Pseudonyms were used to de-identify the participants and their respective organisations. Following reading of the transcripts, regular meetings occurred between two of the researchers (JBN & CJ) in which data were inductively coded into relevant and meaningful categories [20]. Themes began to emerge from the data and further discourse between the two researchers allowed for intersubjective agreement on the final codes [22]. To ensure validity of the interpretation of the data, key themes were checked for confirming and disconfirming evidence within the dataset [23].

## Results

A total of 25 RTW Coordinators participated in the six focus groups held in different locations across Australia. The RTW Coordinators in our study had varying backgrounds and were employed by both large and small organisations. The participants in this study had  $11.3 \text{ years} \pm 8.2$  (mean  $\pm$  SD) of experience as workplace RTW Coordinators and were employed in the following areas: the insurance industry, workers' compensation, human resource management, allied health, work, health and safety. Three key themes emerged from the focus group data. These were communication skills, RTW Coordinator characteristics, and managing the RTW process.

### Communication Skills

The RTW Coordinators who participated in this study emphasised the need to possess excellent communication skills when dealing with injured workers, management and external stakeholders. As a number of RTW Coordinators expressed,

...you need to communicate well, and communication includes documentation and correspondence [Participant 14].

...communication is the key. Both verbal and written...but communication, phone, email or face to face, all those things are important [Participant 9].

The RTW Coordinators also highlighted the significance of active listening. They defined active listening to involve verbal and non-verbal skills, indicating empathy and understanding while trying to gain an insight into the perspective of the injured worker's genuine needs.

Learn to listen very closely to what people are saying or not saying as well [Participant 5].

Just sit and listen, sit with them for an hour and just listen to them is very, very, very, helpful for them,

but you need to listen, to hear what they're saying, hear what their real problems are [Participant 16].

It became clear that the role of the RTW Coordinator involves dealing with many and varied stakeholders during the RTW process. RTW Coordinators noted the need for excellent negotiation skills and equally important, the ability to manage conflict resolution. Remaining non-judgemental and encouraging cooperation between all involved parties was also viewed as important. As one participant stated...'you need to also have negotiation skills and conflict resolution skills. And you need to have very strong skills in that area' [Participant 25].

While there is limited discussion in the literature on the need for RTW Coordinators to have complex problem solving and mediation skills [11], RTW Coordinators in our study were in agreement and affirm this as a necessary competency. Other important skills noted were interpersonal (people) skills and counselling skills. Collectively, the RTW Coordinators also cited organisational skills as crucial to promoting effective coordination;

...I think we've got to have good organisational skills too [Participant 10].

...and a must have is people skills [Participant 13].

In the absence of a health professional background, the RTW Coordinators in this study confirmed the importance of having a fundamental understanding of medical terminology which assisted them with interpreting medical reports. This skill also provided the RTW Coordinator with a clearer understanding of the injury which could allow for more appropriate decisions to be made in relation to selecting suitable duties for the injured worker, and most importantly assisted in communicating with the injured workers' treating doctor.

...at least a basic understanding of – um the human body...[Participant 23].

...you need to have an understanding of what their symptoms are...[Participant 25].

The RTW Coordinators also believed communication with the treating doctor was imperative to ensure the smooth transition of the injured worker to their pre-injury duties. The participants in this study acknowledge the importance of regularly communicating with the injured workers treating doctor, however emphasised they frequently experienced difficulty when seeking additional information on an injured worker. Barriers identified by the workplace RTW Coordinators includes a lack of detail provided by the doctor on the medical certificate regarding suitable duties, and an inability to liaise directly with the doctor. Additionally, the RTW Coordinators found that

**Table 3** Inherent interpersonal traits and attributes

Empathy
Leadership
Multi-task
Perseverance/persistence
Compassionate
Friendly
Organised
Supportive
Assertive
Gregarious
Adaptable
Patient
Life experience/skills
Learned experience (training)

communication problems with treating doctor often resulted in causing significant delays in the RTW process.

...where we get really stuck is obviously the doctors who are quite difficult, who don't respond to our phone calls or respond to our treater's reports, do not respond to our return to work offers' [Participant 6].

#### RTW Coordinator Characteristics

RTW Coordinators in our study expressed the importance of inherent interpersonal skills when relating to injured workers and markedly articulated the necessity of having particular essential skills; attributes and knowledge to successfully fulfil the role (see Table 3). The participants clearly stated that the knowledge required for their role is both learned knowledge (in the form of training) and experiential knowledge (knowledge that one can only gain from personal experience).

Several RTW Coordinators in our study believed that enlisting life experiences as necessary to assist with the many challenges encountered during the RTW process. As two participants stated; '...You've got to relate to them, so life experience' [Participant 18] and [Participant 25] added 'I'm 54 and I'm not sure that when I was 21...doing this job...I'm not sure I could have added that...life experience'.

The RTW Coordinators in this study listed many inherent attributes such as being friendly, organised and supportive as essential to facilitate the role. One of the most notable traits identified by the RTW Coordinators was empathy. As one of the RTW Coordinators explained;

...someone that has empathy but – and I'm not talking about sympathy but empathy [Participant 20].

Other attributes such as assertiveness, gregariousness, adaptability, patience and compassion were commonly

proposed as necessary qualities required to successfully perform the role of the RTW Coordinator. Additional important attributes included strong leadership skills and the ability to multi-task. Furthermore, interpersonal behaviours such as genuineness, trust and respectfulness were considered necessary to create a strong relationship with the injured worker and other stakeholders. As noted by two RTW Coordinators; 'Basically being able to give respect, to be able to earn respect'... [Participant 11].

If someone is injured for a while they need genuine support and empathy, they don't want sympathy, or, they just want people to understand... [Participant 16].

Coordinating and achieving a safe RTW for an injured worker was often a rewarding experience for RTW Coordinators. However the demands and challenges faced by some RTW Coordinators while performing this role could be emotionally challenging. One of the RTW Coordinators explained, '...we have to be tough skinned and can't really take things personally' [Participant 6].

Almost all of the RTW Coordinators in this study agreed that the vulnerability of a worker following a significant injury often gave them access to the injured workers' personal and private being. Maintaining an emotional distance and keeping personal sentiments out of these sensitive situations was considered important in order to remain objective and effective. As Participant 4 reflected, 'If you get emotionally involved then you are less effective'.

#### Managing the RTW Process

The RTW Coordinators generally felt confident in their ability to effectively manage the RTW process while working to achieve the best outcome for the injured worker.

I am able to comfortably, and with confidence, speak to any level of director or general manager or team leader and talk on a professional level, ...I am confident – confident with my career to date that I have the skills and knowledge [Participant 23].

The RTW Coordinators acknowledged that the RTW process can be challenging and is one of continual learning. Despite this, the RTW Coordinators who participated in this study were confident in their ability to identify suitable duties and to know when to outsource for assistance. As one RTW Coordinator remarked;

Because that's a skill, being able to – being able to help people understand where you are coming from and what you are trying to achieve... I think the ability to do proactive return to work where you can

propose programs and obviously there are some other skills and knowledge that is to do with that but, having that goals oriented return to work programs, where we are trying to achieve full pre-entry duties, and that is our commitment, as a business, as a RTW coordinator [Participant 15].

Success in the RTW process was considered to occur when collaboration existed between all stakeholders. The RTW Coordinators in this study openly expressed the need to be flexible when dealing with executive management, external stakeholders and the injured worker;

It's about having an individual who has the insight to – to be able to get the right balance between what are the – what's the injured person's right and obligations, and what is the – the businesses right and obligations [Participant 23].

Several RTW Coordinators in this study firmly believed that organisations with a strong commitment and well established policies contribute significantly to the success of returning the injured worker to their pre-injury duties.

If a person came into an organisation with a policy and ground rule that everyone abides by, then that policy outlines the return to work program, who's got what responsibilities and what happens in the event of, they're the rules of engagement. If you put a person into that role who has people skills, with that behind them to rely upon, the system will work fine. If you had the people skills but they haven't got this policy or procedure in place, they've got nothing to make a firm decision for backing of the organisation behind them [Participant 11].

While some RTW Coordinators in the present study were well resourced and highly supported by their organisations, others struggled due to their part-time status or because their position required them to 'wear many hats' [24]. As one RTW Coordinator states; 'the payroll person just becomes the return to work coordinator, as well, and they have no choice in it, but, you're it' [Participant 23].

RTW Coordinators emphasised the importance of the injured workers' awareness of the RTW Coordinator in the workplace and the key role they have in the RTW process. Additionally, RTW Coordinators believed that understanding their role in the workplace provides the injured worker with faith in the RTW Coordinator's ability to advocate for them, manage their injury accordingly, and facilitate their RTW.

I think one last thing is your presence in the workplace, So, before people get injured how they perceive you and how you conduct yourself in the workplace, I think that's really important...So, your

pre-relationship with your workforce before their injury is important [Participant 4].

The RTW process involves many stakeholders and due to the uncertainty and unpredictability surrounding the process, confusion can occur among key stakeholders. RTW Coordinators identified they often encountered obstacles within the RTW process from various stakeholders. Examples given related to claims disputes with the insurance company, or lack of response when requesting clearer direction from the nominated treating doctor about a worker's suitable duties or ability to RTW. RTW Coordinators in this study acknowledged the complexity of the process, however believed they have the tenacity and the skills to engage external stakeholders when necessary. As one RTW Coordinator stated; 'It is a continual process of learning' [Participant 15]. Other RTW Coordinators comments on process included;

...You need to be flexible in dealing with your executive management, with the individual managers and with the injured worker as well, and with the external providers whether they're physios or doctors and so on.....each one of these parties need to know you are on their side, they really need to feel that [Participant 4].

...I think persistence, especially walking into a very sort of hostile environment towards compensation and return to work and that sort of thing [Participant 3].

...and a little bit of perseverance as well as the ability to keep pushing through [Participant 18].

## Discussion

The findings of this study provide a unique insight into a range of qualities and traits Australian RTW Coordinators perceive as essential for the successful facilitation of the RTW process. The RTW Coordinators in this study were committed to the RTW process and experienced in the development of RTW programs and implementation of RTW coordination. They highlighted that for success to occur within the RTW process, much relies on the individual RTW Coordinator's inherent interpersonal traits such as being friendly, organised, and supportive, along with possessing good communication skills. Other attributes highlighted included empathy, assertiveness, gregariousness, adaptability, patience and compassion when dealing with injured workers. The skills and traits described by the RTW Coordinators in this study could be used to inform some of the selection criteria for individuals choosing to enter this field [14].

Until now little has been known about the background of the Australian RTW Coordinator. The legislation in most Australian states requires employers with 20 or more employees to have a designated RTW Coordinator in their workplace. As a result of this legislation the background of RTW Coordinators can vary significantly throughout the states, with many Australian RTW Coordinators often employed in the role in conjunction with other work roles and without any health background or formal training [4, 25, 26]. Although involving only a modest sample, this study reflected the very diverse backgrounds of individuals before they take on the role of workplace RTW Coordinator in Australia. Nearly all workplace RTW Coordinators have been identified as having backgrounds in ergonomics, allied health or nursing [11]. Only nine of the 25 participants in this study had a health background and notably health or ergonomic background was not deemed a criterion for the role, however most of the RTW Coordinators in this study believed that an understanding of medical terminology would be useful for those without health backgrounds, and agreed on the advantages of this knowledge when determining suitable duties or communicating with doctors. A recent study [11] explored the issue of how much medical knowledge is required for workplace RTW Coordinators and proposed that RTW Coordinators be familiar with general disabling medical conditions as an important prerequisite for facilitating RTW. The RTW Coordinators in this study expressed views consistent with this recent study [11] and acknowledged that having some awareness and understanding of relevant medical conditions would be beneficial in discourse with doctors and provide clarity when selecting appropriate suitable duties. Organisations often employ external people to perform the role of workplace RTW Coordinator and sometimes consider a health background a prerequisite for the position [27].

In terms of RTW Coordinator characteristics, the participants in the present study provided some insight into the role requirements of the Australian workplace RTW Coordinator, highlighting the need for inherent personal qualities, along with the essential learned skills and knowledge necessary to facilitate the RTW process. This concurs with previous research which suggests well established individual qualities and personal traits are a necessary foundation for RTW Coordinators [14]. In terms of key skills, those frequently discussed by the RTW Coordinators in this study included both verbal and non-verbal communication skills. The literature similarly supports the requirement for competency in both written and verbal communication when facilitating the RTW process [14]. Additional and further valued skills identified by the participants in this study were active listening and negotiating skills, highlighting these skills as critical components for the role which is consistent with Pransky et al. [14]

findings in the study of the ‘Development and validation of competencies for RTW Coordinators’. As the RTW process unfolds, the RTW Coordinators emphasised the importance of listening to the injured workers primary needs, while negotiating the needs of the employer, as being crucial to the success of the RTW process. Possessing the ability to effectively advocate for both parties, and to mediate any differences experienced between the employers and their employees equitably, is crucial for the RTW Coordinator to assist in the prevention of adversarial relationships and prevent further disputes arising which is consistent with the findings of Shaw et al. [11].

Similarities between international and Australian RTW Coordinators are evident in the results. In this study, necessary specific skills identified in the literature include engaging participation of stakeholders in the RTW process, and the ability to maintain credibility with all stakeholders while effectively coordinating the RTW process [11]. The Australian RTW Coordinators in the present study considered themselves competent in these skills, with the capacity to draw on their personal life experiences to assist them in their role. Other competencies identified in this study by the RTW Coordinators also included their ability to be flexible and to exercise effective organisational skills. These competencies concur with some of the findings and recommendation from Pransky et al. [14]. Gardner et al. [28] consider the expectations of the role of the RTW Coordinator and highlighted the necessity of possessing problem solving skills, conflict resolution skills and effective communication skills to successfully engage and communicate with all stakeholders. Similarly, the RTW Coordinators in the present study are consistent with the findings of Gardener et al. and acknowledge these key skills as necessary to achieve the desired goal of RTW for the injured worker [28].

The RTW Coordinators in this study were committed to facilitating a successful RTW for injured workers despite the reported challenges encountered when communicating with the injured workers’ treating doctor. Given the important role the treating doctor plays in the medical coordination of the RTW process, it is imperative that there good communication between the doctor and the RTW Coordinators to enable the facilitation of the injured workers RTW. This has been highlighted in other studies [24, 29, 30], with the RTW process being negatively impacted by communication difficulties. This study suggests communication, particularly between the RTW Coordinator and the doctor is a common issue across Australia and is an area that needs attention to improve the RTW process for injured workers.

The RTW Coordinators also emphasised the importance of organisational commitment and support for the duration of the RTW process. Often the RTW process can be



lengthy and requires managerial, supervisory and employee commitment for a successful transition of the injured worker to pre-injury duties. In particular, the involvement of a workplace RTW Coordinator needs to be supported, with evidence of greater effectiveness and better outcomes in the RTW process as a result [11]. Similarly, RTW Coordinators from the present study expressed the importance of the injured worker's awareness of the RTW Coordinator in the workplace and the key role they play in the RTW process. Additionally, RTW Coordinators believed that by understanding the role of the RTW Coordinator in the workplace, the injured worker will have greater confidence in their ability to advocate for them, manage their injury and facilitate their successful RTW.

### Study Strengths and Limitations

The qualitative nature of focus groups limits the generalisability of the findings, as does the modest sample size. However the methodology employed is appropriate to offer insights into the attitudes, qualities and traits of professional groups who rarely have the opportunity for discussion or debate. Thus the focus groups brought together a range of RTW Coordinators from different employment sectors, with different experiences, and provided a unique opportunity to discuss the role and essential characteristics required of the RTW Coordinator. Whilst the authors acknowledge that other stakeholders are involved in the RTW process and may bring differing perspectives, the primary aim of this study was to determine the unique view and experiences of workplace RTW Coordinators due to their pivotal role in the RTW process. Future research to further explore aspects of the RTW Coordinator should involve investigation of the communication between the various stakeholders and how this can be enhanced to improve the RTW process for injured workers.

### Conclusion

This study identified the importance of an individual's inherent interpersonal traits such as being friendly, supportive and organised with the most notable trait being empathy. Other attributes such as assertiveness, gregariousness, adaptability, patience and compassion along with communication skills, and knowledge of the RTW process were all identified as necessary to assist in the RTW process for injured workers. The findings of this study can inform relevant stakeholders and may assist in the recruitment process of RTW Coordinators for employers.

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**Conflict of interest** Joanna Bohatko-Naismith, Carole James, Maya Guest and Darren A. Rivett declare that they have no conflict of interest.

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# Insights into workplace Return to Work Coordinator training: An Australian perspective

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## Abstract.

**BACKGROUND:** Following brief training, an Australian workplace Return to Work (RTW) Coordinator is expected to provide information to the injured worker, liaise with key stakeholders and maintain workplace policies and procedures in accordance with legislative requirements.

**OBJECTIVES:** The aim of this study was to provide insights into the experiences and perceptions of the Australian Workplace RTW Coordinator in relation to current training practices and to identify any existing inadequacies within the available training.

**METHOD:** Twenty-five workplace RTW Coordinators from five Australian states participated in six focus groups. Participants with a minimum of two years' experience as a workplace RTW Coordinator and involved with the development and implementation of workplace policies and procedures, were included in the study. Thematic analysis was performed to identify meaningful themes and patterns.

**RESULTS:** The findings highlighted specific training requirements and additional support mechanisms recommended by current workplace RTW Coordinators. Four key themes clearly emerged: inadequate training; irrelevant content; the need for specialised trainers; and network support services.

**CONCLUSION:** RTW Coordinators require effective training and support to ensure the appropriate and timely delivery of services to all stakeholders involved in the RTW process. The results of this study may inform future training practices for RTW Coordinators.

Keywords: Workplace disability management, rehabilitation, qualitative research

## 1. Introduction

One of the most important changes to unfold in the late 1980s to the Australian workers' compensation system was the shift from financial settlements

for the injured worker to greater accountability of the employer to improve and actively manage occupational health and safety in the workplace, with a particular focus on injury prevention [1]. As the implications of this change became evident for employers, especially the need to have this process managed within the workplace, the role of the workplace Return to Work (RTW) Coordinator evolved [2]. In line with this legislative obligation, employers began engaging the assistance of a RTW

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Coordinator to manage the workplace RTW process [3]. International research has identified that the commitment and accountability of a workplace RTW Coordinator during the RTW process produces favourable outcomes [4] such as a reduction in associated costs and a decrease in the duration of illness and disability [5]. The RTW Coordinator could be employed either full-time or part-time and often, an employee of the organisation would be nominated by the employer to assume the role whilst still engaged in their regular duties within the workplace. The primary function of the workplace RTW Coordinator is to provide information to the injured worker and to liaise with key stakeholders, in particular with the injured worker's treating doctor in assisting to negotiate suitable duties for early RTW [2, 6]. Without all the necessary skills and knowledge required to successfully perform the role, this inadvertently began to place enormous pressure on the employee nominated to fill the position [7].

The Australian workforce is comprised of approximately 11.5 million people with an estimated annual cost of \$60.6 billion in work-related injuries [8, 9]. The Australian State and Federal governments are becoming increasingly concerned with regard to the growth in workers' compensation claims and the escalating cost of workplace injuries [8, 10]. Given the increasing demands on the workplace RTW Coordinator and the pivotal role they play in the RTW process, it is arguable that closer examination is required to ensure the appropriate mechanisms are in place to support and promote ongoing education and innovation in training in the area of RTW. In the Australian context, jurisdictional differences exist in the duration and the content of the training provided to the workplace RTW Coordinator. Therefore the aim of this present study was to highlight the experiences and perceptions of the contemporary Australian workplace RTW Coordinator in relation to current training practices, identify any deficiencies within these practices and inform future training programs.

## **2. Method**

This study used a qualitative phenomenological approach to explore the experiences and perceptions of individuals who share a common interest [11]. Focus groups were conducted with workplace RTW Coordinators which provided the participants an opportunity to interact and discuss each other's opinions, beliefs and attitudes [12], and thus

facilitated an insight into this topic of interest in greater depth [11, 13]. The focus groups were facilitated by one of the researchers (JBN) using an interview schedule that was informed and developed following a review of the literature [5, 12, 14, 15]. This schedule was designed to prompt discourse about the training and attributes required to perform the role of a RTW Coordinator. Ethical approval for the study was granted by the University of Newcastle Human Research Ethics Committee.

### *2.1. Participants*

Purposive sampling was used to recruit RTW Coordinators from various workplaces in five Australian states (New South Wales [City and Regional], South Australia, Queensland, Tasmania and Victoria). Participants were eligible for inclusion in the study if they were proficient in English and had a minimum of two years' experience working as a RTW Coordinator with a large or small organisation. In addition, experience with developing and implementing workplace RTW policies and procedures was required.

### *2.2. Recruitment*

Recruitment of RTW Coordinators into this study used several methods. Firstly, an advertisement requesting voluntary participation by RTW Coordinators was placed on a national RTW Coordinator website. This method achieved limited success; therefore state-based RTW Coordinator professional interest groups were individually contacted to promote the study. A letter of invitation and information statement was provided to these groups to distribute to their members. The snowball technique was also used to recruit additional participants [11]. This approach involves asking the initial group of research participants to recommend others they may know in the target group for recruitment [13].

### *2.3. Procedure*

Focus groups were conducted in New South Wales (in a regional centre and major city), and in Victoria and South Australia (in a major city) in person. To capture RTW Coordinators in Tasmania and Queensland, focus groups were conducted via teleconference. Kruger and Casey (2009) recommend conference call focus groups as a means of allowing participants who are geographically dispersed to contribute without the associated time burden and cost of



transporting them to one location [12]. The duration of each focus group was approximately 1–1.5 hours or to the point of ‘information redundancy’ within the focus group. The size of the focus groups ranged from two to seven participants.

Written consent was obtained from all participants prior to commencement of the focus groups. Participants were also informed they could withdraw from the study at any time. The focus groups were recorded for accurate transcription.

#### 2.4. Data analysis

The focus group data was transcribed verbatim and imported into NVIVO 10 software (QSR International, Cambridge, MA USA) for analysis [16]. Pseudonyms were used to de-identify the participants and their organisations. Methods to promote trustworthiness within this qualitative study were implemented during data analysis. ‘Peer debriefing’ was employed as a strategy by two researchers (JBN, CJ) who analysed the data and together determined the categories that, in their collective views reported the experience of the participants. ‘Thick description’ was used to increase potential transferability [11]. Further techniques used to develop trustworthiness included dependability, credibility and confirmability [17].

### 3. Results

Focus groups were held across Australia with a total of 25 workplace RTW Coordinators. The RTW Coordinators in this study were employed by both small and large organisations and had varying backgrounds. The participants reported a mean of 11.3 (SD 8.2) years of experience as workplace RTW Coordinators. They came from diverse organisations and represented a variety of professional backgrounds: work, health and safety; allied health; human resource management; and the workers’ compensation insurance industry (see Table 1). Four significant constructs emerged from the focus groups: (i) inadequacy of training (ii) relevance of content (iii) the need for specialised trainers and (iv) access to network support services.

#### 3.1. Inadequate training

Although RTW Coordinator training does vary between the states in Australian, the experience and

Table 1  
Study participants

State	Participants	Gender	Background
NSW (City)	4	1 male 3 female	2 clinical 2 administration
NSW (Regional)	7	1 male 6 female	4 clinical 2 administration 1 other
South Australia	3	1 male 2 female	3 administration
Queensland	2	2 female	1 clinical 1 other
Victoria	7	2 male 5 female	2 clinical 2 administration 1 other
Tasmania	2	1 male 1 female	1 other 1 administration

perception of the RTW Coordinators in relation to their current training practice was similar. During the focus group discussion it became apparent that the RTW Coordinators in this study felt discontent with current training practices and were willing to share their views. The participants repeatedly emphasised the inadequacy of the current training provided for the role of workplace RTW Coordinator. The participants agreed that current training is deficient and lacks relatively important information that can be required during the RTW process and which is unique to workplace RTW coordination. A number of comments from the RTW Coordinators echoed this sentiment; ‘*the training is not enough*’ ... and ‘*it didn’t teach me anything*’ [Participant 18].

The RTW Coordinators agreed upon the importance of being trained and viewed it as a necessity, however it was suggested: ‘*If you follow the training you will never get them (injured workers) back to work*’ [Participant 20].

As it stands, the duration of the training provided to the workplace Australian RTW Coordinator is variable and inconsistent between the states and territories (See Table 2). Also noteworthy is that the typical duration of training provided to Australian workplace RTW Coordinators is two days. The RTW Coordinators articulated their frustration that the length of the training was too short and highlighted the difficulty in assimilating the provided material in such a short time: ‘*The course was very brief*’ [Participant 6]. ‘... *can’t do it in 2 days*’ [Participant 22], ‘... *you get 2 days and then you are on the job*’ [Participant 13]. The intensity and the duration of the training left some RTW Coordinators confused, with one participant affirming they were ‘*sometimes left floundering*’ [Participant 8], while another RTW

Table 2  
Current training provisions for Australian RTW Coordinators

Jurisdiction	Training length	Type of training and accreditation
Australian Capital Territory [26]		Not a legislative requirement
Comcare [27] (National System for the public sector)	1 day	Workplace Rehabilitation Provider
New South Wales [28]	2 days	1. WorkCover approved training course
	1 day	2. Advanced RTW coordination
Northern Territory [29]		Not a legislative requirement
Queensland [30]	3 days or 100 hours equivalent, legislated	Units of competency as per National Training Information Services (Vocational Education and Training Accreditation Board approved)*
South Australia [31]	Length of training not specified	Run regular Rehabilitation and Return to Work Coordinator sessions:  Level 1 training for low risk employers Level 2 training for all other employers
Tasmania [32]	No specified time frame	3 units of competency from the Australian Qualifications Framework
Victoria [33]	2 days recommended, not legislated	Training course developed and endorsed by WorkSafe Victoria
Western Australia [34]	1 day	1. Injury Management for employers only
	3 days	2. Two national units of competency

\*According to the Workers' Compensation and Rehabilitation and Other Legislation Amendment Act 2013 Rehabilitation and Return to Work Coordinators no longer require certification with the regulator [35].

Coordinator added '*... it is a matter of 'sink or swim – they throw you in the deep end'*' [Participant 13].

The RTW Coordinators cited the need for a review of the present training and suggested competency based training as a possible way forward. The participants highlighted the need for a more comprehensive course that would provide them with a broader range of skills and information. As participant 13 expressed; '*Competency based training – ... competency based training would be good.*' Another participant added:

*If there was a review of the qualifications for RTW Coordinators – may need to look at the personal injury course' '... The personal injury course includes medical terminology, injury management ... it is a comprehensive course – it is quite good'* [Participant 19].

### 3.2. Relevant content

In Australia, the content for the training is generally developed and distributed by the relevant regulatory authorities in the respective states and territories, with the training routinely presented by a trainer from the regulatory body or a registered training organisation. The RTW Coordinators in this study acknowledged that a sound knowledge and understanding of the legislation is imperative to assist the injured worker during the RTW process, while ensuring the needs of the employer are also being

met. However the participants began to express their frustration about the material presented in the training packages, with a particular concern expressed regarding the extensive time dedicated to legislative requirements. Indicative of this are comments about the content such as it is '*... legislative heavy*' [Participant 15]; and '*... lots of legislative jargon*' [Participant 23]. In addition, [Participant 9] added that it is '*... a blur a far as legislation goes*'. Given the duration of the training course, most RTW Coordinators in this study were of the same opinion and emphasised a need to reduce the volume of legislative content in the existing training packages.

Furthermore, the RTW Coordinators also felt that the current training content was '*... boring*' and '*... a bit of a chore to get through*' [Participant 1], and often '*... overwhelming*' [Participant 24].

The participants highlighted specific content they perceived as necessary to assist in facilitating the RTW process. These were identified as medical terminology, counselling skills and appropriate record keeping skills. Of the 25 participants, nine had allied health backgrounds. Essentially, the allied health professionals affirmed that an understanding of common medical conditions and medical terminology is desirable, and considered this knowledge beneficial when liaising with other stakeholders in the RTW process. The participants without health backgrounds strongly agreed that having an understanding of medical terminology would allow for clearer communication with other stakeholders and most importantly provide

them with a greater understanding of injuries, as well as assist them with reading medical reports. As one RTW Coordinator highlighted; *‘... you need a strong understanding of medical/legal issues’* [Participant 22]. [Participant 3] further added *‘What I struggled with mostly was I had no medical background’*. One comment on medical terminology included; *‘... you need to read x-ray reports – I Google them’* [Participant 18], with another participant adding; *‘You need to know your fractures’* [Participant 23]. In addition the participants highlighted the necessity for a general comprehension of medical terminology and common conditions associated with injured workers, and strongly recommend that this be included should the current training be reviewed.

Participants in this study proposed counselling skills as an important skill required for managing injured workers. Comments such as *‘... Counselling skills are required... we are dealing with people’s lives’* [Participant 22]. Most participants agreed that *‘some basic counselling skills are required’* [Participant 4 & 16].

### 3.3. Specialised trainers

Many of the RTW Coordinators in this study were unhappy with the trainers engaged to present the training. They emphasised the necessity for the trainer to have relevant experience and skills in the specialised area of RTW before presenting the training. As one RTW Coordinator stated; *‘... our trainer read directly from the book – no idea’* [Participant 10], while another participant highlighted; *‘... training should be presented with someone who has the skills’* [Participant 21]. Based on these reports from the RTW Coordinators, the current training can be perceived as *‘overwhelming’*, which is arguably a concern given that one participant declared; *‘... some trainers condense it into 1 day’* [Participant 13].

According to the RTW Coordinators in this study, there is indeed a necessity to engage an experienced trainer in the unique area of RTW coordination. Notably there were some RTW Coordinators that found their trainers to be competent in their ability to translate the information at hand to the workplace by way of direct example. The participants who were trained by trainers more experienced in the area of RTW acknowledged the training was generally productive and meaningful. One such RTW Coordinator had this positive comment; *‘... the 2 days training was excellent because of the facilitator’* [Participant 10]. Similarly another participant added;

*‘... I had a great trainer that was very experienced and he gave a lot of examples on the day, which made it come alive and really helped people with the training’* [Participant 2].

Given the complexities and the specialisation in the area of RTW, it would be reasonable to expect the trainer to be experienced and knowledgeable regarding the intricacies of the RTW process.

### 3.4. Network support services

Several workplace RTW Coordinators proposed the idea that regular networking workshops would be valuable to ensure currency of knowledge and skills. As [Participant 14] stated; *‘... we need up-skilling workshops to talk about new ideas’*.

Access to a mentor was suggested by the participants as a means of support for novice workplace RTW Coordinators. Newcomers to the role encountering complex issues require guidance and support to ensure continuity for the injured employee during the RTW process. Mentors could potentially provide valuable insight and experience to novice RTW Coordinators and those working in smaller organisations who infrequently encounter workplace injuries. As one of the RTW Coordinators suggested; *‘... a mentoring system is excellent – ring someone for support’* [Participant 11].

Collectively, the participants concurred that most skills for this role are usually acquired *‘on the job’* while engaging in the RTW process. A number of participants in this study highlighted and acknowledged the support they received from other, more experienced RTW Coordinators at their workplace and expressed gratitude to their co-workers for their assistance. As [participant 12] stated; *‘it’s mostly on the job experience’*.

The participants agreed that a group support network was a necessity in the specialised and often complex area of RTW. The fundamental notion of supporting each other through a network group meeting was identified as essential. As [Participant 14] added; *‘... one full day at networking with others – helping each other’* would be desirable for support.

## 4. Discussion

The aim of this study was to highlight the experiences and perceptions of the contemporary Australian

workplace RTW Coordinator in relation to current training practices, and to identify any deficiencies in the training which could potentially inform future training programs.

Many RTW Coordinators in this study expressed their concerns about the current training practices and affirmed that it is in need of review. For Australian RTW Coordinators to be optimally prepared to facilitate the RTW process successfully, their training should be informed by those engaged in this specialised area to ensure that the most relevant content is being delivered. Internationally, it has been identified that much of the training content is leaving RTW Coordinators without sufficient guidance and understanding of the necessary attributes required to be successful in this role [15]. A literature review by Shaw et al. [5] describing the role of the RTW Coordinator, identified that there was meagre information on the specific knowledge and skills required for success in this role. Research supports the engagement of a workplace RTW Coordinator citing significant cost savings in workers' compensation and productivity costs, along with a reduction in workplace illness and disability [4, 18]. This current study aimed to initiate the process of identifying some of the knowledge and skills required by Australian workplace RTW Coordinators using their experiences to obtain the specific requirements for success in the role. Recognising the inadequacies in the Australian RTW Coordinator training programs and addressing these could lead to more favourable outcomes for both the injured worker and the community welfare system as a whole.

Internationally, competency-based training is being considered and promoted as a means of better meeting the training needs required for the role of the RTW Coordinator [15]. In Canada, the National Institute of Disability Management and Research (NIDMAR) has developed a competency based Certificate in Disability Management for RTW Coordinators to ensure those entering the profession are adequately prepared for the role [19]. The development of this type of educational training program for RTW Coordinators was supported by several Canadian studies [5, 15]. Australian workplace RTW Coordinators in our research similarly highlighted the need for the delivery of a more competency-based training program. Recently a study in Canada proposed that RTW Coordinators formal knowledge underpin the core competencies that are unique and specific to the role [15]. Pransky et al. [15] highlighted the highest rated competencies which are; maintaining

confidentiality, ethical practices, responding in a timely manner, and demonstrating good organisational and planning skills. Additionally listening and communication skills [20], the ability to be approachable and relate well to others, be able to instil trust, focus on important issues and effectively problem solve were also recommended. These findings have significant implications for the development of contemporary training programs for RTW Coordinators in Australia and elsewhere.

The content of the training was described by RTW Coordinators as 'heavily' legislatively based and they concurred that the duration of the training component related to legislation far exceeded their requirements. In the Canadian context, Pransky et al. believe knowledge about workers' compensation practice, legislative requirements, workplace policies and procedures is advantageous for the RTW Coordinator and recommend acquiring this important information through formal course work [15]. Furthermore, Shaw et al. add that having this knowledge is important for a RTW Coordinator's credibility with other stakeholders [5]. The participants in this study also voiced that having knowledge and understanding of workers' compensation and the associated legislative requirements is critical for facilitating a smooth RTW for an injured worker, but instead recommend a more balanced approach to this topic.

The professional background of the RTW Coordinator varied in this study. Nine of the 25 participants had an allied health background and this was identified as being beneficial for reading medical reports, identifying suitable duties and for liaising with other allied health professionals and the treating doctor. Those without knowledge of medical terminology felt disadvantaged when interpreting medical documents. It remains unclear what specific aspects of medical terminology are required by RTW Coordinators, however Shaw et al. [5] identified that understanding medical conditions may provide the RTW Coordinator with realistic expectations for the injured workers' recovery and assist in communication with the injured worker, treating doctor and other stakeholders [5]. Consideration is required when developing a training program to ensure such competencies as medical terminology are included.

In this study participants also noted that counselling skills were an important competency for assisting injured workers during the RTW process. In Australia most RTW Coordinators are employees of an organisation and have an existing closeness with

some of their co-workers. This familiarity and the nature of the role, potentially expose RTW Coordinators' to their co-workers vulnerabilities following a workplace injury [21]. A recent review of the role of the Australian workplace RTW Coordinator highlighted listening skills as an essential quality, and particularly having the ability to listen very closely to what the injured workers are saying or not saying. Noteworthy is that from an international perspective, counselling skills were not recognised per se, however there was an emphasis on the RTW Coordinators maintaining positive communications and active listening skills among all stakeholders in the process [22, 23]. The Australian Institute of Professional Counsellors identifies listening and communication skills as specific and fundamental competencies required for counsellors [24]. The participants also highlighted record keeping as an important component of the RTW process to ensure the distributions and accuracy of information to all of the stakeholders. Gardner et al. consider these skills and add effective time management as necessary for the engagement of all stakeholders [22]. Counselling skills and record keeping are critical components of the RTW Coordinator role and guidance on these aspects should be included in the content of the training.

Trainers with direct experience in the RTW process should deliver the training program. Possessing an understanding of the complexities of the RTW process and the potential barriers RTW Coordinators may encounter, is considered important when teaching and providing paradigm case studies during the training program [25].

Continuing education / professional development is an important component of many recognised professionals to ensure they maintain currency and build on existing skills [26]. The RTW Coordinators in this study identified the importance of continuing education and suggested mentoring as a mechanism to assist novice RTW Coordinators to provide them with ongoing support and reassurance [27]. This is consistent with international research in which mentoring is recognised as an important factor in acquiring more specific skills in the field of workplace RTW Coordination [15]. Pransky et al. [15] suggest that acquiring experience and reinforcing certain skills is a positive element of mentoring [15].

Networking groups are identified as one method of providing regular ongoing support to professionals [28]. In this study the RTW Coordinators suggested networking groups as a positive means for the exchange of ideas and for bringing together

a group of professionals that share a common interest to learn and support ongoing learning.

## 5. Limitations

The views expressed in this study are those of some current workplace RTW Coordinators in Australia and it may not be typical of all workplace RTW Coordinators. Although a modest sample of RTW Coordinators participated we were able to capture and represent the views of RTW Coordinators from each state where such a role exists. Due to geographical dispersion some of the focus groups were conducted via teleconference, but this may have potentially precluded the moderator from observing any nonverbal communication between the participants [12].

## 6. Conclusion

The aim of this study was to highlight the experiences and perceptions of workplace RTW Coordinators and provide a foundation for informed discussion regarding current training practices available for RTW Coordinators in Australia. The RTW Coordinators suggested that a more extensive training program is required, with a review of the current training to ensure RTW Coordinators are being provided with relevant content to support them in their role. Emphasis on experienced professional trainers to deliver the training was deemed a necessity for productive and meaningful training. Essentially RTW Coordinators agreed that professional networking groups and mentors would provide continuity and support for those specifically employed in the role and in particular, for smaller organisations that may not have internal support mechanisms nor experience the extent of injuries that present themselves at larger organisations. Future research could focus on identifying the relevant competencies required by the workplace RTW Coordinator to ensure they have the relevant training to assist injured workers to RTW. Further, given the paucity of research on the topic of the RTW Coordinator training, future studies should also attempt to replicate the findings of the present study to further validate the conclusions. The findings of this study may have important implications for policy makers, regulators and employers, with better training of RTW Coordinators potentially leading to decreased workplace disability and thus lower costs for the workplace and the community.

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## Conflict of interest

The authors report no conflict of interest.

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