Construction Forestry Mining and Energy Union (CFMEU), Construction and General Division, Victorian Branch

An independent evaluation of the Suitable Jobs Register

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ACKNOWLEDGEMENTS

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Thank you unreservedly to the CFMEU for developing this progressive document. It represents an important step towards a more collaborative, positive return to work for many.
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I. EXECUTIVE SUMMARY

The return to work (RTW) process is indeed a complex one, involving many different parties, with distinct roles, objectives and priorities. Their different perspectives are often a reflection of the meaning they attribute to the actions of others and the nature of their interactions with each other. As a means of improving the consultation between differing parties and increasing the transparency in the RTW process the Suitable Jobs Register (SJR) or documented bank of job functions was developed by the CFMEU in conjunction with WorkSafe. The SJR provides an intervention which may applied as both a secondary and tertiary level intervention in RTW, that is, occurring after the injury, with the aim of providing appropriate work options to minimise any exacerbation of the injury or manage the injury long-term if necessary and provide a more collaborative and positive return to work. An evaluation of the impact of the register has been provided by Deakin University.

Early findings suggest that this progressive document has been well received by supervisors/managers, RTW co-ordinators, occupational rehabilitation (OR) consultants, treating practitioners, occupational health and safety (OHS) representatives, union representatives and the small number of employees utilising it. Based on measures of hesitation to report injuries, communication, collaboration, and management of the process, agreement between stakeholders, usefulness of the tasks, confidence and trust in the system, and the general impact of the SJR on the most difficult aspects of the RTW process results are very encouraging.

It provides a tool which as one respondent noted, demystifies the process for all involved. It is often the mystery or lack of transparency in a process that leads to the attribution of negative meaning to the actions of others. In this regard, the SJR can only be expected to continue its positive influence on the communication, collaboration and confidence of those involved in the RTW process.
A number of limitations were encountered during the evaluation process. These mainly relate to the small sample size and the limited exposure respondents had to the SJR. Limited opportunity to use the register within the short time frame given for the trial meant that some respondents could not comprehensively evaluate the register, but rather comment on its potential. Budgetary constraints and pre-determined deadlines guided the time-frames of the trial and hence the evaluation.

Additionally, the register represents a new resource in the return to work landscape for the construction industry which inevitably takes time to become a tool that is commonly referred to.

The trial and pre trial employee samples are not equivalent, which leads us to exercise caution with some of the results. The variation shown in the pre trial data is not apparent in the trial data with regards to the employee group, and this in part is due to the small sample comprising the trial group, rather than true differences due the introduction of the register itself. However, whilst the employee trial sample is small, perceptions have been gleaned from a range of different stakeholders who manage the overall RTW process. These perceptions are characterised by many positive ratings and comments, which overall, leads to a positive appraisal of the register.

Recommendations with regards to the SJR are mainly based on the need for wider distribution, further education about its existence and appropriate use, and further evaluation with a larger sample. Suggestions have been made with regards to additions to the SJR which could be considered. In brief, these relate to the provision of information for non-English speaking employees and some further clarification for injured employees with regards to the stakeholders in the process and the services provided. Consideration should also be given to expansion of the register to other construction roles via collaborative arrangements.
II. BACKGROUND

The SJR was developed by the CFMEU of Victoria in conjunction with WorkSafe. It represents a form of intervention which may be considered both secondary and tertiary in its application to injury management in the workplace. Broadly speaking, injury management and prevention can understood as falling within a public health framework of three levels; primary, secondary or tertiary. Specifically, primary intervention involves education programs and controls for risk prior to an injury. Secondary level intervention occurs after the injury, but prior to long term complications, and may include the provision of suitably modified work to prevent re-injury, disengagement or the deterioration of relationships between stakeholders. Tertiary level intervention usually comes into play post injury and when the injury is more complicated and long-term. This typically involves individualised programs aimed at treatment and long-term management as well as RTW plans.

The RTW process is indeed a complex one, involving many distinct groups with differing objectives and priorities. Any given workplace accident may involve injured workers, RTW Co-ordinators, supervisors/managers, treating practitioners (GPs, specialists and other health care providers), OR Consultants, OHS representatives, union representatives and less commonly legal representatives. Secondary level intervention, in the form of modified duties soon after injury is widely acknowledged as a useful re-integration strategy and a key mechanism for reducing the costs and complexity associated with workplace injuries (Baril, Berthelette & Massicotte 2003a, Dunning et al. 2008). However, the lack of meaningful work options following injury has been identified as a serious barrier to the reintegration of workers across a variety of industries, none the least the construction industry. The CFMEU reports that the building and construction industry lacks a satisfactory record in the RTW of injured workers. Anecdotally, the building and construction industry has experienced a lack of suitable or modified work for injured workers and a lack of
willingness of employers to accommodate reduced worker capacity. The majority of workers with injuries have remained off work for longer than ideal periods, with the employer often taking the approach that with reduced physical capacity the worker is unable to make a valuable contribution.\footnote{Return to Work Fund Agreement Version 1:1 July 2006}

In an attempt to address the barriers associated with the provision of meaningful work options, the CFMEU piloted a “Suitable Jobs Register” (SJR) specific to the building and construction industry. As noted, it is a document that can be utilised in both secondary and tertiary intervention. The register provides a generic list of construction job tasks and duties incorporating all 29 job roles covered by the building award. Tasks are based on a continuum from light to heavy duties with the primary aim of providing a systematic approach towards the identification of suitable duties and the development of appropriate plans to facilitate an injured worker’s return to the workplace.

Workers have also been found to resist modified duties, if the duties are seen as poorly planned or of limited utility (Baril et al. 2003b). For example, if an injured worker is asked to count widgets all day, but their original role is that of a Plasterer, they are unlikely to feel the work is suitable, well planned or useful. Furthermore, it has been reported that one of the main obstacles in returning to modified duties is the lack of clearly identifiable possibilities with regards to changing work tasks or changing the organisation of work (van Duijin et al. 2004). The building and construction industry appears to be amongst those where such obstacles prevail. The identification of appropriate tasks for injured workers, which are ideally based on the re-organisation of their original role (and perhaps a mix of others where required) has only occurred where all stakeholders are heavily invested in the process and have taken time to re-think the possibilities, but this seems to have been the
exception, rather than the rule. Anecdotally, attitudes exist among many employers that RTW is only possible if the worker is able to return to their usual job 100% fit without restriction. Many workers believe that if they report an injury and admit to difficulty in performing their job at their usual capacity, they will not be able to remain on site working and will need to recover at home.\(^2\) However, the SJR seeks to address these limitations, by including a range of different jobs for different rehabilitation needs, partial job roles with partial hours, based on the potential needs of injured workers, enabling a return to both suitable and meaningful work. The tasks included in the SJR are not random, unrelated tasks with little purpose or benefit to the employer or injured worker, but rather are based on their original job roles. Specifically, the tasks comprise the job roles falling within the building award, such that a Plasterer, who temporarily may not be able to perform all aspects of his/her role, may be capable of undertaking particular tasks or functions which make up this role.

Another area of concern which has been found to link to poor RTW outcomes is the culture or climate within the workplace, particularly in terms of supervisor and co-worker support (Post, Krol & Groothoff 2005). If the attitudes of the supervisors/managers and co-workers are unsupportive towards the injured worker, it is unlikely that the injured worker will want to return to his/her workplace. However, the SJR is a tool which is aimed to improve communication between injured workers and management, by providing suitable options for consideration. Research has also found that supervisors/managers often find sourcing appropriate work and managing a RTW program an unwanted burden that conflicts with their productivity responsibilities (Baril et al. 2003b). However, the SJR alleviates some of this burden by providing a useful tool that can be easily referred from the beginning in consultation with the RTW co-ordinator and treating practitioners (GPs, Specialists).

\(^2\) Return to Work Fund Agreement Version 1:1 July 2006
This in turn may remove some of the resentment towards an injured worker and promote a more positive, collaborative culture.

**A. Project Objectives/ Research Objectives**

The overarching aim of the SJR project was to begin to address the challenges described above, by developing an industry specific SJR, generic enough to enable and encourage its use across a variety of construction workplaces. It was anticipated that the SJR would provide an important management tool and a valuable base for the participating employers from which to continue to develop effective early intervention and RTW and ideally it should provide workers with the confidence to report injuries, knowing there are meaningful RTW alternatives available when needed, supported by the CFMEU and their employer. The purpose of the present report is to examine the available evidence and determine whether the SJR has in fact made some inroads in terms of early intervention, support from stakeholders and the availability of meaningful work alternatives.

As mentioned, early intervention and early RTW in the form of modified duties is widely acknowledged as a useful re-integration strategy. In a literature review of modified work and RTW, Krause, Dainger and Neuhauser (1998) concluded that injured workers who are offered modified duties RTW twice as often as those not offered modified duties. Furthermore, it was found that modified RTW programs reduce the number of work days lost by half (Krause et al. 1998). Early intervention has become part of best practice in injury management, integral to an organisation's injury management system (WorkCover WA September 2007). Based on this understanding, it was anticipated that the SJR would assist those involved in trialling the register to initiate discussions based on work capacity with injured workers. Ideally this would occur shortly after injury, and in many cases, prior to the
submission of WorkCover claims, resulting in better outcomes for workers and employers. Furthermore, it was expected that those utilising the SJR would find the tasks more meaningful and rate the work more favourably in terms their value and worth when compared with injured workers not utilising the SJR.

Specifically, it was expected that the SJR would lead to improvements in the injury management outcome measures when compared to building sites assessed prior to introduction of the SJR (pre trial sites). The SJR was expected to lead to greater communication and collaboration among injured employees, non injured employees, direct supervisors, management, RTW co-ordinators, OR Consultants and treating practitioners (GPs, specialists), which would facilitate earlier RTW, reduce the total number of days lost and reduce overall claim costs.

III. RESEARCH METHODOLOGY

A steering committee was formed to oversee the management of the project. As deemed in the WorkSafe fund agreement, the steering committee consisted of a CFMEU project officer, a CFMEU legal officer, a CFMEU WorkCover officer, a CFMEU (OHS) officer, a WorkSafe representative, a representative RTW co-ordinators from the industry, a contracted OR consultant, and employer and industry OHS managers (2). In consultation with members of the steering committee, 11 questionnaires or interviews were developed to evaluate the perceptions of the stakeholders involved in the RTW process. Given this broad mix of stakeholders in the RTW process, aside from the steering committee, the stakeholders included in the present research included:
- Supervisors/managers
- Employees
- RTW co-ordinators
- Treating practitioners (GPs, specialists)
- OR consultants
- OHS representatives
- Union representatives
- Project officer.

The questionnaires comprised a number of different sections, including demographic information, injury description and circumstances, contact and collaboration with others, and specific questions for those participating in the trial with regards to the utility of the SJR. Questions were also asked with regards to the RTW process in general and the limitations or suggestions for improvement. The questionnaire for injured workers was much longer than those of other stakeholders, and included a variety of questions relating to the involvement in decision making, their contact with others and the importance or usefulness of this, their trust in the RTW process and their ratings of cultural aspects including supervisor support and co-worker support.

Hard-copy self completion questionnaires with replied paid envelopes were distributed to the supervisors/managers, employees, RTW co-ordinators, OR consultants, OHS representatives and union representatives. A questionnaire for use in telephone interviews was developed for the members of the steering committee and project officer, and a face-to-face interview guide was developed for surveying the treating practitioners (GPs, specialists). The CFMEU approached a number of parties to seek support for this initiative. Letters of support from five large construction companies were obtained.
Supervisors/managers and employees involved in the RTW system were evaluated prior to the introduction of the SJR and a subsequent group of supervisors/managers and employees involved in the RTW system and working on sites where the SJR was being trialled were evaluated following the introduction of the SJR. Standard questions were asked of many stakeholder groups. However as mentioned, those surveyed after the introduction of the SJR were asked some additional questions relating to the utility of the SJR.

Data pertaining to objective RTW outcomes, including the number of claims made, the proportion of claims made, the number of days lost and the claim costs were also collected. However, given the short length of the trial period, these were not incorporated.

Initially, the study incorporated a mixed design, whereby qualitative data were collected via questionnaires or interviews and quantitative data were collected routinely by employers. However, as previously mentioned, the quantitative data were omitted from the results, based on the short trial time-frame. The qualitative data from supervisors/managers and employees collected prior to the introduction of the SJR were compared with data collected after the two and a half month trial period of the SJR. Due to the time constraints facing stakeholders, those other than employees and supervisors/managers were surveyed after the introduction of the SJR and were asked to provide retrospective comparisons between cases where the SJR was utilised and instances where it wasn’t. Comparisons between stakeholder groups were also made across and within the different time points (prior to introduction of the SJR and after the introduction of the SJR).
IV. THE DATA

A. Considerations in Data Interpretation

The respondents in each group constitutes a sample rather than the full population of stakeholders and are therefore subject to sampling error. Sampling error is a mathematically measurable error that arises from the response to a survey of only a part of the target population. The larger the sample size, more representative it is, and hence the lower the degree of sampling error. Given the small sample size characterising the current dataset, results must be interpreted with some caution and conclusions cannot be made without consideration of the issues of representation associated with small sample sizes. Nevertheless, the results provide the CFMEU with a case study of the SJR and its potential use and acts as a sound basis for further research within a broader range of work sites. Also, it is worth noting that many of the results a similar throughout, both from employee and other stakeholder groups, improving our confidence in them and hence the conclusions drawn.

Percentages presented in this report are based on the total number of valid questionnaire responses made to the particular issue being reported on. This may differ from the total number of completed questionnaires because of omissions made by participants in completing the questionnaire itself. The results reflect the responses of people who had a view and for whom the questions were applicable.

Percentage results may not always add up to 100% due to scores being rounded. For ease of reading, seven point scales have been condensed and are reported in the form of three-point scales – recording positive, neutral and negative responses. In the case of the seven point scale utilised, the proportion of respondents who answered 1, 2 or 3 to a particular question are reported as the proportion who responded as “low levels,” “disagree,” or “negative,” whilst those who
responded with 4 are reported as neutral and 5, 6 or 7 are reported as “high levels”, “agree”, or “positive”.

B. Profile of Respondents

Composition of Respondents

A total of 59 respondents were included in the research. Table 1 presents the sample and their distinct groups comprising 13 pre trial employees, 5 trial employees, 15 pre trial supervisors/managers, 7 trial Supervisors/managers, 2 Return to work Co-ordinators, 3 treating practitioners (GPs, specialists), 5 OR consultants and 4 union representatives/OHS representatives, 4 steering committee members and one project officer. Percentage representations from each group are shown in Figure 1.
The profile of the working patterns for employees (pre trial and trial sample) respondents is shown in Table 1.

Table 1.

Working Patterns for employees (pre trial and trial)

<table>
<thead>
<tr>
<th>Working Patterns</th>
<th>Full time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Status of</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Work hours</td>
<td>Mon – Fri</td>
<td>Mon – Sat</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Years working in total</td>
<td>1 - 5</td>
<td>6 – 10</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Years working in construction</td>
<td>1 - 5</td>
<td>6 – 10</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

As noted in Table 1, half of the employees sampled work Monday to Saturday, and most (56%) have worked in construction for 11 years or more, suggesting that injuries within the construction industry tend to occur mid-career or later.

C. Survey Results

Injury Type

All reported injuries were physical in nature and half were considered serious by the employees themselves.
Previous WorkCover Claim/Time on WorkCover

Most respondents from the employee sample (61%) had submitted a WorkCover claim previously. There was quite a bit of variation in terms of the time spent on WorkCover for the present injury. Thirty-three percent had been on WorkCover for more than 12 months, twenty-seven percent for 3 - 6 months, thirty-three percent from 1 – 2 months and seven percent had been on WorkCover for less than one month.

Hesitation in Reporting

It was anticipated that the SJR would provide an important management tool and a valuable base for the participating employers from which to continue to develop effective early intervention and RTW strategies. The SJR would provide workers with the confidence to report injuries, knowing there are meaningful RTW alternatives available when needed, supported by the CFMEU and their employer. It would seem that in relation to the latter part of this aim, as captured in Figure 3, and 4, less hesitation is experienced, both in terms of reporting injuries and suggesting alternative work duties, based on the data available.
Figure 3. Chart of percentage of respondents who experience low, medium or high levels of hesitation.

Figure 4. Chart of percentage of respondents who experience low, medium or high levels of hesitation in suggesting alternative work duties.
When comparing the pre trial data to the trial data, for the employee sample, it is noted that, 33% of the respondents from the pre trial expressed high levels of hesitation in terms of reporting injuries, whilst 22% experienced medium or high levels of hesitation when it comes to suggesting alternative work options. The trial data shows 100% of respondents reporting low levels of hesitation with regards to both reporting injuries and suggesting alternative work options.

An independent samples t-test which is used to detect whether the main differences between groups are statistically significant, i.e. not occurring by chance showed that the difference is not statistically different, and may have occurred simply by chance in this instance. However, a positive trend has been observed and continues to be observed throughout this report, indicating that the SJR may indeed be having some effect.

When comparing the pre trial data to the trial data for the supervisor/manager samples no significant differences were observed.
RTW Contact

Pre trial and trial employees were asked to rate the importance of various stakeholders in the RTW process. The results are presented in Figure 5 and 6.

**Figure 5.** Ratings from pre trial employees with regards to the importance of various stakeholders in the RTW process.

**Figure 6.** Ratings from trial employees with regards to the importance of various stakeholders in the RTW process.
As noted from the pre trial and trial data, treating practitioners (GPs and physiotherapists) are seen to play a role with high levels of importance in the RTW process. The importance of treating practitioners is also captured by the qualitative comments from other stakeholders in the process. One OR consultant commented;

“The treating practitioners provide all important medical information that we utilise in collaboration with employers and workers in order to identify a workable plan.”

Interestingly, one treating practitioner (GP) placed an overwhelming level of importance on treating practitioners;

“If you have a good GP, then you can get rid of everyone else in the system (the rehab providers, the managers etc.) but many GPs don’t get the exposure to WorkCover and aren't familiar with the industry.”

However, tension exists here, as although important, it is often the treating practitioners, or more specifically, the General Practitioners who are limited in terms of the time spent with patients. This seems to be a source of frustration for other stakeholders within the process, and whilst treating practitioners (GPs, specialists) are rated as very important, they were more commonly noted by supervisors/managers, OR consultants and RTW co-ordinators as being least helpful in the overall process. These themes of limited time and assistance also became apparent in response to the question regarding the most difficult aspects of the RTW process. A few comments are included below:

“Doctors (are least helpful) when they do not understand the principle of suitable duties.”

“Case dependent, usually treating doctors (are least helpful).”
“Getting treating doctors to support RTW (is the most difficult aspect).”

“Rushed GP visits (are the most difficult aspect of RTW).”

“Getting the details from treating doctors or to get them to agree to a RTW plan (is the most difficult aspect of RTW)”

“Doctors not spending enough time with injured workers. Doctors not understanding the construction industry and the physical demands on workers in the industry. Doctors not knowing or understanding what alternative duties are available for workers in the construction industry (are among the most difficult aspects of the RTW process).”

“On the whole I feel that, on occasion treating medical practitioners can be unreasonable, neglectful and have too much power in the process and very little accountability.”

It is worth noting that the employees from the trial sample show a pattern of responses whereby higher levels of importance have been attributed to many stakeholders, in particular the RTW co-ordinator and the supervisors/managers. One explanation might be that this is an indication of a more deliberate, collaborative process for individuals involved in the trial. Without larger sample this remains conjecture, but the pattern of responses is indeed desirable.
Workplace Support

Perspectives on the level of accommodation in the workplace from the pre SJR trial and trial employee samples are presented in Figure 7.

![Accommodating Workplace](image)

**Figure 7.** Perceptions from pre trial and trial employees with regards to the level of accommodation in the workplace.

Whilst the pre trial sample showed some variation in terms of the level of their perceptions of their workplace as accommodating, the trial data showed no variation at all. All trial respondents indicated high levels of workplace accommodation during an injury phase. As noted earlier, this is likely to be largely due to the small trial size, but nevertheless, the pattern of improvement is positive. The perspectives of supervisors/managers did not alter across the two time frames (pre trial or trial), and were high in both instances.

Perspectives from employees and supervisors/managers both prior and during the trial period with regards to the ease in identification of suitable work whilst injured, the frequency of consideration of alternative job functions and the level of appropriateness of the work opportunities available to injured workers are presented in Figure 8.
The three questions presented in the graph below included:

How easy is it to identify appropriate or suitable work for you whilst injured?

How often are alternative duties or tasks considered for injured workers like you?

In general how appropriate or suitable are the work opportunities available to injured workers on your work site?

![Workplace Support Graph](image)

**Figure 8.** Perceptions from pre trial and trial employees and supervisors/manager with regards to ease, frequency and suitability in the identification of suitable work.

As displayed in Figure 8, the pre SJR trial employee sample has reported reasonably low levels of workplace support in response to the areas of ease in identifying appropriate work, frequency in the consideration of alternative tasks and
the general level of appropriateness or suitability of the work opportunities available. The employee trial sample has responded more positively across all areas, but there is still some room for improvement, specifically with regard to the ease in identifying suitable tasks and their level of appropriateness. This theme is one that is captured a number of times throughout the report. This may be due to the lack of familiarity with the information at this point in time, as the register is a new tool which has not yet become embedded in processes. Nevertheless, it harks back to much of the existing research, suggesting that the identification of suitable tasks for injured workers is inherently difficult. The supervisor/manager sample in both pre SJR trial and trial conditions reported medium or high levels of workplace support with regards to the ease of identifying tasks and the frequency, but again the appropriateness of tasks is less promising. It would be of interest to see if further use of the SJR changes these perceptions over time.

**Work Usefulness**

Figure 9 presents the results in response to the questions regarding the usefulness (to the employer). Employees and supervisors/managers (pre SJR trial and trial samples) were asked to indicate whether the tasks assigned to injured workers were useful to the employer.
Figure 9. Perceptions with regards to the usefulness of work tasks to the employer.

As displayed, the pattern of responses shows an improvement from the pre-SJR trial to trial samples, particularly with regards to the employee sample. Again, warnings must be made in terms of the sample size, but at this point, the indicators are positive.

**Quality of Communication**

Comparisons between the trial and the pre-SJR trial sample of the employees’ perspectives of the quality between them and other key stakeholders in the RTW process are presented in Figure 10.
Figure 10. Employee perspective of the quality of communication between them and other stakeholders in the RTW process.

As noted in Figure 10, an improvement is observable between the trial and pre SJR trial data. The relationships have improved unilaterally, with the exception of the relationships between co-workers and injured workers. Interestingly, the trial sample reported more variation with regards to relationships with co-workers, whilst the pre trial sample reported to have high quality relationships between themselves and co-workers.

The SJR was expected to lead to improvements in communication among injured workers, direct supervisors, management, RTW co-ordinators, OR consultants and treating practitioners (GPs, specialists). Based on the limited data to date, this appears to be occurring. Further follow-up with a larger sample is
required to determine if in fact this improvement is largely attributable to the introduction of the SJR.

**Level of Agreement**

The perceived levels of agreement between the injured employee and other key stakeholders in the RTW process are presented in Figure 11. Specifically the questions asked the employee to indicate the level of agreement between themselves and other key stakeholders (RTW co-ordinators, supervisors and treating practitioners) as the level of co-operation in the overall approach to the RTW plan.

![Agreement between employee and stakeholders (employee perspective)](image)

*Figure 11. Employee perspectives of the level of agreement between themselves and other key stakeholders in the RTW process.*
The levels of agreement between various stakeholders as perceived by the employees show marked improvements across the trial and pre trial samples, most notably with regards to the co-operation in the overall approach. Perhaps again this may indicate a more deliberate, inclusive process in which all stakeholders are consulted.
Communication/Management of Process

Responses from employees and supervisors/managers relating to how well they felt the RTW process was managed and communicated overall are presented in Figure 12. The specific questions asked,

*Overall, the RTW process is*

- Well communicated?
- Well managed?

*Figure 12. Perceptions from employees and supervisors/managers with regards to how well the RTW process was communicated and managed overall.*

As displayed, general perceptions in terms of the overall management and communication of the RTW process have improved from pre-trial to trial data for both the employees and supervisors/managers. This is particularly apparent with regards to the employee samples. The pre-trial sample responded quite negatively to the questions regarding the overall communication and management of the process, whereas the trial sample seem much more positive in their judgements. Once again,
a more deliberate attempt of inclusion and collaboration may have contributed to this outcome, and such focused efforts need to be maintained in the future.

**Confidence/Trust**

The levels of confidence and trust in the RTW process are displayed in Figure 13.

![Confidence/Trust Bar Chart](image)

*Figure 13* Perceptions from employees and supervisors/managers with regards to their levels of confidence and trust in the RTW process.

The pattern of improvement remains similar to other constructs measured, in that the SJR trial data depict a much more positive pattern of responding, specifically in this instance with regards to the overall levels of confidence and trust in the RTW process. The SJR was designed to improve the transparency and knowledge of all
stakeholders and it may be argued that this has contributed to improvements in terms of confidence and trust. It is also worth noting that supervisors/managers reported higher levels of confidence and trust in the RTW process than employees prior to the introduction of the SJR. The SJR seems to have addressed this gap between employees and supervisors/managers to some degree.

**Work Environment Scale (Moos 1981)**

Two subscales from the Work Environment Scale, which provides a measure of social climate, or metaphorically, the personality of the work setting were included in the present study, namely co-worker cohesion and supervisor support. Similar to variations in individuals, some work settings are friendlier than others, some are more task-oriented and some are more controlling. Respondents are asked to circle responses on a Yes/No (true/false) format relating to their real environment and also their ideal or best environment. It was anticipated that levels of co-worker cohesion and supervisor support would increase as a result of the SJR and reduce any gaps between the real and ideal environment. However, given omissions in responses and the limited sample size, the calculation of differences between the trial and pre trial data is untenable. Instead, comparisons within the pre trial employee sample with regards to their ratings based on their real and ideal environments for co-worker cohesion and supervisor support are presented in Figure 14.
Figure 14 Perceptions from employees (pre trial) relating to their real environment and the subscales of Co-work Cohesion and Supervisor Support.

It appears that with regards to the pre SJR trial sample there are tested differences between the real environment employees operate within and their ideal work environment when it comes to the factors of co-worker cohesion and supervisor support. A statistical test of significant difference (within samples t-test) to see whether the differences between the real and ideal co-worker cohesion measures and also between the real and ideal supervisor support measures were in fact greater than that occurring by chance found that indeed this was the case. As such, it would seem that there is still room for improvement in terms of co-worker support and supervisor support, as far as the pre trial sample is concerned. Unfortunately, without a follow-up with a larger trial sample, it is impossible to determine whether the experience has been different for those utilising the SJR, but for those without the SJR, perceptions of co-worker cohesion and supervisor support are less than optimal.

Difficult Aspects of RTW Process

Stakeholder groups were asked to comment on the most difficult aspects of the RTW process. As one would expect, the comments tended to vary based on the
stakeholder group responding and the distinct issues they face working within the current RTW system.

However, the most common themes from those managing the RTW process tended to relate to the management of subcontractors and the dealings with treating practitioners, and in particular GPs.

“We are the principal contractor, so controlling subcontractor’s, RTW process.”

“Managing subcontractors - getting them to take ownership of the RTW process.”

“Subcontractors - managing their employers always seems to be too hard to find suitable duties.”

“Subcontractors struggle with the process and the default position is to have the worker off work until 100% capacity. Subcontractors are not resourced to look after the processes, so it becomes just part of the things they have to do, rather than having one person dedicated to the role.”

A couple of comments further to those presented earlier with relation to treating practitioners (GPs, specialists) are below.

“The treating doctors not knowing or understanding the complexities of the role of a construction worker. Too often they are reluctant to properly investigate the job alternatives and just declare the worker unfit for work!”
“I find that most doctors see "construction" as a job title and immediately think it is strenuous.”

However, it should be noted that treating practitioners (GPs, specialists) are underrepresented in the sample, hence comments are unevenly weighted. An important comment made by a treating practitioner (GP, specialist) which is worthy of investigation is the inequity in the system with regards to payments made for RTW plans and reviews.

“A major source of irritation is that rehab providers get paid for talking to the treating doctor, but the treating doctor doesn't, which is why they are often testy and have no time. The rehab provider will often send a RTW plan to be reviewed by the treating doctor, but the treating doctor doesn't get paid for reviewing it, so there is inequity in the system.”

As one may expect at this early stage, the issues for employees tended to relate more commonly to the difficulties they face in terms of stereotypes and communication.

“They think you are a liar about your injury.”

“Putting up with an employer from the old school. He said there were no light duties in the building game and I was a bludger and a bad influence on the other employees.”

“…communication with ex-employer, insurer and RTW case manager (this person did help when he could).”
“Not much work, not much help from employer with work or communication between myself and many people in the office.”

“Other people's opinions and comments of your injury and claim.”

Impact of SJR on Difficult Aspects of RTW Process

In terms of the impact of the SJR on the most difficult aspects of the RTW process, responses were largely positive and encouraging of longer term impact. A sample of comments from a variety of stakeholders is presented below. A couple of specific comments relate to subcontractors, whilst others are more general in nature.

“Subcontractors are now assisted with light and modified duties with the register.”

“Great impact. It has already cascaded down to the subcontractor level - perhaps having involvement in the production and also hearing about it. The pictorial information and formal narrative is great. It is not verbose, but fairly concise. No specific evidence, but anecdotal - I have communicated a section to a subcontractor who took the relevant section to the medical facility. We have discussed it, and a subcontractor has inquired about it.”

“One of the most difficult aspects of RTW is finding appropriate alternative duties. I think the SJR is a great starting point for all people involved in the RTW process to better understand alternative duties.”
“The SJR allows for an objective break down as to what is available.
Treaters are no longer reliant on workers’ perceptions of available tasks
but what the job actually entails.”

“For years we had nothing to refer to… this is a great start.”

“Discussion focuses on what might be possible, not what isn’t possible.”

“At least it shows that an injured person is not a vegetable and while recovering still has a useful role in the society.”
Availability/Sustainability of Tasks in the SJR

Employees, supervisors/managers from the trial and other stakeholders from the SJR trial, which included the OR consultants, treating practitioners, steering committee members, RTW co-ordinators and OHS representatives/union representatives were asked to indicate their opinions in terms of the availability and sustainability of the functions in the SJR. The results are shown in Figure 15.

![Available/Sustainable Functions](image)

**Figure 15** Perceptions from various stakeholders relating to the availability and sustainability of tasks from the SJR.

As can be seen in Figure 15, perceptions from the supervisors/managers and other stakeholders are largely positive in terms of both availability and sustainability over time. However, opinions are divided when it comes to the employees. As alluded to previously, the provision of duties that are not only suitable to the individual needs of workers, but also are available at the time of need and sustainable over time is intrinsically difficult and this difficulty has been captured in the data a number of times. However, as noted by one respondent, the SJR is not finite but rather is designed to encourage thought and discussion with regards to possible options which can then be adapted to both the individual and the workplace.
in question. Further follow-up is required to determine how useful the SJR is as a stimulus for identifying tasks which are available at any given point in time and can be adapted over time. A number of accompanying comments are presented below. Some of the variability captured in Figure 15 is explained by comments relating to the scale and stage of a project and the persistence of the injury.

“Large lists result in increased likeliness that at least some of the duties will be offered. The RTW duties identified are not necessarily intended to be sustainable, but as stepping stones to normal duties.”

“Depends on what stage the project is at in terms of availability or sustainability. If a project is 3/4 complete, then not all roles will be available.”

“It will be difficult for some employers within the industry to manage longer term injuries, as it is not very sustainable/profitable.”

“Only time will tell how sustainable the jobs in the SJR are. For some companies, not all jobs in the SJR will be available; the SJR is designed to help people think about RTW options that are applicable to their company.”

“Good, if not seriously injured and returning to the same position, but limited for more serious injuries where a new role needs to be considered.”
Jobs Register Utility – Some Specifics

A range of stakeholders were asked specific questions relating to the ease of use and effectiveness of the SJR. Results from these questions are presented in Figure 16.

Figure 16 Perceptions from various stakeholders relating to the ease and effectiveness of using the SJR.

The specific items relating to the utility of the SJR were as follows, please indicate

How well you think the SJR captures the range of job tasks/functions relevant to your (construction) work

The ease with which suitable functions/tasks were/are identified using the SJR

The effectiveness of the SJR in providing you with options and ideas that were not previously considered
The assistance the SJR provides in achieving your RTW goals

The overall usefulness of the SJR

It is apparent that the majority of responses are positive, indicating that the SJR captures construction roles well and is effective in providing options for discussion. Responses from other stakeholders, which included OR Consultants and treating practitioners (GPs, Specialists) showed more variability with regards to the question based on the ease with which suitable functions are identified. As already noted, this may be due to the lack of familiarity with the information at this point in time. Further follow-up is required to see if these perceptions change over time.

Stakeholders were asked further questions relating to SJR and its impact on the identification of suitable duties by those involved in the process. The perceived level of improvement across a number of different areas, including the worker’s ability to identify suitable options, the supervisor’s ability to identify suitable options, the time it takes for the supervisor to identify options for discussion, the supervisor’s ability to make accommodations in the workplace, the treating practitioner’s ability to identify suitable options and finally the RTW co-ordinators ability to identify suitable options is displayed in Figure 17. Employees, supervisor/managers and other stakeholder perceptions were gleaned in most cases. The relevant questions asked the various stakeholders to indicate perceived levels of improvement in not only their own ability to identify suitable options for injured workers, but also those of others.
Figure 17 Perceptions from various stakeholders relating to improvements in identifying suitable options and making necessary accommodations.

Overall, a very positive picture is presented. Employees, supervisors/managers and other stakeholders indicate the register has improved not only their own ability to identify options to discuss in the RTW process, but also the ability of other key stakeholders in the RTW process. This links to one of the key objectives of the SJR, namely, the identification of RTW alternatives.
Limitations of the SJR

The limitations mentioned mainly related to the limited distribution and limited use of the register during the trial period and the potential for application beyond CFMEU members and beyond medium to large construction sites. However, there were a number of important restrictions mentioned which are worthy of further discussion. These related to the use of the document with injured workers from a non-English speaking background and also the potential misguided use of the SJR to exceed an individual’s work capacity and exacerbate their injury. Enthusiasm and a sense of urgency to return workers to their jobs due to productivity objectives may lead to some over-zealousness in the application of the register. Such potential for misguided use was captured in a couple of survey comments;

“Good so long as the boss does not take advantage - as long as the boss does not look at the return to work of the worker as a way of reducing premiums.”

“Do not attempt to bring injured workers back too early.”

“I am unsure as to how realistic it is to expect improved RTW outcomes using the register alone. In the hands of an educated and knowledgeable RTW Co-ordinator I think it is realistic to expect improved outcomes.”

“Some of the SJR suggested have some aspects of the job requirements that may still be difficult for the injured worker to do at certain stages of their recovery.”
“Sometimes jobs are created simply to get people off benefits and if the person refuses then they can be taken off benefits. There is often pressure to proceed at a faster rate than the patient can reasonably proceed and we often need to slow it down. Too much speed will often exacerbate the injury. There needs to be an awareness that different people progress at different speeds. There are also major insurance issues, and if an employer knows that an applicant has been on WorkCover then the role is typically not offered to them. Overall, there needs to be an acceptance that some people will never get better. They will never recover and it is nonsensical to say they will.”

As previously mentioned, the limited application of the register with employees from a non-English speaking background deserves consideration.

“It doesn't cater well enough for non-English speaking employees. We deal with large variations in demographics and many who don't have English as a first language, so perhaps some information for non-English speakers - Asian languages are reasonably common and Eastern European, so Croatian could be useful. The people managing the process have a good grasp of English, but something for the workers would be good.”

“I think it would be beneficial to have some information in other languages.”
As noted, the other main theme related to the registers limited distribution, use and scope at this early stage of application.

“Only 100 copies, so not widely distributed, and not widely available. Needs a wider distribution. The document should be available to insurance providers, rehab providers, WorkSafe website and as many stakeholders as possible.”

“Only applies to CFMEU members.”

“It is not applicable to small business.”

“More workers need to become aware of the Register though - again early stages”

“Limited to commercial building industry/construction…”

“We need to get it out there more!!!”

“A step in the right direction that needs ongoing support.”

**Opportunities for Improvement in SJR**

The suggestions for improvement were limited, as most respondents indicated that it was too early to tell what further information or processes are needed. Nevertheless, a few constructive suggestions which related to the themes from the limitations mentioned, specifically the wider application of the register, the inclusion of languages other than English and the extension beyond CFMEU members and the trades covered by the CFMEU have been included below.
“On-line version and make it more accessible through print and CDs.”

“I think it would be beneficial to have some information in other languages.”

“the document should be available to insurance providers, rehab providers, WorkSafe website and as many stakeholders as possible.”

“...needs to be extended to non commercial building industry.”

“In terms of extending it to trades beyond those the CFMEU represents - ideally to all construction related trades.”

“It should be reviewed on a regular basis as technology changes can change the way jobs are done and make differences to alternative tasks, so a review every 12 months or 2 years.”

Limitations in the RTW process

Respondents were asked to comment generally on the RTW process and its limitations. A range of comments were captured and as one would expect, these tended to reflect the experiences of the particular stakeholder group responding. A selection of these comments is presented below. The first two comments are from employees, whilst the others are from steering committee members and those managing the process.

“Employers need to have a bit more patience.”
“Improve insurers. (We are) not informed about the assistance that the insurer can provide. Also delays in approval for funding for rehab, taxis etc. very frustrating. Wouldn't give me a wheelchair account, but I needed a wheelchair account - very frustrating.”

“The WorkCover system needs to be fixed. At the moment it seems to promote a culture of lies. There are companies that coerce injured workers into not filling out claim forms. The company will suggest that they pick up the entire medical and like expenses and not go through WorkCover (so as not to incur higher premiums). There are a lot of workers who don't report injuries or make a WorkCover claim because they are too frightened they will be labelled, this will make it hard for them to get further employment. There is a genuine risk of bullying in the workplace by bosses and co-workers.”

“For some employers RTW is not a key management aspect, but really should be. It is not prioritised accordingly. There are some subcontractors who have come a long way and this document offers one way to improve things.”

Potential Improvements in RTW process

A number of suggestions were made and a sample is presented below. There were a couple of calls for changes to the scheme in terms of incentives, to encourage a more proactive approach and these comments are directly below. There was also a call for more companies to remove the injured worker from the
Foreman’s budget, effectively removing the often conflicting objectives of responsible RTW and high levels of productivity.

“Perhaps the scheme needs to be more incentivised in some ways.”

“I think the Victorian Government should look at NSW system where there is a bonus scheme in place to improve the RTW process. For example, if a 25 year old worker has injured his back and the employer comes up with a different or innovative idea for alternative duties for the worker, then the employer should receive a bonus - perhaps 5%-10% of what the estimated claim would be, which would encourage employers to be more proactive.”

“Some companies when sending a worker back to a construction site on a RTW plan is tell the Foreman that the worker is on a RTW plan, and can only do particular duties. They also tell the Foreman that the injured worker's wages are not part of the Foreman’s budget for that particular job, the company pays the injured worker's wages (the Foreman basically gets a free man for his job). ie. the Foreman has 10 workers to do the job in 50 days, but they sometimes think that the injured worker means that he has 11 workers in his budget, so need to work faster. This can lead to the Foreman expecting full production from the injured worker and disregarding the RTW plan. Not many companies spend the time to educate middle management about RTW and I think this is why you end up seeing bullying towards injured workers.”
Further investigation was also seen as the key to identifying further improvement.

“We must establish working parties on big jobs to identify how to improve the system. There is a lack of effort from both parties.”

General Observations

Given the importance of the treating practitioners (GPs, specialists) in the process, and the frustrations expressed by many, it would be useful to examine the consultation times and the application of the SJR during consultations. A number of comments were made with regard to the limited time spent by treating practitioners (GPs, specialists), and one treating practitioner noted that the easiest thing for a GP to do, particularly if not experienced in WorkCover or the RTW process is to provide a medical certificate of no capacity. It is anticipated that with the introduction of the SJR, the practice of injured workers taking the relevant pages from the register to their treating practitioner in their initial consultation will circumvent this to some degree. However, an evaluation of this is impossible at this early stage. Follow up evaluation in approximately 12 to 18 months time is necessary to reveal whether or not more workers are in fact returning to work on suitable modified duties and indeed if practitioners are likely to refer to the register when dealing with a patient who falls under the CFMEU award.
V. CONCLUSIONS

As noted previously, it was anticipated that the SJR would provide an important management tool and a valuable base for the participating employers from which to continue to develop effective early intervention and RTW and provide workers with the confidence to report injuries, knowing there are meaningful RTW alternatives available when needed, supported by the CFMEU and their employer.

The SJR was expected to lead to greater communication and collaboration among injured employees, non injured employees, direct supervisors, management, RTW co-ordinators, OR consultants and treating practitioners (GPs, specialists), which would facilitate earlier RTW, reduce the total number of days lost and reduce overall claim costs. At this point, the SJR is seen as a useful tool which has improved the ability of many stakeholders to identify options to discuss with injured employees. Early indications, based on measures of hesitation to report injuries, communication, collaboration, and management of the process, agreement between stakeholders, usefulness of the tasks, confidence and trust in the system, and the general impact of the SJR on the most difficult aspects of the RTW process are very encouraging.

Unfortunately, data relating to the number of days lost and overall claim costs was not utilised as the trial period was deemed too short to provide meaningful conclusions in this regard. Further limitations which should be mentioned relate to the small sample size and the limited exposure respondents had to the SJR. Limited opportunity to use the register within the short time frame given for the trial meant that some respondents could not comprehensively evaluate the register, but rather comment on its potential. Additionally, the trial co-incided with Christmas period which is typically a much quieter time for the construction industry and may have contributed to the small sample, particularly for the employee group. Budgetary
constraints and pre-determined deadlines guided the time-frames of the trial and hence the evaluation.

The register represents a new resource to the industry, which inevitably takes time to become a tool that is commonly referred to in the face of workplace injury, and as noted by a respondent “a true reflection of how well the SJR works would be for a questionnaire to be sent out in 12 months time after the SJR has been active in the industry.”

Nevertheless, the data gathered at this early stage indicate that the SJR will be a positive force in terms of combating some of the barriers faced by the range of stakeholders in the RTW process. It is a resource that has been designed to be accessible to not only those directly managing the process, but importantly, the workers themselves. The pictorial representations of tasks makes for a much better understanding of the injured worker’s role, which can be given to RTW co-ordinators, treating practitioners, OR consultants and the like. As one respondent remarked, the register “demystifies the process for all involved and there is now a more practical way forward, real alternatives they (the workers) can relate to and can connect with.”

VI. RECOMMENDATIONS

Recommendations are presented in point form and have been divided into recommendations for the SJR and some broader recommendations for consideration.
A. SJR Recommendations

- Wider and on-going education with regards to the existence and appropriate use of the SJR. Further distribution and consultation with RTW co-ordinators, treating practitioners and OR consultants in particular.

- Further evaluation of the success of the register in 12 – 18 months to better determine its impact, including the quantitative data relating to lost time injuries, the number of claims made and overall claim costs.

- Establish a review cycle for the content of the SJR (every 18 – 24 months).

- A section within the SJR which either includes some advice in other languages or directs employees to a web-site as well as the interpreter service offered by the CFMEU.

- A sentence or two included on the page titled How to Use This Guide, which emphasises the need to consider the unique capacity of each individual following an injury, so as not to exceed the individual’s capacity and potentially exacerbate an injury.

- Adding the SJR to the flow-chart included on the RTW process to show stakeholders where it how/where it fits into the overall process. It may also be worthwhile considering steps for utilising the register as an adjunct to How to Use This Guide e.g. step 1, photocopy pages relevant to the injured worker’s original duties to discuss with the treating practitioner or if the injury permanently prohibits original duties, what other things can be considered?
A section devoted to the potential application of the register when dealing with employees with injuries of a permanent nature, perhaps raising some possibilities for mixing functions from different roles.

A chart or diagram for injured workers and the stakeholders involved in the RTW process depicting the roles each stakeholder group plays. The register includes a flow chart for the RTW process, which clearly sets out the process in terms of first aid reporting and the engagement of other parties. However, it would also be useful to provide workers with a clear understanding of each stakeholder group and what assistance they can provide (e.g. informing the injured worker with regards to the type of assistance insurers can provide). This could include the injured worker, as well as a basic list of what they can expect during the RTW process and also what is expected of them (rights and obligations in the RTW process).

Consideration given to the wider application of the SJR throughout construction sites, to non-commercial construction sites of medium to large size and later the potential for collaborative arrangements to extend the register to other trades within construction.

**B. General Recommendations**

Encouraging the removal of workers from the Foreman's budget during the injury phase so as not to conflict with productivity objectives.
Exploration of the inequities in the system, specifically those mentioned between the treating practitioner (GP, specialists) and OR providers, and action to address these.

VII. FINAL COMMENTS

Below is a sample of the positive comments made about the SJR.

“A positive response received. Assists both employees and RTW coordinators develop RTW plans.”

“I think it generally eliminates employers from inventing jobs which did not satisfy injured workers.”

“Fantastic initiative, and the work in developing it was very impressive.”

“Good job :)

“The RTW register creates real opportunities to make genuine change with how the industry deals with RTW in practical, laymen’s terms. It demystifies the process from both employer and employee perspective.”

“It is a refreshing way forward for the industry in helping a lot of people understand RTW and injury management. It has helped us catch up with other industries that are further down the road in RTW. Refreshing and good process.”
VIII. REFERENCES


Victorian WorkCover Authority, Construction Forestry Mining and Energy Union


WorkCover WA September 2007. *Best Practice in injury management and return to work: Literature review,* Western Australian Government.