

Understanding individual, workplace and system level influences on return to work (RTW) in the context of the ageing Victorian labour market: a feasibility study.

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Executive Summary

The purpose of this research project was to determine the most feasible and efficient way to identify and collect information from WorkSafe Victoria claimants as part of a future cohort project that will examine differences in return to work across age groups and injury types. In this study we tested potential response frames for questions on motivations to return to work, and reasons that workers who were currently off work felt they would get re-injured. We also collected information on respondent preferences for questions assessing work participation (for respondents who were back at work) and self-efficacy to return to work (for respondents who were off work). The results from our study enabled us to refine the questions that will be used to assess work functioning and self-efficacy in our future cohort study, as well as include additional response categories for our question on main motivations to return to work. We were also able to refine our method to approach and recruit study participants, and received a very high level of agreement from participants to link their administrative compensation claim data to their survey responses. This agreement allows much greater uses of this survey and our future cohort study to better understand return to work in the Victorian context. Taken together, the completion of this work will enable our future return to work study to be conducted efficiently and the data collected will be of higher quality. Achieving these outcomes is important given the large future cash and in-kind investment from WorkSafe Victoria in the creation of our longitudinal return to work cohort.

Key messages

- Respondents with psychological injury claims do not feel that the Workplace Limitations Questionnaire (the most commonly used work functioning questionnaire in return to work research) adequately captures challenges they have after returning to work following a work-related injury.
- Respondents are less confident with their responses to hypothetical situations (e.g. ability to cope IF they returned to work) versus questions about factual information (e.g. things they could and could not do in the past two weeks).
- Motivations for return to work differ by injury type and age group. Preliminary analyses of our feasibility study data indicated that younger workers are more motivated by financial aspects related to return to work, whereas older workers are motivated by the structure that work provides. Claimants with psychological injury are more motivated by social aspects of work and to feel better about themselves, compared to claimants with musculoskeletal injuries. If confirmed in our larger study these findings suggest that injury- and age-specific approaches to return to work may be warranted.

Purpose

The purpose of this research project was to determine the most feasible and efficient way to identify and collect information from WorkSafe Victoria claimants as part of a future cohort study examining differences in return to work across age groups and injury types.

Specifically, in this project we sought to pilot test potential measures related to motivations to return to work, productivity once returned to work, and self-efficacy to return to work. We then examined if these questions were relevant, and consistently interpreted among older and younger workers and workers with musculoskeletal and psychological injury claims. We also wanted to examine the proportion of respondents who would agree to have their survey responses linked with their administrative compensation data; and if they did not want their data linked, the reasons why, so that these issues could be addressed where possible in the main cohort study.

Rationale

Work-related injury and illness is an important public health concern. In Australia the direct and indirect costs of work-related injury and illness for 2008-09 have been estimated to be in excess of \$60 billion, with the majority of these costs being borne by injured workers and their families[1]. The Australian labour market, like many developed labour markets, has undergone substantial changes over the past 25 years. Many of these changes have outpaced concurrent developments in occupational health and safety (OHS) policy and programmes designed to both prevent workplace injuries and illnesses and facilitate the recovery and return to work (RTW) of those workers who are injured [2]. Participants in today's Australian labour market are older and more ethnically diverse; the work arrangements are more fragmented; and the workplace hazards are less visible than they were 25 years ago [3]. These changes have had profound effects on work-related injuries and illnesses: in terms of the types of injuries sustained; the demographic profile of workers who are getting injured; and the consequences of injury both related to the amount of health care required and the time taken to RTW.

Understanding the determinants of absence from work has evolved over the last decade, moving from a strictly bio-medical model, to models that incorporate influences at the individual, workplace, health care provider and system level [4-6]. While specific interventions to improve return to work outcomes have been identified for musculoskeletal and other pain-related conditions [7], unfortunately research on return to work among people with mental health disorders (psychological injury claims) has been lagging, with the available studies in this area containing a high level of selection bias [8].

Based on the available research, however, we believe that an increased coordination of stakeholders in the return to work process (healthcare providers, employers, the worker, and compensation policy makers allowing emphasis on occupational history and work situations in the early assessment of the condition), and an individual's autonomy to control the way they do their work and aspects of their work schedule may be important predictors of successful RTW for both mental and physical claims [9 10]. However, there may be other areas, such as available accommodation and co-worker and supervisor support which may differ between conditions. Our future cohort study will allow the collection of information

about the extent to which these areas differ across WorkSafe Victoria claimants of different ages and types of conditions.

Given the limited previous high-quality research on RTW comparing different conditions there is a need to identify if measures designed in a musculoskeletal population can be easily transferred to a mental health population. While certain objective information (e.g. contact with workplace, offer of accommodation) can be collected regardless of type of injury, other important variables such as work productivity/work functioning (presenteeism) and self-efficacy to RTW may need to be modified so that they are consistently interpreted regardless of age or type of injury [11-15].

This project was a feasibility study to examine the proposed recruitment procedure, selected study questions and response rates, for a larger project that will be funded through the Australian Research Council Linkage Project funding scheme. This larger project will be the first large-scale study in Australia where people with workers' compensation claims are followed over the course of the year following their injury. Collecting preliminary information on the recruitment procedure used to identify claimants, how the primary collection of information will be conducted, and information on selected measures to be used as part of this larger study, will ensure that the larger study is conducted in a feasible and efficient manner.

Methods

This project involved a Computer Assisted Telephone Interviewing (CATI) survey of 382 Victorian injured workers who had lodged a claim in the 12 months prior to the interview. Interviews were completed between the 29th of October, 2013 and 23rd of November, 2014. A total of 891 participants were invited to complete the survey, of which 854 were eligible numbers. Of this sample of 854 respondents, contact was made with 569 respondents (66.6% of in-scope respondents). Of this sample interviews were completed with 382 respondents (67.1% of the contacted respondents; 42.9% of the initial sample). The average length of the interview was 15 minutes and 20 seconds.

The intended number of completed interviews was 400, of which equal numbers would be in the following four groups: (1) psychological injury claim and returned to work; (2) psychological injury claim and not returned to work; (3) musculoskeletal injury claim and returned to work; and (4) musculoskeletal injury claim and no returned to work. The breakdown of the initial sample and the various non-response categories are presented in Table One below. We did not have any large differences in the response rates across our four groups. The only differences that were statistically significant were that respondents with musculoskeletal claims who had not returned to work had a higher prevalence of being out of scope, but a lower percentage of non-contact, compared to our other three groups.

There was also a small amount of sample 'drift' where respondents who were flagged in the initial database as not being back at work had returned to work between the data being extracted by WorkSafe and the interview being completed, and vice versa. There was also a small number of respondents (N = 10) where the respondents self-report of their injury type (musculoskeletal or psychological) was different to what was recorded in the database. As such our final sample contained the following numbers across our four groups of interest:

1. 105 respondents with psychological injury claims who had returned to work

2. 80 respondents with psychological injury claims who had not returned to work
3. 109 respondents with musculoskeletal injury claims who had returned to work
4. 88 respondents with musculoskeletal injury claims who had not returned to work

The lower number of respondents who had not returned to work in our sample is primarily a function of respondents returning to work between the data being extracted and the interview date, which was more common than respondents who were back at work, becoming absent from work between the date the data was extracted and the interview date (44 respondents identified as not being at work, reported being back at work when the interview was conducted, compared to 20 respondents who were identified as being at work who reported not being at work when the interview was conducted).

Table One: Call outcome summary by different quota groups. Respondents with either psychological injury or musculoskeletal injury claims whose first day of absence from work had been in the previous 12 months.

	Psych RTW	Psych NRTW	MSK RTW	MSK NRTW	Full Sample
Total number initiated	220	224	225	222	891
Unusable	8.2%	1.8%	4.4%	2.3%	4.2%
Out of Scope	5.0%	11.2%	11.1%	18.9%	11.6%
No Contact	22.3%	25.0%	19.6%	14.9%	20.5%
In Scope	64.5%	62.1%	64.9%	64.0%	63.9%
Interview	45.5%	40.6%	40.0%	45.5%	42.9%
Appointment	6.4%	1.3%	9.3%	1.4%	4.6%
Household Refusal	1.8%	2.7%	0.9%	1.8%	1.8%
Respondent refusal	10.9%	15.6%	13.8%	14.0%	13.6%
Mid-survey termination	0.0%	1.3%	0.4%	0.9%	0.7%
Remove number from list	0.0%	0.4%	0.4%	0.5%	0.3%

Measures

The questionnaire for this study consisted of the following six sections: (1) an initial introduction and obtaining informed consent; (2) determining eligibility to complete the survey; (3) determining current work status and current ability to cope with injury; (4) current work functioning (for respondents who had returned to work; (5) self-efficacy to return to work (for respondents who had not returned to work); and (6) demographic information and consent to link survey responses to administrative data.

Additional information on work functioning and self-efficacy measures is presented below. Full wording for each of these questionnaires are available in Appendix One to this report.

Work Functioning: Work functioning was assessed with two different instruments – a modified version of the Work Limitations Questionnaire (WLQ) [16]; and The Lam Employed

Absence and Productivity Scale (LEAPS) [17]. The reason for using both of these measures is that the WLQ has been mainly used with physical injuries (such as musculoskeletal injuries), while the LEAPS has been specifically designed for use among respondents with mental health conditions. To assess respondent's thoughts concerning each questionnaire the following four questions were asked to a random selection of 50% of respondents following completing each questionnaire. (1) Did this questionnaire ask enough about difficulties that you may have had handling certain parts of your job (yes/no)? (2) Did you have any difficulty understanding the questionnaire (yes/no)? (3) Did the wording of the response options make sense to you (yes/no)? and (4) How confident were you in your responses to the questions (0 = not confident at all, 10 = very confident)?

Self-efficacy to return to work: Self-efficacy to return to work was measured using a combination of two previous scales; one developed in a mental health population [14], and another developed in a musculoskeletal population [13]. The final questionnaire contained 13 statements concerning confidence with dealing with particular situations if the respondent was to return to their pre-injury job the next day. Respondents were additionally asked about the extent to which they were worried they might get injured again, or that their current injury may re-occur. Similar to questions on work functioning, upon completion of the self-efficacy module, a random selection of 50% of respondents were asked the following two questions: (1) Did this questionnaire ask enough about your confidence in facing potential difficulties in returning to work (yes/no)?; and (2) how confident were you in your responses to the questions (0 = not confident at all, 10 = very confident)?

Research findings & implications

Table two presents information on work functioning as measured by the WLQ for respondents who had returned to work. Respondents with psychological injury claims reported higher work functioning compared to respondents with musculoskeletal conditions. However, this difference was driven by differences in the physical aspects of work, with smaller differences across injury type also observed for the dimension of work output. No differences were observed across age groups.

Table Three presents information on work functioning as measured by the LEAPS questionnaire. Limited differences were observed across injury types or age groups in terms of work limitations. Small differences were observed in the percent of time respondents had worked while suffering from their injury in the previous two weeks, with respondents with musculoskeletal injuries being less likely to report that there had been no time in the last two weeks where they worked while suffering from their injury.

Table Four presents responses to our questions asking respondents about difficulties they may have had completing each of the work functioning measures. Respondents with psychological injuries were less likely to respond that the WLQ questionnaire asked enough about difficulties they have had handling parts of their job (46% versus 89%). Conversely respondents with musculoskeletal injuries were less likely to report that the response options for the WLQ made sense (87% versus 100%). These differences were not present with the LEAPS questionnaire, with no differences observed across injury types. No differences were observed across age group for either the WLQ or the LEAPS.

Table Two: Differences in scores on the Work Limitations Questionnaire by injury type and by age group. WorkSafe Victoria claimants whose first day of incapacity was within the last 12 months, and who were currently at work (N = 213). Higher scores = greater work functioning.

	Injury Type			Age Group		
	Psych	MSK	Diff (p-value)	Less than 55 years	55 and older	Diff (p-value)
N	105	108		167	46	
WLQ Total (higher scores = more work functioning)						
Mean	85.12	72.85		79.63	75.27	
95% CI	(81.88 -- 88.36)	(82.85 -- 69.71)	< 0.001	(76.91 -- 82.35)	(69.72 -- 80.82)	0.165
WLQ Time Management						
Mean	16.49	15.28		16.15	14.87	
95% CI	(15.61 -- 17.37)	(14.43 -- 16.12)	0.051	(15.46 -- 16.85)	(13.59 -- 16.15)	0.084
WLQ Physical						
Mean	24.36	16.01		20.06	19.28	
95% CI	(23.36 -- 25.37)	(15.07 -- 16.95)	< 0.001	(19.01 -- 21.11)	(17.24 -- 21.31)	0.501
WLQ Mental and Interpersonal						
Mean	32.89	31.95		32.68	31.44	
95% CI	(31.89 -- 34.38)	(30.48 -- 33.42)	0.381	(31.49 -- 33.87)	(29.19 -- 33.69)	0.337
WLQ Output						
Mean	12.81	11.64		12.38	11.64	
95% CI	(12.26 -- 13.35)	(11.10 -- 12.18)	0.003	(11.94 -- 12.82)	(10.79 -- 12.49)	0.133

Table Three: Differences in scores on The Lam Employment Absence and Productivity Scale by injury type and by age group. WorkSafe Victoria claimants whose first day of incapacity was within the last 12 months, and who were currently at work (N = 213). Higher scores = greater work functioning

	Injury Type			Age Group		Diff (p-value)
	Psych	MSK	Diff (p-value)	Less than 55 years	55 and older	
N	105	108		167	46	
LEAPS Total (higher scores = more work functioning)						
Mean	23.75	23.12		23.61	22.82	
95% CI	(22.12 -- 24.12)	(22.76 -- 24.73)	0.379	(22.82 -- 24.40)	(21.31 -- 24.33)	0.165
Percent of time missed work (past 2 weeks)						
None of the time (0%)	80%	89%		83%	89%	
0.1% to 24.9%	8%	6%		7%	--	
25.0% to 49.9%	5%	--		4%	--	
50.0% to 74.9%	--	--		--	--	
75.0% to 99.9%	--	--		--	--	
All of the time (100%)	6%	--	0.283	4%	--	0.222
Percent of time working while suffering (past 2 weeks)						
None of the time (0%)	44%	28%		35%	39%	
0.1% to 24.9%	7%	8%		8%	--	
25.0% to 49.9%	--	6%		6%	--	
50.0% to 74.9%	--	8%		5%	--	
75.0% to 99.9%	--	8%		4%	11%	
All of the time (100%)	41%	42%	0.043	42%	39%	0.304

* --: Cell value suppressed due to low sample size

Table Four: Responses to questions concerning the content of the work functioning questionnaires by injury type and age group. WorkSafe Victoria claimants whose first day of incapacity was within the last 12 months, and who were currently at work (N = 107).

	Injury Type			Age Group		
	Psych	MSK	Diff (p-value)	Less than 55 years	55 and older	Diff (p-value)
N	52	55		87	20	
WLQ						
Asked enough about difficulties	46.2%	89.1%	< 0.001	64.4%	85.0%	0.074
Could understand questions	92.3%	83.6%	0.170	88.5%	85.0%	0.665
Responses made sense	100.0%	87.3%	0.008	93.1%	95.0%	0.757
Confident in responses (8 to 10)	92.3%	81.8%	0.108	89.7%	75.0%	0.080
LEAPS						
Asked enough about difficulties	78.9%	87.3%	0.244	82.8%	85.0%	0.809
Could understand questions	90.4%	94.6%	0.413	94.3%	85.0%	0.156
Responses made sense	98.1%	94.6%	0.336	95.4%	100.0%	0.328
Confident in responses (8 to 10)	90.4%	87.27%	0.610	90.8%	80.0%	0.167

Table Five: Differences in self-efficacy to return to work by injury type and age group. Respondents with an incapacity date in the last 12 months who are currently off work (N = 138).

	Injury Type			Age Group		
	Psych	MSK	Diff (p-value)	Less than 55 years	55 and older	Diff (p-value)
N	65	73		104	34	
Self-efficacy general (higher scores = lower self-efficacy)						
Mean	36.71	30.42		33.63	32.65	
95% CI	(34.54 -- 38.88)	(28.38 -- 32.47)	< 0.001	(31.81 -- 35.44)	(29.47 -- 35.83)	0.598
Self-efficacy support						
Mean	10.32	7.13		8.9	7.67	
95% CI	(9.48 -- 11.16)	(6.35 -- 7.90)	< 0.001	(8.18 -- 9.62)	(6.42 -- 8.91)	0.092

Table Six: Responses to questions concerning the content of the self-efficacy questionnaire by injury type and age group. WorkSafe Victoria claimants whose first day of incapacity was within the last 12 months, and who were currently off work (N = 89)

	Injury Type			Age Group		
	Psych	MSK	Diff (p-value)	Less than 55 years	55 and older	Diff (p-value)
N	44	45		62	27	
Asked enough about confidence in facing difficulties	56.8%	77.8%	0.035	72.6%	55.6%	0.115
Confident in responses (8 to 10)	72.7%	51.1%	0.036	59.7%	66.7%	0.533

Initial factor analyses on the self-efficacy instrument demonstrated two distinct, but correlated factors: a general factor on ability to cope and performance; and another factor on supervisor and co-worker support. In addition, one of the questions (on ability to avoid re-injuring oneself) did not load on to either factor and was subsequently dropped from our scale. Table Five presents the average self-efficacy scores for the general component and the supervisor and co-worker support factors across injury type and age groups. Differences were observed across both components of self-efficacy across injury type, with respondents with psychological injuries having lower self-efficacy to return to work compared to respondents with musculoskeletal conditions. Again, similar to our work functioning outcome we observed no differences in self-efficacy to return to work across age groups.

Table Six presents the responses for the content of the self-efficacy items and the confidence in responses across injury type and age group. Respondents with psychological injury claims were less likely to say that the self-efficacy questionnaire asked enough about their confidence in facing certain difficulties. Conversely respondents with musculoskeletal claims were less confident in their responses to the self-efficacy questions compared to respondents with psychological injury claims. In general confidence in responses to the self-efficacy items was lower than for the work limitations items. This is likely because the self-efficacy questions ask about a hypothetical situation, while the work limitations questions ask about actual experiences in the last two weeks.

Use of the research

The findings from this study have been useful in informing the recruitment methods and the questionnaire to be used in our longitudinal study of workers' compensation claimants in Victoria. Based on the feedback we received from respondents we have revised the measure of work limitations in our longitudinal cohort study. In the open-ended responses we received about why participants felt the WLQ did not ask enough about their situation we consistently heard that this questionnaire was too focused on physical aspects of work, which were not relevant for respondents with psychological injury claims. As a result we have asked more general questions about physical demands (one question instead of five) and have included in the preamble to this section of the questionnaire that we are conducting the survey with people with a variety of injuries, and that some questions may not be as relevant for particular injuries.

In relation to recruitment methods we were pleased with a response rate of greater than 40% for the full sample, and a response rate of over 65% for the respondents that we were able to be contacted. We imagine the percentage of respondents we can contact for our longitudinal cohort may be higher as we are contacting respondents early in their claim process, where their address/contact details may be more up to date. In addition, 93% of our respondents were happy to have their administrative workers' compensation data linked to their survey responses, which will be useful in the longitudinal follow-up of respondents, both in this study and in the longitudinal cohort.

As part of this project we also tested response frames for two open ended questions that will be included in our main cohort study. Both these questions were asked of respondents who were currently off work. The first was about what factor currently motivates them the most to return to work. The response to this question is open ended and the interviewers indicate

which category the response is most relevant to. In the feasibility study we had eight different response categories. These were : not motivated or interested in returning to work; physical benefits of returning to work; financial considerations; social aspects of work; to feel better about themselves; the structure work provides; the stigma of being on workers' compensation; and other responses. One 'other' response we heard from approximately 10% of respondents, is that they just "liked their job". As a result we have included this category as a separate response option in the longitudinal study. In addition, the responses to this item have also provided some interesting insights into different motivations related to return to work across both age groups and injury types. Our analyses of the data from the feasibility study indicates that younger workers are more motivated by financial aspects related to return to work, whereas older workers are motivated by the structure that work provides. In relation to injury type claimants with psychological injury are more motivated by social aspects of work and to feel better about themselves, compared to claimants with musculoskeletal injuries. This finding was also echoed in a question about barriers to return to work, where claimants with musculoskeletal injuries reported the main reason they were not currently at work was because they were unable to do their duties. While this reason was also common for claimants with psychological injuries, psychological injury claimants were more likely to say the negative response from their employer or co-workers was also a reason for not having returned to work.

The second open-ended question was about why respondents, who said they were worried about re-injury on return to work, thought they might be re-injured or injured when they returned to work. For this question we had six response options, with 67% of respondents currently off work indicating they were worried that they would get injured or re-injured on returning to work. These response options were: working conditions that led to the injury have not been modified; the working conditions that led to the injury could not be modified; workplace/work conditions are generally unsafe; respondent not physically able to do their work without being injured/re-injured; respondent not mentally able to do their work without being injured/re-injured. For this question we found that the existing response categories adequately covered potential reasons for re-injury. The most common reason cited for being worried about injury or re-injury was being physically or mentally unable to do their work without this happening (48% of those respondents who were worried about injury or re-injury), followed by working conditions not having been changed (22%) and the workplace being generally unsafe (13%).

Potential impact of the research

The most tangible impact of this research project is that it has enabled us to refine our recruitment procedure and data collection methods for our large-scale longitudinal study to commence in June 2014. This upcoming cohort study represents a large investment from WorkSafe, Monash, the Australian Research Council and other stakeholder partners. This cohort study has cash-support from the ARC and WorkSafe totalling approximately \$715,000; and in-kind support in excess of \$185,000 from WorkSafe and other research partners. The feasibility study has allowed us to understand the challenges in recruiting the proposed cohort of WorkSafe Victoria claimants, the questions to ask these respondents, and the feasibility of linking survey responses to administrative data. The preliminary analyses have also provided unique insights into differences in motivations and barriers to return to work

across injury types and age groups that will be further explored in the longitudinal cohort study.

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Appendix One: Selected Survey Questions

Modified Work Limitations Questionnaire

These questions ask you to rate the amount of time you had difficulty handling certain parts of your job over the last 2 weeks. If you have been back at work for less than two weeks please answer the questions as they apply to the period of time you have been back at work.

Please try to answer every question. If you have more than one job, report on your main job only (if required – “your main job is the one where you work the most hours”).

In the past 2 weeks, how much of the time did your work-related injury make it difficult for you to:

1. Work the required number of hours
2. Start on your job as soon as you arrived at work
3. Do your work without stopping to take breaks or rests (in addition to scheduled breaks)
4. Stick to a routine or schedule

“Would you say...All of the time (100%); Most of the time; Some of the time (50%); A slight bit of the time; None of the time (0%); Does not apply to my job (not read out)

These next questions ask you to rate the amount of time you had difficulty handling certain day to day activities related to your job.

In the past 2 weeks, how much of the time did your work-related injury make it difficult for you to:

1. Lift, carry, or move objects at work weighing more than 5 kilos
2. Sit, stand, or stay in one position for longer than 15 minutes while working
3. Repeat the same motions over and over again while working
4. Bend, twist, or reach while working
5. Use hand-held tools or equipment (e.g. a phone, pen, keyboard, computer mouse, drill, hairdryer, or sander)

“Would you say...All of the time (100%); Most of the time; Some of the time (50%); A slight bit of the time; None of the time (0%); Does not apply to my job (not read out)

These questions ask about other difficulties you may have had at work.

In the past 2 weeks, how much of the time did your work-related injury make it difficult for you to:

1. Keep your mind on your work
2. Think clearly when working
3. Do work carefully
4. Concentrate on your work
5. Work without losing your train of thought

“Would you say...All of the time (100%); Most of the time; Some of the time (50%); A slight bit of the time; None of the time (0%); Does not apply to my job (not read out)

The next questions ask about difficulties in relation to the people you came in contact with while working. These may include employees, co-workers, clients, customers, or the public.

In the past 2 weeks, how much of the time did your work-related injury make it difficult for you to:

1. Speak with people in person, in meetings, or on the phone
2. Control your temper around people when working
3. Help other people to get work done

“Would you say...All of the time (100%); Most of the time; Some of the time (50%); A slight bit of the time; None of the time (0%); Does not apply to my job (not read out)

These questions ask how things went at work overall

In the past 2 weeks, how much of the time did your work-related injury make it difficult for you to

1. Finish work on time
2. Do your work without making mistakes
3. Feel you've done what you were capable of doing before your injury

“Would you say...All of the time (100%); Most of the time; Some of the time (50%); A slight bit of the time; None of the time (0%); Does not apply to my job (not read out)

The Lam Employment Absence and Productivity Scale

The next set of questions are also about your work over the past two weeks. Again, if you have more than one job, report on your main job only

1. Over the past 2 weeks, how many hours (or days) were you scheduled or expected to work?
2. During that time (the past 2 weeks), how many hours (or days) did you MISS WORK because of your work injury?
3. And again, over the past 2 weeks, how many hours (or days) did you GO TO work while suffering from your work injury?

Over the past 2 weeks, how often at work were you bothered by any of the following problems? Please limit your answers to the time when you were at work.

1. Low energy or motivation
2. Poor concentration or memory
3. Anxiety or irritability
4. Getting less work done
5. Doing poor quality work
6. Making more mistakes
7. Having trouble getting along with people, or avoiding them

(RESPONSE FRAME: All of the time (100%); Most of the time; Half of the time (50%); Some of the time; None of the time (0%); (Don't know); (Refused))

Self-Efficacy to Return to Work

The following questions are about your return-to-work process and your confidence in dealing with certain problems that may occur. When answering the questions please imagine if you were to start working in your pre-injury job again tomorrow.

Please state how much you agree or disagree with each of the following statements:

If I resumed my work fully tomorrow I ..

1. Would be able to perform/complete my work tasks
2. Would be able to avoid re-injuring myself
3. Could explain to my supervisor things I can and cannot do
4. Would be able to remain at work
5. Would be able to cope with work pressure
6. Could deal with the physical demands of my work
7. Would be able to deal with emotionally demanding situations
8. Would have no energy left to do anything else
9. Would be able to handle potential problems if they arose
10. Could motivate myself to perform/complete my work tasks
11. Could discuss any limitations I have to my co-workers
12. Could get my co-workers to help me if I needed to
13. Could cope with setbacks that may occur

(RESPONSE FRAME: Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; (Don't Know); (Refused))

Appendix Two: Revised questions on work functioning for longitudinal cohort study

During the next section I will ask you to rate the amount of time you had difficulty handling certain parts of your job over the last 2 weeks.

If you have been back at work for less than two weeks please answer the questions as they apply to the period of time you have been back at work. If you have more than one job, report on your main job only; the one where you work the most hours.

1. Over the past 2 week, how many hours (or days) were you scheduled or expected to work?
2. During that time (the past two weeks), what percent of the time did you MISS WORK because of your work injury?
3. And again, over the past 2 weeks, what percent of the time did you GO TO work while SUFFERING from your work injury?

This next series of questions asks you to rate the amount of time you have had difficulty handling certain aspects of your work. Keep in mind that we are conducting this survey with people who have had a variety of injuries, so please bear with me if some of these questions feel like they are not relevant to you or your injury.

In the past 2 weeks, how much of the time did your work-related injury make it difficult for you to...

- a. Work the required number of hours
- b. Start on your job as soon as you arrived at work
- c. Do your work without stopping to take breaks or rests
- d. Stick to a routine or schedule
- e. Keep up with the physical demands of your work (e.g. lifting, bending, standing, sitting)
- f. Keep your mind on your work
- g. Concentrate on your work
- h. Work without losing your train of thought
- i. Control your temper around people when working
- j. Help other people to get work done
- k. Finish work on time
- l. Do your work without making mistakes
- m. Do your work at the same level as you did before your injury

(RESPONSE FRAME: All of the time (100%); Most of the time; Half of the time (50%); Some of the time; None of the time (0%); (Don't know); (Refused))

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