

Better at Work

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'Better at Work' is a principle that guides WSIB's case management program. As stated by the American College of Occupational and Environmental Medicine (ACOEM, 2006), "Strong evidence suggests that activity hastens optimal recovery while inactivity delays it ... Other evidence indicates that remaining at or promptly returning to some form of productive work improves clinical outcomes as compared to passive medical rehabilitation programs." This is a foundation of WSIB's Better at Work approach.

The Better at Work approach is supported by the following four key principles:

I. Work is important to overall well-being

Work is generally good for physical and mental health, and promotes well-being (AFOEM, 2011; ACOEM, 2006; Waddell and Burton, 2006). It is also a key factor in a person's self-worth, and identity (Black, 2008).

Inactivity for a prolonged period of time can delay recovery and increase the risk of chronic pain and of other adverse complications (Hilde, G et al, 2005). Unemployment has been shown to lead to higher mortality and poorer physical and psychological health (ACOEM, 2006).

II. Early intervention is key

An early return to work following workplace injury is an integral part of the rehabilitation process and is key to preventing permanent disability (ACOEM, 2006). Even short absences can create psychosocial concerns in workers. After 12 weeks off work, the risk of prolonged work absence increases dramatically and by 6 months, only 50% of workers ever return to full-time employment (ACOEM, 2006). Early reemployment is more conducive than a later return to work to resolving depressive symptoms resulting from job loss and raises the possibility that there may be a window of time during which returning to work has a positive effect on health (Rueda et al 2012).

III. Return to work enhances recovery and is part of the rehabilitation process

Research has shown that return to work is critical to the recovery process and should be used as rehabilitation to enhance recovery, increase activity and function, and optimize successful and sustained employment (ACOEM, 2006). WSIB has noted a misconception amongst some practitioners, employers and workers that rest and reduced activity will hasten recovery in all instances of injury, and that work is harmful after sustaining an injury. Evidence now indicates that prolonged rest may instead be harmful (AFOEM, 2011). There is a positive association between returning to work and health outcomes in a variety of populations, at different times, and in different settings (Rueda et al 2012).

IV. Barriers to return to work are often inappropriately 'medicalized'

In many cases, there is no medically necessary reason for a worker not to return to work immediately. Research in the United Kingdom found that complex psychosocial problems are often inappropriately medicalized and that, in many cases, what prevented workers from working included organization of work, quality of line management, inflexibility of the workplace, changing nature of work, lack of education and/or skills, poverty, and unavailability of employment (Black, 2008). American studies have shown that days off work may result from a variety of non-medical factors such as administrative delays in treatment and specialty referral, lack of transitional work, ineffective communications, and logistical challenges (ACOEM, 2006).

Better at Work in practice at WSIB

The 'Better at Work' approach aligns to, and supports, programs and practices currently in place at the WSIB such as work reintegration, short- and long-term case management, and health care. Many of the Better at Work principles are evident in 'The Back Book' which is provided to workers with a new low back injury. Guiding principles and activities in case management of low back cases, for example, focus on appropriate health care and return to work as rehabilitation, and promote activity to improve recovery. Better at Work and the WSIB's case management framework have the shared goal of achieving a successful return to work.

The notion of Better at Work is also strongly aligned to the WSIB's Work Reintegration (WR) Principles, Concepts, and Definitions policy (19-02-01). WR legislation, policy and practice are underpinned by the guiding principles of active recovery in the workplace and WR as part of the recovery plan. We are guided by the WSIB definition of suitable work that indicates work needs to be safe, productive and consistent with the worker's functional abilities. Not everyone can return to work immediately following the accident, however early conversations and discussion of the Better at Work principle can result in suitable return to work and health recovery.

References

There are many references for Better at Work. Here are references that we have used in this article.

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