Fact sheet 1-E: "Return-to-work activities or policy" indicator

Supplement to the Tool for Identifying Psychosocial Risk Factors in the Workplace

Indicators included in the tool

1- Work context and prevention measures in place

A. Job and work context

B. Illness absenteeism and presenteeism

C. Occupational health activities or policy

D. Activities or policy against violence and harassment

E. **Return-to-work activities or policy**

F. Work/life-balance activities or policy

2- Key components of work organization

A. Workload

B. Recognition at work

C. Social support of immediate supervisors

D. Social support of colleagues

E. Decision-making autonomy

F. Information and communication

What is support for return to work?

Returning to work after a prolonged absence, be it for physical or mental health problems, is usually a worrisome time for people. Workers who have been absent from work are apprehensive about several aspects of their eventual return to work:

- How will my colleagues react?

- Are there new work procedures or new rules that I will have to follow?

- Will I find myself in the same conditions as before I left?

- Will I be able to cope with my workload?

- Does my immediate supervisor have any prejudices about my state of health and working capacity?

- Will I get sick again?

To make it easier for people to return to work and to foster their subsequent retention, it is essential to implement activities to support their recovery and return, prior to the date set by their attending physician. Such activities involve more than medico-administrative follow-up of absences. They include ensuring that the person concerned has all the time he or she needs to recover, doing an analysis of obstacles to and factors fostering his or her recovery and return to work, preparing the person's return based on his or her concerns, obtaining a commitment from the person's immediate supervisor that he or she will support the employee's return to work, and ensuring that colleagues are properly prepared to welcome the employee back.

These practices are in keeping with a vision of support based on the premise that people are fundamentally motivated by their work and do not wish to be absent.

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Occupational health problems, especially those related to mental health, and musculoskeletal disorders are often associated with the presence of psychosocial risk factors. To prevent relapses and further absences, it is essential to ask people about the organizational factors that contributed to their stopping work. Employers can then implement prevention measures that have an impact on job retention for workers as a whole.

Why be concerned about this?

Mental health problems at work and musculoskeletal disorders are the two main causes of long-term absences. Moreover, they have a high relapse rate. The risk of relapse is higher when a worker's return to work has not been properly prepared and he or she is faced with the same working conditions as those that contributed to the deterioration of his or her state of health in the first place.

Managers often feel ill at ease communicating with workers while they are absent, and their uneasiness increases when the workers return. Having a clear process and support practices that enlist the participation of both workers and their immediate supervisors helps to reduce the taboos and stigma associated with mental-health-related absences, to better equip staff members who have to manage a worker's return to work, and to give that worker back the power to act on his or her situation. For an employee's return to work to be successful, it is necessary to change the psychosocial risk factors in the workplace that contributed to the deterioration of the worker's health, with a view to fostering the retention of healthy employees.

What practices should be implemented?

Here are some examples of management and organizational practices that are likely to have a positive impact on the "return-to-work activities or policy" indicator:

- Adopt a reference framework or a support program for people who are absent from or are returning to work and promote the framework or program throughout the organization

- Provide managers with training on the links between physical and mental health and psychosocial risk factors in the workplace

- Appoint a neutral person to be responsible for supporting and assisting workers during or after a period of absence

- Meet with absent workers in order to help them identify obstacles to and factors fostering their recovery and return to work

- Respect the pace, abilities and will of absent workers, as well as the recommendations of their attending physician

- Identify actions that need to be taken or referral resources for the purpose of supporting a worker's recovery based on his or her specific needs (e.g. mediation in cases of conflict, resources providing specialized help, EAP, etc.)

- Enlist the participation of a worker's immediate supervisor in preparing and monitoring the worker's return to work

- Make appropriate adjustments to work organization in order to prevent the risk of relapse, taking into account obstacles identified by the worker to his or her return to work

- Prepare colleagues for the worker's return and inform them of the procedure agreed upon to welcome the worker back

- Follow up on the return-to-work plan and make the necessary adjustments to ensure the worker stays healthy and remains in his or her job

- Take measures to acknowledge the efforts of managers who apply practices to support workers' return to work

References and useful links

1. St-Arnaud, L. and M. Pelletier (2014). *Guide : soutenir le retour au travail et favoriser le maintien en emploi. Faciliter le retour au travail d'un employé à la suite d'une absence liée à un problème de santé psychologique.* RG-758. Université Laval and Institut de recherche Robert-Sauvé en santé et en sécurité du travail.

2. Stock, S. et al. (2005). *Work-related Musculoskeletal Disorders. Guide and Tools for Modified Work*. Institut national de santé publique du Québec.

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