

Top 10 Return-to-Work Myths -- and the Realities Behind Them

Debunking return-to-work myths is the first step in reducing the impact of lost time and eventually effecting positive change in your organization.

By Kathleen Egan and Kenneth Mitchell

The success that an employer has in assisting an employee returning to work after an injury, illness, or chronic health problem depends on many factors. The expectations and experience of the employer are the most critical; however, a subtle but equally strong influence is the managers' and supervisors' beliefs about how and when an employee should return to work.

In the best circumstance, beliefs are based on clear corporate policies and an understanding of lost-time research. But the reality is that return-to-work decisions are more often based on misinformation, negative stereotypes, unfounded fears, and personal convenience. These beliefs directly influence employers' workplace practices and affect lost time.

Some return-to-work beliefs based on half-truths, overgeneralizations, or inaccurate information -- otherwise called return-to-work myths -- are described below. Some myths are easily changed; others are extremely resistant and can become chronic problems in an organization.

Read on to examine the top 10 return-to-work myths, the reality behind each, and what you can do to correct these unproductive ways of thinking. Debunking return-to-work myths is the first step in reducing the impact of lost time and eventually effecting positive change in your organization.

1. The 100 Percent or Nothing Myth:

Employees must be able to do 100 percent of their job tasks before returning to work.

Reality

Not so. Employees regain their ability to work incrementally and can therefore transition back into the workplace gradually. In most cases, work tasks can be modified for short periods of time without reducing the overall productivity of an organization.

What You Can Do

Examine ways that employees can resume job activities in a safe manner, including:

- temporary, on-site transitional work options such as reduced hours or limited responsibilities
- off-site work-conditioning/work-hardening programs when transitional work options are not feasible
- a combination of transitional work and work conditioning to prepare employees to resume full work duties
- keeping transitional work programs 30 to 45 days in length

2. The Disability-Migration Myth

Individuals who return to work in a transitional capacity from lost-time cases that are not work-related will re-injure themselves and then go out on workers' compensation claims.

Reality

There is no research to support what is commonly called the "disability migration" myth. However, in workplaces where there is limited risk management of non-occupational lost time or there is a clear incentive to avoid any workers' compensation claims, this migration can and does occur.

What You Can Do

The three most effective ways to prevent disability migration are:

- implementation of a formal, corporate-wide return-to-work planning process as part of the management of your disability programs. With this groundwork in place, your income-protection provider can work with your employee and you to design an effective return-to-work program that minimizes the likelihood of a new injury.
- creation of an effective plan design to ensure that any absence from work does not create a situation that can lead to an injury at work
- application of a work-hardening/work-conditioning program resulting in a clear profile of the functional capacity of the worker

3. The "It's Not My Job" Myth

It's the disability income protection provider's exclusive responsibility to bring the employee back to work in a timely manner.

Reality

The primary role of the income-protection provider is to provide income protection while an employee is unable to work. The job of returning employees to work is the result of a partnership among the income-protection provider, employee, employer, and physician. The income-protection provider can assist in developing a return-to-work plan; defining the expected length of time with the attending physician; defining reasonable accommodations; facilitating employees' release to work from their physicians; and providing vocational rehabilitation counseling. However, employers' policies and programs must define the path back to work in a safe and timely manner.

What You Can Do

Bring employees back to work as soon as safely possible by:

- creating clear and consistent return-to-work expectations
 - preparing up-to-date job descriptions
 - developing transitional work programs
 - providing the income-protection provider with appropriate contact names to efficiently coordinate the return-to-work process
 - working with the income-protection provider to identify possible accommodations, transitional work, or alternative employment opportunities
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4. The Light-Duty Myth

Light duty is an effective way to return employees to their full productivity.

Reality

Light duty can be static and open-ended. Uncontrolled or poorly managed light duty can encourage an employee to remain in a reduced-productivity position too long, or indefinitely. Without a planned transition back to full productivity, employees will not become reconditioned or build up the tolerance they need to resume full job duties. And if appropriate expectations are not established on the front end, miscommunication between the employer and employee can occur.

What You Can Do

Offer modified-duty positions, together with:

- transitional work positions of limited duration
- a planned series of three to six weeks of increased workload transitions back to full job capacity

5. The Total-Disengagement Myth

People who are ill or injured need total rest and removal from everyday life in order to recover.

Reality

People heal from illnesses and injuries incrementally. Getting back to normal daily activities, including work, is part of that process. Recovery progresses quickly and successfully when there is a combination of early mobilization treatment and increased transitions back to a normal way of living. Workplace managers play a key role in the recovery process when they involve the physician and the employee in return-to-work planning and a discussion of the need for temporary modifications in the workplace.

What You Can Do

Ensure that your employees are not totally disengaged from work by:

- consulting with your managers and employees to identify ways in which employees can return to their jobs in an incremental fashion
- letting them know you won't expect them to be 100 percent recovered when they return to work, and that you'll work with them and their physicians to find a way to transition back to work safely

6. The Skeptic's Myth

Most employees want to stay out of work as long as possible.

Reality

Don't be a skeptic. Sure, there is a small percentage of employees with low work motivation who may use an injury or illness to avoid returning to work, but most can and do want to return to work. In addition to the economic incentive, work is a strong source of dignity and self-esteem. Sometimes this myth is misapplied to individuals who aren't unmotivated but instead are fearful about resuming work after an injury or illness.

What You Can Do

With proper communication and guidance, employers can keep employees motivated, interested, and on track to return to work in a safe and timely manner. Employers can accomplish this by:

- providing supervisor training that defines their roles and functions in the return-to-work process
- setting the expectation in your workforce that employees will return to work as soon as safely possible
- communicating this policy in your employee handbook and on the company intranet, and again when an employee goes out on leave
- making sure supervisors and employees know you'll work with them to find ways to temporarily modify an employee's job or work site
- keeping in touch with your employee to understand how he or she is adjusting to the injury or illness

7. The Isolated-Benefit Myth

Employers can successfully manage return-to-work by focusing their efforts on a single benefit program, such as long-term disability.

Reality

Employees do not look at benefits in isolation, but as a package. Employees and their families often make decisions based on the best combination of resources available at the time they go out on leave. Any attempts to manage lost time must ensure that return-to-work programming is applied to all employees regardless of position or tenure.

For example, senior employees with accumulated sick leave based on years of service would be left out of a return-to-work program attached only to a formal short-term disability benefit. Instead, employers should build programs that are inclusive, reducing the degree of program fragmentation, simplifying program participation criteria, avoiding cost shifting, and reducing the tendency to move an employee back to work on the basis of arbitrary criteria.

What You Can Do

Eligibility for participation in a return-to-work program should be open to:

- all active employees, whether full- or part-time
- all injured or ill employees, regardless of whether the causes are work-related or not

8. The Physician-as-Occupational-Expert Myth

Physicians always offer work restrictions based on solid knowledge of job demands and know when a patient is ready to return to work.

Reality

As an employer, you hold essential information about specific workplace policies and job demands. Physicians are experts in the field of diagnosis and treatment of disease and disability, but need your cooperation in order to make well-informed return-to-work assessments. A physician isolated from your input may unnecessarily limit the patient's work options. Usually, this is unintentional and the result of inaccurate or incomplete information.

In some cases, a physician's training and work focus may not provide the best skills and clinical setting to assess functional capacity and make return-to-work plans.

What You Can Do

Make it possible to define the conditions under which an employee can resume a safe transition back to full job duties by:

- informing physicians and the income-protection provider whether transitional work is available
- informing physicians and the income-protection provider about specific workplace conditions and job demands
- letting physicians know what support is available to their patients (e.g., partial benefits during a part-time return-to-work)

9. The "We Can't Afford It" Myth

Return-to-work accommodations cost too much.

Reality

Workplace accommodations are usually not expensive and may be as simple as rearrangement of equipment. The Job Accommodation Network reports that 70 percent of accommodations cost less than \$500 and 20 percent cost nothing at all. In addition to keeping an employee at work, workplace accommodations can reduce workers' compensation and other insurance costs.

What You Can Do

Facilitate workplace accommodations by:

- setting up a company-wide accommodation/return-to-work fund to cover the costs of accommodations, including transitional work salaries
- meeting with your employees to discuss accommodation options and ideas
- contacting the Job Accommodation Network for low-cost accommodation solutions
- for transitional work salaries, applying a sliding scale to determine the percentage of salary covered by the fund and the percentage covered by the supervisor's personnel budget. This sharing of salary expenditures eases the burden to the supervisor's budget.

10. The FMLA Limitation Myth

The Family and Medical Leave Act (FMLA) prohibits employers from requiring participation in a light-duty program.

Reality

True, you cannot reduce your employees' FMLA-protected leave by requiring them to return to work in light-duty positions before their medical providers certify them as fully able to perform their jobs. However, the FMLA guidelines do permit you to end an individual's lost-time benefits should a light-duty position consistent with medical restrictions be offered to and refused by the employee.

What You Can Do

When an employee on FMLA leave refuses a light-duty position:

- permit the employee to continue on unpaid FMLA-approved leave until such time as the medical provider provides certification to resume full work responsibilities, or the employee exhausts all available FMLA leave
- include a job description with the request for medical certification
- implement a policy stating that you will contact your employees on a regular basis while they are out, and inform your workforce of this policy
- require a fitness-for-duty certificate
- offer transitional work opportunities when your employee is ready to return to work

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Next Article: [5. With Deaf Employees, Communication is a Two-Way Street](#)

It's prudent to ask a deaf or hard-of-hearing person what they need. And it's incumbent on the deaf person to request accommodations in job interviews or on the job.