

**RETURN TO WORK AND THE NEW ZEALAND
SMALL BUSINESS EMPLOYER**

By

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

Signed.....

Dated.....

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Abbreviations Used in Thesis

| Abbreviation | Title |
|---------------|--|
| ACC | Accident Compensation Corporation |
| DoL | Department of Labour |
| DM | Disability management |
| ESRTW | Early and safe return-to-work |
| GRTW | Graduated return-to-work |
| ICF | International Classification of Functioning, Disability and Health |
| IM | Injury management |
| IPRC Act 2001 | Injury Prevention Rehabilitation Compensation Act 2001 |
| LBP | Low Back Pain |
| MSD | Ministry of Social Development |
| NSW | New South Wales |
| NZ | New Zealand |
| OSH | Occupational Safety and Health |
| RTW | Return-to-work |
| SMEs | Small medium enterprises |
| WD | Work disability |
| WINZ | Work and income New Zealand |
| WSMP | Workplace safety management programmes |

ABSTRACT

The focus of this inquiry is “*New Zealand small business employers’ perspectives of the important factors in return-to-work (RTW) of an employee following a musculoskeletal injury or an illness*”. Whilst worldwide there is an increasing amount of attention focused on the RTW process in large organisations, there continues to be little understanding of this phenomenon in small businesses. I chose to use a social constructivist theoretical framework drawing on grounded theory methodology to construct some understanding of the employers’ perspectives of the RTW process. Eight small business employers from Auckland and Christchurch participated in this research. Data were gathered using semi-structured interviews. Constant comparative analysis, theoretical sampling and thematic analysis were used to construct two themes from the data.

The findings showed that small business employers prefer informal organisational approaches, rely on close working relationships with their staff, are generally wary of bureaucracy and often must run their businesses with limited staff and financial resources. Having an employee off work for a prolonged period of time creates a sizable gap in the staff resources that keep the business running. The employer has responsibility to fill this gap while maintaining a productive business. In the absence of formal injury management practices an ad hoc approach was taken to the RTW process. A number of the employers felt undervalued by key stakeholders, such as doctors, treatment providers, Accident Compensation Corporation and in some cases RTW co-ordinators. Health and safety was a risk all employers appeared to take seriously whereas injury management information and support seemed less of a focus.

This research suggests there may be little focus on injury management in small businesses by employers and, that employers perceive greater government emphasis on injury prevention. The extent and associated costs of work disability in small businesses is as yet unknown, but it is likely to be significant. How to support and encourage the uptake of injury management in small businesses in the long term warrants further investigation. Understanding that employers may well lack injury management expertise, experience and resources requires stakeholders to make specific effort with the employer, at the workplace, to facilitate the RTW process.

Chapter 1: The Background

1.1 Introduction

Work is a central element of most people's physical, social and psychological life (Kanellos, 1985). When employees suffer an injury or illness, their ability to work may be temporarily affected during the treatment and recovery phase, with the majority returning to work without any significant accommodations required (La Grow, 2001). For a small number of these employees, however, returning to work is a complex process. It may involve a number of stakeholders and contexts, including the employer and the workplace, which influence the return-to-work (RTW) process and its outcome, either positively or negatively.

This study focuses on the employer, one of the key stakeholders in the RTW process. It explored the perspective of small business employers for the purpose of generating understanding about the issues that were important to them in the RTW process. The participants in this study all had experiences of having employees with work disability returning to work after a musculoskeletal injury. To place the study in context I will outline my interest in occupational rehabilitation, provide a brief overview of the RTW process as it related to this study, the methodological approach taken, and the purpose and significance of this study. The chapter concludes with an overview of the thesis.

My interest in occupational rehabilitation arose out of my work with patients with persistent pain. Having trained as a physiotherapist, and then treating patients with musculoskeletal conditions in the 1980's, my practice was strongly influenced by the biomedical model. A career redirection led me to take up the position of vocational rehabilitation advisor in a multidisciplinary team at a pain management centre, which was personally, both challenging and stimulating. The limitations of a purely biomedical model were apparent, particularly when team members attempted to determine the key issues contributing to a patient's long-term pain-related disability. In the 1970s the biopsychosocial model (Engel, 1977) had been proposed as a complex interplay between biomedical, psychological, social and contextual factors that in turn influenced an individual's pain-related disability. However, the dominant thrust in physiotherapy arguably remained biomedical (Bishop & Foster, 2005; Main & Watson, 1999; Pransky, Shaw, Franche, & Clarke, 2004).

The majority of the patients attending the pain management centre had prolonged work disability as a result of persistent pain, and understandably, many experienced significant barriers to vocational rehabilitation. During this time I also worked with hospital staff members with work disability resulting from an illness or injury. An injury management programme overseen by a rehabilitation co-ordinator had been successfully introduced to the hospital in an effort to reduce the escalating rates of work disability amongst staff. The effect of employer and line manager support for an early RTW approach including, for example, modified duties, was impressive and contrasted sharply to the loss of worker identity I observed in working with the persistent pain patients from other organisations. Maintaining the link with the workplace and developing a RTW plan as early as possible, appeared to be key factors in minimising work disability. In contrast, for the pain management patients, being able to link back into a workplace after prolonged absence was understandably problematic. As a result my interest in workplace-based rehabilitation was sparked. My experience of working with both staff and patients lead me to focus here on one stakeholder, the employer, whose approach to RTW appeared to strongly influence the work disability duration.

1.2 The Return to Work Process

Successful *RTW processes* refer to the stages of rehabilitation that a worker goes through, from the commencement of work disability until they have reached a satisfactory RTW outcome (Young, Roessler, Wasiak, McPherson, van Poppel, & Anema, 2005). It is now widely accepted that RTW is a complex process, which is better understood and managed using comprehensive models such as the biopsychosocial or International Classification of Functioning, Disability and Health (ICF), (WHO, 2001) models that encompass the biological, psychological and social dimensions that impact on health and disability (Waddell, 2006; Young, Roessler et al., 2005) .

During the 1970s, the costs of prolonged work disability and early retirement escalated, prompting governments, compensation boards, large organisations, employers and researchers around the world to focus on workplace-based disability management and rehabilitation initiatives for the solution to this problem. Increasingly, attention turned from treatment clinics and adherence to the medical model, to

workplaces where the adoption of workplace-based disability management programmes seemed to ameliorate the effects of work injuries and illness (Galvin & Schwartz, 1986).

Factors that have been found to have an influence on the RTW outcome have been widely researched, but as yet have not resulted in models that have reduced work disability and the associated costs (Schultz, Stowell, Feuerstein, & Gatchel, 2007). For example, extensive research on low back pain work disability has clearly shown that the longer an employee remains away from the work place, the more likely RTW will fail, irrespective of the seriousness of the injury (Pransky, Benjamin, Hill-Fotouhi, Fletcher, Himmelstein, & Katz., 2002). Despite this knowledge, stakeholders, such as medical practitioners and physiotherapists may continue to create barriers to RTW (Bishop, Foster, Thomas, & Hay, 2008) and inadvertently promote work disability. Encouraging a greater uptake of workplace-based RTW interventions remains a challenge for all key stakeholders – compensation agencies, employers, families and treatment providers (Franche, Baril, Shaw, Nicholas, & Loisel, 2005).

1.2.1 The role of the Employer

Without the support of the employers or their representatives (e.g the supervisor or occupational health nurse) occupational rehabilitation efforts are likely to fail (Cornally, 1986; McCluskey, Burton, & Main, 2006). Workplace-based RTW initiatives, with the role of the employer being given more attention, are warranted. Employers who understand that rehabilitation occurs at the workplace as well as at the treatment clinic make efforts to support this. For example, they maintain good communication with their work disabled employees, encourage early RTW, offer modified duties and work accommodations. Systematic reviews of studies that included these types of approaches have provided good evidence that these interventions reduce work disability (Frank, Sinclair, Hogg-Johnson, Shannon, Bombardier, Beaton, et al., 1998; Krause, Dasinger, & Neuhauser, 1998; Loisel, Durand, Berthelette, Vezina, Baril, Gagnon, et al 2001) and even reduce the incidence of future episodes. It may be more difficult for small business employers to use these same interventions due to the size and nature of their businesses, nevertheless their role in the process is significant (Eakin, MacEachen, & Clarke, 2003).

1.3 The Research Question

My interest in the specific research question focused on here evolved from my experience of the injury management process with the hospital staff, and my work with the patients with pain-related disability, as previously mentioned. The rehabilitation coordinator of this injury management process reported a significant reduction in work disability that appeared to be associated with the proactive management approach taken to RTW. A common RTW barrier of the pain management centre patients was their experience and perception of a negative employer attitude to employees with pain-related disability.

When I reviewed RTW research, I found that relatively little attention had focused specifically on the employer's perspective. Rather, it tended to be subsumed within the broader topic of RTW. Other research was mostly based on international studies of large organisations, which was not necessarily relevant to the New Zealand (NZ) employment situation where approximately 96% of businesses employ fewer than 20 employees (Statistics NZ, 2006). Given this background, the research question became targeted towards this latter group and I chose to explore employers' experiences of the important factors in the RTW process of one of their employees after a musculoskeletal disorder or an illness.

1.4 Research Approach

When considering which methodology would best answer my research question, my decision was partly influenced by finding very little research about small business employers and the RTW process. Seers (1999, p. 111) explains that qualitative research aims to gain an understanding of people's experiences, attitudes and beliefs; their perceptions of a situation. In contrast, a robust quantitative study requires clarity about the nature of such constructs in order for them to be measured. The risk in areas such as this where little prior research exists, is that the researcher measures what they assume to be important and can measure, not what participants prioritise.

Given the state of knowledge (or lack thereof), a qualitative methodology was used. Morse (1994b, p. 223) has provided helpful guidance about selecting a particular approach or strategy within qualitative designs, advising that grounded theory is the method of choice to address questions concerned with the experience of a process, such as RTW. In Chapter Three, the qualitative methodologies considered are compared, and

the rationale for using this particular approach explained. In brief, a social constructivist perspective drawing on Charmaz's approach to grounded theory (Charmaz, 2006) guided the approach to the research from design through to data synthesis and interpretation. The data (interview transcripts) were explored using the principles of constant comparison and thematic analysis in order to develop greater understandings around the RTW processes in which the eight participants had been involved.

1.5 Significance of the Study

The majority of RTW research that informs current practice has been conducted overseas and typically with employers who employ a large workforce. Although I recognised that there are several stakeholder roles involved in the RTW process, I chose to focus on the role and experience of the employer for a number of reasons. Kenny, Kable, Kroon, Quinn, and Edwards (1999) commented that more attention should be given to the occupational rehabilitation needs of small employers in Australia, and given the lack of research available on the New Zealand RTW situation; this seems relevant for New Zealand small employers as well. As stated in Section 1.3 approximately 96% of NZ employers employ fewer than 20 employees (Statistics NZ, 2006), therefore it seemed to be worthwhile to focus my study on this particular group.

The aim of this project is therefore to focus on the RTW experiences of the New Zealand small employer. It is hoped this study will generate a preliminary understanding of the important themes within this topic that can then be pursued in a larger qualitative or quantitative study. The knowledge gained from this project may be useful to inform RTW practices in New Zealand, particularly for the small employer, and for other interested agencies such as the Accident Compensation Corporation (ACC).

1.6 Structure of Thesis

Chapter One of this thesis has contextualised the study by providing a brief overview of the project including an introduction to the RTW process. The aims and significance of the study and the research approach have also been presented.

Chapter Two begins by defining some of the important terminology used in the RTW literature that is relevant to this study and briefly discusses some of the issues

related to work disability in NZ and overseas. The remainder of the chapter reviews the RTW literature that initially informed my interest including the limited amount of international research about RTW in small businesses.

Chapter Three describes the methodological considerations that led to determining the research methodology used in this study. Relevant background information about grounded theory and the approach taken in this study is provided. Chapter Four provides in-depth details of the research methods used, including participant selection, ethical considerations and data analysis.

The research findings are presented in Chapter Five. Two themes were constructed. Theme One, titled 'Running The Business,' is concerned with the organisational features of the small businesses and how they impact on the RTW process. Theme Two titled 'Plugging The Gaps,' is a construct concerned with the approach these employers took to returning their employees to work at an individual employee level.

Chapter Six presents a summary of the key findings and a discussion of their practical implications. The limitations of this study and some personal reflections of the lessons learnt from conducting this research are considered. Whilst little research was found that directly related to the NZ small business employer, the findings from this study are considered in relation to the current and relevant literature. The implications for employers and other key stakeholders such as ACC are discussed, and recommendations for future research are provided. The chapter concludes with a summary of the key discoveries and a final comment.

Chapter 2: Background and Literature Review

2.1 Overview

This chapter begins by providing background information about the RTW issues relevant to this study. The process of returning an injured employee to work involves a complex interplay of several factors and stakeholders. The RTW process has been approached from a number of perspectives including the traditional medical model, the social model of disability (La Grow, 2001) and more recently the integrated biopsychosocial model (Schultz, Joy, Crook, & Fraser, 2005). The biopsychosocial model and corresponding components of the ICF model (WHO, 2001) is the approach taken here because it provides a broader framework that is inclusive of biomedical and social and contextual factors, as well as psychological factors that also contribute to work disability (Waddell, 2006).

The first part of this chapter considers and defines important concepts related to the RTW process. The role of the employer and workplace-based rehabilitation in the RTW process are examined. The rest of the chapter reviews the literature that informed the specific questions and approach of this study, and in particular a review of the limited number of articles that were related to the small business employer. In keeping with grounded theory methodology, ideas that emerged subsequent to the data analysis, are explored in relationship to relevant literature in the discussion chapter (Strauss & Corbin, 1998).

2.2 Return to Work Definitions

The literature on RTW can be found under a number of different headings. The key terms used in this study and the related literature are defined below:

1. *Work disability* is a term used to refer to employees who are disabled specifically in relation to 'work'. In this way, it captures those unable to perform the social role of work, following an injury or illness, and therefore experience a loss of earnings or potential earnings (Thomason, Burton, & Hyatt, 1998). The disability may or may not be caused by work, but the effects of it along with other contributing factors such as the work type, workplace organisational factors, social and psychological factors mean that the employee's ability to work is impacted upon. Work disability is costly to the person suffering from it,

employers and to society in general (Williams, Westmorland, Lin, Schmuck, & Creen, 2007).

2. *Disability management (DM)* refers to an employer-based approach to the prevention of disability and the management of employees with disability in the workplace (Westmorland & Buys, 2004). The types of disability managed are wide ranging and include those resulting from a mental illness or, medical conditions e.g. schizophrenia, multiple sclerosis, spinal cord injuries. The role of the employer or person with responsibilities for DM is to ensure the development of workplace organisational policies inclusive of injury prevention, health and safety and workplace-based rehabilitation. Westmorland and Buys (2004) comments on the difficulty that occurs in the workplace when injury prevention and rehabilitation are dealt with separately, both at a legislative level and at the workplace, as is the case in Australia and NZ. The study of DM is outside of the scope of this study.
3. *Injury management (IM)* is a term used frequently in this study and for the purpose of this study refers to a workplace-based framework inclusive of job recruitment practices (ensuring that employees have a suitable job fit), comprehensive workplace-based injury/absence management systems and RTW resources and practices. IM has been adopted and promoted by ACC primarily to large employers to encourage the uptake of organisational IM practices, with the aim of having systems in place to reduce work disability and its associated costs. (personal communication, N.Geddes, Manager, Employer Injury Management, ACC, 1 October 2008). In RTW, the term goes far beyond how it might be used in relation to 'clinical treatment'.
4. *Occupational and vocational rehabilitation* are terms that appear to be used interchangeably in the literature (Main, Sullivan, & Watson, 2008b). Vocational rehabilitation, as the word vocation suggests, is more concerned with the broader aspects of helping the disabled worker maximise the use of their function and skills, which may include employment seeking skills, to stay at, return to or remain in work (Waddell & Burton, 2005). For the purposes of this study either term is used. An occupational rehabilitation programme is one that includes physical reactivation, cognitive-behavioural therapy and is linked to the workplace (Main, Nicholas, & Watson, 2008). This study focuses on the linking

aspect of rehabilitation, the workplace and the employer's involvement in this process.

- 5 *RTW* is a term used throughout this study, and the related literature, referring to both the outcome resulting from efforts to return the disabled employee to work (e.g. an employee successfully returning to work) and the process as described below. (Young, Roessler et al., 2005)
- 6 *RTW process* refers to the process that the disabled employee goes through, including all stages from being off work until the final stage (e.g. return to employment or terminating employment). It is not just a single event; it can be complex, often involving interactions with various stakeholders (e.g. doctor, employer, ACC case manager), the work environment and societal factors (Young, Roessler, et al., 2005). For purposes of clarification, the period of time immediately after the injury, when the employee is off work completely, is referred to as 'fully unfit' for work. Following this stage the employee returns to work, often when they are in the recovery phase, but have some work capacity. The doctor certifies them as 'fit for selected work', meaning they will require their work to be modified in some way (e.g. shorter hours, specific tasks or equipment). The final stage is when the employee is 'fully fit' to resume their pre-injury work. In some instances this may not be achievable, and the outcome may be that the employee works in a limited capacity, or terminates that employment. It is this process that this study set out to explore. As the study progressed however it became apparent that the topic of research included the broader concept of injury management.

Although aspects of these definitions overlap, they are provided to clarify the meaning of the term when it is used in the study.

The following section reviews the relevant literature about the role of the employer and the workplace in the RTW process. Much of this research is based on large unionised organisations (Eakin et al., 2003), which are more likely to have greater experience of RTW with injured employees and therefore have systems in place to support the RTW process. This research and the RTW practices recommended do not take into account the local culture and practices typical of small workplaces (McCluskey et al., 2006) that lack this support and expertise. These factors are considered in a review of the relevant RTW literature that completes this chapter.

2.3 The Employer and the RTW Process

The biopsychosocial model provides a useful framework for those involved in occupational rehabilitation with which to understand the importance of rehabilitation being integrated with the workplace at the earliest opportunity (Waddell, 2006). The World Health Organisation's ICF model (WHO, 2001) is based on the biopsychosocial model. It discusses the dynamic interaction of the individual's pathology and impairment and the contextual or environmental factors on the RTW process (Waddell & Burton, 2005). The ICF model extends the understanding of work disability to it being a social phenomenon (Waddell, 2004a). Employers have an important role in addressing the contextual or environmental factors that either facilitate or create barriers to the RTW process.

2.3.1 *The employer and legislation*

Around the world different approaches have been adopted by governments, compensation systems and insurers to encourage greater employer responsibility for occupational rehabilitation in the workplace. One example is NSW, Australia where the Workers Compensation Act was passed in 1987. Under this legislation employers must provide an occupational rehabilitation plan for all injured employees (Kenny, 1996). Sweden has also legislated employers to take responsibility for rehabilitation planning in the workplace (Larsson, Gard, Guvnor, 2003). In Ontario employers are mandated to implement the Early and Safe Return to Work (ESRTW) practice (Eakin et al., 2003). Some researchers have found this does not necessarily result in best practice occupational rehabilitation (Eakin et al., 2003; Kenny, 1996). Their research shows that some employers find ways of avoiding compliance, such as not developing any plans, delaying plan development, or promoting an adversarial process by disputing the cause of the injury and therefore their responsibility for rehabilitation (Eakin et al., 2003; Larsson et al., 2003).

In New Zealand, Section 71 of the ACC Injury Prevention Rehabilitation and Compensation Act 2001 (New Zealand Legislation: Acts, 2001), places some obligation with the employer to assist the employee to return to their pre-injury employment; however it appears that this section of the act is rarely enforced (personal communication N. Geddes, Manager Employer Injury Management, ACC, 1 October 2008). The NZ Health and Safety and Employment Act 1992 (New Zealand Legislation: Acts, 1992) is primarily concerned with workplace organisational health

and safety systems. These are focused largely on injury prevention practices, including hazard management, incident and injury reporting, with only a minor focus on injury management. The responsibility for monitoring this legislation rests with the Department of Labour (DoL) and Occupational Safety and Health (OSH). The DoL and OSH are charged with prosecuting employers whose unsafe work practices have been the cause of serious harm or death to their employees.

ACC's approach, supported by the government, has been to educate and encourage employers to adopt injury management practices rather than enforce the legislation (personal communication N. Geddes, Manager, Employer Injury Management, ACC, 1 October 2008). An example of an educative approach is the "Active and Working – Managing Acute Low Back Pain in the Workplace. An Employer's Guide" (Kendall, 2000), which was derived from the Acute Low Back Pain Guidelines (Kendall, Linton, & Main, 1997). These guidelines promoted the workplace as being integral to the rehabilitation process and explained the important role of the employer in accommodating an early RTW approach for employees with acute low back pain. ACC has employed injury management consultants to work nationwide. Their role is to educate employers about RTW practices and provide supporting resources to encourage the uptake of an organisational injury management practice (as defined in Section 2.2). To date they have been focused on large employers with little attention given to small and medium employers (personal communication N. Geddes, Manager, Employer Injury Management, ACC, 1 October 2008).

2.4 Workplace-based Rehabilitation

The traditional biomedical model has focused the attention of treatment providers on treating the individual employee's pathology and impairments that are identified as being the "cause" of their work disability. This approach may have influenced the biopsychosocial model, with more attention being paid to individual factors rather than to the social and environmental factors (Sullivan, Feuerstein, Gatchel, Linton, & Pransky, 2005). More recently, RTW research has found that workplace organisational factors have a significant impact on the RTW process (Amick, Habeck, Hunt, Fossel, Chapin, Keller, et al., 2000; Sullivan et al., 2005). Commitment on the part of the employer to changing the work environment to meet the needs of the disabled employee is central to this process (Franché, Baril et al., 2005; La Grow, 2001). The biomedical model with its linear approach to managing injuries and

illnesses in treatment clinics (Frank et al., 1998), has failed to stem the tide of work disability. Frank et al (1998) suggests that this failure results from it addressing only one of a number of factors that contribute to the injured employees disability, rather than the more important psychosocial and environmental factors (Molloy, Blyth, & Nicholas, 1999). Verbrugge and Jette (1994, p. 12) described the disablement process as a sociomedical model, “paying attention to both the medical and social aspects of disability”.

Musculoskeletal conditions such as low back pain (LBP) are the most common cause of work disability and ill-health retirement (Waddell, 2006) and therefore the most widely studied (Hogg-Johnson & Cole, 2003; Waddell & Burton, 2005; Williams et al., 2007). Researchers in the field of work disability increasingly support the idea that work disability resulting from musculoskeletal conditions is the result of a complex interplay of individual psychosocial, work organisational and jurisdictional factors (Franche, Baril et al., 2005; Waddell, 2006). Occupational health guidelines for the management of LBP at work (Waddell & Burton, 2001) provide strong clinical and occupational evidence encouraging the continuation of the usual activities of daily living, including work, as normally as possible, despite pain. RTW can occur when the employee is symptomatic and in fact undue caution with RTW may lead to prolonged work disability. In a systematic review of the effectiveness of workplace rehabilitation interventions for injured employees with low back pain, Williams et al., (2007) also found that an earlier RTW is related to a better quality of life.

The Sherbrooke model, an injury management model, has shown some promising results. It was developed out of recommendations from the Quebec Task Force on Spinal Disorders in the Workplace (Loisel et al., 2001), and uses a stepped care approach (the complexity of the case determines the level of intervention required) to rehabilitation. A randomised controlled trial of the management of subacute occupational LBP using this model, found that there were significant reductions in work disability and significant improvements in functional status. This model views the workplace, not as a harmful place, but as a rehabilitation setting that is closely controlled by the rehabilitation team working collaboratively with the employer (Loisel, Abenhaim, Durand, Esdaile, Suissa, Gosselin et al., 1997). Support for workplace-based rehabilitation was also provided by the UK Faculty of Occupational Medicine in March 2000. Their consensus opinion detailed in the *Occupational Health Guidelines*

for the Management of Low Back Pain at Work (Waddell & Burton, 2001)

recommended support for workplace organisational and/or management strategies that reduce RTW barriers, such as early RTW.

Most workers with injuries or illness do return to their usual employment without any difficulty. Where there are barriers to recovery and RTW these should be identified and managed appropriately (Cornally, 1986; La Grow, 2001). When management becomes involved in resolving these barriers there are two potential advantages: firstly the employer is communicating their concern for staff welfare (Amick et al., 2000) by making efforts to ensure that the employee is safely back at work in some capacity as soon as possible, and secondly cost benefits. A systematic review of the work accommodation literature found evidence suggesting that there was a reduction of the financial costs associated with prolonged work disability, potential loss of staff and subsequent recruitment costs (Krause et al., 1998).

2.4.1 Involving the Stakeholders at the Workplace

In large organisations a number of stakeholders may be involved in the RTW process. They may include the injured or sick employee, the employer, the employee's supervisor, an occupational health specialist, the union delegate, the medical practitioner, treatment providers, the RTW co-ordinator, and the compensation system represented by the case manager. Some or all of these stakeholders may be key players in the RTW process and influential in the outcome. Two studies found that there was evidence of significant reduction in work disability when all stakeholders supported an employer's offer of early RTW and modified duties (Frank et al., 1998; Hogg-Johnson & Cole, 2003). Frank et al (1998) challenged those stakeholders involved with the injured employee to find ways of co-operating, rather than working in isolation or promoting their own narrow approach, in order to reduce work disability from LBP. Other researchers have found that communication, co-operation and commonly agreed goals (Waddell & Burton, 2001, p. 128) between all stakeholders improves RTW outcomes (Nordin, 2001).

In a more recent narrative review of the workplace-based RTW literature, Franche, Baril et al (2005) challenged the idea that a successful RTW outcome requires involvement from all stakeholders. What seems to be important is the employer-employee interaction to facilitate early RTW with a more modest input from other stakeholders such as the treatment providers (Franche, Baril et al., 2005).

2.4.2 *Modified duties*

Offers of modified duties (also known as work accommodation) are regarded as a cornerstone of the RTW process and there is strong evidence that they improve RTW outcomes (Franché, Cullen, Clarke, Irvin, Sinclair, Frank et al., 2005; Hogg-Johnson & Cole, 2003; Krause et al., 1998; Pransky, Gatchel, Linton, & Loisel, 2005). Ways of modifying duties include ergonomic changes to the way tasks are performed and/or changes to the hours worked, duties performed, task rotation etc (Franché, Cullen, et al., 2005; Shaw & Feuerstein, 2004). Krause et al (1998) carried out an extensive review of the RTW literature including the value of modified duties. This study found that injured workers offered modified work, returned to work approximately twice as often as those not offered them, and the number of work days lost was halved. Frank et al (1998) also determined that employers who promptly offered modified duties could reduce work disability by 30%, with an added effect of reduced future LBP claims. Hogg-Johnson and Cole (2003) looked at clients with risk factors (they had little change in their pain and poor recovery expectations) which determined them to be at high risk of prolonged work disability and found workplace offers of accommodations to facilitate RTW, provided the greatest reduction in time on benefits for these clients, compared with treatment as usual. The Sherbrooke model as described by Loisel, Durand, Baril, Gervais, and Falardeau (2005) found that participatory ergonomics (interventions that address factors such as work organisation and any relationship problems) was one of the most effective components of the RTW process; what was interesting was that only half of the interventions recommended were implemented.

There are some challenges for employers to provide modified duties for injured or partially fit employees (MacEachen, Clarke, Franché, & Irvin, 2006). In a systematic review of the qualitative RTW research, MacEachen et al (2006) identified a number of social, physical and financial barriers. Social considerations broadly included strained injured worker/co-worker relationships; when colleagues viewed injured employees as returning to “easier” jobs, being the cause of reduced productivity for the team, or if relocated to another area, not fitting in socially with that team. Physical considerations arose when there seemed to be a lack of sound ergonomic consideration, by management, of the modified tasks. This raised concerns about re-injury for the injured employee and colleagues. Employers had financial concerns related to the cost of supplying modified work and associated loss of production.

The evidence identified above clearly supports the benefits of offering modified duties at the earliest opportunity while an employee is recovering from an injury. There are, however, individual and organisational barriers that limit the uptake of modified duties. It would seem to be worthwhile for all stakeholders, including employers, RTW co-ordinators and insurer representatives to identify the particular barriers in each situation and to find ways of minimising these to help reduce the costs of work disability. Kenny's (1999) recommendation that insurers and any other key government organisations make a concerted effort to support employers to offer modified duties seems to be important. The challenges faced by small businesses to provide modified duties are explored later in this chapter.

2.4.3 *Return to Work Co-ordinator*

A RTW co-ordinator (also referred to as rehabilitation co-ordinator) may be a workplace employee or an external person who co-ordinates and facilitates the RTW process at the workplace. Ideally they assess an employee's work capacity, their work tasks and the overall work organisation, including the employer's focus on work productivity and approach to injury management for the purpose of developing a suitable RTW plan (Franché, Baril et al., 2005). Collaborating and communicating with the employer and injured employee and, in some cases, other stakeholders such as medical practitioners and case managers, and monitoring the RTW plan are key tasks of the RTW co-ordinator (Shaw, Hong, Pransky, & Loisel, 2008). Having a RTW co-ordinator overseeing the RTW process has been shown to reduce work disability duration (Franché, Baril et al., 2005).

The definition and qualifications of the RTW co-ordinator varies widely across the RTW literature (Shaw et al., 2008). RTW co-ordinators employed by ACC are registered health professionals including occupational health nurses, physiotherapists or occupational therapists who have expertise in occupational rehabilitation. Large employers may employ an in-house RTW co-ordinator. Unlike some compensation systems in the USA (Shaw & Feuerstein, 2004), ACC case managers do not fulfil this role. Considering many employers do not have access to occupational health services and do not have injury management practices and policies in place (James, Cunningham, & Dibben, 2002), having a suitably qualified and experienced RTW co-ordinator working at the workplace to facilitate and oversee, what can be a complex

process, involving several stakeholders, should minimise the risk of prolonged work disability.

In NSW, Australia under the Workers Compensation Act 1987, employers with more than twenty employees must employ a rehabilitation co-ordinator to provide the rehabilitation planning for the injured employee. Rehabilitation co-ordinators do not necessarily have a health professional background or occupational rehabilitation expertise. In some workplaces, staff members (e.g. Health and Safety committee members), take on this role. Kenny (1999) was critical that a lack of training and experience of rehabilitation co-ordinators resulted in variable rehabilitation planning. The introduction of a mandatory training programme for rehabilitation co-ordinators in 1999 was hoped to improve the consistency and quality of the planning

2.5 NZ Small Businesses – a specific context

When reviewing the international literature on RTW it is important to understand that there is no standardised definition of small, medium and large employer this appearing to be contextualised according to the size of the overall population. The NZ definition of small business and the definition used in this study is a business with fewer than 20 employees. The European Commission defines SMEs as those businesses employing fewer than 250 employees (Lawrence, Collins, Pavlovich, & Arunachalam, 2006). Other countries including Denmark define small businesses as employing fewer than 50 employees (Hasle & Limborg, 2006). When referring to articles about small and medium businesses in this study, the number of employees will be identified.

According to Statistics NZ 2006, NZ is a country of small businesses that is, 96.4 percent of all businesses, excluding farming, employed fewer than 20 employees (Statistics NZ, 2006), and employ 29.6 percent of all employees. Nearly one half of NZ employees are employed in large enterprises. Large enterprises are defined as those businesses employing greater than 100 people. The data available from Massey University's Centre for Small Medium Enterprise (SME) (Massey University, 2008) differ somewhat as they include 'medium sized enterprises' which are defined as having 20 to 100 employees. They estimate that 99 percent of all businesses in NZ are SMEs, and they employ 60 percent of all employees.

2.5.1 Injury Rates and Cost of Claims

The costs of work disability have continued to rise dramatically in developed countries (Pransky et al., 2005). There does not appear to be any international or NZ information comparing the costs of work disability in small and large businesses. There is, however, some evidence from international studies suggesting that work-related accidents, including fatal and serious accidents occur more frequently in small rather than large businesses (Anderson, Kines, & Hasle, 2007). The reasons for the higher risk are not well understood (Hasle & Limborg, 2006). There does not appear to be any information about the rate of workplace injuries for NZ small businesses, and in particular whether they do have higher rates than medium or larger businesses.

In the ACC context, work disability may result from workplace accidents or non-work injuries, including motor vehicle accidents. ACC has six separate accounts which fully fund the cost of injuries associated with that account. Two accounts relevant to this study are:

1. The Work Account which is funded by all employers and covers the costs (including weekly compensation, treatment and rehabilitation) of personal injuries in the workplace.
2. The Earners' Account which is funded by employees and funds the costs (including weekly compensation, treatment and rehabilitation) non-work injuries suffered by people in the paid workforce.

Whilst it is not possible to determine differences in costs of work disability for small and large businesses, there is some injury and RTW information relevant to this study. The actual number of weekly compensation claims in the Work Account reduced by 2% from 2006/2007 to 2007/2008 whereas the claims in the Earners' Account increased by 8%, suggesting that whilst the rate of workplace injuries is reducing, non-work injuries are increasing (Accident Compensation Corporation, 2008a). The RTW rates for claims in the Work Account at 3 months post injury is 65%; at 6 months is 81%; at 12 months is 90%. This means that 10% of these clients move in to the long term claims pool, with claims costs and the risk of permanent work disability continuing to increase.

Rising costs of work disability are not unique to ACC. Dunstan and Covic (2006) reported similar findings in 2001 with WorkCover, the New South Wales (NSW)

Australia insurance scheme for work injuries. Despite a reduction in the incidence and frequency of work-related injury and increased RTW rates, there has been a rise in the total cost of compensable injuries. This increase has been the result of the ever increasing costs associated with approximately 10% of the injured workers who became long term work disabled. When this group was reviewed, psychosocial and work organisational factors differentiated those who returned to work and those who did not (Cohen, Nicholas, & Blanch, 2000). How to effectively address these factors and reduce the cost of work disability in this high cost group remains a challenge for employers, ACC and WorkCover.

2.6 RTW and the NZ Small Business Employer

When searching the literature specifically about the topic of this study, return to work and the small employer, I carried out a targeted search of databases including Medline, Psychinfo, Cinahl, Proquest, Ebsco mega file, Scopus and the Internet information using keywords, *employers, NZ small business, small enterprises, workplace, injury management, vocational/occupational rehabilitation, RTW, work related musculoskeletal disorders*. This revealed no articles about the RTW process in the NZ small business context. I then returned to the search and removed New Zealand from the keywords. A few relevant international articles were revealed that are reviewed in the remainder of the chapter. The paucity of research on small businesses was not surprising considering the comments made by several authors (Anderson et al., 2007; Eakin et al., 2003; Kenny, 1996) on the lack of international research on the topic of injury management, and the RTW process in small businesses.

2.6.1 RTW and the Small Business Employer

A number of international researchers have published work with some focus on the small employer including, Kenny (1996; 1998; 1999), Kenny et al (1999) and Eakin et al (2003) and then more recently Anderson et al (2007). To clarify the size of the small businesses in these studies, Kenny and Anderson defined them as those with fewer than twenty employees, whereas in Eakin's study, small businesses employed fewer than fifty employees.

In NSW, Australia, the Workers Compensation Act 1987 requires employers to provide an occupational rehabilitation plan for their injured workers. The WorkCover Authority of NSW was established in 1990 to administer this legislation. Kenny (1996;

1998; 1999) and Kenny et al (1999) have researched issues for employers and employees of large and small businesses, related to this legislation. Included in her research has been a focus on the small employer and in particular the barriers for them to providing occupational rehabilitation plans.

One study that assessed the employers' workplace practices as required by the legislation, found that small employers were not providing occupational rehabilitation plans for their injured employees (Kenny, 1996). A questionnaire survey was used to gather RTW information from employers in health, manufacturing or retail businesses in NSW. Inclusion criteria included experience of employees with a workplace injury or illness for greater than one week. Of the 433 employers who were invited to participate in the survey, 93 completed their questionnaires (21.5% response rate). Nearly 70% of the respondents were small businesses. Although a cautious interpretation must be made of the findings, because of the low response rate and the high number of small business responses, the issues highlighted by approximately 60 small businesses were interesting. Providing suitable duties for their injured workers was cited as the main barrier to providing an occupational rehabilitation plan. Financial difficulties were cited by 90% of all respondents to be a factor influencing the poor compliance with the provision of rehabilitation programmes.

A larger follow up study also investigated issues related to employer compliance with the legislation (Kenny et al., 1999). 612 employers (62% response rate) from twelve industries in NSW, were surveyed. There was an even distribution of respondents across the four business size categories. Large employer behaviour was compared with that of smaller employers. As found in the previous study, smaller employers were less likely to comply with the legislation requiring rehabilitation plans for injured employees, citing difficulties with providing suitable modified duties as the main barrier. When rehabilitation plans were provided, both small and large employers were more likely to use those developed by the insurer rather than ones personalised to the workplace and the individual employee. Kenny et al (1999) suggests that whilst large employers were more aware and compliant with occupational rehabilitation legislation, using insurers' plans was an example of employers following the letter of the law, rather than ensuring they have adopted organisational policies and procedures. Fewer small employers than large employers rated the rehabilitation plan as cost beneficial to their businesses. Kenny et al (1999) recommended that WorkCover could

improve small business compliance with the legislation by incentivising and putting in place assistance for them to provided modified duties.

Eakin et al (2003) studied the impact of legislated injury management practices on small businesses (defined as having 50 or fewer workers). Ontario, Canada has legislated an ‘early and safe return to work’ (ESRTW) approach to occupational rehabilitation in which the employer takes responsibility for implementing and monitoring the rehabilitation. The employer provides modified duties as early as possible, typically before the employee is fully fit, and is responsible for managing all aspects of the RTW process. The external agencies such as compensation boards may be called on to provide a mediation role if problems arise (Eakin et al., 2003). From the description of the employers’ role it appears that their role is comparable to that of an ACC case manager in that they are responsible for managing all aspects of the claim, including payments, monitoring treatment, rehabilitation and developing the RTW plan. 17 employers (9 with fewer than 20 employees) and 22 employees were interviewed about their experiences of ESRTW approach. A useful discussion of the social features peculiar to small businesses precedes an exploration of the difficulties with ESRTW, highlighted by both employers and employees. Eakin et al (2003) explains that the majority of the literature informing the ESRTW and the benefits of providing modified duties is based on research of large unionised organisations, which are much more suited to adopt this approach.

This study (Eakin et al., 2003) suggests that in the small business context ESRTW may not deliver what is intended and in fact “can disrupt workplace norms and patterns of social interaction and create hardships for both employers and injured workers” (Eakin et al., 2003, p. 21). Important social factors included the financial constraints of small businesses, close working relationships between employers and employees, competing demands with running the business and managing ESRTW (including little administrative support, and limited knowledge of occupational rehabilitation), and difficulties with finding modified duties. Against this background, there appeared to be a greater risk of disruption as quoted. Eakin’s conclusion that the ESRTW approach risked promoting an adversarial relationship between the employer and employee, increasing the risk of work disability in the context of the small business, does appear to be reasonable.

Large employers are more likely to have better injury management resourcing than small employers (McCluskey et al., 2006). They may have someone in the workplace with responsibilities for the organisational injury management processes, have access to occupational health services and have a greater number of experiences of returning injured employees to work. Expecting a small employer to effectively take on a case manager role, as Eakin et al (2003) has suggested is the case, with limited support, experience and expertise in occupational rehabilitation, does appear to be risking unnecessary disruption to the workplace. In NZ employers are not legislated to follow an occupational rehabilitation approach. If a work disabled employee has an ACC claim, an ACC case manager may take responsibility for providing the employer and injured employee with support for the RTW process. Having a case manager or a suitably qualified RTW co-ordinator who understands any legislation important to the RTW process, and is able to determine what occupational rehabilitation services are required may be a more suitable approach for the small business employer than the ESRTW as legislated in Ontario.

Kenny's (1995) recommendations may be relevant when considering the difficulties these studies have highlighted that small employers may have with providing suitable occupational rehabilitation plans. This qualitative study explored the RTW experiences of 12 long term injured workers who were involved with the Hunter Action Group Against WorkCover in NSW. It is unclear whether they were employed in large or small businesses. These employees had adversarial experiences of occupational rehabilitation. Kenny highlights the importance of supporting the employer/employee relationship, which is particularly close in the small business context (Eakin et al., 2003; Hasle & Limborg, 2006), during the RTW process. Ways to do this include: providing a suitably qualified RTW co-ordinator who can successfully manage the RTW process for both parties; educating employers about the mutual benefits of injury management policies and processes; finding ways to support small employers to provide suitable modified duties such as fully funding the graduated RTW and providing practical lists of possible ways to modify duties.

2.6.2 Modified duties and the Small Business Employer

Two studies were specifically concerned with employers' attitudes to modified duties. Kenny's second study, based on the same cohort of employers in her previous study (Kenny et al., 1999), focused on obtaining the employers' perspective on the

provision of suitable duties for RTW. The most common reason for a lack of suitable duties was the nature of the work. Small business employers were more likely than large employers to indicate that they were unable to provide suitable duties. Interestingly Kenny (1999) found that the manager was largely responsible for identifying suitable duties, whereas in larger businesses this decision was based on input from the RTW (rehabilitation) co-ordinator, medical practitioner, injured employee and the employee's supervisor. Small employers in this study seldom involved rehabilitation co-ordinators or insurers in the RTW process, mainly because they weren't legislated to provide one, and instead could draw up the plan themselves.

In a qualitative study, 22 Danish employers in small construction and metal processing industries were interviewed about their attitudes and self reported behaviour towards modified duties (Anderson et al., 2007). The researchers compared specific self reported case data, to the attitudes expressed. Possible influences on modified duty availability that were examined included a lack of legislation for enterprises to provide modified work duties and the influence of social exchanges (that is the favours and goodwill that exist in a relationship) between the employer and employee.

The study found that modified duties were available in these small enterprises, despite the physical nature of the work. In the majority of cases they found that the employer's reported attitude to whether or not they would consider modified duties, differed from the action they took, that is they provided modified duties when they had previously not supported the idea. The researchers found that the availability of modified duties seemed to be influenced by the relationship between the employer and the individual employee. If the employer spoke positively and valued the employee, this coincided with a change in behaviour from not considering modified duties to considering them, and vice versa for a poor relationship. Construction workers were determined to have better social exchanges with their employers than metal workers and were therefore more likely to be offered modified duties than metal workers. What was interesting to note in data presented (Anderson et al., 2007, p. 111) was what appeared to be longer work absence for construction workers than metal workers. This was not addressed in the discussion perhaps because the sample size was too small and therefore it was not statistically significant or it was not the focus of the study.

The researchers found that the employers' offers of modified duties were made independently of any input from external influences such as RTW co-ordinators. Local

authorities were only responsible for paying benefits to the injured employees.

The authors conclude that in the absence of support, employers made modified duties available in these small industries. They recommend that more RTW information and support could be offered but that it must be with consideration and support for the close social relationships between the employer and employee.

2.6.3 *Summary of RTW and the Small Business Employer*

These studies have highlighted some issues that may be relevant to the NZ small business employer. Kenny (1996; 1998; 1999) and Eakin et al (2003) examined the influence that legislation has on small business employers to provide occupational rehabilitation plans for injured workers, and found that this has not necessarily had the desired effect. The employers reported the nature of the work and the limited number of jobs available meant that modified duties were difficult to provide and were the biggest barrier to their compliance with the provision of occupational rehabilitation plans. Interestingly, Anderson et al (2007) found that there were modified duties available in construction and metal processing industries and their availability seemed to be influenced by the social exchange between the employer and employee. Other barriers to complying with the legislation were a lack of expertise and experience to develop and manage RTW plans and financial constraints. Eakin et al (2003) and Anderson et al (2007) examined the influence of the close social relationships on the RTW process. They found these were important and recommended that governments and insurers consider this when deciding how best to support RTW practices in small businesses.

2.6.4 *Summary*

The RTW literature is extensive and has largely been conducted in the context of large organisations. The role of the employer in workplace-based rehabilitation has been reviewed. Other important aspects of the RTW process such as modified duties and the role of the RTW co-ordinator have been highlighted. RTW in the NZ context has been presented. The chapter concluded with a review of the literature focused on RTW in the small business context. This review has identified that a significant gap exists in the knowledge about how RTW practices affect small businesses internationally and in NZ. The discussion chapter provides a further review of the literature that relates to the ideas that have emerged from the data analysis.

Chapter 3: Research Methodology

This chapter discusses the research methodology that has been used to guide this study. The rationale for choosing a qualitative methodology is discussed and a comparison of the strengths and weaknesses of options considered to help answer the research question is made. The purpose of this chapter is to make explicit the social constructivist perspective, and how this informed the qualitative approach taken. A brief outline of the history of grounded theory precedes a discussion about the particular approach developed by Kathy Charmaz (2006), which informed this research. The chapter concludes with a discussion about how rigor has been ensured in the study.

3.1 Epistemology

Crotty's (1998) framework of the four elements of social research, namely the epistemology, theoretical perspective, methodology and methods, and how they inform each other has guided the decision about the apposite research approach taken. Each of these elements were considered throughout the research process with particular focus on ensuring the methodology and method linked back to the theoretical perspective and epistemology. Rather than moving into the area of pseudoscience where knowledge is more likely to be flawed, such as when myths, information from authority figures, common sense and tradition are cited as being the 'truth' (Neuman, 2000), it made sense to be guided by a robust scientific process. Whilst it is not possible to determine the 'truth' unequivocally, I find that the advice these academics (Crotty, 1998 and Neuman, 2000) give very helpful in making the research process and thinking explicit for the researcher, and the audience.

The three epistemologies in Crotty's (1998, p. 5) framework are objectivism, constructivism and subjectivism. All three epistemologies inform social science research; however objectivism more commonly informs quantitative research and constructionism and subjectivism inform qualitative research.

The objectivist epistemology is the most common and generally the most highly valued approach used in social science research. Some of the positivist assumptions within objectivism are that the researcher takes an objective and neutral stance and 'discovers' social and physical reality by observing and measuring the external reality of the phenomena being studied (Charmaz, 2006; Neuman, 2000). A variety of methods are used for the purposes of measuring (Glaser & Strauss, 1967; Neuman,

2000) “objective reality”, and this data is analysed to develop causal laws that can be generalised to explain social life. It does seem to be difficult for the qualitative researcher to remain objective and neutral, and not to put their particular spin on the data (Crotty, 1998). My experience during the study was not of being a neutral observer, instead my background knowledge informed my discussions with the employers and guided my analysis of the data and consequently my interpretation of what was happening in the field (Charmaz, 2006).

A positivist method that could have been taken to collect data for this research question was a survey; however this idea was discounted. Given the limited amount of knowledge about the RTW process in small NZ businesses meant that it seemed more appropriate, to gain some in-depth understanding of their issues and concerns and then use this knowledge to guide future research questions and approaches, such as a survey. Without this knowledge survey questions would have been developed from my ideas and those generated from the literature which is largely based on studies of large employers. The data yielded from such a survey may not have been the most representative of small employers’ concerns.

Constructionism informs several theoretical perspectives including interpretivism, and critical inquiry. For this project the interpretive tradition was considered the most appropriate approach to choose. It is concerned with the systematic analysis of *meaningful social action* (Neuman, 2000, p. 70) in the natural setting, rather than in a controlled environment, by constructing and interpreting what the researcher observes is happening in the social world being studied. This tradition has a practical and purposeful orientation when trying to understand cultural and historical influences on a person’s decisions and actions (Crotty, 1998). This research question seemed to best be answered by an approach that was practical in its orientation; trying to make sense of what employers did in their everyday lives when they were making decisions and taking actions to return an employee to work. The emphasis is on the researcher trying to get a deeper understanding, of the employers’ viewpoints, by considering the meaning that may not at first be obvious in the text and other data gathered from the field (Neuman, 2000). Symbolic interactionism, a subset of the interpretive tradition, was the specific approach used in this study and is discussed in detail in Section 3.2.1 below.

The second constructionist approach mentioned (Crotty, 1998), critical inquiry, as the name suggests, values a critical approach to inquiry with the aim of challenging the status quo for the purpose of improving people's lives (Neuman, 2000). Neuman explains that critical researchers are in fact critical of the interpretive researchers' world view, seeing it as being too subjective and accepting of people's ideas, and the culture in which they operate. Because the primary aim of this research project was to gain an in-depth understanding of the small business employers' lived experience of the RTW process, an interpretive approach rather than a critical one seemed more likely to achieve this purpose. By taking a critical social research approach, rather than trying to make meaning of the employers' actions and the social context they operate in, I might have determined there was some aspect of their actions in this process that needed to be examined for the purpose of changing it. This requires a different question.

The third epistemology subjectivism, is concerned with the knowledge or understanding that the subject (the researcher) imposes on the phenomenon being studied. In contrast to the interpretive tradition, subjectivism explains that understanding and knowledge does not emerge from the interplay between researcher and the phenomenon, instead it is based on meaning that comes from somewhere else (e.g. dreams or religious beliefs) (Crotty, 1998). This approach was not suited to this research question which was concerned with the knowledge constructed from the interplay between the researcher and the employer.

3.2 Theoretical Perspective

3.2.1 *Symbolic Interactionism*

Symbolic interactionism, a subset of the interpretive tradition, was developed by two social psychologists, George Herbert Mead (1863-1931), a pragmatist and Herbert Blumer (1969), a student of Mead. Mead saw people's self identity as being constructed within a social framework, and expounded that "human behaviour is social in origin, shaped by social forces, and permeated by the social" (Crotty, 1998, p. 62). Mead's construct was helpful when considering how to explore this research question. The employer's behaviour during the RTW process presumably was actively determined by the social interactions they had with key stakeholders, thinking about what was happening, and needing to take some action in the current situation (Charon, 1998). A symbolic interactionist perspective guides the researcher to explore, with the

employers, the social forces and interactions that seemed to shape their behaviour during the RTW process. Paying close attention to the symbols, the language and non-verbal communication, they used to communicate their story, was important to help understand how the employer made meaning of this process and how this meaning and interpretation became their reality (Patton, 2002).

Symbolic interactionism informed the original version of grounded theory developed by Glaser and Strauss (1967). One of the results of symbolic interactionism was to move the social researcher out of the laboratory and into the field. Glaser and Strauss developed a number of methods that encouraged the researcher to become involved in exploring the symbolic world of the research participant. These details and application of these methods to this study will be discussed more fully in Chapter Four.

3.2.2 *Constructivist vs Constructionist*

When considering the epistemology that best informed the methodology and methods, it was necessary to decide whether a social *constructivist* or social *constructionist* perspective was the most appropriate. They are similar, yet distinct, although the terms are often used interchangeably (Patton, 2002). Both refer to how meaning is constructed out of social reality. Crotty's (1998) definitions of constructionism and constructivism are helpful. These are set out in the table below.

Table 1: Comparison of Social Constructionism and Constructivism

| Factor | Social constructionism | Social constructivism |
|------------------------|--|--|
| How meaning is created | Determining a <u>collective understanding</u> of the influence of culture on the phenomena being studied is the key to constructing a meaningful theory about it. (Crotty, 1998) | The <u>individual social researcher</u> considers many possibilities when constructing meaning of the phenomena being studied. (Crotty, 1998) |
| Strength | Meaning is constructed within culture. Individuals and society collectively are shaped by culture. When a researcher is constructing meaning about a | The researcher considers any number of possible constructs to explain the social phenomena being studied. By considering the <u>multiple possibilities</u> that the data |

| | | |
|-------------------------|---|--|
| | phenomenon, <u>the social dimension</u> is central to developing the construct (Crotty, 1998). | has to offer, each researcher studying the same phenomena is likely to construct a different theory. Each way of making sense of the phenomena is worthy and adds to the richness of ideas that explain what is happening (Crotty, 1998) |
| Weakness | Overly concerned with trying to accurately determine the influence of culture on the phenomena, and therefore <u>risks 'forcing' data into categories and concepts</u> . The role of the researcher is that of neutral observer finding the theory that best explains the social reality and assuming that this is the case. | Tendency to become subjectivist i.e. put forward your own <u>interpretation that is not grounded in or related to the data</u> being studied. Crotty (1998) criticises much constructivist research as becoming subjectivist. |
| Application in research | The researcher studies the phenomenon in the context of the culture that has shaped it and makes this explicit in the theory developed to explain it. When considering this study the focus would be to gain a collective understanding from the employers about the influence that culture had on their beliefs and attitudes and approach to the RTW process. (Crotty, 1998). | The researcher makes explicit that their theoretical construct of the phenomena being studied is just one interpretation of many possibilities. In relation to this question, the researcher would acknowledge the reality of her unique relationship with the employer and its influence on all stages of the research project. Another researcher is likely to develop a different theory. Both are valid. (Charmaz, 2006) |

Following consideration of these two epistemologies, social constructivist epistemology was chosen to guide the research approach. Rather than having a central focus on determining a collective perspective of the influence of culture on the RTW process, approaching the participants with a “spirit of openness” (Crotty, 1998, p. 58) would permit consideration of a broader range of factors that might be influential. The idea of musing over a range of interpretations of the phenomena, whilst remaining grounded in the data, seemed to provide more scope for exploring the individual employer’s stories, including the possible effect of the interaction with the researcher. This also aligned with the choice to move away from a positivist perspective, to an interpretive one which acknowledged that meaning about social reality is constructed through an interaction between the researcher and the participant. The danger of a constructivist approach is that the theory or emerging constructs risk becoming subjective ideas that are not grounded in the data (Crotty, 1998) and therefore lack reality (Schwandt, 2000). In Chapter Four I discuss how this risk is lessened by using grounded theory methods such as constant comparative analysis and theoretical sampling.

3.3 Methodological Considerations

There were several reasons for deciding that a qualitative research approach was the most suitable way to answer this research question. When the research question is concerned with “the perceptions, motives, and actions of individuals and organisations” (Seers, 1999, p. 112) in their social context, a qualitative social research approach is required. I wanted to find out about the “lay knowledge” (Popay, Rogers, & Williams, 1998, p.345) of a group of employers about whose perspective little was known. Qualitative methodologies are recommended over quantitative when this is the case because to count or measure before you are sure of the variables of importance may lead to little or no advance in knowledge or understanding (Morse & Richards, 2002). As discussed in Chapter Two, the majority of RTW literature is informed by international studies of large business employers (Eakin et al., 2003; Pransky et al., 2005; Young, Wasiak, Roessler, McPherson, Anema, van Poppel., 2005). There was little research about RTW and small businesses and no research about the NZ context. When there is little or no research literature, qualitative methodologies are recommended (Morse, 1994b). Qualitative research methods facilitate an in-depth and detailed exploration of the topic (Cresswell, 2003) which is important when gaining some preliminary understandings of the factors that are important for small business employers. It cannot

be assumed that large and small employer concerns are similar. The understandings and theory developed from this study may be the first step to a number of subsequent studies (Neuman, 2000).

Quantitative research generally aims to prove or disprove a hypothesis generated from an existing theory, using empirical data and methods that ‘control’ for the social context. Because there is no existing theory about the facilitators and barriers to the RTW process in the NZ small business context, a quantitative study was not considered to be appropriate. It would be reliant on the RTW concepts derived from studies of large employers. Given the lack of knowledge and understanding about this topic a qualitative research approach where the theory emerges as the study of the social phenomena progresses seemed to be more appropriate (Glaser & Strauss, 1967). A full description of the qualitative methods used in this study is detailed in Chapter Four.

3.3.1 *Phenomenology*

Phenomenology was the qualitative methodology I initially considered as the most suitable to answer the research question. Further investigation of methodological theory, however and reconsideration of the purpose of the study, made it clear that grounded theory, and in particular a social constructivist grounded theory approach as developed by Charmaz (2006) was more suitable. It is interesting that Patton (2002) finds there to be little difference between the grounded theory approach Charmaz takes, and phenomenology. This comment is understandable but my conclusion is that Charmaz’s social constructivist grounded theory approach is more ‘practically’ oriented than phenomenology and therefore more able to assist the researcher with developing a theory to explain the RTW process. A phenomenological approach would be concerned with carefully describing the essence of the employers’ experiences of returning an employee to work (Patton, 2002). This would mean that the workplace and any other cultural influences would be treated with a great deal of suspicion and be peeled away to get at the essence of the experience (Crotty, 1998). This study was concerned with answering a practical question about the employers’ perspective of the important factors that influence the RTW process, rather than describing the essence of their RTW experience, devoid of culture. Undoubtedly the experience of the employer was a part of the discussion I had with them, but this was not the focus. The workplace culture and the wider influences of society on the RTW process were also likely to be important features to examine and understand.

A comparison of phenomenology and grounded theory methodologies is outlined in Table 2 below.

Table 2: Comparison of Methodologies

| Methodology | Key Points | Important Characteristics | Possible Problems | Relevance to Question |
|------------------------------------|--|---|--|--|
| Phenomenology | A naturalistic theoretical perspective, derived from philosophy. A key call is ‘ <i>back to things themselves</i> ’ (Crotty, 1998) whereby it is essential that the researcher becomes part of that life. The researcher explores their own experience, not the experience of others – a social constructivist perspective. The researcher is both ‘researcher’ and ‘participant’. | Clear about researcher involvement in the research e.g. researcher ‘brackets’ preconceptions. The researcher is invited to take a ‘fresh’ look at the phenomena being studied. “ <i>Culture is treated with a good deal of suspicion</i> ” (Crotty, 1998) Uses range of methods including interviews, observation, diary, focus group and videos. | Researcher is unclear or not explicit about their impact, hidden agenda of researcher, not accepted by the community if they feel ‘under investigation’. The focus on the object can be lost and the inquiry becomes subjectivist (Crotty, 1998) | What is the meaning, structure, and essence of the lived experience of this phenomena for this person or group of people? (Patton, 2002) Usually (but not always) best addresses questions about meaning: “ <i>What is the experience of ... ?</i> ” and about the core or essence of phenomena or experiences (Morse, 1994a). |
| Grounded Theory (Charmaz, 2006) | It is derived from symbolic interactionism and has interpretivism as its theoretical perspective. A methodology used to apply rigorous coding to data (mainly text) in order to deduce categories that can then be formed into themes that can then be linked together as a theory. | Categories are grounded in the data, not pre-existing ideas or the meaning the researcher imposes on the data. A theory is formed not just a set of potentially unrelated themes. Charmaz takes a social constructivist perspective. | Researchers frequently just use the phrase whilst not using the method. Failure to explore data which does not ‘fit’ the theory. | What theory emerges from systematic comparative analysis and is grounded in fieldwork so as to explain what has been and is observed? (Patton, 2002) It is most suited to developing theories about processes. |

3.4 Introduction to Grounded Theory

This section of the chapter provides some background information about the development of Grounded Theory. The rationale for deciding to draw on Charmaz's (2006) social constructivist perspective to answer the research question is discussed.

Grounded theory was developed by two sociologists, Barney Glaser and Anselm Strauss. Glaser's background was a quantitative, positivist one, and Strauss's the school of pragmatism, specifically informed by symbolic interactionism and field research. *The Discovery of Grounded Theory* (1967) was the first book published detailing this methodology and was a result of the research they undertook about patients' experiences of death and dying in hospitals. From apparently opposing theoretical backgrounds, the foundations of a systematic methodological strategy was laid (Charmaz, 2006). At the time of writing *Discovery*, quantitative research was strengthening its position as the only true *science* and qualitative research was seen as lacking rigour. Glaser and Strauss identified a number of problems with qualitative research. This included sociologists putting their research efforts in to the verification of existing "grand" theories, rather than developing new theories that would provide new understanding of social phenomena (Glaser & Strauss, 1967). Grounded theory challenged these beliefs and in their book, *The Discovery of Grounded Theory*, they detailed how new theory could be discovered by systematically obtaining and analysing data (Glaser & Strauss, 1967). They developed a number of research methods that could be used in both qualitative and quantitative research to systematically generate theory. Since its inception a number of significant factors, including the public falling out of Glaser and Strauss, have resulted in the evolution of the different interpretations and adaptations of the methodology.

3.4.1 Approaches to Grounded Theory

One of Glaser's main contributions to the development of the methodology was his notion of the method of constant comparative analysis. This is a process used to identify, develop, and relate concepts that are grounded in the data, and form the basis of a grounded theory that explains the process being studied (Charmaz, 2006). "Codes, categories, and themes" are developed using this method, "inductively rather than imposing predetermined classifications on the data" (Glaser, 1978, p. 63). Glaser is critical of logico-deductive and "grand" theories, considering that they do not necessarily 'fit' the data or explain the behaviour being studied, rather they are often

‘forced’, meaning the researcher has manipulated the data into pre-determined categories instead of allowing theory to emerge inductively from the data. Constant comparative analysis, whereby the researcher is continually comparing data with data at all stages of the analysis process looking for patterns in order to generate theoretical constructs, is seen as one way of ensuring this is avoided (Hutchison, 1993). Another influence from Glaser’s objectivist background is his principle that the researcher operates as a neutral observer of the phenomena being studied. Glaser views the data as being related only to the participant’s perspective, unaffected by the researcher’s involvement in the process, and therefore assumes that it is objective information (Glaser, 2001).

Strauss was influential in the use of symbolic interactionism as the theoretical perspective informing grounded theory. In keeping with Mead and Blumer’s philosophy (Schwandt, 1994) he introduced the notion of field work to researchers, as a way to closely study social interactions of interest. He promoted the idea that people actively make meaning of any given social interaction, rather than the meaning and their behaviour being predetermined. These perspectives encouraged the researcher to try and make sense of what was actually going on in the situation being studied, and therefore to be open to the possibilities of new theories being generated to explain the reality of the phenomena (Glaser & Strauss, 1967). Strauss joined forces with Juliet Corbin and together they developed more technical ways of coding the data than Glaser used in his constant comparative analysis. This was thought to be in response to criticism about the lack of clarity in *The Discovery of Grounded Theory* book about how theory emerges from the data (Stern, 1994). An aspect of the disagreement between Glaser and Strauss related to Glaser determining that Strauss and Corbin’s approach to coding was in fact ‘forcing’ the data (Hutchison, 1993). Today grounded theorists typically state whether they are taking a Glaserian, or Strauss and Corbin approach.

Kathy Charmaz, Professor of Sociology at Sonoma University, was taught grounded theory by Glaser and Strauss, and has since developed her interpretation of the methodology, described as a ‘social constructivist’ perspective (Charmaz, 2006). She views this grounded theory perspective to be the result of a natural evolutionary process that happens with any methodology, rather than a derivation that is lacking any relationship to its original notions. Unlike Glaser and Strauss, Charmaz is in no doubt

that her theoretical perspective is interpretive, and she argues that the researcher and the participant, “through mutual creation of knowledge” (Charmaz, 2003, p. 250) construct their theory from the data, rather than the researcher objectively ‘discovering’ the theory from the data, as Glaser in particular believed. Charmaz’s approach made sense for a number of reasons; a symbolic interactionist perspective and an interpretive approach meant that I could develop some themes that would help to make sense of the employers’ actions. Acknowledging that any ideas or theory constructed from the data were unlikely to be an exact portrayal of the RTW process but a portrayal that fitted with the data (Charmaz, 2006), seemed to be accurate. By comparison Glaser and Strauss’s (1967) positivist approach whereby the researcher was a neutral observer who systematically applied the methods to ‘discover’ the concepts and categories in the data, was not appropriate for this study. This means that theoretically other researchers would generate similar theories from this study thereby providing some rigour to the method. Instead what seemed more appropriate and accurate was to acknowledge my assumptions and interactions with the employers and the data and also my interpretations of the RTW process grounded in that data. This was what I understood as the social constructivist perspective whereby the researcher mulls over a range of possible interpretations of the data in order to construct what appears to be the best fit to explain the social process (RTW) that these employers were explaining (Charmaz, 2006).

Charmaz’s approach has been questioned by a number of qualitative researchers, including Patton (2002) and Greckhamer and Koro-Ljungberg (2005). Greckhamer and Koro-Ljungberg agree with Charmaz that the epistemology informing grounded theory as developed by Glaser and Strauss, is objectivist. Greckhamer and Koro-Ljungberg (2005) and Patton (2002) view Charmaz’s constructivist perspective as subjectivist and therefore dispute her claim to be a grounded theorist. They argue that Charmaz’s apparent divergence from the original ideas of Glaser and Strauss is eroding grounded theory methodology (Greckhamer and Koro-Ljungberg, 2005). Rather than viewing this as erosion of grounded theory, Charmaz (2006) sees this as a development of the methodology to the requirements of the twenty first century. Whilst this is not the forum to debate these methodological issues, being aware of the debates especially as to whether Charmaz’s approach is subjectivist rather than interpretivist is important. Along with others working in the field of disability (Lencucha, 2008; Samuel, Moses,

North, Smith, & Thorne, 2007), I have found Charmaz's approach to grounded theory useful in guiding a transparent and robust research process.

This chapter concludes with a discussion about how rigour is ensured in qualitative research and the approaches taken in this study. In Chapter Four detail is provided of the grounded theory methods and other measures taken to ensure the rigour of this study.

3.5 Rigour of the Study

When Glaser and Strauss developed Grounded Theory, the use and application of qualitative research was in decline. Quantitative research was viewed as the true 'science' and qualitative research was criticized by quantitative researchers as lacking rigour (Glaser & Strauss, 1967). Glaser and Strauss agreed with these criticisms and the over-emphasis of qualitative researchers on the verification of grand theories. Glaser and Strauss answered the call for more rigour in qualitative research by developing Grounded Theory. Their methodology utilised a systematic protocol of methods for collecting, coding and analysing data to ensure that the emerging theory was grounded in the data and explained the phenomena being studied (Glaser & Strauss, 1967).

Unlike the middle of last century when qualitative research was in decline, nowadays its place in social research is well established. It is now recognised that qualitative research is better suited to answering some research questions than quantitative methodologies. Qualitative research provides a richer and deeper understanding of real life phenomena, enabling participants to speak for themselves, thereby adding to knowledge, particularly in the area of health research (Kuper, Reeves, & Levinson, 2008; Popay et al., 1998). One of the problematic areas for qualitative research, that is currently being addressed, is the development of guidelines for the assessment of the quality of qualitative research (Eakin & Mykhalovskly, 2003).

There are now numerous guidelines on assessing quality in qualitative research and Mays and Pope (2000) have summarized a number of recommended criteria. Their work has helped ensure that this study is rigorous.

3.5.1 Validity

Mays and Pope (2000) argue that validity and relevance are the two broad criteria to consider when assessing the quality of qualitative research. It is important to

acknowledge that validity is an important criterion used to examine the rigor of both qualitative and quantitative research; however the way it is measured is very different. Validity in quantitative research refers to the internal and external validity of the study. Internal validity broadly refers to how strongly the measured or observed difference in outcome between the groups being studied can be attributed to the intervention or exposure, rather than any other effects such as bias, chance or confounding factors, also known as outcome variables (Spears, 2002). To achieve high internal validity the researcher has to demonstrate that these outcome variables have been controlled. External validity refers to the generalisability of the study to the wider population (Spears, 2002). This can be difficult to achieve when either the way the research was conducted was not representative of the real life situation or the population studied is not representative of the wider population.

Qualitative researchers have realised the importance of developing criteria to assess the validity of any findings, but this has been less straight forward than for quantitative research. In contrast to quantitative research, qualitative research needs to incorporate both rigor and creativity into a study, acknowledging that it is concerned with in-depth and contextual information about life experiences rather than objective and generalisable data (Whittemore, Chase, & Mandle, 2001). For the purposes of this study, validity refers to the idea that the study is in fact providing understanding of what you think you are understanding, that is representing the reality of the research findings (Mays & Pope, 2000; Seers, 1999). The debate continues as to what the important criteria with which to establish the validity of qualitative research are. The strategies used in this study to promote validity included: clearly stating the theoretical and methodological perspective used; this social constructivist perspective informed the methods used to guide the researcher's construction of the themes from the data. Knowing the theoretical perspective helps the reader to critically examine whether these were the most appropriate ones for the purpose of the study. Another strategy, emphasised by Charmaz (2006), was providing a solid foundation of sufficient rich data that revealed a full picture of the lives of the employers including their feelings and actions as well as the social context in which they operated. Along with this the research trail has been made explicit to enable this study to be reproduced if required (Morse, 1994b). Respondent validation (Mays & Pope, 2000) occurred with most participants as a way of ensuring that the analysis was representative of their perspective (Popay et al., 1998).

Finally the two other strategies used to ensure the validity of this study are reflexivity, and attention to negative cases (Mays & Pope, 2000). Reflexivity is particularly important in constructivist thinking, acknowledging that the researcher's perspective is unique and does impact on the research process at all levels. As discussed in "approaches to grounded theory" (Section 3.4.1) Charmaz's (2006) argument that the researcher is not a neutral observer, rather an active participant in the research process is realistic, therefore the researchers perspective and influence when researching the RTW process is made explicit. Despite the employers being a reasonably homogenous group, attention was given to negative cases. Their perspective challenged some of my assumptions and the views of other employers resulting in further refinement of some of the theoretical assumptions being constructed from the data. Charmaz (2006) argues that this is one way of preventing the 'forcing' of the data into categories as discussed by Glaser (1978).

3.5.2 *Relevance*

Relevance is the second criterion used by Mays and Pope (2000) to critically evaluate qualitative research. It is concerned with the relevance the research knowledge has to both practice and policy (Seers, 1999): in this case the RTW practice and policy of small business employers and even other interested stakeholders such as ACC or other government departments. Does this study enrich the limited extant theory about small business employers and RTW, by adding any new ideas or knowledge? (Charmaz, 2006; Mays & Pope, 2000). Does this study draw attention to a set of factors that seem consistent with what other similar studies have found or does it suggest that other factors might be of importance to consider? Rather than probabilistic generalisation, qualitative research is concerned with logical generalisation e.g are the research findings relevant to a similar group of small business employers? (Seers, 1999). These questions will be discussed in Chapter Six with respect to the research findings.

3.6 Summary

This chapter has detailed the methodological approach taken to explore the research question and justified this choice. The theoretical perspective underpinning Charmaz's approach to grounded theory and its suitability and fit with the researchers own understanding has been presented. A discussion about the way the researcher has ensured that this study is rigorous concluded the chapter. Chapter Four provides in-

depth details of the research methods used, including participant selection, ethical considerations and data analysis.

Chapter 4: Research Methods

In this chapter detailed descriptions of the research methods and how they guided the research process are provided. It includes explanations of each stage of the process from defining the question and gathering rich data to analyzing the data. Although it may appear that the methods were utilized in a linear fashion, as is typical of qualitative research and grounded theory in particular, the process was not linear, with data collection and analysis occurred in alternating sequences. Each of these steps contributed to a systematic approach to constructing themes about what small business employers see as important factors in the RTW process. Also included in this chapter are descriptions of the processes involved in gaining ethical approval and ensuring rigor in the study.

4.1 The Research Question

Determining and defining the research question involved consideration of a number of factors. Firstly, identifying a topic within the area of work disability that would be of interest, might potentially add valuable knowledge and, as Morse suggests is important, would be likely to hold my interest for a long period of time (Morse, 1994a). Secondly a factor that influenced my choice was my previous professional experience. As a health professional working in the area of vocational rehabilitation, it had seemed that employers' attitudes towards their injured or sick employees influenced the RTW process and outcome. Thirdly the lack of research about the role of the employer in the RTW process, particularly in the small NZ business sector, also influenced my choice of question. Finally this topic appeared to be researchable (Morse, 1994a).

When deciding the focus for this study, I was guided by the interpretive research approach. As discussed in Chapter Three this approach encourages the researcher to try to remain open to exploring with the participants in the natural setting, in this case the employers and their workplace, their attitudes and actions during the RTW process. One early idea was to study the employers' role(s) in the RTW process; however on reflection this question seemed to be limiting, perhaps implying that employers did see themselves as having a role to play when, for example, they may have experienced the RTW process as being outside of their control, resulting in their having little involvement. With there being limited knowledge about the small business perspective,

keeping the question as open as possible, to encourage a full exploration of the topic was also important. The question then became “What do New Zealand small business employers see as the important factors, both positively and negatively influencing the RTW process?”

As discussed in Chapter Three, one measure of rigor in qualitative research is the relevance the study has to extant knowledge about the phenomena being studied (Mays & Pope, 2000). An aim of this study was to generate some preliminary understandings of the important themes within this topic that could then be pursued in a subsequent larger qualitative study. The knowledge gained from this project may also be useful to review some of the existing knowledge and RTW practices in NZ.

Chapter Three detailed the rationale for choosing a social constructivist theoretical perspective, drawing on a grounded theory approach to study the question. The rest of this chapter describes the specific grounded theory methods used in this study, including definitions and background information when relevant, and the application of these methods to explore the research question.

4.2 Data Generation and Collection

Unlike quantitative research where the researcher uses methods that are intended to ensure minimal impact of the researcher on the participants, qualitative data is gathered by the researcher entering the world of the participant in order to understand their social and material circumstances, their day-to-day experiences and perspectives (Snape & Spencer, 2003). There were a number of methods used in this study to ensure that the data gathered was in-depth, detailed and likely to provide a sound platform from which to construct some meaningful explanations of the employers’ experience of the RTW process (Charmaz, 2006; Patton, 2002). These methods included: sampling for an adequate number and diversity of employers; sampling for the emerging theory (theoretical sampling); semi-structured interviews conducted at their workplaces; tape recording the interviews; transcribing the full interviews immediately afterwards; making field notes during and immediately after the interviews; simultaneous data collection and analysis.

4.2.1 *Selecting Participants*

To gain access to the field, I approached the ACC Ethics committee and was given approval to request from the ACC employer database, a small sample of

employers who satisfied the criteria outlined below. Along with these features, the database identified gender but was not able to identify ethnicity, length of time as the employer or specific length of time the employee(s) was off work. ACC wrote to the 435 employers identified from their search, informing them of my study and asking them to contact me if they consented to participate (Appendices C and D). Thirty three employers in both Auckland and Christchurch, consented to be contacted, but none were from Greymouth.

The employer characteristics included:

1. Employers with fewer than twenty employees.
2. Preferably situated in a number of different geographical locations, namely Auckland, Christchurch and for further contrast, Greymouth, an isolated town on the West Coast of the South Island.
3. Involved in either retail, manufacturing, tourism or catering businesses and,
4. Importantly, have had recent experience of returning an injured or sick employee to work after a period of absence of greater than two weeks.

4.2.2 Initial Purposive Sampling

One of the key ‘methods’ used in grounded theory is theoretical sampling, that is sampling that occurs based on emerging theory (Patton, 2002). Glaser (1978) explained that theoretical concepts emerge from the outset of the study and therefore guide the sampling process throughout until data saturation is achieved. However Charmaz (2006) and others describe two stages of sampling, the initial sampling where the researcher starts and enters the field, selecting participants based on certain criteria determined by the researcher, and the second stage when theoretical sampling is used. The sampling approach taken in this study followed Charmaz’s (2006) approach, and is explained below.

The initial recruitment of employers to the study used a purposive sampling method which aimed to identify as diverse a range of characteristics as was practical and achievable (Ritchie, Lewis, & Elam, 2003). This sample was hoped to provide a range of perspectives and experiences with which to begin analyzing. This was also in line with the employer characteristics stated in my ethics application.

To choose the first employers I followed the advice of Strauss and Corbin (1998) to take an open and unstructured approach. I chose an employer from Auckland and Christchurch, a larger one in the tourist industry and a smaller one in a manufacturing industry. One of the difficulties with ACC's employer database was estimating the exact number of employees. The number on the database was calculated by dividing the employer's income by the average employee wage for the particular industry type, giving an approximation of the number of employees. This meant that I had to verify the exact number of employees when I contacted the employer.

As detailed in the Ethics application, an information and consent sheet (Appendices A and B) was sent to the selected employers which they returned in a reply paid envelope. An interview time and venue was arranged that suited them. All employers preferred to be interviewed at their workplace rather than at another venue.

In order to achieve more sampling diversity in this relatively homogenous group, I decided to also interview a female employer in a Christchurch retail business with a largely sedentary computer-based work type, with three fulltime and four part-time staff. To contrast with this workplace I chose to interview a female employer in a husband and wife partnership, employing two other staff in a retail business that involved heavy physical outdoor work, on the outskirts of Christchurch.

4.2.3 Theoretical Sampling

Theoretical sampling is based on the theoretical concerns emerging from the simultaneous data collection and coding and is used to decide "where to next" in the study (Strauss & Corbin, 1990). Theoretical sampling means that the researcher gathers more data from comparison samples for the purpose of ensuring the development and refinement of the emerging categories and themes (Strauss & Corbin, 1990). The four initial interviews were analysed using the grounded theory method of constant comparative analysis (the method whereby the data collection, coding and analysis occur simultaneously) (Charmaz, 2006; Glaser & Strauss, 1967). There were a number of theoretical concerns that were of interest. The decision about which were the most significant theoretical concerns to pursue using a theoretical sampling approach was made after discussion with my supervisor, by reviewing the categories, and their related memos.

There were a number of limitations to identifying employer or employee injury characteristics from the ACC database information. It was not possible to identify length of time as an employer, length of work disability, number of injured employees from the database information. As the study progressed an emerging central issue was the lack of attention paid to the RTW process in these small businesses by these employers and other stakeholders such as ACC. I was interested to gain more understanding about this and decided that it would be useful to interview employers who had multiple experiences of the RTW process. Using a brief initial telephone contact with a number of the employers, two suitable employers were identified. Useful strategies to highlight the theoretical concerns of interest to discuss at these interviews were memos and summary tables (refer to Appendices F and G).

Participants received written feedback on the categories constructed from their interviews. At a telephone interview they gave feedback on whether these categories encapsulated the important aspects of their RTW experiences. This feedback was also used to inform the sampling. Whilst it was not possible to reach data saturation due to the time constraints of this study, ideally sampling would have continued until the theory was saturated and fitted the data to construct a relevant interpretation of this process (Glaser, 1978). It was possible, using a theoretical sampling approach, to inform and focus the sampling to link the categories together into the two themes presented in Chapter Five.

4.2.4 Interviews

Qualitative data can be collected by various methods, including observation, reviewing records and interviews. The decision about which method(s) to employ is influenced by factors such as the methodology, the type of data required, and the nature of the study group (Lewis, 2003). Grounded theory research uses fieldwork techniques such as observation and interviews to enable the researcher to enter the participant's world as closely as possible (Glaser & Strauss, 1967). For this study, generated rather than natural data was the only suitable option. It was not possible to observe the, at times prolonged, RTW process of several employees; however it was possible to interview all of the employers in their natural setting, their workplace. Also, I was only interested in gaining the perspective of the employer, rather than gathering data about the RTW process from other perspectives such as that of an employee or a RTW coordinator.

I was initially unsure about whether to interview employers individually or in focus groups. The table below outlines the advantages and disadvantages of focus groups and in-depth interviews that informed my decision about which approach to take. My initial choice was to convene focus groups with a small number of employers in the three locations proposed; however this approach was challenged by the AUT Post Graduate committee because they felt that business and commercial sensitivity of the information being discussed would most likely preclude the free exchange of ideas. I agreed with their recommendation to conduct in-depth interviews. Table 3 p.45 compares focus groups to interviews.

Table 3: Comparison between in-depth and focus groups

| Approach | Pros | Cons |
|--------------------|--|--|
| Focus group | <p>Small business employers' work in isolation – this would provide a forum for sharing ideas.</p> <p>Interactive process of expressed opinion means a greater potential for broader data (Cronin, 2001).</p> <p>Quicker and cost effective for same number of people</p> <p>More appropriate forum at a later stage of data gathering.</p> | <p>Potential barrier to open discussion if employers have concerns about sensitivity and confidentiality (of business information) and business competition (Lewis, 2003).</p> <p>The quality of the data can lack depth of information and depends on the interaction between the participants.(Cronin, 2001)</p> <p>Difficult to co-ordinate group.</p> <p>Difficult to manage data collection e.g audio taping and transcribing discussion.</p> |
| In-depth interview | <p>Employers likely to be more comfortable when discussing this topic – greater more detailed coverage of subject (Lewis, 2003).</p> <p>Allows for flexibility of discussion.</p> <p>Easier to organise and tape one person.</p> <p>Able to gather rich data by facilitating expansion of ideas/concepts with open questions.</p> <p>Small numbers required.</p> | <p>Limited understanding and view of topic.</p> <p>Greater amount of time required to conduct several interviews.</p> <p>Closed questioning. Poor interviewing technique.</p> <p>Difficulties with eliciting undesirable behaviour – e.g. desire to give answers they predict researcher wants to hear.</p> |

As mentioned, the employers were interviewed at their workplaces, and in various settings depending on available space. These included the reception area of one workplace, the dining room of a hotel, the kitchen table and office spaces. In all cases no employees were present, or invited to be present, during the interview. The employers were generous with their interview time; however most employers were busy and indicated that an hour long interview was all they could manage. One or two employers allowed the interview to continue beyond this length of time. The issues of informed consent, privacy and confidentiality are discussed later in this chapter in Ethical Considerations (Section 4.4).

Interviews were semi-structured and, as recommended by researchers (Fielding & Thomas, 2001; Ritchie et al., 2003), the initial interviews were guided by a prompt sheet (refer to Appendix E). This short guide was developed as a tool to steer the discussion with the employers' about their experience of RTW, rather than attempting to tightly define questions that might influence their responses (Arthur & Nazroo, 2003). Charmaz (2006, p. 17) explains that the researcher's "sensitizing concepts and disciplinary perspectives" are a beginning point to the data collection process, meaning that the researcher has some existing knowledge of the topic being studied that may guide the topics discussed in the initial interview. Strauss and Corbin (1998) promote the idea of using the literature as a stepping off point to formulate questions for initial interviews. As mentioned previously my research interest in this topic came from my work in the area of vocational rehabilitation. This, along with knowledge gathered from the relevant literature informed the areas of interest to explore in the initial interviews. In the later interviews the discussion changed from a broad sweep to a narrower focus using the theoretical sampling approach explained in Section 4.2.2.

In order to gain familiarity with my data, I transcribed the entire interview as soon as practicable afterwards and by doing this began the process of coding the data. Any reflections generated from this process, such as an interpretation of a statement or an action described by the employer, were recorded in short memos.

Qualitative interviewing requires skill to ensure that 'rich data' rather than skimpy data are gathered (Charmaz, 2006). Patton (2002) encourages researchers to practise interviewing if they want to move beyond simply asking questions to delving, in order to make sense of the non-verbal cues, the language and actions the employers use when discussing the RTW process. For this purpose I conducted three pilot

interviews. No data from these interviews was included in this study, but the opportunity to practise skills such as asking open questions and guiding rather than forcing the conversation, was invaluable.

4.2.5 *Field notes*

Immediately after the interview, I made brief notes to provide important background information to the interviews. Because the interviews took place at the workplace I noted my impressions of the workplace, the environment and the context in which the RTW process took place. The employer's appearance and my impressions of the employer's attitude towards me including the body language, and the way the RTW process was discussed, were noted. Understandably each employer's responses during the interviews varied, and ranged from having strong opinions about the topic, and sometimes other seemingly unrelated topics, to appearing to be very engaged as evidenced by offering constructive ideas for improving the RTW process. One interesting response I noted was highlighted by one employer, who seemed to provide 'text book' answers when explaining his experience of managing a prolonged period off incapacity of a key employee. I was curious about whether my being an ACC employee had influenced this behaviour, and noted this for future interviews.

4.2.6 *Sample size*

There are a variety of opinions about the sample size in qualitative research. Patton (2002, p. 244) appears to summarise the debate most accurately when he comments that there are no rules for sample size in qualitative research. Researchers seem to agree that the important criteria for judging the quality of qualitative data is the amount of rich, in-depth data collected, rather than the sample size (Morse, 1994b; Patton, 2002). A small sample may provide sufficient in-depth data for data saturation (when no new information is emerging from the data and the theory is fully elaborated (Cresswell, 2003)) to occur, but the adequacy of it is judged in the context of the specific study (Patton, 2002). Charmaz (2006) is critical of these viewpoints, preferring to have both a larger sample size and a large amount of rich data in order to ensure a solid foundation for data analysis and the construction of robust theories.

My original proposal was that the likely number of employers interviewed would be approximately ten with the final number being eight. The decision on when to stop sampling was guided by time and the acceptance that some key themes would be constructed to explain the RTW process rather than a full theory being derived. As is

discussed in Chapter Six, it was not expected at the outset of the study that data saturation would necessarily occur given the practical limits of a Master's thesis.

4.3 Data Analysis

The data, transcripts of the interviews, were explored by using the principle of constant comparison and thematic analysis. The process of coding the data is systematic and intense and central to grounded theory analysis (Strauss, 1987). The grounded theory method of constant comparative analysis means that data collection, coding and analysis occur simultaneously (Charmaz, 2006; Glaser & Strauss, 1967). This is an iterative process which assists the researcher to engage with the data, rather than focus on a description of the events, be unduly influenced by existing theories or develop a subjective theory that does not fit the data (Glaser & Strauss, 1967; Lingard, Albert, & Levinson, 2008). The analysis of the data and the constantly going backwards and forwards with it, comparing the emerging categories and subcategories means that emerging theoretical constructs are being refined until they make sense of the phenomenon being studied.

To code the data I used two phases of analysis guided by Charmaz's (2006) approach: initial coding and focused coding. Categories and subcategories were constructed from clusters of these codes when they seemed to have overriding significance, at an abstract level (Charmaz, 2006). During the analysis process two themes were constructed that appeared to link the categories and subcategories. Whilst these themes were not able to be developed to the level of a formal theory, they did provide an understanding of the RTW process studied. The tools used to analyse the data are described in the following section, including some theoretical background when relevant.

4.3.1 Initial coding

Initial coding, also known as open coding, as the name suggests, is the first coding of the data and it breaks the data into small pieces or "opens it up" (Strauss & Corbin, 1998). Line-by-line coding was the approach taken to code each interview transcript. This approach gave full theoretical coverage to the data (Hutchison & Wilson, 2001). I followed Charmaz's (2006) advice to use action descriptors or gerunds when considering the most appropriate code(s) to name the concepts being highlighted in the data, rather than just being descriptive. When appropriate, some codes were short

quotes from the data known as “in vivo” codes. This approach encouraged me to work closely with the data, and resist the temptation to assume what the employers meant, take a broad brush abstract approach to the data, or to be unduly influenced by extant theory. Microanalysis helped to expand my thinking about the data and possible theoretical concerns from the outset (Strauss & Corbin, 1998). Questions posed by Glaser including “What is this data a study of?”, “What is actually happening in the data?” (Glaser, 1978, p. 57) helped me to consider what might be beneath the surface meanings of the data. During the initial coding, categories and subcategories with their properties (specific characteristics or attributes that define or give them meaning) were being developed (Strauss & Corbin, 1998).

4.3.2 *Focused coding*

Having opened the data up and identified a large number of codes and potential areas of theoretical concern, the next phase was to return to these codes to carry out focused coding. This involved reviewing them for the purpose of selecting what appeared to be the key codes that condensed and linked the data into categories. The category names were either derived from the initial codes or from names that seemed to encapsulate a number of the codes. I was looking to construct categories that seemed to fit the data and be relevant to explaining the RTW process that these employers were discussing. This meant constant questioning of my ideas, and reviewing the data to ensure that these categories were capturing the most significant ideas. Subcategories of these categories were developed when they seemed to explain specific features of the categories. I discussed these with my supervisor with the result that I expanded my thinking and considered other categories and subcategories. These categories were explored and refined using theoretical sampling and constant comparative analysis.

The coding was managed manually. I attended an introductory course to NVivo 7 and then decided, in discussion with my supervisor, that given the amount of data being collated, it could be managed using manual techniques. Tables were developed for each interview with individual columns for data, codes, categories and relevant memos. Paper-based copies of the transcripts were also divided into categories and sub-categories and manually reviewed as the analysis progressed. Both methods enabled me to track the data under the emergent categories and sub-categories to build up a thematic picture of the links between them.

4.3.3 Memoing

Memos form an integral part of grounded theory analysis process (Glaser, 1978), assisting the researcher to ‘mine the data’ effectively to construct a theory that fits and is relevant to explain the social process that is occurring. Memos were important at all stages of the analysis process, encouraging broad consideration of possible concepts that might explain the RTW process being studied. In the early stages of the analysis they were used informally, more as a reminder of ideas or questions that occurred related to codes and emerging categories, during initial and focused coding. Later in the analysis they were useful when examining the categories and how they related to the key processes or themes. At this stage I moved to more formal memos with subject headings, as recommended by Charmaz (2006) (refer to Appendix F), where I expanded my thinking about the category or theme. This in turn directed me back to the data to compare my analysis with other data or to speak with another employer (using theoretical sampling) in order to clarify certain constructs. Diagramming was used throughout the process to examine themes, categories, and subcategories and the possible relationships between them.

4.3.4 Thematic Analysis

Thematic analysis refers to the construction of themes. That is core or central theoretical concerns that link several related categories to explain key aspects of the process. During analysis it was not possible to develop a substantive or formal grounded theory; instead, the more realistic option was the construction of themes that appeared to integrate the key theoretical concepts highlighted in the data. Two main themes were constructed to explain the two central and interrelated aspects of the RTW process identified by this study. These themes were constructed during the data analysis process and my perceptions of what was emerging from it, using constant comparative analysis and theoretical sampling. These perceptions were discussed with my supervisor. Charmaz (2006, p. 137) cautions researchers against coding for themes, explaining that studies risk becoming descriptive rather than explaining the actions that constitute a process. This was not the case with this study. Throughout the study the methods were used to promote in-depth consideration and interpretation of the data rather than remaining at a descriptive level. The time constraint of a Master’s thesis was the limiting factor to developing a substantive theory.

4.4 Ethical Considerations

Ethical approval to proceed with my study was granted by the Auckland University of Technology Ethics Committee. The ACC Ethics committee granted approval for the selection of a cohort of small business employers from the ACC employer database. Issues of confidentiality, privacy, and conflict of interest were identified as the key areas for ethical consideration. The overall risk to employers was determined to be low, and steps were taken to minimize the risk associated with the issues named. The main ethics issues are discussed below, firstly those related to the Auckland University of Technology Ethics Committee, and then ACC.

Steps have been taken to anonymise the employers and their businesses. Because New Zealand is a small country there were some concerns about the risk of identifying employers and their businesses. To this end the employers were given pseudonyms and the names and any identifying features of individual businesses involved in the study were removed from the thesis. Reassurance was given in the Participant Information Sheet (Appendix A) that this would apply to any reports that resulted from the study. To ensure that this is the case, employers have been offered a copy of the thesis.

Being an ACC employee created a potential conflict of interest. This risk factor was discussed in the ethics application. The main areas of concern were:

1. Having an existing relationship with an employer in my ACC role.
Action: If this was the case, as stated in the ethics application, the employer would be excluded from participating in the study.
2. Dissemination of information to ACC.
Action: It was made clear in ACC's initial approach to employers, in the Participant Information Sheet (Appendix A) and at the outset of the interview that the interview was being conducted purely for my study and that no information would be passed on to ACC about the interview.
3. Influence on recruitment - either positive or negative.
Action: The initial invitation letter (Appendix C) encouraged employers to participate in the study. The contribution of their valuable experience about their RTW experiences was promoted as a possible way of improving the RTW process.

My aim was to interview a Maori employer (although this did not actually eventuate), and consulted with the Chairperson of Otautahi Runaka and the ACC Cultural Advisor about my project. Advice on how the principles of the Treaty of Waitangi could be addressed in a culturally appropriate manner at all stages of this project was embedded in the project.

Informed consent was gained from all employers by way of signing the consent form (Appendix B) prior to commencing the interview. Employers were informed in writing and verbally that they could terminate their participation in the research study at any point without needing to explain their withdrawal. The audio tapes were transcribed by myself and apart from my supervisor listening to one tape, no other party has had access to them. They have been kept in a secure cabinet at my home and erased on completion of the study. The signed consent forms, transcripts and electronic data are stored securely at AUT for six years prior to being destroyed.

The important ethical considerations for ACC included confidentiality, privacy, conflict of interest, risk to employers of either participating or not participating in the study, and relevance of the study to ACC and to the employers. These issues were addressed in the initial letter of invitation to employers to participate in the study (Appendix C). This letter included background information about the research project and the logistics of how employers would be identified to me. They were reassured that their participation was entirely voluntary and that declining to participate in the study would not put them at any business risk from ACC's perspective. The employers who agreed to participate in the study returned their signed consent form (Appendix D) I was unable to gain any information about those employers who were approached by ACC but declined to participate in the study. The benefits promoted, to ACC and the small business employers were to better inform them of some of the issues that affect these employers when an injured employee is returning to work.

4.5 Validity and Relevance

The importance of ensuring the rigor of this study was discussed in detail in Chapter Three (Section 3.5). The specific methods that are used to ensure validity and relevance are detailed in the table below.

Table 4: Methods used to ensure rigor

| Validity | Method |
|--|---|
| Stating the theoretical and methodological perspective used in the study (Morse, 1994b). | As presented in Chapter Three – a social constructivist perspective drawing on grounded theory has been used to guide all aspects of this research project including the data collection, coding and analysis. One of the purposes of this approach was to ensure the emergence of theory from the data rather than from forcing existing theory on to the data. |
| Evidence of rich in-depth quality data (Mays & Pope, 2000) | Data were gathered from in-depth interviews conducted at the workplaces, using purposive and theoretical sampling approaches. Field notes were made immediately after the interviews. Memos also assisted with a more in-depth consideration of the theoretical concerns arising from the data. Whilst it was not possible to reach data saturation, sufficient data was obtained for the researcher to construct some themes that could guide a further study of this topic. The subjective meaning of the employers has been retained during the analysis. The results have included detailed information about the RTW process supported by direct quotations from the employers when relevant (Seers, 1999). The data also includes the knowledge of the researcher and other sources such as the RTW literature that were used to inform this study. |
| Clear research trail (Morse, 1994b) | This has been documented in this chapter. Detailed descriptions have been provided about the whole process and the context of the study. This includes information about the original purpose of the study and how the research question was determined, ethics application, recruiting participants, evidence of a systematic approach to gathering, coding and analysing the data, including presenting the findings of the study. |

| Respondent validation (Mays & Pope, 2000) | All employers were sent copies of the main themes that emerged from the data analysis and provided feedback on the accuracy of these findings to their situation, and any other issues relevant to the study they had considered subsequent to their interview. |
|---|---|
| Reflexivity (Mays & Pope, 2000) | Throughout the process, in discussion with her supervisor, the researcher reflected on her influence on the research process. Key points of influence in the research process were: a potential conflict of interest being an ACC employee, influence of prior assumptions from professional background (physiotherapy) and a lack of interviewing experience. |
| Attention to negative cases (Mays & Pope, 2000) | Whilst I was unable to recruit directly for negative cases, there were some negative aspects in the cases that were useful comparisons to the positive cases. These included the RTW attempts that failed and those employers who did not encourage employees back to work until they were fully fit for work. |
| Relevance | Method |
| Relevance of research knowledge to practice and policy (Seers, 1999). | As discussed in Chapter Three this study is not generalisable to large populations and the findings should be treated with caution; however one of the purposes of the study was to provide some preliminary understanding of the RTW process for small employers. This is relevant to practice and policy in New Zealand. One of the important themes of this study was the lack of attention paid to the RTW process by these employers and other key stakeholders. The key findings were presented to ACC staff and found to be very relevant to their current work project - improving the RTW process for small employers. |
| Enrichment of existing knowledge – new ideas or | The current literature was reviewed and gaps were identified. The areas of new knowledge and enhancement |

knowledge (Mays & Pope, of existing knowledge are discussed in Chapter Six. 2000)

4.6 Summary

This chapter has detailed the methods used in the research process. The grounded theory methods including data collection, constant comparative analysis, and theoretical sampling used to answer the research question have been detailed. The important ethical concerns have been explained and finally the methods used to ensure the rigor of the study were discussed.

Chapter 5: Results - Running the Business and Plugging the Gaps

5.1 Introduction

This chapter presents the findings of the research. The key purpose of the study was to obtain the NZ small business employers' *perspective* on RTW subsequent to having had this experience, and thus generate a preliminary understanding of the important themes within this topic. The focus was on identifying their lasting impressions of the process, in particular any facilitators and barriers they encountered, and any action they took to influence or improve the outcome. Rather than reflecting on how these findings fit with and/or challenge other literature in this chapter, as is done in some qualitative work (Marcinkowski, 2003), for purposes of clarity I have chosen to address this within the discussion chapter, Chapter Six.

5.1.1 Overview of Chapter Five

Two main themes have been constructed from the interview data using open and focused coding and constant comparative and thematic analysis as described in Chapter Four. Whilst there were variations in each employer's story, these two themes seemed to link their stories about what occurred in the RTW processes:

1. Running The Business and
2. Plugging The Gaps

The themes are presented, and some key links between them are discussed as they occur in the results. Running The Business is concerned with the contextual and environmental factors that influence the RTW process. Plugging The Gaps has to do with the factors related to the RTW process of the individual employee. At the beginning of each theme, a table is included for the purpose of providing an overview of the related categories and key subcategories. A brief summary of the meaning of each category follows the table.

The main part of the chapter is focused on in-depth explanations of the categories and subcategories with excerpts from the data to illustrate how these were determined, and how they link to these themes. The naming of categories relied at times on direct quotations from an employer e.g. "Going With The Flow", whereas

others were abstractions from the data e.g. Maintaining Productivity. The chapter then concludes with a summary of the key findings.

To set the scene for the findings, the participant demographics are provided at the outset.

5.1.2 About the Participants

Small business employers from Auckland and Christchurch and one semi-rural area on the outskirts of Christchurch were interviewed. Both female and male employers were involved. The number of employees ranged from four to nineteen, with four businesses employing fewer than ten and the rest fewer than twenty employees. The industry types of these businesses were retail, tourism and manufacturing. They had all been in business for several years, the least being three years and the longest twenty four years. All participants had RTW experience with an employee who had been incapacitated for greater than two weeks. The amount of time of incapacity ranged from four weeks to one year. The following table provides the demographic information collected about the participants that is related to this study and the details are limited to avoid possible identification of participants. The names used in the table and throughout the findings are pseudonyms. The participants appear in order of recruitment.

Table 5: Characteristics of employers

| Name | Industry | Number of employees | Injured employees | Injury | Work non/work |
|-------------------|-----------------|----------------------------|----------------------------|---|--------------------------|
| Kent ¹ | Tourism | 15 | One – maintenance person | Bilateral fractured ankles | Non work |
| Jack | Manufacturing | 9 | Two – engineers | 1. Fractured ankle 2. Hand tendon laceration | Both non work |
| Maggie | Retail | 9 | One – office administrator | Ruptured Achilles | Non work |
| Ali | Retail | 4 | One – labourer | Fractured ankle | Non work |
| Gerard | Manufacturing | 5 | One – engineer | Lumbar spine – surgery | Work |
| Chris | Retail | 19 | Three- assistants | 1. Ankle sprain 2. fractured wrist 3. Lumbar sprain | One work Two non work |
| Jim | Manufacturing | 12 | Two - labourers | 1. Finger amputation 2. Hand tendon cut | Work |
| Rob | Retail | 19 | One - labourer | Fractured ankle | Work |

5.2 Overview of Theme One: Running the Business

These small business employers had a central role in running their businesses. Running The Business refers to three distinct but interdependent features of these small businesses that appeared to influence the employers' approaches to the RTW process.

¹ As noted in the text pseudonyms are used throughout for employers and all names of their employees have also been changed. In addition, some demographic details that risk identification of participants have been altered to protect their identity.

These were their organisational practices and the social relations, the relationship with bureaucracy and the employers' attention to maintaining a productive business during the RTW process. The three main categories and the related subcategories comprising the employers' approach to Running The Business are named in the table below.

Table 6: Running the Business

| Theme | Categories | Subcategories |
|----------------------|--------------------------|--|
| Running The Business | Being Hands On | Multiple Roles Working Closely Informal Organisational Practices |
| | Dealing With Bureaucracy | ACC OSH |
| | Maintaining Productivity | Fully Unfit Fit for Selected Work |

A brief explanation for each category relating to Running The Business follows.

1. Being Hands On is a direct quote from one of the participants (Ali)² and seemed to encapsulate the central role taken by the employer in running the business. The small numbers of employees meant that the employer had a simple management structure, close working relationships with staff and preferred to have informal organisational practices.
2. Dealing With Bureaucracy focuses on the two main government departments these employers referred to, ACC, and the DoL and OSH when discussing RTW and the influence these departments had on the process.
3. Maintaining Productivity refers to one of the main concerns for these employers at any time, which was maintaining a financially viable business. Having an injured or sick employee often meant added pressure to fill the sizable gap in the staff resources who kept the business running. The main factors these employers considered and the links to the RTW process are explored.

² Pseudonym for employer quoted

5.2.1 *Being Hands On*

When considering the particular features participants discussed regarding the ways their small businesses operated, Ali's comment, "*Well the thing is we are hands on with them....*," seemed to encapsulate them. There appeared to be three subcategories related to the employers' *hands on* approach to running their businesses. How this approach links and affects the RTW process is discussed in more detail under each subcategory.

1. Multiple Roles
2. Working Closely
3. Informal Organisational Structure

5.2.1.1 *Being Hands On - Multiple Roles*

Unlike a large employer who employs staff to manage the many operational aspects of their business, these small business employers at best had two or three business support staff and were intimately involved with all aspects of running their businesses. Being Hands On refers to the direct responsibility they had for running and ensuring the success of their business. Some of the typical roles these employers had personal responsibility for included: sales and marketing, production management, staff management, financial monitoring, dealing with external stakeholders including bureaucracy, and in some instances being one of the workers. When an employee was injured for a prolonged period of time the final responsibility for managing the employee's RTW process rested with these employers. At the same time they worked to ensure that any impact on the day to day running of the business was minimised.

What became apparent when these employers discussed the RTW process was the relatively little amount of attention they paid to injury management. Whilst they had experienced and been involved in the RTW process, other roles and aspects of the running of the business seemed to take priority.

Well I'm not an expert in that [RTW]. I think in certain circumstances, the best option would be for someone from ACC to come in to the workplace, look at the workplace, reflect on the injury and say "this person's going to need this, we'll sort it for you employer, you know leave it to us". That's the idea, you know you can't.... so many government organisations who seem to expect the employer to be an expert in every area, well that's just ridiculous. We get into the parts of businesses we get into because we are good at doing a) which might be

baking pies. It is just ridiculous that we are expected to be an expert in all areas. [Maggie]

Understandably the size of these businesses meant they did not have a human resources person/department or access to occupational health services. In the absence of these resources, along with their Multiple Roles in running their businesses, they appeared to adopt an ad hoc approach to injury management.

5.2.1.2 *Being Hands On - Working Closely*

One aspect of running a small business these employers valued, was the close working relationships they had with their employees. Working Closely is a construct from the data that captures this important aspect of the employers' and employees' social relationships.

I work with them. I don't sit up on a little throne somewhere and everybody knows me as the boss, where you go to a lot of companies.. half the employees wouldn't even know who the boss was. You do get that but it's like, they all sort of answer to me. But then and I make all the decisions.[Jack]

Many of these employers worked in the same work space as their employees. For five of the employers this meant physically working alongside their employees to varying extents. Some employees lived in close proximity to their workplaces and when they were off work and mobile, visited the workplace. In most instances the employers described the communication as being *open*, between them and the employee, meaning that they discussed work and personal matters directly with the employee without formality. The impact of this on the RTW process was that the employer could easily review what was happening by asking the employee directly about any areas of concern. For a number of employers this was a trusted source of information that guided the pace of the RTW process.

No we don't have that so much [delayed recovery of not returning to work]. I think that is probably one of the joys of maybe the smaller, slightly smaller business, is that if some of them have a little sense of responsibility, a little sense of being part of the family group um a group of guys where they communicate and work well together, ah and they want to.. they are keen to get back to it because they hate being at home and um mum nagging at them [Rob]

Some employers talked about the close working relationships that developed with employees who had been in their employment for several years, meaning that over

this time the employer had come to know them very well. They were regarded as loyal employees who deserved to be rewarded for their years of good service by being supported to return to work, sometimes for long periods of time.

I mean for me it was just loyalty to the guys. Both of them had been here a long time and they had been great. I actually got to know them personally as well, so I would never sort of can them.[Jim]

Another interesting aspect of Working Closely mentioned by several employers related to injury prevention whereby they didn't take unnecessary risks doing their work. Staff observed to be adopting dangerous work practices apparently would be told directly by the employer or supervisor to correct their ways. The close working relationship was considered to be helpful with preventing workplace injuries.

Always safety conscious, personally safety conscious, and I've always been supervising to make sure that people are... "what are you doing there, what are you doing there?" or "don't do that!" So, stop people doing silly things. [Gerard]

Other features of Working Closely and the relevance it has to the RTW process are discussed in Theme Two.

5.2.1.3 *Being Hands On - Informal Organisational Practices*

Some employers when comparing their businesses with those of large employers valued having a more informal, close knit team or family feeling in their workplace. Being a part of a team, some employers thought, influenced the RTW process positively, meaning that this close social bond was a motivating force to stay connected to the workplace.

he was very much a part of the whole team and we were a team, so not having some part of the team puts added stress on other people, because we didn't hire anybody else – we just did it ourselves and got contractors in for the stuff we couldn't actually do um as our roles weren't maintenance. [Kent]

As well as this, the small size of their businesses was an important reason for these employers to determine that formal organisational practices were not required. They felt that, for these reasons, it was easy to sort out any issues concerning the RTW process directly with the employee. An example used by Jack was an employee letting him know about an injury or illness. He was adamant they didn't need to have a formal

procedure detailing when and whom they should inform. He saw this as *bureaucratic nonsense*. In his case, being the manager, he was the obvious person to notify.

In keeping with this informal approach and their ability to deal with situations as they arose, most employers did not think it necessary to have a formal injury and illness management process. Their preference was to deal with the RTW process on a case by case basis, when an employee was sick or injured.

No the place is too small for that, um, no formal procedure in that area. It's really just the self help or I pick something up or my manager could pick something up with someone, um so really if someone is feeling bad they first thing really is when they come along and say it themselves, and if they don't say it well then hopefully we can pick it up and then get it out of them. [Gerard]

The implications of having a case by case (ad hoc) approach to managing the employees work disability and subsequent RTW is discussed more fully in Theme Two.

An obvious exception to the informal injury management practices was the formal Health and Safety protocol all employers had. These were discussed when referring to OSH requirements or preventing workplace injuries.

Well we have a process to follow if an injury happens. This is filling in the ACC form um and then we've got first aiders who, well we've got three guys who have done first aid including me that have done first aid. So we know what processes to take to assess the injury and then whether it needs professional medical care or whether it can be taken care of just with first aid. Um yeah that's about it and as far as rehabilitation that's where I was a little bit um, a little bit lost at the time and honestly now I mean I would have to try and find out information. I don't know it off hand. [Jim]

This is discussed fully in the following category.

5.2.2 Dealing with Bureaucracy

At an organisational level there were two governmental organisations that appeared to influence the employers' approach to the RTW process, ACC and DoL, the department responsible for OSH. The view of bureaucracy shared by a number of these employers was more negative or neutral, than positive. They seemed to have low expectations of receiving helpful services from all government organisations. They tended to view them as being unwieldy, impersonal, and lacking in understanding of the

way small businesses operate, inundating them with paperwork or unnecessary compliance requirements.

It's just that for the small to medium size business is inundated with goddam paperwork and just takes all the fun out of it. If you are bigger company you can employ people who deal with that sort of stuff and.. I just think that the NZ government overloads .. doesn't support the small medium enterprise, enough. [Maggie]

Some employers seemed to confuse the roles of ACC and the DoL, viewing their approaches as being similar to that of the Health and Safety regulatory arm of OSH, rather than an accessible organisation promoting the rehabilitation of injured employees in the workplace. The important factors relating to ACC and OSH are discussed separately.

5.2.2.1 Dealing with Bureaucracy – ACC

Having had experience(s) of returning their injured employee(s) to work meant that these employers had a variety of views about ACC. The overall impression was that ACC had relatively little impact on the day to day running of the business apart from the payment of ACC levies and ACC paying the employee's weekly compensation, when they were incapacitated. One employer who was very critical of many aspects of ACC and the RTW process commented that he did not see any value for paying what he considered to be exorbitantly high levies.

Nothing, absolutely nothing. And that's the ridiculous part about it. Cause what do I get? I get somebody from.. physiotherapist person through ACC coming saying, "well could D[employee] to this?", when they don't know what they are talking about. [Jack]

Whilst this was the most extreme view, there did seem to be a surprising lack of RTW information provided to these employers by ACC. Apart from two employers, this appeared to result in no consideration of contacting ACC or searching the ACC website to seek advice or investigate what RTW assistance might be available.

No [contact from ACC] well we got sent out those forms that you fill out about their earnings and what not. Type of injury. We filled in the accident register and what not when it happened but I never actually spoke to anyone from ACC [Jim].

Contact with the employer appeared to be largely initiated by ACC. For seven out of the eleven injuries the employers discussed, ACC determined that a RTW co-

ordinator would be employed to oversee the process. In the other four instances this service was not offered and therefore, as mentioned, these employers did not consider contacting ACC to investigate what rehabilitation assistance might be available. With hindsight, some employers did consider that having some easily accessible information e.g. a phone call from an ACC staff member to discuss RTW rehabilitation options would have been helpful.

Yeah well that [an information sheet] wouldn't hurt because you really don't know and like I say...I think someone over the phone is pretty good too, I mean, no I guess a business, if there is someone out there that does that sort of thing [Ali]

Another employer acknowledged the difference in availability of occupational health resourcing in large and small businesses and thought that a realistic option for him would be readily available information about the RTW process.

I think the difference is in larger companies you would have a Health and Safety person. That's their job and they would know but you know in the position that I'm in I just like to know that the information about that is in that drawer and go and get it. Obviously somebody needs to know about that stuff.[Jim]

In summary, ACC's approach to the RTW process combined with the apparent acceptance by these employers of this method, are likely to have contributed to their Go With The Flow approach to the RTW process, as discussed in Theme Two.

One employer did acknowledge that having ACC or a similar scheme made good business sense in terms of liability for covering the costs of workplace accidents.

Basically I think the ACC is a good idea and something like that needs to be in place and it doesn't matter whether it's National or Labour. Maybe how it is provided and the cost of it is a different thing, but um at the end of the day it is still cheaper to have a no fault system. [Rob].

5.2.2.2 Dealing with Bureaucracy – OSH

The perception of some employers was that they had very few significant workplace injuries. The more common scenario was employees incapacitated for one or two days with a minor sprain, or cut. Whilst it was not possible to check the accuracy of this self reported information, it did appear that employers took Health and Safety in their workplaces seriously. All employers described their Health and Safety systems.

Two employers had DoL audits. One employer had to make significant improvements to his work practices.

We've had the Department of Labour come through a few times and the first time they came in they really ... the place honestly wasn't up to scratch. There was nothing.. like the stuff had been used like that for thirty years, the machines and what not, but it wasn't up to the required safety standards, so after the first visit they came through and.. the guy was really good he gave us a list of everything we needed to do and we did it and after that it was all good, but the injuries actually happened on machines that were brought up to speed. [Jim]

In order to secure Regional Council contracts, an employer had to provide their Health and Safety manual. She had employed a Health and Safety expert to develop this. She has also sent staff to an ACC work safe training day.

Yeah we've got our own [Health & Safety] policy. We really needed to have it for the Regional Council We actually had a firm come to us and set us all up so. We have got a big thick manual. [Ali]

The attention to Health and Safety practices appeared to be motivated by three main factors, firstly the legal requirement to be compliant with the Health and Safety and Employment Act 1992 (New Zealand Legislation: Acts, 1992); secondly the desire for a safe workplace that would not put employees at risk of injury. In Jim's case, even though he was unhappy to have two workplace injuries, he was relieved that OSH had required him to improve his safety standards, meaning that he wasn't prosecuted. The third factor was the availability of health and safety training for employers from various agencies such as: the Employers Manufacturing Union, Chamber of Commerce and ACC.

Dealing With Bureaucracy was one area that a number of employers commented on when they reviewed some key findings from this study. Some employers were wary of bureaucracy, feeling that they were not interested in working with small employers and any RTW resourcing they might offer could result in more work (e.g. increased paperwork) that would be counterproductive in the long term. There was some doubt that bureaucracy would be able to work with small employers in a way that wasn't overly complex, or heavy handed as evidenced by the amount of paperwork demanded by OSH to satisfy health and safety requirements. Interestingly subsequent to the interview one employer had an employee transferred from ACC to WINZ. His experience of dealing with WINZ was positive for several reasons including the

comprehensive assessments to identify the employee's work capacity. The employer was satisfied this provided a useful platform to negotiate a fair RTW plan and remuneration package funded partly by the employer and partly by WINZ. .

5.2.3 Maintaining Productivity

Maintaining a productive and financially viable business was a central concern for these employers. Having an absent employee meant a sizable gap in the workforce for these small businesses. Several employers directly or indirectly referred to the costs to their businesses when an employee was off work for a prolonged period of time. Lost productivity, increased workload for the employer and other staff, and extra financial costs incurred when employing temporary staff, were some of the main issues that demanded the employers' attention.

There appeared to be two phases to Maintaining Productivity. The first, when the employee was off work completely, usually referred to as 'fully unfit'. The second, when the doctor certified the employee as either fit for selected work, or fully fit. In this second phase, the employer was involved in determining how best to re-integrate the employee with or without work restrictions, safely into the workplace. These two phases are discussed below.

5.2.3.1 Maintaining Productivity – Fully Unfit

The effect of having an employee off work with a significant injury, for most of these employers was immediate. They had to find ways of filling this gap. The impact on the business and the actions required by each employer to Maintain Productivity varied, being influenced by a number of factors. These factors considered by the employer included: the nature of work performed by the employee, the current workload, the capacity of other staff including the employer take on extra work, availability of temporary staff and financial constraints. Some employers were able to redistribute the work amongst other staff and get temporary staff in when required, and others needed to employ temporary staff [in one case permanently] to meet production deadlines. This employer mentions a number of issues and the options he considered to minimise the impact on his business.

Oh maybe putting off a little bit of work, or deferring jobs, um having some stand in workers to help or um doing things myself, just to get things going to soften the delivery dates on certain things, so put those

back, so that's really the way of managing that. But if you get really busy you have to get some stand in staff, which is extremely difficult because it's um nine times out of ten they are not the right staff. They don't work out very well, so there's a very large cost for loss of profits and having someone away sick or injured is very very high. It's not just um you're not just saving wages, it's actually costing a heck of a lot in lost profits, which isn't always realised, you know. [Gerard]

Apart from the first week's wages, that some employers paid if it was a non-work injury, having ACC cover the employee's wages was helpful for most employers. A few employers independently made similar comments to those of Gerard's about the costs their businesses incurred that ACC did not cover. In some cases having the employee receiving weekly compensation may have been a disincentive to RTW, as mentioned in the following subcategory.

One good thing was that ACC was paying his wages, so we sort of didn't have to think about how much longer, but I just think it was him with his injury [Ali]

Whilst for all employers having a fully unfit employee meant a considerable amount of effort to minimise the impact of this on their business, re-integrating the employee when they were deemed to be fit for selected work appeared to be more problematic.

5.2.3.2 Maintaining Productivity – Fit for Selected Work

When the doctor determined that the employee was ready to RTW, the medical certification changed. They were either signed fit for selected work, that is, there were some specified work restrictions, or they were able to return to their normal work. At this point the employers decided how they would or, in some cases, would not reintegrate the employee into the workplace. Although there were individual variations, two key factors appeared to influence the employers' decision:

1. Cost, including ACC abatement
2. The match between the employee's work capacity and the work tasks available

Each of these factors is discussed, in turn, in the remainder of this section.

1. Cost, including ACC abatement.

Whilst these employers were generally supportive of returning their employees to work when they weren't fully recovered, for some if they determined that it would be too

costly to their business, they were more reluctant to comply. Abatement refers to a top up payment that ACC makes to the employee when they are being paid only for their reduced hours of work. Several employers viewed the issue of abatement merely as ACC's way of reducing their costs, especially if they felt the employee was not able to be productive even for the reduced hours they were working. This employer did not agree to have the employee back at work until he was fully productive.

I suppose from our perspective we pay ACC levies so if the person is not 100%, our way of thinking is that he should be being paid to get 100% good, you know, so it feels like a little bit of a rip off. I suppose in some ways that you try and integrate them back in to the work force but um yeah, you know what I mean, but we have already paid for it basically. [Rob]

The view taken by some employers was that having their employee working in a limited capacity was costing them money they could ill afford to spend. One employer talked about his industry as being "very tender" [Jack], meaning that he was always having to carefully consider his financial situation.

So I mean that's trying to reduce the cost of the case themselves and they want me to pick up the tab, but there is a cost of course to me having someone whose incapacitated and you've got to help them out a lot and you can't get the same production so um you know I'm very aware of the economics of that. I make sure that you know I am not imposed upon too much. [Gerard]

2. The match between the employee's work capacity and the work tasks available.

There were a variety of approaches the employers took when deciding if in fact the employee's capacity meant that there were feasible, modified duty options for them to return to before they were fully fit. At one end of the continuum was the employer with a very flexible and accommodating approach to modified duties. From the employer's description of time frames, this seemed to be at an early stage considering the severity of the injuries.

I had a maintenance man who got in a biking accident and broke both his ankles actually, so pretty messy for him so it was a long rehabilitation to get him back fit for work ... it was a lot of light duties and just doing a few days here and a few hours here and just building up umm building his strength back up in his ankles because he literally couldn't walk for a long time [Kent]

I just needed S to do tasks that he could do without being in pain and trying to get some of the day to day stuff done for customers. Obviously in a hotel turn around for maintenance needs to be very quick or people will complain and the rest of it. So trying to get him to do as many things as possible, obviously with no pain and in the times that he had to work. [Kent]

At the other end of the continuum some employers felt that unless their employee could do their pre-injury job it was not worth considering other options. It was preferable to operate the business with temporary staff and wait until the employee was fully able to do her work tasks.

She wanted to come back to work and the ACC again contacted me..it was still the same process and I didn't have any problems with it and they said could this lady come back? And I said "no she needs two hands". So she comes back when she is 100% there's just no flexibility on that and that went down alright, they could see where I was coming from. So that was another cut and dried case. [Chris]

Three employers who provided modified duties (in one case based on the fit for selected work medical certification, and in the other cases at the recommendation of a RTW co-ordinator), felt that there were very few gains for either the business or the employee. The individual limitations of the employee, such as physical capacity, range of job skills, and in these cases, the physical nature of the work limited the modified duty options. These employers appeared to be frustrated with feeling obliged to make considerable accommodations for their employees in order to have them at work.

I don't have a job description for anybody or any one person that's light duties as such so ah with D [the employee] to come back to work type thing, they said "is there any jobs he could do where he's not lifting anything?" And I said yeah sure, I said he can dye cast. Oh okay well maybe could get him organised for dye casting um physiotherapist came in and had a look and he's working with molten metal and he's got a fibreglass plaster on, you know, standing – puts his weight on a bit of hot metal and it's going to melt the plaster off his leg. You know it's like that is... now it's not the physiotherapists fault that she didn't know that, but it's ACC's fault for getting somebody to try and find a place for D in rehabilitation that um has absolutely no experience what so ever, except doing that particular job. [Jack]

In two cases where RTW on modified duties took many months, one employee left his job, and the other endured a very slow RTW.

Oh well it's just the usual um disruption, the whole process has. You like to get someone back to work and get them back going as fast as you can. So um it is a little bit frustrating when it's a very slow return back to

work, but there is nothing you can do about it and ah, but I mean it's still good and they are getting back to work [Gerard]

5.2.4 Summary of Theme One

Theme One focused on the context in which these small business employers participated in returning their employee to work. The categories and subcategories constructed from the data that linked to this theme Running The Business have been defined. The remainder of this chapter provides explanations and examples from the data that highlight the key features of the RTW process at the individual employer/employee level. The influence of the organisational approaches taken by these small businesses is linked to their RTW experiences.

5.3 Overview of Theme Two: Plugging the gaps

The second theme constructed from the data analysis is titled Plugging The Gaps. In the first instance, Plugging The Gaps, an abstraction from the data, was a metaphor encapsulating the actions the employers took to fill the considerable gap left in their small workforce, by the incapacitated employee. What was even more striking as these employers told their stories, were a number of other *gaps* related to their approach to the RTW process. Plugging The Gaps refers to factors that appeared to create these *gaps*, as well as other influences that seemed to reduce, or *plug* them.

The categories and sub-categories related to Theme Two appear in Table 7 below, followed by a brief explanation of the meaning of each category. The sections following, the table and explanations, provide the evidence to substantiate these categories and subcategories with direct quotations from the employers.

Table 7: Plugging the Gaps

| Theme | Categories | Sub Categories |
|-------------------|---------------------|--|
| Plugging the Gaps | Going With The Flow | Following The Course Of Action |
| | Working In The Dark | Accessing Information Being Disconnected |
| | Hanging In There | Closely Connected Being Compensated |
| | A Useful Person | Being At The Workplace Planning And Monitoring Providing Reassurance |
| | Keeping Safe | Fearing Re-injury |

A brief summary of each category follows:

1. **Going With The Flow** is a direct quote from an employer (Ali) and refers to the ad hoc RTW approach these employers took. The employers' adoption of this method is closely linked to factors explained in Theme One. The positive and negative effects of Going With The Flow on the RTW process are discussed in this category.
2. **Working In The dark** is an abstraction from the data and refers to the availability of important RTW information and how this was communicated during the RTW process. Without an injury management approach the focus of stakeholder (medical, physiotherapy, ACC case manager) attention appeared to be on the employee, with the result that the employer seemed to be somewhat disconnected, rather than integral, from the process.
3. **Hanging In There** is an abstraction from the data denoting the effort made by most of these employers, in some cases for prolonged periods of time to return their employees to work. The links to the previous two categories (**Going With The Flow**; **Working In The Dark**) and Theme One are explored within this category.
4. **A Useful Person** is an abstraction from the data and refers to the RTW co-ordinator. For a number of employers, the RTW co-ordinator was a Useful Person who plugged some of the gaps already mentioned.
5. **Keeping Safe** is an abstraction from the data. Keeping employees safe at work was a common concern for these employers. The reasons for this and the important effects this had on the RTW process are explained.

The order of these categories is deliberate; it made sense to begin Theme Two with **Going With The Flow**, as this seemed to be the RTW approach that underpinned a number of aspects of the employers' experiences and actions. Although these categories and subcategories are addressed separately, they were closely linked and sometimes overlapping.

5.3.1 *Going with the flow*

All the participants were willing to return their injured employees to work and in all but two cases, achieved this. For a number of reasons explained in Theme One, these employers did not have any injury management practices in place, and instead intentionally adopted an ad hoc approach to the RTW process. Ali's phrase Going With The Flow seemed to encapsulate a number of aspects of the approaches taken by these employers.

*I think we have just sort of gone with the flow and just got on with things.
[Ali]*

At the time of her employee's injury, an urgent production deadline meant that her time and energy went in to getting the product out on time to the customer. The workload issues combined with the Going With The Flow method meant that the injured employee largely directed his RTW process. When he returned to work and his fractured ankle limited the tasks he could do, Ali seemed to accept that he should just do the work he determined to be within his physical capacity.

Whilst there were individual variations for each employer, in the absence of any organisational practices to inform the RTW process it was not surprising that employers' actions were ad hoc, and often reactive to input from external stakeholders such as GPs and ACC.

5.3.1.1 *Going with the flow – Following the Course of Action*

When the employee was injured, as a result of an accident, their treatment needs and wages were covered by ACC. The employee provided the employer with medical certificates that either signed them off work completely or fit for selected work. For the majority of cases, there appeared to be some uncertainty about the length of time the employee might be off work, and then how long before they would be back to their usual duties. Although this employee was described as being reliable, the coinciding of the injury with a temporary downturn in trade may have meant that there was little urgency for both the employer and employee to promote an early RTW.

At the time [of the injury] we weren't sort of really, really busy and there was already somebody that could do his job. If we were really really snowed under, I would have got someone in to help.... Oh yeah, like, it was just, well I will see you when you come back, and he kept me informed.[Jack]

Being Hands On and Working Closely, as explained in Theme One (Section 5.2.1.2), meant that informal discussions with the employees provided a more reliable prediction of the likely return to work date. The importance of this information was largely used to guide staffing options. Although not without its issues, most employers seemed to accept that the employee would return to work at some time in the future determined by the doctor.

I am very naive, I just think that they are coming back to work, we're going to do it and that is it. You know what I mean I do get stressed about things, who wouldn't, but if there is a process that's what it is there to do and use and hopefully any little hiccups just be addressed along the way and you know as long as the person wants to come back to work there shouldn't be any problem. I guess that's my naivety coming out again. I just figure it's there it will work and that's it. [Chris]

One employer and employee, through mutual agreement, determined that RTW was a feasible option, and organised this independently of any guidance from any stakeholders such as ACC or the GP. Maggie was of the opinion that most injured people had some capacity for work. She determined that she could safely return her office assistant with a ruptured Achilles tendon to work. It appeared that these factors and Maggie's strong desire to have a valued employee back at work to relieve her of extra duties meant that barriers to RTW were easily managed.

We were very keen to get M back and we um made some effort to make sure that she didn't lose any money to keep the difference that she would lose. We covered while she .. so she wasn't actually penalised for being off work.....I think I mean M and I were in communication, I think we just sort of basically worked it out for ourselves, pretty much.[Maggie]

The other employers waited until they received the fit for selected work certification from the doctor before considering the RTW options. At this point they may or may not have received a phone call from an ACC case manager to advise them that a RTW co-ordinator was being employed to draw up a RTW plan.

They [ACC] just phoned me up and we set up a meeting when S got out of hospital and spent.. I don't know how many weeks in a wheelchair or whatever- yeah he came in and we all worked out a plan for his recovery and the rest of it – no it was really good. [Kent]

At times the employers expressed dissatisfaction with aspects of the RTW process. Several employers were unsure about how to find out about RTW assistance, if this wasn't offered by ACC. Some were dissatisfied with the length of time the RTW

process took. In some cases a lack of information from the doctor or ACC case manager was frustrating for employers. However, it was unusual for the employer to take any direct action such as contacting the ACC case manager or the doctor to discuss these issues, instead the employer tended to reluctantly accept the situation.

The employer of an older worker with unstable diabetes expressed similar problems. His employee was taking increasing amounts of sick leave. The idea of taking a proactive approach, such as, with the employee's permission, contacting his medical practice to investigate health and work management options was not thought possible. Instead the solution was for the workplace to accommodate his erratic attendance.

He's diabetic. It's starting to impact on his health a lot more now and we are actually having... I was talking to him a lot about it, and I was saying you could go on a sickness benefit and qualify, but he doesn't want to and then we will run into the problem of him if he is classified as a full time employee he is not entitled to any sort of benefits, but he is a little bit crook to work, like some days he's a bit sick to come to work, so he's in a bit of limbo at the moment. [Jim]

Maggie's proactive RTW approach was atypical for these participants. In other cases, when there were a number of barriers, the employer's likelihood to simply Follow The Course Of Action, rather than taking a proactive approach, may have inadvertently prolonged work disability.

5.3.2 Working in the dark

The second category in Theme Two is Working In The Dark. This is a construct from the data and is concerned with the employers' access to RTW information and communication between stakeholders. The following section explains the two subcategories that were constructed in relationship to aspects of this category, and their impact on the RTW process.

1. Accessing Information
2. Being Disconnected

5.3.2.1 Working in the Dark – Accessing information

Closely linked to the Going With The Flow approach to the RTW process is the way the employers appeared to be Working In The Dark. There seemed to be a number

of factors related to their limited understanding about injury management and their difficulties with Accessing Information that influenced their RTW approach.

Theme One (Being Hands On – Informal Organisational Structure) highlighted the employers' preference for having an informal approach, whenever possible, to running the business including RTW. Working closely with the employee meant that these employers kept in contact with the employee and addressed any issues as they arose. For the seemingly most straight forward cases this approach worked; however the majority of these cases involved employees with significant injuries with lengthy periods of work disability. Without any occupational rehabilitation advice and injury management resourcing, understanding some aspects of the RTW process was difficult and may have inadvertently created barriers.

Several employers felt that one of the biggest barriers to RTW was the attitude and health of the employee. One employer explained that his employee didn't really "push himself" or ask questions of his physiotherapist and doctor when his functioning at work wasn't improving. Another employer felt that her employee had no intention of returning to her job and was leveraging off her back pain to get an easier job. Some employers felt that getting back to work was simply up to the individual employee, rather than this being a complex interplay of a number of factors, including the attitude and actions of the employers.

What prevents them from getting back to work.. um...it's really themselves. It's really their state of health. I could say their fitness or health at the time of injury or sickness. Fitness and health also has a great bearing on someone's return to work. The more ah.. the less healthy and less fit people take longer, they are injured more easily anyway and they take longer to get back to work. [Gerard]

Determining the employee's work capacity and ability to perform the work tasks was an important part of the employers' decision as to when and how to proceed with the RTW process. The information provided by the employee and the medical practitioner influenced this decision. There were some issues with the quality and communication of this information to the employer.

Accessing Information was problematic with the medical certification. The medical certificate was the only communication between the doctor and the employers. In the absence of information from employers about the work type, or work

modification options, the doctors were reliant on the employee to provide this information when filling in the medical certificate.

The doctor didn't make contact with me, um, the doctor's decisions were quite unilateral, and final. There was no discussion with the employer. So the doctor would just write out a statement on where he was at and that was it. No discussion.[Gerard]

These employers did not feel it was appropriate to phone the doctor to discuss issues related to the certification. Uncertainty about issues related to patient confidentiality and the Privacy Act were also identified as a barrier.

It would yeah. I mean I guess there is the Privacy Act they can't discuss patients with outside parties and stuff but I've never really tried with the doctors but it would be handy. [Jim]

In the absence of sufficient reassurance from medical information and without the option of being able to consult with the medical practitioner, some employers preferred to assess the situation themselves and determine the employee's work capacity.

Ah.. no. because I think ah they realise we can see how much his ankle is swollen by, in his particular case how much it is swelling up, um and how much it is going to affect him. You know we just said, no you stay home because it is clearly in a bad way. Yes we know that you need to do a little bit of this, but not at the risk of permanent damage.[Rob]

There were a number of risks to this seemingly benign medical certification, and the employer's reluctance to contact the medical practitioner to discuss important issues related to the employee's RTW plan. A common story for these employers, but with high risks of delayed or failed RTW.

Returning employees safely to work at the earliest opportunity by offering them modified duties is an important RTW strategy (Krause et al., 1998). Although several employers did adopt this approach, without access to supporting RTW information, the rationale to promote or refuse this approach varied. Theme One (Maintaining Productivity) highlights the variety of approaches to early RTW and modified duties. In the majority of cases, employers were dependent on ACC initiatives to support this approach.

ACC sort of does help a little bit there... like they rung and sort of said, is there anything he can do?... and we had been thinking about it anyway... but yeah I think they did in fact plant the seed. [Ali]

Information about the benefits of making modified duties available to injured employees could have assisted some employers to view a request from an ACC case manager or RTW co-ordinator for an early RTW plan as good rehabilitation practice. Instead some employers were suspicious that ACC's desire was to simply shift the claims cost back to them. This attitude appeared to become a barrier. Any understanding that this refusal could in fact result in the employee taking longer to rehabilitate than necessary or even fail, did not occur.

There's definitely a sense of um urgency so far as economics go with ACC. Getting him back to work and I feel as though I have to be on my guard to make sure that, because ACC have got a monkey on their back and they want to quickly get it back on to my back and so I sense that they are trying to off load their problem pretty quickly so I'm weary of that and I do pick that up." [Gerard]

As highlighted in Theme One (Dealing With Bureaucracy – ACC) RTW information was not readily available. Two employers felt confident about contacting the ACC case manager working with their employee. As mentioned, knowing how to contact ACC, who to contact at ACC and finding out what RTW support might be available that hadn't already been offered was not information these employers could readily access. Rather than empowering and educating the employer to understand the importance of their role in the RTW process, they would continue to be reliant on ACC's initiatives. This information could have assisted some employers to contact ACC to discuss RTW options, or have this option available if required in the future.

5.3.2.2 *Working in the Dark – Being Disconnected*

The second construct relating to Working In The Dark, is closely linked to aspects of the previous subcategory. Being Disconnected is concerned with the variable communication between the stakeholders during the RTW process. The employee had a central role in communicating with all the stakeholders whereas the employer often seemed to play a secondary role.

The previous category has highlighted a number of limitations the employers faced when Accessing Information related to the RTW process. This appeared to result in the employee providing the link between the stakeholders. Most of these employers were not necessarily aware or concerned that the rehabilitation attention was focused on the employee. They had little in the way of useful RTW information or, actions from

other stakeholders that supported them to take on a central role; instead they appeared to be *disconnected*.

Well I had to go with it. Of course as an employer you are not happy with it but it was just something I had to comply with.... I feel as though as his employer I'm not a very important part of the fact that it was people higher up, the doctors and ACC and the physio. I'm actually not really, I feel like I get given a little lip service but that is about it. So I don't feel as if I am fully involved in the process and I'm not really respected because I am an employer. [Gerard]

The main stakeholders involved with the injured employee's treatment and rehabilitation, excluding a RTW co-ordinator, are represented in Figure 1 below. The links and lines of communication between these stakeholders are represented by the lines and arrows. The bold double-ended arrows represent strong connections and communication between the employee and all the stakeholders represented. Understandably the employer has strong links to the employee and the workplace, being fully involved in Running The Business, when the employee is off work and returning to work.

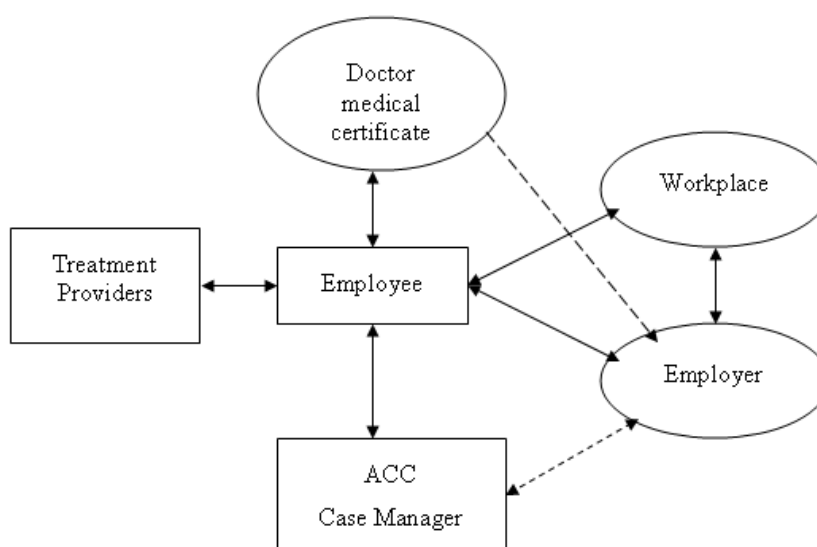


Figure 1: Working in the Dark – Employer Disconnect

The broken line with the double ended arrow represents a weaker linking that took place between the employer and the ACC case manager over the phone and in two cases at a face to face meeting. The broken line with a single arrow represents the limited communication between the medical practitioner and the employer.

Gerard's comments reflected a number of aspects of the category Working In The Dark. Overall these employers were not supported to take up a central role or appreciate that having a more proactive approach in the RTW process was important. Instead stakeholder attention seemed to be inadvertently focussed at the individual employee level, rather than also linking strongly to the workplace.

5.3.3 *Hanging in there*

All employers attempted to return their employees to work and in some cases persevered with the RTW process for several months. The category Hanging In There is an abstraction from the data encapsulating this phenomenon. The quickest RTW to part time hours was the office administrator who, after approximately two weeks, did some work from home, before gradually returning to her usual hours of work over the next six weeks. More typically these employees were off work for two to three months before they returned to work in some capacity and gradually increased their hours. The longest time off work was one year. The two main factors that appeared to influence the prolonged RTW timeframes were:

1. Being Connected
2. Being Compensated

5.3.3.1 *Hanging in there – being connected*

There were several aspects of the connection between the employer and employee that were discussed in Theme One (Being Hands On - Working Closely) that appeared to influence the employer's decision to persevere with the RTW process. Wanting to retain a valued employee was mentioned by some employers. The definition of valued employee varied. In the tourism industry, that typically has a high staff turnover, this meant someone who had been in employment for two years. A loyal and hard working employee of twenty two years employment in a manufacturing job was another example. The employers appeared to make every effort to return these employees to work. For other employers the connection was someone with the skills required to do the job, who had provided very good service to the business. In the most complex case the connection was the father/son relationship and appeared to be the main reason the father (the employer) persevered with his son's RTW despite some significant barriers. In another case where the RTW eventually failed, the employer's

efforts to maintain strong connections to her staff seemed to be one of the reasons the employer persevered for many months to get a positive outcome.

It was almost five months. It was well over the three months. I thought we bent over backwards with her and in the end she wanted to just do paperwork and I said “look that’s not what the job is, you’ve got your job description”, and in the end she resigned, because she wasn’t going to be physically able to do what I employed her to do.[Chris]

5.3.3.2 *Hanging in there – being compensated*

As discussed in Theme One (Maintaining Productivity), having the safety net of ACC may in some ways have been a disincentive to some employers to be concerned about the duration of incapacity. Their employee was being paid weekly compensation, abatement was difficult to negotiate in some instances, and some employers felt that since they had paid their levies it was up to ACC to keep covering the costs of the employee’s incapacity and rehabilitation. Some information from ACC about the costs and risks of prolonged work disability, and the benefits of employers supporting early return may have resulted in a more proactive approach from the employer to limit the duration of work disability.

Probably not, no [information re what ACC levies contribute to]. I mean you do wonder where the \$1800 goes every month. Well I know where it goes, people on ACC but I think an important part of the rehabilitation is making sure that people can’t exploit the system. Cause that is irritating. [Jim]

The length of time and the efforts that most of these employers made to return their employees to work was surprising considering the sizeable gap left by the injured employee in the operation of a small business. Being closely connected and being compensated appeared to contribute to this phenomenon. However in some instances these factors may have inadvertently contributed to the extended the duration of incapacity, when the job was secure and there was little perceived direct cost for the employer.

5.3.4 *A Useful Person*

For seven out of the eleven injured employees discussed, the ACC case manager engaged the services of a Useful Person, a RTW co-ordinator. Even if this was unexpected, most participants found that having a RTW co-ordinator facilitated the RTW process. Two employers identified some issues with the RTW co-ordinator.

Three subcategories were constructed from the data to summarise the important features of having a Useful Person.

1. Being At The Workplace
2. Planning And Monitoring
3. Providing Reassurance

5.3.4.1 A Useful Person – Being at the workplace

Being At The Workplace seemed to be an important aspect of the RTW co-ordinator's function. There were a number of aspects to Being At The Workplace that appeared to facilitate the RTW process. As mentioned (Working In The Dark – Being Disconnected) the employer appeared to be dependent on the employee to guide the RTW process, because communication with other stakeholders was limited. In contrast, the employers had someone at their workplace who was taking the time to explain and guide them through the RTW process.

It was somebody that was working with the lady at the time and I don't know whether it was case worker or not but they came and they just explained everything how it was going to happen um looked at the work situation um the lady had actually described that to the assessor before. It was just verified and then they came to me and said "how's this going to fit with you?" and you know it was just mapped out and away we went. Um and it went to plan [Chris]

The RTW co-ordinator assessed the workplace including the work tasks normally performed by the employee. This information and the expert knowledge the RTW co-ordinator had about the employee's injury meant that most employers trusted the RTW recommendations made. They were more likely to be sceptical of RTW recommendations from stakeholders such as ACC case managers or in some instances the GP, who did not have this contact with the workplace.

Well it's actually the well being of the person who is sick and his progress in being rehabilitated, whereas if it was just straight ACC as usual they would say ok well you are back to work on the 16th of the 6th and never mind that you are still got a broken leg in three parts and that. They don't actually make any physical sides to check on the person, they leave it to the doctor to say you know, I think he's ready. [Rob]

One employer whose injured employee had several health and injury issues found the involvement of a RTW co-ordinator to be counterproductive. Despite being able to assess the tasks at the workplace, the employer felt that the physiotherapist created extra work for him when unrealistic work tasks were suggested and he felt responsible to try and find a rehabilitation solution.

*They send the physiotherapist out here to see what he can do as far as work goes and the physiotherapist has **no** idea what so ever, absolutely no idea and um and it's just this major breakdown um that that , I'm quite blown away by it, you know so that's the part that I can't sort of come to grips with, you know so...I've sort of got to the stage where yes I will help rehabilitate D [employee], but I can't have him continuing here as an employee because it is too hard, but ACC doesn't want to know that you know... [Jack]*

5.3.4.2 A Useful Person – Planning and monitoring

Based on the assessment of the work tasks, the employee's injury, and discussions with the employer, the RTW co-ordinator typically drew up a RTW plan. As well as the ACC case manager getting a copy of the plan, this was useful information for the doctor to have.

In most cases the employer's assessment of the RTW plan was positive, meaning issues such as modified duties and hours of work were realistic. In Gerard's case there were a number of potential barriers to his employee's RTW including the duration of his work disability, his age and work type. Even if the plan seemed to be prolonged, having this guidance meant that the employer knew what the employee should be doing and therefore could even assist with monitoring the plan.

ACC provided the physio to help him get back to work. The physio drove it she would be in contact with the doctor and the physio and the physio would come around here from time to time, have an interview with the guy, speak to me and then back it up with a written minutes of the discussion and what the plan was, which was very good. She was very good at it actually and um I just went along with that and says ok well, basically obeyed what they say [Gerard]

The RTW co-ordinators were responsible for monitoring the RTW process. In some cases this occurred mainly between the employee and the RTW co-ordinator with minimal involvement of the employer. Other RTW co-ordinators seemed to have more involvement with the employer and employee, working as a team to monitor the process

and problem solve any issues such as increased levels of pain perhaps caused by overdoing some tasks.

We had a weekly meeting, myself, him and um a lady from ACC who would come in and assess him um and assess his pain and everything which gave all of us a good idea of where he was at and then we'd roster only at a week at a time, so he could do two days one week and if he was feeling a little bit better he might do three or something and then if he was bit sore the week after he'd just do two. We could really gauge where he was at with his recovery.[Kent]

In one case where the employee appeared to have a number of barriers to RTW, the RTW plans were not realised and the employer expressed frustration at the lack of communication from the RTW co-ordinator. Despite the employer's best efforts she felt that her only choice was to terminate the employment.

5.3.4.3 A Useful Person - Providing reassurance

Providing Reassurance to all stakeholders involved in the RTW process seemed to be another important function of the RTW co-ordinator. They were health professionals, physiotherapists or occupational therapists with medical knowledge and expertise in workplace assessment. Importantly, most employers seemed reassured they were dealing with an expert.

I think definitely having an occupational therapist come in and assess the progression of their recovery and looking at, the way they came in and looked at the sort of work they did and then made a judgement based on the health of the person whether they could perform or not. I mean that was the main thing for me. [Jim]

When employers might have been unsure that RTW was a safe option, particularly when the employee was recovering with a significant injury, the RTW co-ordinator seemed to provide reassurance to them.

Yeah, I mean it didn't look .. it was still bent like that in here [pointing to the joint on his hand] he had to have a lot of surgery to get the mobility back, but like I said I couldn't tell whether he was or not[ready for work], so I was quite happy to have someone come in and advise [Jim]

The reassurance also extended to other stakeholders such as the ACC case manager and the GP, by way of phone contact or written reports. In some cases the employers felt reassured by the regular contact with the RTW co-ordinator, or being able to make contact if any problems arose.

Just stayed in contact, always let me know what was happening, how they felt about S [employee] working here on what duties he should and shouldn't be doing [Kent]

The overall impression the participants gave of the RTW co-ordinator, was positive. In the majority of cases, having a RTW expert at the workplace appeared to facilitate the RTW process. One employer who had a poor experience of the RTW co-ordinator was critical of their apparent lack of skill to deal with the complexity of his employee's case.

5.3.5 Keeping Safe – Fearing re-injury

Theme One, (Dealing With Bureaucracy – OSH) highlighted the workplace Health and Safety practices. The final category in Theme Two, Keeping Safe is a construct from the data referring to health and safety considerations employers made during the RTW process.

Employer concerns about employees re-injuring themselves during RTW were common. Being satisfied that an employee returning to work before they fully fit was not at risk of re-injury was difficult for a number of employers. They feared being responsible for permanent damage to the employee, and therefore sometimes preferred to either delay the commencement of the RTW plan or not progress it.

Well it could be in this case, like these guys said they wanted to come back too soon. It could be that their injury got worse and they could be permanently.... and they could never work again, fingers are quite important to everyday living, not just at work, whatever you do. [Jim]

Some employers attempted to minimise the risk of re-injury by closely monitoring the employees RTW tasks or coaching them to only do the work they assessed to be within their physical capability.

So as long as I keep him under a certain frame work and provide the right equipment and there's been no after effects at all with that, which has been quite good. He is the type of guy that doesn't complain either so um his work performance is quite ok [Gerard]

Another concern related to Keeping Safe was a fear of a re-injury attracting an OSH prosecution. Some employers felt that, in the current workplace Health and Safety climate, the RTW process was putting them at risk of an OSH prosecution. They considered that the partially fit employee was at greater risk of having a serious

workplace accident resulting in OSH questioning their work practices. For several employers this became a barrier to the RTW process.

But I have said that I'm going to help with his rehabilitation but because of his sort of capabilities as far as brain injury and everything else goes, I really have got to the stage where I can't afford to employ him, because he could have another accident and you know the way OSH and all that are I just can't afford to do that, so it becomes a bit of a difficult situation. [Jack]

When considering the attention these employers paid to Health and Safety, it was understandable that these concerns were not balanced by concerns about the risk of permanent disability when RTW plans seemed to be prolonged.

5.3.6 Summary of Theme Two

The second part of the results chapter has explored Theme Two Plugging The Gaps. This theme was concerned with the key issues, generally considered to create *gaps* in the RTW process as well as the actions employers took often as result of these *gaps*. Links between Theme One, Running The Business and its influence on the RTW process were also discussed.

The next chapter, the discussion chapter explores these themes and their categories in relation to the current literature on the small employer's approach to injury management. The strengths and weaknesses of the study are considered. Some of the key findings, including their relevance to RTW practices for small business employers, are discussed. The chapter concludes with some recommendations for future research in this field.

Chapter 6: Discussion

This chapter discusses the main findings of the project in relation to addressing the key aims of the study; the current literature; considerations for future research and; RTW practice. The chapter begins with a summary of the project and the main findings, followed by a discussion of the limitations of the study and some personal reflections on the research process. Existing literature is then compared with the key findings with particular consideration given to points of similarity and difference in other studies. This is followed by a discussion of the implications of the findings for employers and other stakeholders. The chapter concludes with some recommendations for employers, and other stakeholders for current and future RTW practices and research.

6.1 Summarising the project

The key aim of this study was to generate a better understanding of the New Zealand small business employers' perspectives of what were the important issues in the RTW process. A social constructivist approach drawing on grounded theory methodology was used to explore and identify the key concepts that explained the employers' experience of this process. Two themes were constructed from the data. Theme One Running The Business was concerned with the context in which the RTW process occurred, the small employers' business organisational practices, staff relationships and bureaucracy (ACC and DoL). Theme Two Plugging The Gaps explored the employers' experiences of the process of returning their injured employee to work, including the facilitators and barriers to the process.

6.1.1 *At the beginning*

The RTW literature strongly supports a workplace-based rehabilitation approach as the most effective way to reduce personal and societal costs of work disability (Frank et al., 1998; Main, Nicholas et al., 2008; Pransky et al., 2005). My decision to focus on one stakeholder, the employer, who is integral to the RTW process, was influenced by a number of factors. My current employment as a Rehabilitation Advisor at ACC, and my previous experience of working with patients and staff providing vocational rehabilitation at a pain management centre, helped to focus my attention on this topic. A review of the literature revealed that little attention had been paid internationally to the small business employer (Eakin et al., 2003; Main, Nicholas et al., 2008;

McCluskey et al., 2006). Because 96% of businesses in New Zealand are small, employing nearly 30% of the workforce, it made sense to focus on this group.

6.1.2 Key discoveries

Whilst there were a number of areas of interest highlighted by this study, the key discoveries were:

1. The organisational features of these small businesses: - the employer had a central role in running the business; there were close working relations between the employers and employees and; the preference was for informal organisational practices due to personnel and financial resource constraints.
2. Bureaucracy gave scant attention and support to injury management and RTW processes within these workplaces. By contrast there was a significant amount of attention given to Health and Safety practices by bureaucracy and other agencies, resulting in these employers developing formal organisational practices.
3. These employers adopted an informal and ad hoc approach to the RTW process. As a result, rather than the employer and the workplace playing a central part in the RTW process, it was governed by input (or lack of input) from external stakeholders such as the medical practitioner, RTW co-ordinator or ACC.
4. Little research attention has been focused on the RTW process in the small business environment.

6.2 Clarifying the gap addressed by this project

In this section the key discoveries and gaps identified by this study and how they link with other research are discussed.

6.2.1 Organisational features of small NZ and international businesses

The preferred organisational approach of these small businesses was informal. This study indicated a number of reasons for this: the employer had a central role, a *hands on* approach, to running the business taking on numerous responsibilities; a simple management structure with minimal administrative support resulted in formal workplace processes being kept to a minimum; close knit teams (compared to being like a family grouping) working in close proximity facilitated informal and open communication, negating the perceived need for formal policies and procedures;

financial constraints and limited staff resources, necessitated adaptable and flexible approaches to maintaining productive businesses. Eakin et al (2003), and Hasle et al (2006) identified financial constraints, limited staff resources, close working relationships and flat management structures as reasons for small employers keeping formal organisational policies and practices to a minimum. Drury (1991) in a study of disability management in small firms in the USA (defined as fewer than 500 workers), also identified similar features in the very small firms (10 to 49 workers). These organisational features seem to be peculiar to small businesses and do appear to impact on their approach to the RTW process. For example Anderson et al (2007) and Drury (1991) found an advantage of the close working relationships and informal and flexible business approach was that quick decisions about RTW plans could be made between the employer and employee. This was the case with one employer in this study. This study found that whilst the close working relations facilitated close contact with the employees during the RTW process, the competing demands of keeping the business running and a lack of formal injury management processes resulted in the employers adopting an apparently ad hoc approach to RTW. The implications of this approach are discussed in the following sections.

6.2.2 *Small businesses and bureaucracy*

Theme One Dealing With Bureaucracy highlighted the neutral or negative views that these employers had towards bureaucracy. A finding from a review of the literature about Health and Safety activities in small businesses was that these employers tended to be suspicious of bureaucracy (Hasle & Limborg, 2006). This appeared to be the case in this study as evidenced by employers' reluctance to contact ACC to inquire about RTW support. They perceived that bureaucracy was more oriented towards large organisations, and any dealings with them would be overly complex and time consuming, offsetting any possible benefits. Another suspicion and fear some employers had of ACC and DoL concerned the risk of prosecution if the RTW process resulted in further injury to their employee. When this was a concern, the employer felt it was safer not to make contact with ACC, in case this attracted negative attention. These views and experiences of bureaucracy appeared to impact on the RTW process. Although this study was not designed to investigate the financial outcomes of the RTW process, the findings do suggest that as a result of the employers' hesitancy to seek advice and assistance, work disability may have been prolonged. In a presentation at the Inaugural Small Business Summit 2008, Professor Claire Massey, Chair of the New

Zealand Centre for Small Medium Enterprise Research Unit criticised government departments for not doing enough to help small firms (Massey, 2008). This appeared to be the view of the employers in this study, that bureaucracy was not oriented to their needs.

Employers described numerous formal Health and Safety policies and practices. As discussed in Theme One (Dealing With Bureaucracy-OSH), there seemed to be several reasons for this. In order to win contracts, some employers were required to document their Health and Safety procedures. The threat or occurrence of DoL audits resulted in the development of policies and practices by some employers. Fear of attracting OSH prosecution for workplace injuries meant employers, although not necessarily agreeing with what some felt was an overly bureaucratic approach, were careful to follow their procedures.

Agencies such as DoL, Canterbury Employers' Chamber of Commerce, Employers and Manufacturers Association, ACC and the Council of Trade Unions provide health and safety training for employers and employees to promote compliance with the Health and Safety and Employment Act 1992 (New Zealand Legislation: Acts, 1992). Under the Workplace Safety Management Practices (WSMP) scheme, ACC provides a reduction in ACC levies for employers who have appropriate health and safety strategies in place that meet the WSMP standards (Accident Compensation Corporation, 2008b). There is minimal focus, within these standards and workplace health and safety training programmes, on workplace-based injury management, and the RTW process (New Zealand Council of Trade Unions & Accident Compensation Corporation, 2004). The emphasis placed by these agencies is on Health and Safety practices such as injury prevention, accident causation and investigation, and hazard management (Canterbury Employers' Chamber of Commerce, 2008).

Interestingly there is some international evidence that small employers do not comply with health and safety requirements because of financial constraints and their preference to invest money in business expansion (Drury, 1991; Hasle & Limborg, 2006). This did not appear to be the case in this study.

6.2.3 Injury management in NZ and internationally

Injury management practices within the workplace have received little attention in NZ, except in more recent years from ACC who have focused on the large employer

(Section 2.3.1). This study confirmed this lack of attention with none of these employers having or having determined the need for formal injury management practices. Apart from one survey commissioned in 2004 by ACC, undertaken prior to the introduction of ACC injury management consultants (refer to Section 2.3.1), no other New Zealand research about injury management was found. On behalf of ACC (BRC Marketing and Social Research, 2004) the survey asked New Zealand employers about their perspectives and experiences of the RTW process. With a response rate of 48 %, 102 of NZ's largest employers and 421 other employers (size of business not specified) were surveyed. The focus of the survey largely related to the provision of modified duties. Despite being of the opinion that modified duties were integral to the RTW process, only 20 % of the large employers and 13% of others actually used them. Barriers identified to providing modified duties included the work type, cost to the business and risk to the business if given the wrong choice of tasks. Whilst this survey did not look at RTW outcomes, it suggested that more effort was required to promote the uptake of modified duties by all employers. The uptake of modified duties has also been found to be problematic in other studies of large businesses (Baril et al., 2003; Loisel et al., 2001).

Internationally there are different approaches to improving the uptake of injury management practices with a range of specific legal obligations placed upon employers. As was discussed in Chapter Two (Section 2.3.1), a number of countries including Australia, Sweden, and Canada have legislated for employers to provide occupational rehabilitation plans for injured and disabled employees. New Zealand has not legislated employers to have injury management practices in place or provide occupational rehabilitation plans for injured employees.

6.2.4 Small business approach to RTW process

Findings indicated that the RTW process was approached informally and in an apparently ad hoc way in these small businesses. This was not surprising considering, as discussed in the previous sections: the employers' preference for informal organisational practices; their close working relationships with staff whereby they could deal with any issues such as RTW directly with the employee and; the lack of information and training about injury management. There is good evidence that returning an employee to work after an injury or illness, at the earliest opportunity promotes better recovery, reduces the risks of prolonged work disability and the

associated costs to the employer, and society (Fadyl & McPherson, 2008; Franche, Baril et al., 2005; MacEachen et al., 2006; Waddell, 2006). The employer is central to facilitating this process, and in large organisations often have suitably resourced injury management practices in place that support the RTW process (Greasley, 2008; McCluskey et al., 2006). These employers (or their representatives) often have access to occupational rehabilitation expertise to advise and oversee an early and safe return to work. They understand the importance of communicating with stakeholders such as medical practitioners, treatment providers, unions, insurance case managers and RTW co-ordinators about the RTW plan (Franche, Baril et al., 2005; Frank et al., 1998).

This study suggests that this ad hoc approach meant that employers did not appear to take a central role in the RTW process. Whilst these employers were supportive of returning their employees to work, their actions were in response to RTW information and resources that were provided to them rather than them taking a proactive approach. Options such as contacting the medical practitioner by letter or phone to discuss suitable work duties or clarify an apparent lack of progress with fitness for work, phoning ACC to investigate RTW assistance were not considered. The idea that they could play a central and influential role in the RTW process by promoting communication with all the key stakeholders at the workplace did not occur to them. Anderson et al (2007) suggested that information and resources to support the RTW process should be given when it is needed. The findings of this study suggest that when employers receive little advice about the complexity of the RTW process, they may not recognise their own need, and therefore be tolerant of it taking a prolonged time. Drury (1991) commented on small employers' difficulties with accessing information about rehabilitation and disability management and being able to keep abreast of developments in these areas. This study indicates that this continues to be the case.

6.2.5 Researching RTW in the small business

Chapter Two (Section 2.6) revealed that little research attention has been focused on the RTW process in the small business environment. Dr Paul Watson, in a refresher course on the management of low back pain at the 2008 World Congress on Pain (Main, Nicholas et al., 2008) reiterated the need for further research about the RTW process in small businesses. There is good evidence that best practice occupational rehabilitation following the RTW principles (Institute for Work & Health,

2007), reduces work disability in large organisations (Franche, Sinclair, Hogg-Johnson, Shannon, Bombardier, Beaton, et al., 2007), but it is not known how these principles apply in small businesses. For example, McCluskey et al (2006) found evidence of reduced work disability when the large organisation studied, supported and adhered to the early RTW intervention based on a biopsychosocial approach. Interestingly this study also found that the barriers to the uptake of this RTW intervention were organisational obstacles, despite having in-house occupational health staff. They suggest that similar interventions may be more difficult to implement in small businesses where there is typically limited access to occupational health services.

The research discussed in this study highlights the special organisational and social features of small businesses, their limited human and financial resources and the implications of these factors on the RTW process. Eakin et al (2003), Drury (1991) and Anderson et al (2007) in particular agree that these features should be taken in to account when stakeholders such as government and employer agencies, compensation schemes and insurers are trying to find ways of reducing work disability in small businesses. There is no information available about the amount and costs of work disability in New Zealand and there is scant information available internationally suggesting that the amount and costs of work disability is greater in small businesses (Anderson et al., 2007; Eakin et al., 2003). Although Kenny (1996) has made some suggestions for ways to support the uptake of occupational rehabilitation planning and injury management practices in small businesses, research is required to determine which injury management practices are suited to their needs and would reduce work disability.

6.2.6 *Does one size fit all?*

Whilst the evidence is lacking, it seems likely that injury management practices are important for small businesses. Rather than approaching the RTW process in an ad hoc way on a case by case basis or focusing only on the treatment of the injured employee, having an organisational approach that supports RTW practices is important if work disability is to be reduced (Greasley, 2008; Sullivan et al., 2005). There is a growing awareness that environmental factors, such as workplace characteristics, have an important impact on work disability (Turner, Franklin, Fulton-Kehoe, Sheppard, Stover, Wu, et al., 2008).

The costs of work disability continue to escalate in New Zealand and internationally (Accident Compensation Corporation, 2008a; Black, 2008; Pransky et al., 2005) and should receive a similar amount of attention as is currently given to health and safety and injury prevention practices. The challenge appears to lie in how to support small businesses to introduce these practices. As discussed, this study and other international studies about RTW and health and safety practices in small businesses have identified a number of organisational features that are peculiar to small businesses. As evidenced by Kenny et al (1999), Eakin et al (2003) and MacEachen et al (2006), the approaches taken to injury management in Australia and Canada have been difficult and even counterproductive to achieving the desired outcome in small businesses. Rather than disregarding the features identified as peculiar to small businesses and imposing the injury management approaches taken by large organisations on small businesses with limited resources, better injury management practice uptake may occur if practices suited to small businesses are developed.

Some of the features identified by this study and other studies that could be taken into account when developing injury management practices suited to small businesses include: the central role of the employer in *running the business* as well as deciding on the organisational approach to injury management; the financial and human resource constraints; limited experience and knowledge of injury management; apparent distrust in bureaucracy; the close working relationship between the employers and employees and; limited job options with employees being required to be flexible and adaptable in their approach to tasks. Supporting the RTW process in the small business is likely to require agencies, such as ACC and employer groups, to provide simple, cost effective, easily accessible training and resources for the employer.

Given the above features and conclusions drawn from the limited research that has focused on the small employer, it seems reasonable that injury management needs to be approached differently with the small employer. Further research is required to investigate how the RTW guidelines (Institute for Work & Health, 2007) apply to small businesses (Main, Nicholas et al., 2008). Recommendations for research topics are discussed later in the chapter.

6.3 Limitations of the study

The study has several limitations that are discussed in this section, beginning with sampling limitations followed by data saturation and finally the generalisability of the study. The first limitation is the small number of employers who were interviewed. As discussed in Chapter Four the ideal sample size depends on the context of the study and amount of rich, in-depth data collected (Morse, 1994b; Patton, 2002). One implication of the small sample size was less diversity of employers than was originally intended. A larger sample size with a more diverse group of employers, including a Maori and Asian employer, would have increased the richness of the data gathered. My original intention had been to interview a further four or five employers to enable the development of a stable theory. I was interested to try to identify some employers with more negative experiences of the RTW process. Attention to negative cases usually deepens the understanding about a phenomenon (Charmaz, 2006) and increases the rigor of the study (Mays & Pope, 2000). Time constraints precluded a further approach to ACC for some additional suitable employers.

The effect of a small sample size, as well as gathering rich data only from in-depth interviews, rather than from multiple sources, is likely to impact on the understandings gained from this study. One of the ways to increase validity of qualitative research is by triangulation (gathering data from several sources) (Mays & Pope, 2000). Given more time and in a larger study it might have been possible to observe some injured or sick employees participating in the RTW process with their employers. Detailed observations of the process happening in the field generally provide valuable data by providing comparisons to the data gathered in interviews (Charmaz, 2006). Employers may have forgotten the detail of the process as time passed, or taken some of it for granted, but with observation this would not be problematic. It may also have been useful to interview some of the employees that the employers had discussed as a way of comparing perspectives. Reviewing any relevant documentation, such as medical certificates or reports from RTW coordinators, may have been another source of information, but this was not included in the ethics application. Nevertheless this study was able to provide some useful understanding from the employers' perspectives of the RTW process. The international studies about RTW in small business identified some similarities such as the peculiar organisational features and social relationships in small workplaces and their limited knowledge and resourcing of injury management practices. Given the scarcity of research on this

process in small businesses the key findings of this project should be helpful for ACC and other agencies to consider how best to identify and support their injury management requirements.

The second limitation to the study was the participant selection. As discussed in Chapter Four (Initial Purposive Sampling) there were some issues with the ACC database information and the number of employers approached to participate in the study. The original request to ACC was to approach approximately 50 suitable employers with an invitation to participate. ACC invited 438 employers with only 33 giving their consent to be contacted by the researcher. Ethical constraints meant that it was not possible to sample some employers to learn their reasons for declining to participate. Understanding their issues may have provided further insight into the small employers' perspectives of the RTW process. As has been highlighted in Chapter Five, the employers interviewed all made efforts to return their employees to work. My experience and the literature both provide evidence of difficulties with the RTW process, especially for small employers where the risk of failure of RTW increases with the smaller the size of the business (Cheadle, Franklin, Wolfhagen, Savarino, Liu, Sally, et al., 1994). With hindsight it may have been useful to have approached DoL or employer organisations such as the Employers and Manufacturers Association to recruit participants. The limited diversity has limited the possibility of developing a comprehensive theory to explain the RTW process. However the data gathered have helped to provide some preliminary understandings of the issues for these employers. They indicate that more research should be carried out to understand the costs of work disability in small businesses and where limited resources might be targeted, how best to support and involve the employer in the RTW process and the role of the RTW co-ordinator in supporting the RTW process in small businesses. Suggestions for further research are also discussed in Section 6.6.3.

6.3.1 Data Saturation

As discussed in Chapter Four (Initial Purposive Sampling) and in this section, data saturation was not achieved in relation to potential theoretical issues. Instead, the study focused on two particular themes as highlighted in Chapter Five. The initial interviews and data analysis identified some emerging explanatory concepts and categories about the employers' experiences of the RTW process. By using constant comparative analysis and questioning what was happening in the data (Glaser, 1978), it

became apparent that the focus of the initial interviews was more related to RTW factors concerned with the individual injured employee; that is where the employee is the prime focus of any RTW interventions (also known as Type one factors) (Main, Sullivan, & Watson, 2008a; Sullivan et al., 2005). What was emerging from the data analysis was the apparent influence that organisational and system practices were having on the employers' approach to the RTW process. This theoretical concern was explored more fully in later interviews. Whilst given the time constraints of a Master's thesis, it was not possible to develop a full model of the RTW process in small businesses. Focusing on the two themes, however, and exploring these in more depth was useful. It was possible from these to construct an understanding of how these employers run their businesses, managing them when an employee is injured or sick for a prolonged period of time and adopt the approach they did to the RTW process. Other theoretical concerns that warrant further exploration are discussed later in the chapter.

6.3.2 *Generalisability*

The study has generated deeper understanding of the small employers' perspectives of the RTW process. Guided by a social constructivist perspective and using grounded theory methods, the researcher has constructed categories and themes from the data that provide an interpretation of the actions that these employers took when managing the RTW process. Another researcher however is likely to construct different categories and themes from the same data (Charmaz, 2006). Whilst acknowledging that generalisability is limited, nevertheless this study has contributed to the RTW knowledge. The researcher's past and present experiences of working in the area of occupational rehabilitation, particularly as a rehabilitation advisor at ACC has been useful to inform possible interpretations of the data. Being able to use this background knowledge and experience to inform the study has meant that the understanding gained from this study, whilst grounded in the data, is likely to be highly relevant to inform the New Zealand and ACC context in which this process occurs.

6.4 Personal reflections on engaging in the research

Qualitative researchers are encouraged to be reflective of their influence on various aspects of the research process (Mays & Pope, 2000; Popay et al., 1998). Rather than being a neutral observer, I was aware of bringing my own perspective during the course of the project, while gathering data from the employers and reading about the topic, all the time shaping an understanding of the phenomenon. La Grow's

(2001) comments about the influence of the philosophical perspective of occupational rehabilitation providers on their approach to RTW, gave me cause for reflection. In his opinion, those providers who operate in the classical medical model are more oriented to working with the individual's impairment and pathology to reduce the disability, whereas those providers who have a social model of disability make changes to the environment to reduce work disability. These ideas helped me realise that the sensitizing concepts (reducing RTW barriers for the injured employee, individual employee factors) (Strauss & Corbin, 1990), the RTW guidelines (Institute for Work & Health, 2007) and my disciplinary perspective, more orientated towards the medical model, had influenced the early phases of data collection and analysis. My interview prompts were more concerned with individual employee factors, rather than the workplace context and environment. This insight helped to ensure that my attention remained open to all the possible factors in the data.

There were a number of challenges to interviewing. Like the writing process, it appears that interviewing skills that encourage employers to delve into the meaning of their thoughts or actions, in order to clarify attitudes and actions, are acquired only after a great deal of practice (Patton, 2002). For example, one employer, when asked to consider what a sick or injured employee meant, explained that there were three issues: namely someone with a health issue, what level of incapacity the employee had and work options even if in a limited capacity. Rather than asking an open question or making an open ended statement such as "I'm interested to hear more about your thinking behind these ideas of health, incapacity and capacity for work...", I commented on the "broadness of her considerations" which had the effect of closing this discussion down. It was useful to critically evaluate this interview with my supervisor and develop some strategies that helped to shift my focus from the task of the interview to the relationship with the employer. This seemed to facilitate a more in-depth exploration of the employer's experience of RTW.

Being an ACC employee myself appeared to influence the participant's response in a number of ways. One employer in particular seemed to find this a good opportunity to express his frustration with ACC on a number of issues. Another employer seemed to be providing a 'text book' answer, that is, giving me information that he could have read in RTW guidelines, rather than his lived experience. It seemed to be useful to reassure him that rather than speaking hypothetically he should discuss his experience.

In addition, I revisited the way I attempted to help employers understand I was doing this research, not in my capacity as an ACC employee but as a Masters student. This fear and distrust of bureaucracy (of which I was a representative) was apparent in a number of concerns raised by the employers. As mentioned in Theme One, Dealing With Bureaucracy, some employers were unclear about the different roles of ACC and DoL. I wondered whether these employers were suspicious that I might be checking on whether they did in fact have health and safety practices in place. Some employers thought that I had accessed information about them and their injured employees. One employer was concerned that ACC would not be given any information from the interviews in case this went against her. Being reflexive (Mays & Pope, 2000) about my perspective as an ACC employee and its influence on this study has been important. Rather than believing it was possible to work solely in the role of the researcher without influence from my other roles and perspectives, a social constructive perspective that embraces these roles as a pathway to providing a deeper and richer understanding of the phenomena being studied, made sense (Patton, 2002).

Personal benefits from this study included exploration of qualitative thinking and methodological approaches rather than the more positivist, quantitative ones informing most physiotherapy practice. Studying various qualitative methodologies and critiquing qualitative health research as a participant in a local journal club, contributed to my developing a better understanding of these approaches. An unexpected challenge and bonus from this study was the development of my writing skills. Writing and rewriting drafts of memos, the literature review and the chapters of this study, helped to refine the analysis of the data and my own writing skills, for the purpose of clearly explaining the studied phenomenon.

6.5 Implications of the study

This section begins with an overview of the implications of this study, followed by a discussion of the key findings identified about the RTW process with a particular focus on proposing challenges to the current approach that small business employers take to managing RTW in their injured employees. The section concludes with an exploration of the tension that exists with following best practice recommendations of workplace-based rehabilitation and what is likely to be feasible in the small business environment.

This study has focused on the process of managing the return of injured or sick employees to work in small businesses. This process has been referred to in this study and in the literature as the RTW process and injury management. These terms are not interchangeable, but there are common elements. Young, Roessler et al (2005, p. 559) defined RTW as a process that involves various phases that occur from the onset of work disability until a satisfactory outcome is achieved. Injury management (refer to Section 2.2) as understood in the New Zealand context, refers to a broad framework of strategies that businesses adopt to help them prevent injuries, promote a healthy work culture and manage any injuries employees suffer. These strategies include: recruiting e.g. considering a prospective employee and their job fit and; tools that employers can use to facilitate returning injured employees to the workplace (personal communication N. Geddes, Manager Employer Injury Management, ACC, 27 January 2009).

6.5.1 *What is new?*

Chapter Two (Section 2.6) revealed that little research attention has been focused on the RTW process in the small business environment. New Zealand based and further international research is required if a greater understanding is to be gained about the important issues related to work disability in small businesses and how best they might be addressed. As discussed (Section 6.2.2), the small businesses in this study appeared to have health and safety and injury prevention practices in place as a result of a number of influences highlighted in Dealing With Bureaucracy – OSH (Section 5.2.2.2). An emphasis on health, safety and injury prevention in small businesses by bureaucracy and employers and not on injury management is interesting to consider. One might argue that proactive injury management has great potential for impact because it involves the longer term health of employees and their RTW.

New Zealand is a country of small businesses (96% of all businesses) employing nearly 30% of the workforce, therefore it seems reasonable to focus more attention on these employers. Small business employers seldom have the opportunity to tell their RTW stories, and as evidenced by the few studies found on RTW in small businesses. The low response rate to the invitation to participate in this study suggests they may be reluctant to do so. However the reason for this is unknown. The employers who did participate highlighted a lack of attention to injury management in their small businesses.

The employers interviewed had a central role in running their businesses including the decision to adopt an informal and apparently ad hoc approach to the RTW process. What appeared to result was an unintentional acceptance of the employee as the focus of rehabilitation attention during the RTW process. In the absence of injury management practices, whilst well intentioned, these employers generally adopted a more *go with the flow* approach, rather than being a central stakeholder actively participating to get their employee back to work at the earliest opportunity.

Interventions that typically focus on biomedical or ergonomic principles have been shown to be ineffective for those employees who do not recover quickly from injuries or illness (Frank et al., 1998; Main, Nicholas et al., 2008). The evidence strongly supports the need for the employee, health professional and employer to work closely to return the employee to work as early and as safely as possible (Franche, Baril et al., 2005; Main, Nicholas et al., 2008; Pransky et al., 2004). Turner et al (2007) when looking at early predictors of chronic work disability after work-related back injury, suggested that the biopsychosocial model does not place sufficient focus on the health care provider, employer and work and economic factors which affect work disability. This study not only highlighted a lack of communication between the medical practitioner and the employer (apart from the medical certificate) but also that the employers had a strong reluctance, in some instances due to concerns about privacy issues, to contact the medical practitioner to discuss RTW plans. This lack of communication may have prolonged work disability in some of these cases.

A RTW co-ordinator was considered to be very helpful facilitating the RTW process in most cases where it had occurred. In the absence of any other injury management expertise or resources the RTW co-ordinator did appear to bridge a number of gaps in the RTW process for these employers. Those employers who had confidence that the RTW co-ordinator was an expert in occupational rehabilitation, appeared to value having this expertise at the workplace. Having someone with knowledge of the employee's injury and their recovery, reviewing the workplace and work tasks and drawing up and monitoring the RTW plan appeared to facilitate the RTW process. Other studies have found that RTW co-ordinators play an important role in facilitating the RTW process for similar reasons as those found in this study (MacEachen et al., 2006; Shaw et al., 2008). A concern raised by some employers in

this study about the RTW co-ordinator was a lack of involvement and choice given to them in the RTW planning. They felt they had to comply with what was proposed. Anderson et al (2007) suggested that because of the close social relationships in the small business, it was important to involve employers in developing modified duties and have them determine what resources they needed to assist with the RTW process. As was found in this study, because the employer was so closely involved in running all aspects of the business and worked closely with staff, having the RTW co-ordinator include the employer in the development of the RTW plans may improve their co-operation and understanding of the process. Being able to minimise any disruption to other employees has also been shown to enhance the chances of a successful RTW outcome (Institute for Work & Health, 2007; MacEachen et al., 2006). In a small business, employer involvement in RTW planning should address this concern.

An evaluation of vocational rehabilitation under the Injury Prevention Rehabilitation Compensation (IPRC) Act 2001 was undertaken by AUT in 2006 (McPherson, 2007). This report identified a lack of attention by ACC case managers on rehabilitation and RTW. A common theme reported in the data collected from clients, was that conversations with case managers were focused on compensation and claim management issues with no discussion about their returning to work. Case managers perceived other matters to be more important than RTW. ACC's focus on rehabilitation was challenged in this report. The lack of information, resources and promotion of injury management practices by ACC identified in this study suggests that these comments continue to be relevant. As a result, some employers may have inadvertently placed barriers to an early and safe return to work thus promoting work disability. This is evidenced by some employers viewing ACC's agenda as cost transfer rather than promoting rehabilitation.

6.5.2 *What is challenged?*

This study has identified a lack of attention given to injury management practices in small businesses. A number of factors have emerged that may provide some explanation for this. These employers took various approaches to returning their injured employees to work. Whilst in many cases the employee returned to work with minimal disruption and required little in the way of work accommodations, this is not always the case in New Zealand or overseas (Accident Compensation Corporation, 2008a; Dunstan & Covic, 2006; La Grow, 2001). The evidence is clear that RTW is

complex with many factors contributing to prolonged work disability. A biopsychosocial approach has largely been adopted as the best model with which to consider these factors (Briand, Durand, St-Arnaud, & Corbiere, 2008; Schultz et al., 2005; Waddell & Burton, 2005). Turner et al (2008) suggest that this model is somewhat limited and instead the ICF framework which emphasises the concepts of an individual's activity limitations (i.e. the difficulties an individual experiences in executing activities relative to a generally accepted population standard) and participation restrictions (i.e. the difficulties experienced in context relative to a generally accepted population standard) may provide a broader model with which to understand the complexity of work. The ICF framework provides additional insight into the key influence a wide range of environmental and social factors have on the individual's ability to participate in work (Young, Roessler et al 2005, p.567). It may be that ACC's recently adopted Rehabilitation Strategy (Hawker, 2007) (which has been informed by the ICF) will facilitate greater understanding of the complexity of RTW. Certainly some health professionals utilise these broader models to inform their input into the RTW process (Schonstein & Kenny, 2001). However, the study highlights that to date, small employers' experiences of health professionals is not always one that demonstrates their adoption of such models. From the employers perspective, some health professionals who treated or certified employees unfit for work appeared to have little consideration of the inter-related aspects of their approach to treating the injury and its consequences for work.

Theme Two, Working In The Dark, particularly suggested that most stakeholders seemed to be influenced by a biomedical perspective. This was evidenced by what seemed to be a traditional linear sequence of events: treatment of the employee's injury and restoration of physical functioning away from the workplace and then consideration of return to work. Return to work in these small businesses typically involved a number of stakeholders, including the injured employee, other employees, the employer, the medical practitioner, ACC staff and, in most cases, a RTW co-ordinator. With a biopsychosocial perspective stakeholders understand that the RTW process may be complex with multiple factors interacting to effect the outcome, and that each stakeholder has a part to play in supporting or undermining the RTW process (MacEachen et al., 2006; Young, Wasiak, et al., 2005). A challenge highlighted by this study for these small businesses was for stakeholders (medical practitioner, case manager, employer) to work collaboratively to promote and support the central role of

the workplace in the injured employee's rehabilitation including RTW. A collaborative approach becomes more important when the duration of work disability increases or the RTW plan is at risk of failing. There were examples in this study when a co-ordinated RTW approach did not occur which may have contributed to an employee's employment being terminated or work disability prolonged.

A number of employers reported that they seldom had experience of returning employees with significant injuries to work. Minor injuries and illnesses with staff absent for only one or two days were more common. Half of the injuries discussed in this study were non-work injuries. Considering that there were work types involving physically demanding tasks and using potentially dangerous machinery, it was surprising that these employers reported having few work injuries. Some employers attributed this to the emphasis they placed on their health and safety practices and others felt that working in close physical proximity meant that they were able to observe and easily correct unsafe work practices.

There is some international evidence to suggest that small employers have higher accident rates with more serious injuries than large employers (Cheadle et al., 1994; Hasle & Limborg, 2006). There is some evidence suggestive of this being similar in New Zealand. A report, on the DoL webpage, (Department of Labour, 2005) reported that businesses with fewer than ten employees and self-employed people on average had a higher incidence of injuries and a higher cost of claims per year compared with medium and large employers. Within small businesses there are some industries that have higher rates of injuries and claims costs than others. In 2003, six industry sectors (agriculture, forestry, construction, road freight, motor trades and in-shore fishing) accounted for 33% of the total number of small businesses, but accounted for 53% of the total number and 61% of the costs of all claims for work-related injuries for small businesses.

Whilst it is important that employers are legislated to make every effort to ensure that employees are not at risk of incurring injuries at work, this may not be enough. Some researchers have questioned the cost benefit of focusing attention only on work injury prevention and health and safety, particularly when there is little evidence that biomechanical and ergonomic interventions do reduce the incidence of musculoskeletal injuries and the resulting work disability (Main, Phillips, & Watson, 2005; Nordin, 2001; Waddell & Burton, 2001). As discussed in Chapter Two, (Injury

rates and cost of claims, Section 2.4.1) there is evidence from ACC statistics (Accident Compensation Corporation, 2008a) and from Australia (Dunstan & Covic, 2006), that the number of work injury claims is reducing, whereas non-work injury claims are increasing and overall the costs of work disability are rising. Given the evidence emphasising the important role the workplace has in the rehabilitation of the injured or sick employees, to encourage faster RTW and reduce work disability (Amick et al., 2000; Franche, Baril et al., 2005; Greasley, 2008; Main, Nicholas et al., 2008), injury management practices should be given equal importance by all stakeholders.

6.5.3 Tensions

While little is known about the costs of work disability in NZ small businesses, they are likely to be significant considering they employ nearly 30% of the workforce. This study has identified some potential risks with the apparently ad hoc approach taken to the RTW process by these small employers. Workplace-based rehabilitation, including the offer of early RTW and modified duties, has been shown to reduce work disability (Franche, Cullen et al., 2005; Friesen, Yassi, & Cooper, 2001; Nordin, 2001). This study and international studies of RTW in small businesses have identified a number of challenges to the successful implementation of workplace-based rehabilitation practices. A lack of attention paid by stakeholders to supporting the uptake of injury management practices in these small businesses appeared to be influential in this study. The effect of this seemed to be that these employers did not understand the importance of the role of their workplace in the RTW process. Other studies of small businesses in countries where employers are legislated to provide occupational rehabilitation plans (Eakin et al., 2003; Kenny, 1998) have shown similar problems where small employers are not well resourced. Small business employers who lack occupational rehabilitation expertise and access to occupational health services and are working with tight financial constraints have found it difficult to conform with the legislation. Instead, there was evidence of a breakdown of the RTW process and staff relationships in small businesses (Eakin et al., 2003; Kenny, 1998).

This study suggested that compensation appeared to be a disincentive to early RTW in some cases (despite ACC being both the compensating agency and being committed to reducing the cost of work disability). There appeared to be a number of factors related to this including ACC ‘paying’ the employee’s wages and difficulties with negotiating abatement of wages when the employee was returning to work. Drury

(1991), in an article that summarised disability management issues for small businesses derived from survey findings, suggested that insurers ‘blunted’ (diminished) the financial incentive for reducing disability costs when the immediate cost burden of providing weekly compensation and treatment and rehabilitation was undertaken by the insurer. This study also suggests a blunting effect, that is employers did not seem to appreciate that work disability was costly. Instead they felt that because they paid their ACC levies, ACC should continue to pay and rehabilitate their employee away from the workplace until they could be fully productive. In those cases where a graduated return to work (GRTW) had been prolonged, the employers expressed frustration but they did not consider discussing options with the RTW co-ordinator or contacting ACC to discuss ways that it might be shortened, which could potentially save costs.

The employers studied have a central role in determining the approach taken to the RTW process. The small size and associated financial and staffing constraints these businesses operate within, meant there were challenges to finding suitable ways of increasing the uptake of injury management practices. They appeared to be constrained by flat management structures (i.e. either no or very small human resources departments) and a lack of RTW expertise and resourcing. Their focus was on running their business and maintaining productivity within tight financial constraints, while their employee was work disabled. Data suggests a clear tension between getting small employers to see the benefits of adopting injury management practices when they seldom experience the need for them, along with their desire to keep costs and formal practices to a minimum. The next section discusses some options for minimising these risks.

6.6 Recommendations

This study has highlighted a number of areas of interest and concern about the RTW process in the context of the small business. One of the purposes of this study was to generate knowledge from the employers’ perspectives that might inform RTW practices in New Zealand, particularly for the small employer. In this section attention turns to recommendations for possible ways to improve the RTW process in the New Zealand small business community. Firstly some practical RTW considerations are discussed, followed by some recommendations to relevant government organisations including ACC, employer groups and finally some ideas for future research are proposed.

6.6.1 *Practical considerations*

The costs of work disability continue to grow in New Zealand and overseas causing concern for government agencies, compensation boards, insurers and employers (Accident Compensation Corporation, 2008a; Black, 2008; Waddell, 2004b, 2006). Not only are the financial costs a concern but the personal costs and health risks of the work disabled employee are significant (Pransky et al., 2005; Ross & Mirowsky, 1995). This study has highlighted a lack of attention to the workplace organisational factors that support the RTW process in these small businesses. The resulting apparently ad hoc approach taken by these employers to the RTW process was of concern. Whilst this approach suited the informal organisational style, close working relationships and limited resources of these businesses, there is strong evidence for the cost and health benefits of workplace-based rehabilitation as early as is safely possible after the commencement of work disability (Frank et al., 1998; Main, Nicholas et al., 2008; Waddell, 2006). This requires a co-ordinated approach by all stakeholders, targeted at the workplace, rather than an ad hoc approach where stakeholders may or may not co-ordinate their efforts. The fact that where there was little support and few injury management resources made available by ACC, other government agencies or employer groups, meant that these employers were not aware of the importance of workplace-based rehabilitation and their role in preventing unnecessary work disability.

A suitable approach to injury management practices in small businesses is unknown. It is clear that the approach taken in large organisations who are well resourced with more experience of the RTW process, is unsuited to small businesses with very limited staff and financial resources (McCluskey et al., 2006). Consideration must also be given to the fact that there large number of small businesses in New Zealand and therefore whether it is practicable to introduce injury management practices in to all businesses or instead a adopt a more targeted approach. Unlike workplace Health and Safety practices and countries such as Australia, Canada and Sweden, New Zealand employers are not legislated to adopt injury management practices.

Hasle et al (2006), when looking at ways to increase the uptake of health and safety practices in small businesses, recommended that simple approaches should be considered that would be affordable and easily accessible such as through personal contact. Given the current lack of attention, expertise and support available for injury

management in the small businesses in this study, a RTW co-ordinator could have a role to play in providing this support in both the short and long term. RTW co-ordinators employed by ACC are usually physiotherapists, occupational therapists or occupational health nurses with expertise in occupational rehabilitation. In this study the majority of the employers had experienced a RTW co-ordinator taking responsibility for the RTW process and found this to be useful.

A number of studies have found that when a RTW co-ordinator was involved in the RTW process both the work disability duration and costs were reduced in the short term (Franche, Cullen et al., 2005; Shaw et al., 2008). Kenny (1999) surveyed 612 employers in NSW about their compliance with rehabilitation legislation and identified problems with RTW co-ordinators, particularly in businesses with fewer than 100 employees, being in this role without having any injury management training. Eakin et al's (2003) study of ESRTW found that it was problematic for employers to take on a case manager and RTW co-ordinator role. Drury (1991) suggested that RTW co-ordinators needed to expand their brief in the small business environment to be able to educate and provide resources for the employer to support injury management practices. Anderson et al (2007) recommended that employers should be asked what RTW support they require and be involved in developing RTW plans. These recommendations and concerns appear to be reasonable for RTW co-ordinators to consider when deciding on how best to work to support the RTW process in the small business context, given the close involvement of the employer in running the business and with staff and their limited injury management resourcing.

6.6.2 Considerations for ACC, DoL, MSD and employer groups

Given the previous information and the insights gained from this and other studies, it would seem appropriate for ACC, in discussion with small business employers, to consider employing RTW co-ordinators to provide them with RTW expertise. A RTW co-ordinator with relevant health knowledge and occupational rehabilitation expertise is qualified to facilitate communication between the medical practitioner, other treatment providers and ACC case manager to focus their attention on rehabilitating the employee at the workplace rather than in a treatment clinic as was the case in this study. Understanding the distinctive ways small businesses operate and being able to offer practical, flexible and cost effective solutions are likely to gain greater employer support of RTW plans. It would seem reasonable for other

government agencies such as MSD and employer groups to promote and support the availability of RTW co-ordinators for small businesses. Having RTW co-ordinators with expertise in working with small employers working to return individual employees to work could also educate employers about the benefits of developing injury management practices and assistance in developing them.

A review of the ACC and DoL web information revealed a vast amount of easily accessible information about injury prevention and health and safety initiatives. In July 2001, ACC introduced the WSMP programme to encourage best practice workplace safety management. Workplaces are audited and if they meet the criteria for good workplace safety practices are rewarded with levy discounts ranging from 10% to 20%. There is some evidence that these discounts are hard for small businesses to access due to their informal organisational practices (Department of Labour, 2005).

A comparative review of the ACC, DoL and MSD web information (searching for injury management, disability management and RTW) found relatively scant information about disability management and specific RTW resources. As mentioned previously, very little is known about the costs of work disability in small businesses and yet they are likely to be significant. It would be useful to gather some detailed information about the costs of work disability in small businesses. Given the large number of small businesses, this information could be useful, as suggested in the previous section, to inform a targeted approach to the introduction of injury management practices in to those businesses that have high work disability costs, ahead of low cost ones.

Despite individual organisations such as ACC and Massey University's Centre for Small Medium Enterprise (SME) (Massey University, 2008) increasing their focus on the small employer, other government agencies such as DoL and MSD and employer agencies should be concerned about this issue, and in fact there is room for collaboration. Requiring the uptake of injury management practices as well as workplace health and safety practices should be considered. Including training on injury management practices and the importance of workplace-based rehabilitation in the health and safety training packages provided by these agencies would be another way to educate and support employers to take up their role in the RTW process. Westmorland and Buys (2004) comment on the difficulty that occurs in the workplace when injury prevention and rehabilitation are dealt with separately, both at a legislative

level and at the workplace, as is the case in Australia and NZ. Some of the difficulties discussed by Westmorland and Buys (2004) have been echoed in this study when employers were concerned with preventing injuries and fearful of re-injury during the RTW process, but lacked understanding about the risks associated with protracted work disability and their role in reducing this risk.

ACC are developing a web based resource for small businesses with RTW information including advice about RTW support that they can access. They are also investigating ways to encourage small business employers to adopt injury management practices, mindful that simple and cost effective options are likely to be important. ACC's preference is to find ways of educating and supporting small employers to adopt these practices into their workplace culture because they and their employees understand the social and cost benefits they will bring. A compliance approach with the threat of prosecution, as has been shown internationally (Eakin et al., 2003; Kenny, 1996), is thought to promote undesirable employer behaviour such as finding ways of 'side stepping' the legislation rather than supporting the RTW process Eakin et al (2003) (personal communication N. Geddes, Manager Employer Injury Management, ACC, 1 October 2008).

Being able to readily access information about the RTW process, knowing what resources are available and how to get assistance with returning an injured or sick employee to work was problematic for these employers. Developing a web based resource for small employers with injury management resources may help to plug this gap. Engaging other governmental agencies and employer groups in the promotion of this web based resource would seem to be important. Providing them with key messages and supporting information about the individual, societal and financial costs of work disability may assist them to understand why the uptake of these practices is equally as important as workplace health and safety practices. ACC contacts each employer to discuss weekly compensation payments. It may also be worthwhile establishing the size of their business and if small, include a small business RTW information sheet about the RTW resources that are available and the importance and benefits of workplace-based rehabilitation.

A number of the employers in this study highlighted difficulties with the certification and information they received from medical practitioners. They did not feel they could make contact with them to discuss their concerns or RTW options. Similar

concerns are highlighted in other studies (Sawney, 2002; Schonstein & Kenny, 2002). A recent report from the UK that looked at factors contributing to the rising rates and costs of work disability has identified difficulties with medical practitioners continuing to sign employees off work when they could in fact return to work (Black, 2008). A recommendation from Black's (2008) report was to develop an early intervention occupational health service that employers, medical practitioners and treatment providers could refer employees to in order to review the medical diagnosis and RTW options. If successful, a similar service for small business employers who don't have the resources to provide occupational health services might be worthwhile for government or employer agencies to consider developing in New Zealand.

6.6.3 Research recommendations

This study has provided a deeper understanding of the RTW process in small New Zealand businesses. Research is urgently required to determine what workplace organisational practices are best suited to support the RTW process in New Zealand small businesses. As defined in Section 2.2, injury management in the ACC context refers to a broad framework of strategies including the promotion of practices to manage the consequences of injuries and illness, at the workplace. Is an injury management approach tailored to the limited resources of small businesses the best option or are there other simple cost effective options? Disability management takes an integrated approach to injury prevention, health and safety and injury management practices. It does appear to be a sound approach, but to date has been largely been adopted by large businesses (Shey, 1996; Westmorland & Buys, 2004). A comprehensive approach such as this might be a way of gaining more collaboration between key stakeholders to build on the injury prevention and health and safety practices already in place in order to address work disability in small businesses.

This study found that most employers who had input from a RTW co-ordinator felt positively about the contribution this person made to facilitate the RTW process. As discussed in Sections 2.4.3 and 6.5.1, studies that considered the role of the RTW coordinator found they had an important role in promoting collaboration and communication between the stakeholders as well as overseeing the RTW process (Franche, Baril et al., 2005; Shaw et al 2008). Given the large number of small businesses in New Zealand and their unique organisational features, it would seem worthwhile to investigate how best to utilise RTW coordinators to support individual

RTW plans and whether they might have a wider role to play in promoting the uptake of injury management practices suited to small businesses. Of particular interest to employer groups, ACC, and WINZ, would be the impact engaging a RTW coordinator could have to reduce work disability and its associated costs.

There remains only scant information about work disability, the extent and costs of work disability in small New Zealand businesses. It is likely that in the absence of this information and with the stakeholders (ACC, MSD, DoL and employer agencies) appearing to concentrate their attention on other issues, there is little perceived risk and as a result little will change. If research was undertaken that quantified the risks and costs associated with work disability in small businesses, there would be more reason to change and more direction as to specific areas that require attention. In particular sound evidence (presented in such a way that key stakeholders engage with that evidence) about the cost of work disability supported by a cost benefit analysis of early RTW versus prolonged disability would be advantageous.

The final recommendation concerns RTW guidelines. These have been developed from studies of best RTW practices in large organisations on the evidence for best practice RTW approaches, but how these generalise to a small business environment requires further research. For example, offers of work accommodation or modified duties have been shown to significantly reduce work disability (Franche, Cullen et al., 2005; Krause et al., 1998). Kenny et al (1999) and Eakin et al (2003) have identified that finding modified duties can be an obstacle to small employer compliance with ESRTW planning. Some research about the availability and effect of providing modified duties in small businesses would be helpful. Kenny et al (1999) suggests that insurers and other relevant governmental agencies should be promoting modified duties and exploring ways of reducing barriers for small employers to providing them. Some research focused on reviewing the utility of these guidelines for small businesses, and any modifications that might be required to meet their needs, would be worthwhile.

6.7 Conclusions

This study aimed to provide a deeper understanding of the employers' perspectives of the RTW process in small New Zealand businesses. Two themes were constructed, from data collected from in-depth interviews with eight small business employers, to explain their experience of this process and the factors that appeared to

influence the approach they took. The findings relate specifically to the employers interviewed and must be viewed cautiously when considering the transferability to other small employers and implications for injury management practices in small businesses in general. Two themes summarise the key findings.

Theme One focused on the employers' approaches to running their small business and the factors that influenced their choice of an informal approach to injury management. These employers had a central role in how they ran their businesses and valued their close and informal working relationships with staff. With limited resources they were aware of the need to work within financial and staffing constraints. Their experiences of dealing with bureaucracy, namely ACC and DoL, were generally negative or neutral which appeared to make them reluctant to seek support for the RTW process. There also appeared to be some deficiencies on the part of bureaucracy in providing injury management resources for these employers. Interestingly, these employers appeared to have taken the risk of workplace injuries seriously and described formal health and safety practices.

Theme Two, closely linked and influenced by the informal injury management approach discussed in Theme One explains what happened during the RTW process. An ad hoc approach to the RTW process seemed to occur in the absence of an understanding of workplace-based rehabilitation and the factors that could influence the outcome. The RTW process was dependent on input from external stakeholders which appeared to lack a co-ordinated workplace based focus. When a RTW co-ordinator was employed by ACC, most employers found this person to be useful in facilitating the RTW process in the workplace.

The findings of this study have identified organisational features that are peculiar to small businesses and should be considered by those stakeholders such as ACC, DoL, MSD, employer agencies and treatment providers including RTW co-ordinators who are interested in promoting the uptake of injury management practices. It seems possible, given a lack of RTW experiences and limited occupational health and rehabilitation resourcing in small businesses, that rates and costs of work disability (in relation to the number of staff) are higher than in large businesses. Future research should be directed to finding an injury management approach suited to small businesses and information about costs and amounts of work disability in small businesses. This

information could be used to inform key stakeholders about where to target their efforts to reduce work disability.

The employers in this study were well intentioned in their RTW efforts and supported their employees to RTW in some cases for considerable periods of time; however they did not appear to see their role or the workplace as central to the rehabilitation outcome of their employee. The evidence is clear that workplace-based rehabilitation reduces work disability but the challenge is how to encourage this without being overly regulated and demanding of small employers who have limited resources.

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Appendices

Appendix A: Participant Information Sheet



14 November 2006

What do small business New Zealand employers see as important factors in return to work (RTW) of an employee following an injury or illness?

Information Sheet for Employer Participants

Thank you for taking the time to consider whether you are willing to take part in this study. I would like to invite you, as a NZ employer in a small business, to participate in my research project. Please note that your participation in this project is entirely voluntary and you may decline this invitation without any adverse effect.

What is the reason for doing this research?

The aim of this project is to gain knowledge and understanding of the perspective of the small employer in NZ of their role(s) in returning an employee to work following an injury or illness. Currently very little is known about this. The RTW guidelines for NZ employers are largely based on international research that typically has developed from studies of large business employers. I am therefore particularly interested to find out what the small NZ employer who has had experience of returning an employee to work following a period of incapacity, views as the facilitators and barriers to this process.

How was I chosen for this invitation?

With your permission you were identified from the ACC employer database and are a small business employer in the retail, tourism, catering or manufacturing industries. You employ fewer than 20 employees and have had experience of an employee being off work for at least two weeks following either an illness or an injury and your business is located in Auckland, Christchurch or the West Coast of the South Island.

How can I participate?

Please take your time to consider this information sheet, although it would help if you could respond within one month of receiving this invitation. Please feel free to contact me (see details below) if you wish to discuss the research and clarify any further questions you have that are not answered in this information sheet. If you agree to participate please sign the consent form and return it in the reply paid envelope.

If I give consent to be part of this research how will I be involved?

If you agree to take part, you will be interviewed by me for between thirty and sixty minutes. I will arrange a venue suitable for you; this may include your workplace. Your permission will be sought to audiotape the interview. The data for my thesis will be derived from my transcription of the taped session and subsequent analysis of this. I will give you the opportunity to comment on the themes that I have identified from the interview.

What are the discomforts and risks?

There should be no discomfort as this is an interview based research programme only. If at any point the participant wishes to discontinue the interview it will be stopped immediately.

Conflict of interest. (see below)

How will these discomforts and risks be alleviated?

I am currently an employee of ACC, however my research project is not commissioned or funded by ACC. Although the knowledge gained from this project may be useful to inform RTW practices for ACC, this is not the purpose of the project. No information about you or your involvement in this Masters project will be passed on to ACC.

What are the benefits?

1. Gaining knowledge and understanding of this topic. This may provide useful information for a subsequent, larger, qualitative study.
2. Useful information will be disseminated in written articles evolved from the thesis to relevant journals of occupational rehabilitation.

3. A benefit is also that I will complete my Master of Health Science degree, by successfully undertaking a research project.

How will my privacy be protected?

The researcher and supervisor have taken a number of steps to be able to assure you of your confidentiality and anonymity. All identifying features that may identify you or your business will be protected at all stages of the project. You will be asked to choose a pseudonym for yourself and your business. No material, such as names or business details that could identify you or your business will be used on any reports in this study.

Under the Privacy Act (1993), you as a participant have the right to access all personal information held by myself and Professor McPherson. The information gathered will be kept secured and not be available for scrutiny and will only be used for this research project.

You have the ability to withdraw from the study at any time if you have concerns about the use of the information and specifically your confidentiality.

The data including the tapes and transcription will be stored in a secure locked cabinet at my residence during the research. All signed consent forms will be stored securely by Professor McPherson at AUT in accordance with ethics requirements. On completion of the project the data will be stored at AUT for six years before it is destroyed.

Will I receive feedback on the results of this research?

Yes. You will be asked for further comment on the accuracy of the themes that emerge from the data analysis. A copy of the results of my project will be made available for your perusal. If you require specific feedback you may contact me at the address below.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Professor Kath McPherson, Kathryn.McPherson@aut.ac.nz, *phone 09 921 9999 ext 7110*.

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Madeline Banda, madeline.banda@aut.ac.nz, 921 9999 ext 8044.

Whom do I contact for further information about this research?***Researcher Contact Details:***

Christine Bloomfield, PO Box 130144, Armagh, Christchurch 8141. Phone 027 6976196. Email cjbloomfield@paradise.net.nz.

Project Supervisor Contact Details:

Professor Kathryn McPherson, Professor of Rehabilitation, Auckland University of Technology, Private Bag 92006, Auckland. Phone 09 921 9999 ext 7110.

Approved by the Auckland University of Technology Ethics Committee on 14 December 2006

AUTEC Reference number 06/178

Appendix B: Consent Form



Project title: What do small business New Zealand employers see as important factors in return to work (RTW) of an employee following an injury or illness?

Project Supervisor: Professor Kath McPherson

Researcher: Christine Bloomfield

- I have read and understood the information provided about this research project in the Information Sheet dated 14 November 2006.
- I have had an opportunity to ask questions and to have them answered.
- I understand that my confidentiality and privacy will be maintained and that no details that could identify me or my business will be included in any report or dissemination.
- I understand that the interviews will be audio-taped and transcribed by the researcher.
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- I agree to take part in this research.
- I wish to receive a copy of the report from the research (please tick one):

Yes ☐ No ☐

Participant's signature:

Participant's name:

Participant's contact details (if appropriate):

Date:

Approved by the Auckland University of Technology Ethics Committee on December 14 2006 AUTEK Reference number 06/178

Appendix C: Initial Letter to Employers

Christine Bloomfield

C/- Prof Kath McPherson

Masters Student – AUT

Professor of Rehabilitation
AUT

Private Bag 92006

Auckland

Phone: 09 921 9999 ext7110

Employer

Address

Date

Dear Employer,

Re: Invitation to participate in interview re return to work (RTW) of injured employees.

I am a Masters student at the Auckland University of Technology (AUT) currently undertaking a research project that aims at gaining some knowledge of what the small business NZ employer perceives as their role(s) in returning an employee to work following an injury or illness.

I attach an information sheet with more detail about the project.

As employers are a key stakeholder in the RTW process, your contribution to this study would be greatly appreciated. Please note that any issues of confidentiality and anonymity are taken seriously. Any identifying features or sensitive information related to your business or yourself will not be included in the write up of the thesis or any published articles.

It is important that I let you know that I am currently an employee of ACC. However my research project is not commissioned or funded by ACC and is being done in my capacity as a Masters student at AUT University. Whilst findings of the study will be disseminated to try and assist better RTW, no information about you or your involvement in this Masters project will be passed on to ACC or any other party.

Please contact me, or my supervisor Professor Kath McPherson if you require any further information about your involvement in this project.

Date:

Venue:

Please RSVP by the

Yours sincerely

Christine Bloomfield NZRP, PGD Rehab (Otago)

Appendix D: ACC Employer Consent Form

Consent Form.

Return to Work study, Christine Bloomfield,

NB Please sign and return this page to Christine Bloomfield in the enclosed prepaid envelope if you are willing to take part.

1. I have read and understand the information as outlined in the letter.
2. I understand that I can discuss this study with the researchers directly on 027 6976196 or if I wish to seek confirmation from ACC about this research, I can contact the Programme Manager-Research on 04 918 7656.
3. I understand that taking part in this study is voluntary and that I may withdraw from the study at any time.
4. Once I consent ACC may provide the researchers with information on the size of my workforce, the industry sector and the location of my business.
5. I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study nor will any identifiable data be given to ACC at any time.

I _____ (full name) consent to take part in this study.

Name of enterprise: _____

Address: _____

Date: _____

Appendix E: Interview Prompt Sheet

1. Tell me about your experience of being involved in getting injured or sick employees back to work.
2. Thinking about some of your employees, what do you think have been the most important factors influencing the outcome of them getting back or not getting back to work? And the least important factors?
3. What do you see your role(s) is when returning an employee to work?
4. What is the RTW culture? What are the systems you have in place for managing sick time off work?
5. What stage of the process did you get involved? Early, late, waited to be guided by the GP, coping with injury/illness, being off work, re-entering work, retaining job.
6. What factors do you understand help to return your employee back to work?
7. What factors do you feel are unhelpful for returning an employee to work following an illness or injury?
8. What are your views on the place of having the workplace being a part of the employees' rehabilitation?
9. What are your views on assisting return to work by providing modified or part time duties or other assistance to do this?
10. Do you think there are specific things you have learned that you wished you had known earlier?

Baseline data

Age, sex

Number of employees.

Years in this business

Number of previous employees with incapacity

Appendix F: Memo Example

Memo: 10/08/08

The employer makes the decision that Health and Safety is a risk and even though employers aren't necessarily in agreement with some of the "bureaucratic nonsense", they did appear to have processes in place. Note: Health and Safety policies don't include RTW procedures. Safety is focus for these employers.

Keeping safe - It was surprising that for a number of these employers, experience of work injuries and returning staff to work after injuries was uncommon. The work types, apart from one employer, all involved physical demands such as lifting, carrying, working outdoors, and working with machinery such as chainsaws. There were a variety of hypotheses for this being the case:

- Working alongside their employees meant that they knew the job and could easily correct any risky work behaviour.
- Having the direct experience of performing a task and being practically orientated resulted in sharing knowledge of safe and efficient work practices.
- Employing the "right staff" at the outset. Staff who demonstrated a "common sense" approach to the work situation. This seemed to imply that they were adaptable, could work independently, problem solve and ask for help when necessary. The idea that every aspect of a job including how to lift safely was seen as eroding "common sense".
- Having the right equipment to improve the manual handling. Two employers who had experience of introducing lifting equipment and received positive feedback from staff on the improvement in the handling were open to looking at other ways of taking the physical load off employees.

Different approaches to health and safety – A DoL audit had found substandard machinery and work practices. He was very relieved when the DoL auditor provided him with a list of recommendations for improvements to make. This has resulted in him developing a systematic approach to health and safety.

To obtain work for a regional council another employer was required to show documentation of their health and safety procedures. A contractor was employed to develop a health and safety manual which the employer refers to for identifying and managing risk at his workplace. This employer sent his staff to an ACC work safe training day.

Appendix G: Theoretical Sampling Table

| Theoretical concern | Sampling Focus |
|---|---|
| <p>Maintaining productivity during the RTW process.</p> | <p>The employers' RTW experiences in the context of running their businesses:</p> <p>They appear to be “plugging gaps” [getting the work done often with fewer employees; lacking reliable information about the injury and what RTW support was available] monitoring the financial costs of the business and the personal costs to staff doing extra work.</p> <p>The theoretical category being explored is: - <i>the employer running the business</i> and includes:</p> <ul style="list-style-type: none"> - the business considerations the employer makes while the injured employee is off work and returning to work - managing the impact of the RTW process on the business. |
| <p>Working with bureaucracy</p> | <p>The theoretical category being explored is:</p> <ul style="list-style-type: none"> - <i>the employer's experience of dealing with bureaucracy</i> [ACC, DoL, OSH] including the barriers and facilitators to the RTW process. <p>The following aspects may need to be considered:</p> <ul style="list-style-type: none"> - access to information - attention to injury prevention and injury management - general attitude of bureaucracy to small business employers - ACC levies |