Factors influencing return-to-work outcomes of migrant workers after a work injury
Heidi TAN
Senior Principal Occupational Therapist
Department of Occupational Therapy
Heidi_Tan@ttsh.com.sg
Singapore:
• 1,368,000 foreign workforce
• ~ 33.6% of total workforce
(Manpower Research and Statistics Department, 2018)
Programme launched to help injured workers return to work

1 November 2017

Under the Return to Work programme, coordinators will be assigned to injured workers to help them get back to work.

Source: WSH Council Website
The RTW Programme

RTW Coordinator acts as the central person to coordinate inputs from various stakeholders to facilitate the worker to RTW.

Source: WSH Council Website
Work Disability Prevention (WDP) Model

(Loisel et al, J Occup Rehabil, 2005)
Objectives of study

• Gain a deeper understanding of the facilitators and barriers affecting the RTW outcome of migrant workers, and

• Consider the implications on practice for disability management practitioners
Methodology

Total number of migrant workers recruited in the RTW programme in TTSH from Oct 17 to Jul 18 included in the study (N=28)

3 researchers studied 8 to 12 case studies each and identified facilitators and barriers affecting RTW using the WDP model

Researchers obtained consensus on facilitators of migrant workers who RTW in SG (n=15) and barriers of migrant workers who did not RTW in SG (n=13) based on frequency of occurrences in case studies
Results – Demographics

• N=28, All males
• Mean age: 36 years (ranging from 26 to 52 years old)
• 85.7% were main breadwinners of family

• Manual labour force
  ➢ Construction (64%)
  ➢ Others: Operators, technicians, vehicle attendants
## Results – Injury-related variables

### Type of injury
- Fractures (n=15, 54%)
- Laceration (n=7, 25%)
- Others; e.g. lower back pain (n=6, 21%)

### Area of injury
- Upper extremities (n=20, 71%)
- Lower extremities (n=5, 18%)
- Others; multiple areas (n=3, 11%)

### Severity of injury
- ISS 1 (n=11, 39%)
- ISS 4 (n=16, 57%)
- ISS 5 (n=1, 4%)
Results – RTW outcome

Number of migrant workers who RTW in Singapore

Average length of time taken to first RTW ~ 75.6 days
Results – Facilitators to RTW (n = 15)

- Motivated to RTW (f:12)
- Lower severity of injuries (f:7)
- Self-efficacy (f:6)
- Peer support (f:1)

- Availability of modified duties (f:11)
- Supportive employer and co-workers (f:8)
- Safety officer involved in RTW (f:1)

- Communication between healthcare providers to support timely RTW (f:11)

- WICA (f:15)
Results – Barriers to RTW (n =13)

- Biomedical orientation of medical physician (f:4)
- Gaps in service coordination (f:1)
- Mistrust between employer and worker (f:6)
- Negative working relationships with colleagues (f:3)
- Lack of availability of modified duties (f:3)
- Employer decline RTW Coordination (f:2)

- Higher severity of injuries (f:9)
- Psychosocial barriers (f:8)
- Lack of motivation to RTW (f:7)
- Personal issues (f:3)
- Language barrier (f:2)

- Common law (f:6)
Discussion –
Top 5 facilitators and barriers in RTW

**Facilitators**
1. Motivation \((f=12)\) P
2. Availability of modified duties \((f=12)\) W
3. Supportive employer and co-workers \((f=8)\) W
4. WICA \((f=15)\) L
5. Communication between healthcare professionals \((f=11)\) H

**Barriers**
1. Severity of injuries \((f=9)\) P
2. Psychosocial barriers \((f=8)\) P
3. Lack of motivation \((f=7)\) P
4. Mistrust between employer and injured worker \((f=6)\) W
5. Common law \((f=6)\) L
Discussion – Personal System

• Severity of injury
  ➢ Higher severity has a high occurrence among the barriers but lower severity did not have a high occurrence among facilitators in RTW of migrant workers
  ➢ No correlation and direct relationship to RTW (Comcare, 2017)

• Motivation
  ➢ Motivation or lack of motivation influenced the RTW outcome of migrant workers
  ➢ Strong correlation between motivation, perceived work ability and RTW status (Foreman et al, 2006)
Discussion – Personal System

• Psychosocial barriers
  ➢ The ability of the migrant workers to cope with the injury and confidence to RTW
  ➢ Some presentations include denial of condition, poor pain coping ability, maladaptive or fixated expectations towards RTW e.g. cannot accept reduced pay during modified duty period
  ➢ Individual prediction about their ability to RTW is directly correlated with the RTW outcome

(Huijs et al, 2012; Nieuwenhuijsen et al, 2013)
Discussion – Workplace System

• Availability of modified duties
  - Most migrant workers who RTW had availability of modified duties as a facilitator
  - Work modifications can facilitate RTW and reduce the migrant workers’ work disability (Franche et al., 2005)
  - However, lack of modified duties was not a frequent barrier to RTW and many migrant workers who did not RTW had availability of modified duties
Discussion – Workplace System

• Employer and co-workers are supportive towards graded RTW
  - Supportive employer and co-workers towards migrant worker versus mistrust between employer and migrant worker were both facilitators and barriers to RTW respectively
  - Direct correlation between the workplace relationships and the worker’s RTW outcome
    (Comcare, 2017; Dekkers-Sanchez et al, 2010; Kosny et al., 2013; Young, 2010)
Discussion – Legislation System

An injured worker in Singapore can choose to claim either one of two: Work injury compensation under WICA or civil suit under common law

- **Work Injury Compensation Act (WICA)**
  - Only need to prove injury was due to work
  - Compensation amount depends on age, wages and extent of injury
  - **No need** to engage a lawyer. MOM can assist.

- **Common Law**
  - Need to prove employer or 3rd party was at fault
  - No limit to compensation, but have to justify the amount deserved before the Courts
  - May need to get a lawyer as Ministry is not part of the court process

Decision to claim within one year from the date of injury

(Ministry of Manpower, 2018)
Discussion – Legislation System

• All migrant workers who RTW successfully in Singapore are covered under the WICA

• Once migrant worker chooses common law
  ➢ Strains relationship with employer ➔ Significant barrier to RTW as work permit would be terminated
  ➢ Concerns often revolves around the claim management processes

• With legislations in place, it stimulates both employer and the injured worker to cooperate

(Hoefsmit et al, 2013)
Discussion – Healthcare System

• Communication between healthcare professionals to support timely RTW
  ➢ High occurrence amongst facilitators to RTW
  ➢ Communication focused on discussion on availability and suitability of modified work duties and readiness of migrant worker to progress to next phase of rehabilitation
  ➢ Allows cohesiveness and close collaboration of all stakeholders to exchange relevant information related to the injured worker  

Foreman et al, 2006; Mortelmans et al, 2006)
Discussion – Healthcare System

• Role of the RTW Coordinator
  ➢ Eases communication between healthcare team and employer
  ➢ Eases access of communication between employer with healthcare team
Summary

Personal System

Psychosocial factors such as motivation & self-efficacy

Workplace System

Availability of modified duties & supportive employer/co-workers

Impact onto RTW outcomes among migrant workers

Interplay of healthcare and legislative systems
Implications on practice for disability management practitioners

To improve RTW outcomes for migrant workers:
1. Identify services or strategies to reduce impact of psychosocial barriers in RTW
2. Establish communication between healthcare professionals and employers to collaborate on RTW goals and concerns
3. Enhance positive workplace culture, relationship and trust
Acknowledgments

• RTW Coordinators Team:
  • Joanna, Shermaine, Liwen, Wei Peng, Celestine, Yan Ming

• Co-investigators of study:
  • Liwen TANG and Celestine LIM
References


Foreman, P., Murphy, G., & Swerissen, H. (2006). Barriers and facilitators to return to work: A literature review. *Australian Institute for Primary Care*, La Trobe University, Melbourne.


References


THANK YOU