

Return to work in Ontario policing: Current experiences and practices

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Research team and funding

Research team

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Stakeholders:









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Presentation overview

- Research study
 - Background
 - Objectives
 - What we did
- Results & Discussion
 - Interview findings five themes
 - Strengths and limitations
- A practical RTW guide
 - Based on this research project
- Questions, comments





Main findings

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• Five overarching themes emerged from the interview data:



Project background

- There is a knowledge gap regarding practical aspects of RTW for police in the peer-reviewed literature
- Workplace practices are typically not studied





Project objectives

- To collect and synthesize current workplace RTW practices to document and improve RTW in Ontario police services
- Perspectives of those who have experienced RTW: workers, manager/supervisor, OHS/RTW practitioner





Project methods

The study included three stages:

- Stage 1: Semi-structured interviews with police members (sworn and civilian) about RTW practices and experiences. Content analysis of RTW policy documents*
- Stage 2: Rapid review of the peer-reviewed literature on RTW in policing**
- Stage 3: Synthesis of stage 1 and 2 to develop a practical guide for RTW practices in policing

*Policy document content was consistent with interview themes **Rapid review (2018-2022) revealed 4 relevant studies





Stakeholder engagement



Qualitative results – Participant characteristics

Interview participant characteristics: 49

Characteristic		Percent of sample
Gender	Male: Female:	53% 45%
Age range	18-34: 35-44: 45-54: 55 and above:	12% 35% 37% 16%
Role	Manager/OHS Worker	41% 59%
Sworn	Sworn Civilian	61% 39%
Injury type	Physical Psychological Combination	18% 33% 49%

Inclusion criteria

Police service members who have experienced RTW:

- Following a work absence from injury

or

- Supporting others in RTW following injury



Qualitative results – Context and Culture

Five overarching themes emerged from the data.

Two themes related to context and culture highlighted specific challenges to RTW in Ontario policing.

Context:

- RTW can be challenging post injury
- Injuries can be complex (physical or psychological)

Culture:

- Hierarchical ('chain of command')
- Stoicism (injury=weakness)
- Stigma



Qualitative results – Context and Culture quote

In my role, I have lots of meetings with senior management. ... they have a whiteboard in their offices with all the people who are off sick, on WSIB, or other illnesses. And they call them broken toys. Those are the broken toy people. And they talk about what they're going to do with them, how they're going to get them back to count paper clips, and things like this. ... So, when I went back, that's what I felt like ... like a broken toy." W013



Three overarching RTW practice themes emerged from the data, each further broken down into subthemes:

- 1) A- Accommodation
- 2) C- Communication
- 3) T- Trust Building





A- Accommodation

"Recovery from injury"



"Accommodation challenges"

"The goal ... Number one, get better, number two, get back to work ... I was doing therapy once or twice a week, I did everything. I maxed out my benefits. I did massage, I did hot yoga, I was doing acupuncture, I was trying everything and everything. Seeing a naturopath. Trying to get better, it was exhausting." W4

"...we try our best to put people in positions where they're going to be most useful and get them back to work as soon as possible. But we're not a large Police Service that would have countless desk positions. ... We have to kind of figure that out each time what would be best based on their injury." E5



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C- Communication

"Genuine timely communication"



"... one thing we were trying is to [keep people connected] when they're out of the workplace, because we've had feedback from many people to say, when I was out of the workplace, I didn't feel like I was part of the organization. I felt disconnected. Nobody cared." E1

"Clarity and consistency of RTW process"



"I found that being off on a physical injury, those policies made sense, but when I was off on a mental healthrelated injury, those policies really didn't work that well. It felt like I was trying to fit a mental health issue into a physical issue." W25



T- Trust Building

"Lack of confidentiality"



"Perceived malingering"



"Lack of trust" (HR & wellness)



"Because here, if you know anything about police services, nothing is secret, and everybody tells everybody everything, even though it's private. ... everybody knows everything." W12

"... they kept talking about how they kept seeing me in the gym, I looked good, again (but) I'm just using the system. ...I wanted to go back so much but then all the stuff got back to me about how everyone kept thinking I was beating the system, taking advantage of the system, which isn't the case."W8

"There's also the fear of if you go then you may not ever get promoted or get moved to another unit or another job. ... They say they don't hold it against you, but more times than not, when you look at other people who get promoted and get moved around, the ones who went off or were suffering with something, never get moved." W10

Strengths and limitations

Strengths

- Stakeholder involvement
- Perspectives from workers and managers/OHS/RTW personnel
- Interviews yielded rich data





Strengths and limitations 2

Limitations

- Convenience sample some selection bias likely
- Small police services underrepresented – few RTW experiences
- Few peer-reviewed studies on RTW in policing (or first responders)





Discussion

- The themes generated reveal some overlap with previous QL RTW research (MacEachen, 2006): accommodation, communication, trust
 - However, as noted, there are some unique aspects of policing within these themes
- Future research
 - Needed! as there are few studies on RTW in police or first responders
 - Reintegration programs
 - Coordination with compensation/insurance system



Guide development

- Rapid review yielded four intervention studies relevant to RTW in policing
 - 2 police, 2 firefighters
 - 1 RTW, 3 sickness absence
- Heterogeneity restricted synthesis so we focused on how the individual study findings fit with the themes that emerged
- Guide was developed based on the study findings using the overarching RTW themes



RTW in Policing: Time to ACT

- Front page describes:
 - Where the information comes from a research project
 - Who should use this resource
 - Information about IWH and copyright

RTW in Policing: Time to ACT

(Accommodation, Communication, Trust-building)

Little scientific evidence is available on return-to-work (RTW) practices, challenges and solutions in police services. An Institute for Work & Health (IWH) research team set out to help fill this gap in a study examining RTW in policing following both physical injuries and psychological injuries such as post-traumatic stress disorder (PTSD). We interviewed 49 police service members from across Ontario who had experience with RTW. Some were injured members (sworn and civilian). Others supported the RTW process, such as supervisors, human resources (HR) professionals and RTW specialists. Here's what we learned.

Challenges in RTW within police services are linked to three key RTW themes: accommodation, communication and trust-building. These challenges are situated within the culture and context of policing.

These challenges and ways to address them, as found in the research, are described in this resource. In addition, deidentified quotes from the people interviewed have been included to illustrate the challenges consistently found in the study.

Note that the challenges often overlap. Therefore, consider incorporating suggestions from across the three key themes of accommodation, communication and trustbuilding (ACT) to optimize the RTW process. Taken together, these ACT suggestions can improve RTW in policing.



Who should use this resource?

This resource is intended for members, both sworn and civilian, in Ontario's police services. Its content is relevant to injured workers and those supporting them in the RTW process, such as supervisors, HR professionals, association representatives, etc. This resource can also be used in training or at any point in the RTW process to remind and guide practices and procedures.

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Resource content example

Accommodation page

- Challenges
- Supporting quotes
- Suggested ACTions
 - Approach the RTW plan and reintegration with flexibility and an understanding that the RTW process may not strictly follow an anticipated trajectory, especially for members with a psychological injury.

Accommodation



Challenges

Accommodation (i.e., adapting jobs, tasks or hours worked to allow injured workers to safely return to work) can be particularly difficult when members' injuries are complex and long-lasting; for example, when they are physically wounded in the line of duty or experience PTSD. Recovery takes time and effort on the part of injured members before workplace accommodation can even take place. In addition, as a result of stoicism, members may delay getting the help they need or may try to return too quickly so as to not appear "weak."

Psychological injuries are especially challenging. They require approaches that often differ from those for physical injuries and may involve lengthier treatment wait times and unpredictable recovery timelines.

When injured members (especially sworn members) are ready to come back to work, they often wish to return to their original job—the only job they consider "meaningful." Yet their injury-related limitations may not make this possible.

Finding accommodated work is challenging when only a few jobs within a service match medical restrictions — especially a challenge in smaller detachments, when injured members don't consider the work meaningful, or when supervisors don't understand the duty to accommodate. "I think I pushed a little too hard to go back. I think I went back to work too early. I went full-time after a couple months of gradual RTW. If I had to a it again now that I'm a lot better and healthy and thinking more clearly, I probably should have stayed off for another couple of months and then slouly integrated in." —Injured member

"I feel a bit helpless when the absence is due to a psychological injury, just because these injuries can last so long, and the recovery process can be very complicated. Physical injuries tend to be much more clear-cut." — RTW specialist

"When I was off on a mental health-related injury, [the policies for physical injuries] really didn't work that well. It felt like I was trying to fit a mental health issue into a physical issue. It kind of felt like one-size-fits-all." — Injured member

"Then they said I should do some gradual work in the office. No, I don't want to do work in the office. That's not my job." — Injured member

"We're not a large police service. So, if we find a spot for a member with a back injury, we know that spot has been filled. Then we get another injury. We can't put the person there because another person is already in that spot. So where else can we put this person?" — RTW specialist

"I said to the supervisor 'you're going to have to take that part of that job away from her and give it to someone else until she is capable." He said that's part of the job and it's not fair to other people. I said I understand that, but the duty to accommodate is legislated. He just kept putting out barrier after barrier." — HR professional

Suggested ACTions

Be responsive to the injured member's needs, and work with them to find the job that best balances constraints due to availability of accommodated work with the member's restrictions and recovery process.

Be aware that, at times, specific job tasks and requirements (e.g., use of force, interacting with the public) can make it tricky for services to find accommodations that meet medical restrictions and also feel like meaningful work to the affected member. Be clear about what an injured worker and other parties can expect from the RTW process and ensure that expectations match the reality of the service.

Recognize that recovering from a complex injury is hard work that requires a lot of effort on the part of the injured worker and that, once they are cleared to return to work,

they might be frustrated if they run into delays. If delays do occur, make sure to emphasize that RTW is a collaborative endeavour, which requires adhering to workplace procedures.

Delays and setbacks within the RTW process can be perceived by workers as a lack of care for their welfare. Keep this in mind and strive for transparency to help the member understand the reason(s) behind any delays/setbacks or difficulties in finding accommodated positions that meet requirements. In addition, a setback in the RTW plan should not be perceived as a sign of weakness or a failure.

Approach the RTW plan and reintegration with flexibility and an understanding that the RTW process may not strictly follow an anticipated trajectory, especially for members with a psychological injury.



Communication



Challenges

Communication can be difficult when employers' need for flexibility to deal with individual cases is perceived by members as a lack of consistency and clarity in how injured members are treated in the RTW process.

Communication in the case of psychological injuries is especially challenging. Compared to physical inju"Take two members, both with concussions. It's one of those things that is not clear-cut. One may come back to work on a four-week plan, gradually increasing their hours until they're back to their pre-injury position. The other might be returning to a very similar position, but it takes them months. They may have started on a fourweek plan, but at week two, because of symptoms, we have to slow down the hours, we have to alter their screen access, or maybe give them a private room where they can really dim the lights. -RTW specialist

Injured workers can be overwhelmed by the RTW process; therefore, ensure communication is clear. Include information about how the process and accommodations may differ depending on injury type and individual circumstances. Adapt the mode of communication (email, phone call, text message, etc.) to the circumstances.

Suggested ACTions

Timely and ongoing communication that is appropriate for the member's circumstances can help promote a vary between psychological and physical injuries. Ensmooth RTW trajectory, starting from when the member sure that injured workers understand what form(s) they goes off work. Strive to be proactive and to communicate regular updates, as appropriate for the member's needs. As well, make sure to address any worker concerns about job security and potential promotions.

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The ability to locate and complete paperwork/forms may need to complete, their content, how to fill them out. Also check that workers know where to find them and have easy access to them.

Make sure individuals contacting a member regarding RTW are aware that injured workers can feel discouraged and demotivated when they feel communication is not genuine. To avoid stigma, pay attention to how you communicate and how your words may affect the person on the other end of the conversation.

Trust-building



Challenges

In police services, a major trust-related concern is lack of confidentiality, real or perceived. Some workers don't trust that the details of their injury or recovery will be kept confidential, even by HR and especially related to psychological injuries. There are also concerns among all parties about rumours and stigmatizing comments about injured workers and the detrimental effect they have on injured workers' recovery and return.

Stoicism combined with a lack of trust can have a very negative effect on RTW; most notably when psychological injuries such as PTSD are seen as indications of weakness.

Trust is at risk when members perceive differential treatment based on hierarchy.

"Because, if you know anything about police services, nothing is secret, and everybody tells everybody everything. There are privacy laws, but everybody knows everything." - Injured worker

"There's not a whole lot of trust when it comes to our wellness and HR person. Even if you trusted the wellness person with your personal information, they're in the same office, so your HR manager knows everything." - Injured worker

"Senior management has a list posted in their offices of all the people who are off sick or on workers' comp. And they call the people on that list "broken toys". They talk about how they're going to get them back to count paper clips, and things like this, So, when I went back, that's what I felt like; like I was being looked at like a broken toy." - Injured member

"You got to know very quickly what the hierarchy is. You have civilian females at the very bottom, male civilians above you. That's the hierarchy. There are a lot of people who are just against, first of all, females in policing in any way, but then the civilian members, to this day, I see so many civilians just being treated like they don't matter." - Injured member

Ensure all communications about injuries are respectful and use nonstigmatizing language that does not equate injuries with weakness or being "damaged" or "broken."

Suggested ACTions

To promote trust, take extra care to protect privacy and confidentiality around injury, recovery and accommodation.

Because rumours of malingering can be very detrimental to the RTW process, promote an understanding that injuries are not always visible and that rumours of malingering or abusing the system are unacceptable. Adopt a zero-tolerance policy for stigmatizing language and behaviours.

Ensure all communications about injuries are respectful and use non-stigmatizing language that does not equate injuries with weakness or being "damaged" or "broken."

Consider playing an educational role in mental health awareness; for example, by sharing resources and information.

Ensure an injured member is given all necessary procedural information in a transparent manner as soon as possible. Give them ongoing opportunities to ask questions without fear of stigma.

Main findings

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• Five overarching themes emerged from the interview data:



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Thank you - any questions?

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