



Title Registration Form
Campbell Collaboration Social Welfare Coordinating Group

1. Title of review

(Suggested format: [*intervention/s*] for [*outcome/s*] in [*problem/population*] in [*location/situation*]
Example: behavioural therapy for reducing violence among adolescents in institutions)

Workplace Disability Management Programs Promoting Return-to-Work (RTW)

2. Background and objective of this review

(Briefly describe the problem and the intervention)

Return-to-work (RTW) following work related injuries or illnesses is receiving continued attention from a wide spectrum of research fields and is an important topic for many policy- and decision-makers. In particular long-term sickness absence is a challenge associated with a series of negative economic and social consequences (Vingård et al. 2004; Wynne & McAnaney 2004; Bloch & Prins 2001). The share of the working-age population relying on disability and sickness benefits as their main source of income has tended to increase in many OECD countries (OECD 2008; OECD 2003). Long-term sickness absence also represents substantial life events (Dembe 2001), where the duration of absence due to injury or illness increases the future risk of receiving disability pension and permanent exclusion from the labour market (Lund et al. 2008; Labriola & Lund 2007).

In recent years the multidimensional characteristics of work disability prevention has been emphasised as a key perspective to understand the complexity in helping workers with disabling injuries or illnesses return to work (Schultz et al 2007). This development is also referred to as a paradigm shift from disease prevention and treatment to disability prevention and management, where functioning and disability are seen as the result of a dynamic interaction between the individual's health condition and contextual factors (Loisel et al 2001; Shrey 1996). RTW is therefore characterised as a process which occurs in a multipartite system involving the healthcare- and social/compensation system, workplace and the individual (Labriola 2008; Pransky et al 2004). The term RTW refers to a variety of interventions and vocational outcomes after disabling injury or illness, and is used to describe the duration or extent of and inability to work due to impaired health or functional limitations. RTW may be qualified as return to the pre-injury employer or return to the pre-injury job, implying a comparison with the pre-injury situation (Krause & Lund 2004).

Recent research has highlighted the potential of a closer linkage between RTW-interventions and the workplace-level and the workplace-level is put forward as a decisive arena for the management of work disability and successful RTW (van Oostrom et al 2009; MacEachen et al. 2006; Franche et al. 2005; Krause & Lund 2004). This has lead to a growing interest in workplace disability management programs, as workplace-based disability management practices are seen as means to; minimize

duration of absence, reduce loss in production and resources and prevent injuries or illnesses from becoming chronically disabling (Brewer et al 2007; Williams & Westmorland 2002; Amick et al. 2000; Shrey 1995; Hunt & Habeck 1993). However many companies face enormous challenges in managing the RTW-process in a situation where more responsibility for disability management and prevention has been placed upon employers (Eakin et al. 2002; Frick et al. 2000). This is a task that demands more resources and knowledge on the development, implementation and evaluation of successful workplace disability management, which can promote safe RTW (Krause & Lund 2004).

In spite of the increasing focus on RTW and work disability, there is still little evidence on the effects of workplace disability management programs. Further knowledge on workplace-based interventions that can support successful disability management practices on RTW is still needed.

This review evaluates the effects of workplace disability management programs promoting RTW (i.e. report on the evidence and describe and combine results from individual studies on workplace disability management programs and explain possible variations in practice).

3. Define the population

(Who is included and who is excluded?)

In this review, the term “*work disability*” is broadly defined. It covers employees who become injured or ill, whose prospects of continuing in employment are endangered when an acquired injury or illness makes it difficult to fulfil the job demands. “*Return-to-work*” (RTW) following work disability, refers to employees in permanent employment, who are absent due to injury or illness and are receiving some sort of compensation benefit (e.g. sick leave wages). Unemployed persons are excluded. Both public and private sector employees are included.

4. Define the intervention/s

(What is given, by whom, and for how long? What are the comparison conditions?)

This review seeks to cover the domain of the workplace in relation to the management of RTW after work disability. The focus is on disability management programs that are initiated by and implemented at the workplace. We conceptualize “*Workplace Disability Management*” as; “*timely and pro-active alertness towards the allocation and coordination of resources to the practical management of return-to-work following work disability in the workplace*”. A workplace disability management program is operationally defined as a set of intervention components that support and promote safe and timely RTW. Workplace disability management programs may consist of components such as; early contact, workplace assessment, workplace accommodation, modified or tailored work, RTW-policies, RTW-coordination, education of workplace staff and case managers, active stakeholder involvement and joint labour and management collaboration.

Community-based interventions on RTW are excluded as they are not primarily initiated and implemented in the workplace. Stand alone healthcare-based and individual clinical interventions that are not part of a workplace disability management program are also excluded.

5. Outcome/s

(What are the intended effects of the intervention? Primary and secondary outcomes should all be mentioned.)

The primary outcomes are:

- The duration from time to RTW from onset of disability (i.e. defined continuously, as self-reported time to RTW from date of injury to date of first day of RTW) and the reduction in lost days from work (i.e. defined cumulatively as the duration of all days lost from work beginning with the date of injury)
- The functional health consequences (i.e. work role functioning and work ability)
- The sustainability of RTW (i.e. relapse to absence or disability pension)

The secondary outcomes include:

- Whether RTW is completed at the pre-injury employer (i.e. back to the same work environment as before the disabling injury or illness) or in a job with a new employer.
- Whether it was possible to return to the pre-injury job-function or a new job-function.

6. Methodology

(What types of studies are to be included and excluded? Please describe eligible study designs, control/comparison groups, measures, and duration of follow-ups.)

The primary source of studies is randomised controlled trials (RCTs), quasi experimental and prospective studies; RCTs and quasi experimental studies will be analysed separately. Single group design and retrospective studies will be excluded. The review will not include other reviews.

The quality of the studies will be assessed through a best evidence synthesis approach. Narrative analysis will also be included based on the systematic extraction and summary of the key elements of the studies. Finally the review will contain a discussion focusing on the results of existing knowledge and “principles” of successful RTW at the workplace-level.

7. Review team

(List names of those who will be cited as authors on the final publication)

Lead reviewer This is the person who develops and co-ordinates the review team, discusses and assigns roles for individual members of the review team, liaises with the editorial base and takes responsibility for the on-going updates of the review	Name: Ulrik Gensby Title: PhD. Candidate, MSc. Affiliation: SFI Campbell, The Danish National Centre for Social Research (SFI) Address: The Danish National Centre for Social Research (SFI), Herluf Trolles Gade 11 City: Copenhagen State, Province or County: Copenhagen K. Postal Code: 1052 Country: Denmark
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Co-author	Name: Anne-Marie Klint Jørgensen Title: Research Librarian Affiliation: SFI-Campbell

8. Roles and responsibilities

Please give brief description of content and methodological expertise within the review team. It is recommended to have at least one person on the review team who has content expertise, at least one person who has methodological expertise and at least one person who has statistical expertise. It is also recommended to have one person with information retrieval expertise. Please note that this is the *recommended optimal* review team composition.

- Content: *Ulrik Gensby, Merete Labriola, Thomas Lund, Ben Amick*
- Systematic review methods: *Merete Labriola, Thomas Lund, Krystyna Kowalski*
- Statistical analysis: *Merete Labriola, Thomas Lund.*
- Information retrieval: *Anne-Marie Klint Jørgensen*

9. Potential conflicts of interest

(E.g., have any of the authors been involved in the development of relevant interventions, primary research, or prior published reviews on the topic?)

None known

10. Support

Do you need support in any of these areas: methodology and causal inference, systematic searches, coding, statistics (meta-analysis)?

Some support on statistical analysis may be required

11. Funding

Do you receive any financial support? If so, where from? If not, are you planning to apply for funding? Where?

SFI-Campbell funding. We will consider applying for C2 funding.

12. Preliminary timeframe

Approximate date for submission of Draft Protocol (please note this should be no longer than 6 month after title approval. If the protocol is not submitted by then, the review area is opened up for other reviewers): Middle/end of June 2009

Title registration

Title registration submission date: 28 April 2009

Title registration approval date: 08 June 2009

13. References

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