

Title: A qualitative exploration of return to work in the first 3-years after serious injury

Abstract

Objective: To explore how people with serious injuries returned to paid employment in the first 3-years after injury.

Methods: Fifty-four adult survivors of serious injuries were interviewed at 3-years post-injury, all of whom had returned to work and were currently employed. A framework analysis approach was undertaken.

Results: Participant decisions and actions taken to return to work (RTW) were influenced by their resilience, approach to adjusting goals, priorities and plans, and how social connections and relationships were used and maintained. The environment in which these decisions and actions were taken shaped opportunities for work in meaningful, appropriate and sustained employment.

Conclusions: Our study of 54 people who RTW indicated the importance of personal adjustments and resources, positive social relations, and advanced planning aligning with responsive employers, insurers and health professionals for successful RTW.

Key words: Trauma, Injury, work, employment, return to work

Introduction

While the number of people with serious injuries that return to work (RTW) improves up to 2-years post-injury, approximately a third will not have returned in this timeframe [1].

Serious injury includes different types of injuries including spinal cord injury (SCI), traumatic brain injury (TBI), orthopaedic injuries, as well as injuries to other body systems [2].

Survivors can experience persistent pain, disability, and psychological issues that can interfere with resuming work [3]. Failure to resume work can result in significant personal and societal economic burden, particularly as many people with serious injuries are of working age with productive years ahead [4, 5]. Exploring how people negotiate and overcome barriers to RTW after injury can inform policy and effective interventions. As the benefits of work include community re-integration, adjustment to change, independence, improved quality of life, and better mental health, such information could improve injury outcomes [6, 7].

The vast majority of the RTW literature to date has focussed on barriers, with few studies specifically examining what worked well for injured people who have returned to work. Of the studies that have focused on enablers of RTW, a synthesis of 56 systematic reviews identified that RTW following an injury or illness was associated with higher education and socioeconomic status, higher self-efficacy and optimistic expectations for recovery and RTW [8]. Further, RTW coordination services and multidisciplinary interventions that include the workplace and stakeholders were positively associated with RTW [8]. In systematic reviews of qualitative studies of ill and injured workers, factors such as good will and trust between employers and employees, a positive workplace environment and culture were key to RTW [6, 9]. Studies focused on people with SCI, have revealed RTW was facilitated by time to

adjust to living with a SCI, and intrinsic factors such as motivation, optimism, and determination [6]. For people with TBI and acquired brain injury, independence in activities of daily living was important for RTW [10].

A substantial gap in knowledge remains, however, regarding how seriously injured people perceived successful RTW, remain employed, and overcome barriers to RTW long term. This knowledge would inform future interventions such as healthcare services and workplace rehabilitation, and improve the economic, work and injury outcomes for seriously injured people. The aim of this study was to examine how and why people returned to paid employment in the first 3-years after serious injury, and how they remain employed and overcome issues with returning to work.

Methods

Setting and Participants

In Victoria, Australia, the state's trauma system is monitored by the population-based Victoria State Trauma Registry (VSTR). People with seriously injuries that meet any of the following criteria are included on the VSTR: death related to injury; admitted to intensive care for >24 hours; urgent surgery; or an injury severity score of >12 [11]. The VSTR captures patient data from 138 hospitals across Victoria, which enables the calculation of injury Severity Score (ISS), the Charlson Comorbidity Index weight (CCI), and mapping of Index of Relative Socioeconomic Advantage and Disadvantage (IRSAD) [2]. People registered with the VSTR are also followed up by trained interviewers at 6, 12 and 24-months post-injury to collect outcomes related to pre-injury disability, function, pain, health status, and RTW [12].

Participants for this study were part of the RESTORE (REcovery after Serious Trauma— Outcomes, Resource use and patient Experiences) project, which aims to explore the long-term outcomes of seriously injured people [13]. RESTORE is a population-based, prospective cohort study with a nested qualitative component. All RESTORE participants had an injury date from 1 July 2011 to 30 June 2012, survived to hospital discharge, and had not withdrawn their consent to be part of the VSTR. A detailed protocol of the RESTORE project has been previously published [13]. This study focused on the nested qualitative component of RESTORE. The Monash University Human Research Ethics Committee and participating hospitals approved the project. Informed consent was obtained from all individual participants included in the study.

In Victoria, the injury-related healthcare costs for people injured in road transport crashes or work-related incident are met by third party insurers, the Transport Accident Commission (TAC) and WorkSafe Victoria. These insurers provide compensation for treatment, rehabilitation, disability, income support, and long-term support services irrespective of fault [14]. They also offer financial assistance to the injured person and their employer to facilitate RTW, including paying for work-related travel, retraining, vocational rehabilitation, and workplace modifications and equipment [15]. Injured people who claim funds and have this claim accepted by insurers are termed compensable.

Procedures

As part of the RESTORE project, participants who agreed to be contacted 3-years after injury were telephoned by VSTR interviewers to complete follow-up surveys, including a question about RTW post-injury. After completing the surveys, participants were invited to take part

in an additional in-depth interview at a separate time. Two hundred and ninety-eight people with serious injuries or their carer agreed, and 158 telephone interviews were completed between July 2014 and July 2015 based on a purposive sampling framework. The sampling criteria included: age, gender, compensation status (yes/no), residential location (metropolitan or regional) and trauma category (serious injury without neurotrauma, SCI and TBI). People met the definition of successful RTW if they had RTW by 3-years post-injury and were working at the time of the 3-year post-injury interview. Fifty-four people with seriously injuries met the inclusion criteria for this study (Figure 1). A carer was interviewed when an injured person had cognitive or memory dysfunction.

A topic guide was used to explore the impact of the injury on work, the process of RTW, barriers and facilitators to RTW, and decision making behind resuming or not resuming paid employment. Additionally, the reasons for choosing to work in a particular job and any issues encountered at work were also explored. The median duration of interviews was 44 minutes. Consent to participate in, record, and transcribe the interview was provided at the commencement of the interview.

Fig. 1. RESTORE participant inclusion criteria and pathway

Analysis

A framework approach was used to perform a thematic analysis [16]. The transcripts were loaded into, and coded in, NVivo 12 (QSR International, Doncaster) by the first author and a research assistant (RA). The analysis was iterative and inductive. To ensure familiarity, each

transcript was read and initial notes about the content and meaning recorded. Indexing and charting the data involves searching for patterns and repetition to form themes and subthemes. A framework was created as connections and associations between the themes and subthemes were reviewed and organised into a structure [16]. Ongoing discussions between the first author and the RA ensured that discrepancies and varying perspectives were identified and resolved as the framework developed.

Rigor

To maintain rigor throughout the analysis, records of analytic and methodological decisions were kept [17]. Regular meetings between the first author (project manager), the RA, and larger project team enabled in-depth discussions about data interpretations, negative case analysis (examination of data that did not support interpretations), and potential alternative explanations, enhancing trustworthiness [17]. Presentation to peers and stakeholders of the developing analysis assisted with peer view and conceptualisation of the framework to enhance data validity [18].

A descriptor after each excerpt in the results refers to: gender; age range; compensable status; and trauma category. For the trauma category, all had serious injuries, but it is noted when a participant had a SCI or severe TBI. Serious injuries throughout the results are referred to as injury or injuries. Additional quotes are provided in the online supplementary table (see Supplemental Digital Content).

Results

Of the 54 people interviewed, most participants were male, with a mean (SD) age of 43.2 (16.1) years, and transport-related crashes were the predominant cause of injury (Table 1). Nearly 40% of the participants were compensable. Most lived in a major city (57%) and two thirds of participants had returned to work within 6-months of injury. There were no substantial differences in age, gender, cause of injury, education, CCI, or ISS between participants included in the study and people who consented to an interview but were not working at 3-years post-injury (n=32).

Table 1 Profile of patients (n=54)

While many participants had returned to the workplace within 6-months post-injury, when interviewed many did not consider this alone to be a successful RTW. Other factor, such as feeling valued, having a responsive employer, meaningful and satisfying work were considered characteristics of success.

Supportive systems

Supportive workplace

People with injuries frequently reported supportive employers and co-workers as enablers for successful RTW. Employers who were responsive to the needs of people with injuries held jobs open for extended periods, and some paid wages while their employee recovered and was off work. Responsive employers were also effective and respectful communicators. Participants described feeling valued and empowered by employers that did not pressure

them to RTW and who were willing to negotiate flexible work arrangements led by the worker. This enabled a gradual RTW with part-time hours that could be increased and decreased as needed. Some people with injuries were also able to work with modified duties for extended periods and work at home as needed. Such flexibility accommodated persistent or fluctuating symptoms from physical disability or cognitive impairment, and supported a sustained and RTW. Sometimes, however, finding an employer that was responsive to their needs, took time:

*The biggest turning point for me was finding someone that was happy to give me a go... and wasn't going to crack it [become angry] if I wasn't up to scratch all the time, or if I had numerous days off because of appointments or just because I couldn't get out of bed because my back was that bad. **Male_18-39 yrs_compensable_severe TBI***

Participants reported that employers who were open to hearing and addressing workplace issues raised by people with injuries supported their RTW. In large workplaces this was facilitated by effective systems and procedures designed to assist workers with injuries. In small workplaces, participants dealt directly with the business owner. Employers that acted on issues instilled confidence and built trusting relationships:

So the workplace advocated very strongly for my rights to compensation, argued with the insurers and advocated with them... My employers have been fantastic, and made every provision they could for me to get back to work as soon as I was ready.

Female_40-59yrs_compensable

People with injuries who were self-employed stated similar benefits to people who worked for employers that were responsive to their needs. For some people with a SCI, self-

employment was their preferred option for returning to work. Self-employment was described as flexible, satisfying, and financially 'good enough':

*I'm choosing to do what I'm doing, whereas if I was employed and someone said 'You have to do that', and I go 'I can't do that', they're not going to be happy with you... [Self-employment]...is a bit luxurious in a way because it affects you financially, but good enough. **Male_40-59yrs_compensable***

*I was at retirement age, but I still continue to work because I run a company...It took a year or so to get used to being in a wheelchair... but I seem to be able to cope with a part of my original occupation. **Male_60+ yrs_compensable_SCI***

Social support and connections

People with injuries described how personal connections facilitated RTW. When a pre-injury work relationship existed, participants often described co-workers and managers as helpful and thoughtful towards them at work. Co-workers and managers provided practical and moral support related to undertaking the job role. This included modifying job roles, offers to assist with work, lifting heavy items or placing them in a way that prevented bending, or by respecting needs such as time to stretch, or for no interruptions when concentrating:

*The boys in the [name] department, they've been helpful with the way they stack things on the trolleys for me.... they don't put anything heavy on the bottom and things like that. **Female_40-59yrs_compensable***

Several participants spoke of the positive impact of good social relationships. For some, social connections lead to employment. For others, support from partners, immediate family members, and people in their social network enabled RTW predominantly through emotional, informational, and instrumental support. This included assistance with transport and the completion of home and family tasks so the injured person was free to rest after work. Notably, this support was ongoing even if participants changed places of employment:

*The thing that's kept me up and kept me prompted to continue to push myself forward has been the amount of support I've had from family and friends. **Male_18-39yrs_non-compensable_severe TBI***

People who worked for themselves or were employed by family members described how members of their social network provided support that was similar to a co-worker. A farmer described how other farmers in his local community supported him by performing his work while he recovered:

*I was lucky that I'm reasonably well-known in the small town and a lot of people did a lot of work for me. **Male_40-59yrs_non-compensable***

Some participants stated that sustainable work arrangements, particularly for people with TBIs, were established through existing social connections such as a parent, partner or friend. For participants who negotiated RTW plans with people in their social network, the absence of official RTW documentation was considered a bonus. Without the involvement of a third party (insurer, employment agency etc), informal arrangements could be directly

discussed between the injured worker and their family or friend. Such arrangements supported the development of highly flexible work hours, duties, and RTW:

*I was very lucky in my situation because the guy who employed me is a friend... Initially, when I did my return to work with an OT [occupational therapist], they started [with] three hours a day and then five hours a day. It was all very mechanical and in concrete. Whereas with this guy, if I went in at 8 o'clock and I was feeling good and I could get through till 3, then I did it. If I got in there and I couldn't get my head around it, he'd say go home. So there was a lot more flexibility which made it less stressful. **Male_18-39yrs_compensable_severe TBI***

Specialised supports

Health professionals such as general practitioners (GPs), rehabilitation specialists and OTs, enabled and supported RTW for workers with injuries by providing advice and advocacy, and by dealing directly with employers:

*The brain rehab specialist, he was fantastic and he actually took on an advocacy role when he [the injured person] was in danger of losing his job again. And he stepped in and had a chat to the company about a return to work plan. **Male_18-39yrs_non-compensable_severe TBI_proxy***

Some people with injuries faced resistance to their attempts to RTW when their manager had changed in the time they were off work. In such instances, a small number of people were able to resume their pre-injury job through involving a union representative:

*When I first went back to work, the store manager had an issue with me coming back, and sort of told me my job wasn't there anymore. So I had to involve the union to get this process started to be able to go back to work. **Female_40-***

59yrs_compensable

Some participants remarked that insurers were part of a supportive infrastructure that facilitated RTW. The provision of health services and treatments were acknowledged as instrumental in assisting recovery and RTW. Wage replacement, also paid by insurers, mitigated stress by providing people with time to recover and negotiate RTW plans:

*They were really good... I had to take six months off work... the [name of insurer] accepted all of that. So they were having to support me financially because I was only working part-time for quite some months, working back up to full-time. They didn't question that. **Female_60+yrs_compensable***

Participants described work-based RTW coordinators as valuable in RTW processes. Many felt they educated and communicated with managers, and advocated for and built confidence in, workers with injuries. Additionally, injury insurer case managers were favourably appraised by participants. Many reported that home help services provided by insurer case managers during the initial RTW period reduced mental and physical fatigue, and facilitated improved focus on RTW. Further, case managers were reported as helpful when they accepted medical recommendations regarding RTW, and provided workplace OTs, assistance with the cost of re-education, and needed equipment:

[Name of insurer] has been accommodating. Getting back to work, we had to get [name of equipment], which was [tens of thousands]. They came to the party, we didn't have to fight and argue with them... they were more than pleased to come to

*the party and help us out in a way that gets me back to work and gets me off their books. **Male_40-59yrs_compensable_SCI***

Strategic planning

Making considered decisions

Many workers with injuries were unable to return to their pre-injury job, particularly when manual work or prolonged standing was required (e.g., truck driving, motor mechanic, hairdresser, electrician, plumber, retail). People with persistent disability who returned to work after injury considered and planned how to pursue meaningful, satisfying, and achievable paid work. Improved satisfaction with, and confidence in, work was described when participants were able to apply their knowledge, skills and experience from their pre-injury profession to their post-injury work:

*You sort of don't want to drive buses... as an attitude you're not really happy with [that] because you've spent 20 years being the person, or doing the job you do, so you've got quite high up in your trade.... finding something that I could do and still have some sort of input was brilliant for me [teaching apprentices]...use some of the knowledge I had in another way. **Male_40-59yrs_compensable***

Several participants reported investigating and inspecting workplaces to determine the logistics of managing with their disability. The workplace attributes assessed included the presence of stairs, distance to public transport and car park locations, and if offices were open plan (due to difficulty concentrating):

*It's not just a matter of thinking of the job ...it's a jobsite, I'd rather not work in a place that has steps because... it's very, very hard for me to go up and down – a painful experience.... I don't want to go to work and park be a half an hour walk away. So I have to consider all these barriers. **Male_18-39yrs_non-compensable***

Finding balance

Over time most people with injuries re-counted developing insights to their limitations and recognised the need to balance work with their personal life, disability, financial needs, and ongoing treatment. Finding balance was a personal experience, as each individual had to find the right job and the right number of work hours and days. Sometimes finding a sense of balance involved setting priorities and making financial compromises. Some participants received less pay when they accepted reduced hours of work or new work roles to improve their mental health, quality of life, and reduce their pain. However, for many, part-time work provided the balance needed to sustain work arrangements:

*I was working pretty massive hours and I was on reduced capacity. So I was causing all sorts of damage, both to family and my own mental health.... My work has been decreased over the last 12 months. So I've gone effectively to four days a week, so I can manage my workload a bit better... Everything is going pretty well on the current arrangements. **Male_40-59yrs_compensable***

Changing jobs to find meaningful and appropriate work

Some participants made the decision to change their employment or return to study after returning to work, regardless of any negative financial consequences. The decision to leave a workplace predominantly related to employers failing to deliver promises or respond to

needs. Further, unsatisfying work, or the work being too physically or mentally demanding, also resulted in workers with injuries resigning:

*I have changed roles, because it was very demanding...months ago I changed to a new job... I left there because I couldn't handle the pressure... But taking this new role has been a massive 30 per cent wage reduction. **Male_40-59yrs_compensable_severe TBI***

Drawing on personal and external resources

Drive for occupational engagement

Participants reported different motivations for returning to work. While the financial benefits of employment were an influence for some, many reported they were driven by wanting to feel useful and to have sense of achievement. A number of participants also described being employed as important for their self-esteem, self-identity, and independence. Others noted they were motivated to RTW for the social and mental stimulation or for the physical challenges their work ensured:

*I do work one day a week because I got to the point where I wouldn't go out... because I was walking funny and I got embarrassed about that... but I forced myself to go back and do some work. **Female_60+yrs_compensable***

Some people who were employed by an organisation stated they were motivated to RTW by their enjoyment for work, and through fear that their role might vanish if they took too

much time off. For people that were self-employed, their motivation to RTW was to retain clients, ensure their businesses did not fail, and to resume an income:

*It was very hard to go back to work...I knew I had to. I think having that in the back of your mind, because you work for yourself, you got to look forward and so there is a light at the end of the tunnel... But I honestly say if I don't get an income... I won't survive. **Male_40-59yrs_compensable***

Adjusting to work post-injury

Many people with injuries described resilient attitudes and adapting to their post-injury work circumstances. Adaption was fostered by time, experience, self-reflection, acceptance, and aided by social support from friends, family and health professionals. Many people described how they managed physical disability and mental illness in the process of returning to work. Resilience and adaptation were described by participants as they reported retaining a positive attitude towards finding or resuming work. Over time insights were gained into their work limitations and they learnt to strategically plan and adjust the type and amount of work they performed. Participants also recounted developing personalised routines, focusing on what was in their control and accepting what was not, and being focused on finding solutions as they returned to work:

*I can't do the physical work, so I've got to try and focus on things that I can do well... For me, I was a [name of manual occupation] ... and all of a sudden you can't use your fingers. So I got a new computer system... I do all my own [tax] reports, online banking and emails. **Male_60+yrs_compensable_SCI***

Discussion

This exploratory qualitative study examined how 54 people gained and sustained what they considered successful paid employment in the first 3-years after a serious injury. Our results emphasised the diverse personal and social resources and temporal adjustments required for successful return to paid employment, and the importance of their alignment with responsive employers, insurers and health professionals. These findings were consistent between genders, age groups, and for people with or without serious neurotrauma. While the cohort contained more males than females, this is consistent with typical major trauma populations [19].

Personal resources and attributes were integral to managing RTW. Intrinsic motivation to work post-injury stemmed from many reasons, often unrelated to finances. Similar to the findings of a systematic review of RTW in people with SCI [6], employment was sought to have a sense of achievement and to feel useful and productive. As motivation is required to be resilient [20], the intrinsic motivation to work may also be related to the resilient thinking evident in our cohort. In our study, resilient thinking related to the ability to flexibly adapt and move forward from the injury to persist with finding and sustaining appropriate work [21]. Sustained employment was managed by tailoring self-employed businesses, negotiating work duties, or by deciding to leave unsuitable workplaces and gain more appropriate employment. These findings are consistent with a biopsychosocial model of RTW in which outlook and expectations about function and intent to RTW are important personal influences on working with a disability [22]. Interventions that build and reinforce

resilient thinking about, and plans for, work during injury recovery could therefore support sustained work in meaningful and appropriate employment.

Decisions about RTW and continuing employment included balancing health, financial needs and personal or family life, with physical limitations and the desire for meaningful and satisfying work. Achieving this balance required goal adjustment and readiness to manage persistent disability or pain with the demands of work, emphasising the psychological changes, temporal nature and process of RTW. Similar findings have been shown in people with SCI and severe TBI [6, 23]. Our study extends these findings more broadly to include also people with serious injuries without significant neurotrauma. These findings also draw attention to the importance of addressing more than just physical barriers to RTW. Goal setting and readjustment could help people with injuries with their work participation. Adaptive self-regulation, which involves changing social-cognitive behaviours associated with achieving goals, has been shown to be important for adjustment to disability [24, 25]. However, how adaptive self-regulation behaviours such as disengaging and resetting goals in the context of RTW after serious injury requires further investigation to inform tailored processes for successful occupational rehabilitation.

Social networks were an important part of RTW. Family and friends were sources of support that facilitated RTW processes and enabled sustained work engagement. Previous research has established that social support can reduce work stress and support positive self-perception which assists RTW [26, 27]. Kosny et al. examined injured person's and their family members' roles during RTW in compensable injury. Similar to our results, family members were noted to provide instrumental, administrative and emotional support [28].

However, in our study, instrumental support included people providing injured relatives or friends with sustained employment through their own businesses. The differences in the findings may be due a greater number of participants in our study and the inclusion of non-compensable people (60%). A benefit of having friends and relatives as co-workers and managers was that formal RTW processes were bypassed for more personalised and simplified procedures. This finding has implications for simplifying the administration of RTW and developing more tailored and flexible work agreements. Future research could examine the role of family in supporting people with serious injuries with adjustment, decisions, and acceptance, and how this might contribute to sustainable RTW.

An injured person's social relationship with their workplace, and with health and insurance providers, impacts on their plans to participate in work [29]. In our study, responsive employers, insurers and health professionals strengthened employment opportunities. Previous research, however, has highlighted a lack of clarity around the role of health professionals' in RTW processes [30, 31]. Our study confirmed that direct communication between health professionals and employers and healthcare providers that advocated for workers with injuries supported successful RTW. Others have suggested that GP training and the introduction of guidelines to define the role of health professionals in RTW processes could be beneficial [30-32]. Future research focused on establishing effective processes and roles that enable clear communication and collaboration between major participants in the RTW process.

Successful RTW occurred when supportive relationships existed between a person with injuries and their manager, or there was a personal connection to an employer or manager

from pre-injury work or through a social network. It is likely that supportive and personal relationships with employers facilitated trust, understanding, and responsiveness, enabling successful RTW. While Young et al [33] only examined occupationally injured people, the finding that worker–manager relationship was important for RTW is consistent with our results and others [34, 35]. These findings strengthen the need for interventions that preserve worker-manager relationships during recovery and time off work, or that connect workers with injuries to managers who are open to negotiating tailored working conditions. It is also possible that the affirming role of RTW coordinators contributed to RTW, as described in our study. Positive interactions with RTW coordinators can help with RTW decisions and bridging any gaps or issues in worker-manager relationships [36].

The issue of compensation as a predictor of not returning to work and failed RTW attempts is well published [1, 37-39]. While our study only focused on workers with injuries who returned to work, it highlights the positive role insurers can play in RTW. This include a reduction in stress and fatigue through the provision of home, health, wage, and equipment supports. Other RTW studies in injured people have highlighted respectful and supportive communication by their insurance case manager and frequent contact to be helpful [40-42]. Future research could focus on examining the interaction between workers with injuries and case managers, and how this relates to the actions taken by case managers and RTW outcomes.

A strength of this study is the detail and focus on how people with serious injuries achieved RTW in the first 3-years after injury. However, the views of people who returned to work more than 3-years after injury, or who did not RTW for reasons unrelated to their injury, or

who RTW but were not working at 3-years after injury are not included. Previously published work from the RESTORE cohort has highlighted a range of personal, occupational, injury, health, and compensation system factors that are associated with RTW patterns that include early and sustained; delayed; failed; and no RTW [37]. Additionally, people who were not employed pre-injury, but gained employment post-injury were not included. Only the perspectives of people working prior to their injury, and in some cases a carer, are represented. The views of the employer, health professionals, and insurers are not presented. Further, only English speaking people participated in the study, and therefore the perceptions and experiences of people with a language other than English may vary. Additionally, as two thirds of participants in our cohort had been back at work for two and a half years by the time the interview was conducted. While this is substantial time between RTW and the interview, participants noted on the few occasions when they felt their memory might have faded.

Conclusion

The successful return to paid employment involved the timely alignment of interrelated personal, social, healthcare, insurance, and workplace factors. The interaction of an intrinsic drive to work, resilience, the clarification of personal priorities and goals, making strategic plans, and support from all stakeholders enabled RTW. Employers, health professionals, and insurers that partnered with the injured person to collaboratively tailor and personalise RTW processes were part of a supportive system that facilitated work outcomes. Study findings have important implications for a multidimensional approach to the occupational rehabilitation of people with serious injuries including strengthening personal resources,

fostering positive social relationships with RTW stakeholders, developing personalised RTW plans, and implementing flexible work agreements.

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