

# 03 September 2023

*by* Reddy, Govender And Naidoo Sajot

---

**Submission date:** 03-Sep-2023 09:14PM (UTC+0200)

**Submission ID:** 2156918752

**File name:** ility\_Claims\_Management\_Process\_septe\_2023\_paper\_for\_SAJOT.docx (111.03K)

**Word count:** 8903

**Character count:** 53761

4  
**Rehabilitation and Work Reintegration within the Disability Claims Management Process:  
The South African Private Insurer Perspective**

**ABSTRACT**

**Background:** Group risk disability insurance protects an employee's income when illness and injury result in work disability. There is a need to explore the factors that can support return-to-work of employees following illness and injury from an insurance perspective.

**Objectives:** To explore principles of disability claims management during the rehabilitation and work reintegration stage using a multi-stakeholder approach.

**Methods:** An exploratory qualitative design was used to collect data via semi-structured interviews with 26 purposively selected participants. Interviews were audio-recorded, data were transcribed and analysed thematically.

**Results:** Three themes emerged from the study, (i) a multi-stakeholder approach with collaboration is integral to disability claims management, (ii) various factors promote and restrict return-to-work planning, and (iii) best practice principles in the disability claims management pathway that promote return-to-work. These principles include behavioural economics as the central principle, with resource identification and competency, governance, role engagement and education and awareness as supporting principles.

**Conclusion:** Collaborative and integrated approaches by role players within a workers' family unit, health system, employer structure and insurance compensation are required for positive return-to-work outcomes. The various role players are responsible for creating policies, structures, intervention strategies, and environments that foster return-to-work.

**Keywords:** work disability, role-player collaboration, return to work

## INTRODUCTION

<sup>1</sup> Work Disability is a crucial health outcome measure of critical lifestyle importance to workers who suffer injury and chronic illness. Work Disability is costly for workplaces, families, and society, and incurs enormous expenditures every year<sup>1</sup>. Work reintegration forms a component of Work Disability management and is orientated towards returning an individual to work following injury or illness. Work reintegration includes treatment, rehabilitation, retraining, and early return to work (RTW) procedures<sup>2</sup>. One in 13 employees claim disability benefits<sup>3</sup>, reinforcing the frequency of insurance losses and necessitating strengthening insurance disability claims reserves<sup>4</sup>. Maintaining or promoting employment in the presence of Work Disability is required to decrease the adverse effects on employees' economic livelihood and well-being. The ensuing review explores disability management (DM) in the context of rehabilitation and RTW following the admission of a disability claim within Group Risk Insurance, as detailed below

**Disability Claims Management:** Employers provide group risk disability insurance to their employees as part of the employer's risk management strategy to provide income to employees if Health or injury impacts workability. The insurer and employer share the management of employees following illness and injury; therefore, where an insured benefit is in place, Disability Claims Management is an employer-insurer intervention approach. Disability Management is also viewed as Disability Claims Management and is not limited to claims processing under the specific disability benefits plans but includes the active management of claims. Doricic<sup>5</sup> added that Disability Management is proactive and aimed at recovery and work reintegration, including the employer, the worker, private or state insurers, and healthcare professionals<sup>2</sup>.

**Role players in Disability Management:** <sup>1</sup> Teamwork, establishing expert interactions within a multidisciplinary team (MDT) including the employer, employee or employee's representative, and Disability Management rehabilitation service providers are essential for DM<sup>6</sup>, with co-operation between all stakeholders<sup>2</sup> crucial. The interdisciplinary Disability Management team should include employer representatives (safety managers, occupational health nurses, risk managers, human resources personnel, and operations managers), labour union representatives, the worker's treating physician, a rehabilitation case manager, an onsite physical or occupational therapist, the employee<sup>7</sup> and insurer<sup>2</sup>. HR managers are responsible for developing organisational policies and providing advice or guidelines on labour issues to manage an employee with impairment or disability in the workplace<sup>8</sup>.

In 2012, Reinsurance Group of America (RGA) conducted a survey which cited that 43% of South African insurers did not employ rehabilitation services to manage disability claims. This was in marked contrast to the other regions surveyed (Australia, North America, and the UK). Over 80% in each market reported using rehabilitation services to manage disability claims<sup>9</sup>, indicating the need to strengthen RTW programmes and their uptake within the South African context. There is a growing need for Disability Management <sup>1</sup>rehabilitation service providers to be included in effective programmes in various workplace environments so that accommodations and RTW services can be managed efficiently and appropriately to allow employees with functional limitations in the workplace to remain employed<sup>6</sup>.

<sup>10</sup>. It has become common for insurers in South Africa to employ occupational therapists as claims assessors to ensure robust assessments that consider the occupational impact of medical diagnoses<sup>9</sup>. The importance of disability claims assessors as role players in Disability Claims Management has been identified as a central and integral factor in insurers' managing and improving claims experience. Assessment teams with more experienced assessors yielded higher claims termination rates than teams with less experienced assessors<sup>9</sup>. <sup>1</sup>Occupational therapists play an essential role in providing RTW recommendations, strategies, and job coaching<sup>8</sup>.

**Essential DM Concepts and Strategies:** DM programmes that include a blended approach, that is, between organisations with proactive RTW interventions, and individuals, limit the incidence of disability<sup>11</sup>. The blended approach outlines integrated corporate leadership with management collaboration, and timely RTW for employees, concepts essential in formulating and implementing a successful Disability Management strategy<sup>7</sup>. Early during a claim, the insurance representative, treating doctor, and insured must help determine risk factors and barriers to returning to work, align expectations, and collectively agree on personalised interventions for optimal health recovery<sup>12</sup>.

**Factors that impact Disability Management:** Employers who assume ownership and responsibility for injured worker reintegration and worksite accommodations frequently use DM Programme models<sup>7</sup>. The presence of a Disability management policy secures care for valued personnel; affected workers are back on the job as quickly as feasible to preserve productivity with meaningful employment, improve staff morale, reclaim their previous income levels, and improve the social well-being of the individual within the family unit<sup>9</sup>.

Employees are central to the reintegration process; <sup>6</sup>a positive attitude toward work, a strong relationship with their employer, and appropriate physical and mental stress levels improve RTW<sup>13</sup>,

including motivation to RTW<sup>9</sup>. A supportive, caring, and empathic supervisor with co-worker support<sup>6</sup> and health-related messaging from family and friends, often referred as “significant others” ), is a significant factor influencing recovery and RTW<sup>13</sup>. The stigma associated with disability and impairment negatively impacts the disability management and RTW process<sup>14</sup>, including stigma from claims processes, colleagues, professional service providers and employers<sup>1</sup>.

Injured persons who continue engagement in work activities have better outcomes than persons off work<sup>13</sup>. If someone is off sick for six to 12 months, there is a 90% chance they will not be returning to work in the foreseeable future; if they are off for more than two years, they are more likely to retire or die than return to work<sup>3</sup>.

The experience of the insurance claims process impacts the RTW status, and procedural fairness<sup>16</sup>; people who were not focused on compensation eligibility<sup>13</sup> resulted in positive RTW outcomes. Supporting claims management through the insurance policy wording and benefits structure in successfully returning employees to work becomes collaborative with role players. The insurer’s customer-oriented approach and involving customers actively in the planning and decision-making processes significantly positively affected rehabilitation and allowed the insurer to promote success<sup>17</sup> effectively. The quality and range of resources available to the claims team and services available to assist the claimant also feature as factors that impact DM<sup>9</sup>, access to health-focused interventions related to the RTW is seen as an integral RTW intervention<sup>18</sup>. Legislation in South Africa supports rehabilitation and return to work following disability. There is, however, a lack of implementation and monitoring of policies that support RTW despite the existence of the policies<sup>8</sup>.

To consolidate an effective disability claims management pathway, we need to understand the factors that impact rehabilitation and work reintegration for injured and ill employees. Dermody and colleagues<sup>19</sup> were confident that the key to improving outcomes in return to work lies in understanding the social and psychological factors that influence disability<sup>19</sup>. This speaks to a collaborative approach when integrating social and psychological factors. Employers, employees, and insurers are well-positioned to facilitate reintegration into work environments post-work disability. This paper explores the role players within disability claims management. These factors facilitate and restrict the disability claims management process and identify the best practice principles needed in an insurance disability management pathway during the rehabilitation and work reintegration stage of disability claims management.

## **METHODS**



**Study Design:** <sup>3</sup> The methodology for this study referenced the Consolidated Criteria for Reporting Qualitative Studies (COREQ) according to the 32 items on the checklist, which is recommended for comprehensive reporting of qualitative studies<sup>20</sup>.

**Reflexivity and Research Team:** The primary author is a qualified female occupational therapist with ten years of clinical experience spanning private and public healthcare and a further 11 years' experience in corporate insurance, focusing on disability benefits and case management to facilitate RTW. Data collection were completed with the assistance of a co-facilitator. The co-facilitator was a qualified female occupational therapist with three years of clinical experience and corporate insurance experience. The co-facilitator, a disability assessor within an insurance company at the time of the study, was chosen as she had insight into the selection of questions and interview probing due to her familiarity with the study aims, peer debriefing and triangulation of data. Several of the study participants, in a professional capacity knew the primary author. As a result, the researcher's positionality was made overt through a series of reflective statements and exercises that indicated practical knowledge of the subject of study, allowing for the suspension of judgments as needed and reducing researcher bias. The researcher analysed her goals and how her roles and identities influenced <sup>3</sup> the study techniques. An exploratory qualitative design using semi-structured interviews for data collection was used in this study. Qualitative research was used to understand the necessary role players in the work reintegration process, factors that hinder and promote work reintegration and best practice principles for DCM<sup>21</sup>.

**Study Population and Sampling strategy:** The target population was purposively sampled from various companies, broker houses, insurance groups, reinsurance groups and occupational therapy practices. They included CM and vocational occupational therapists, Employee Wellness Practitioner (EWP), <sup>4</sup> group insurance disability claims managers, Health risk managers (HRM), Human Resources (HR), insurance brokers, and an Occupational Medical Practitioner (OMP). The primary author found persons who could contribute information based on their knowledge, interest, and experience through purposive sampling<sup>22</sup>. The study population included 40 stakeholders, five from each stakeholder group described below, involved in the private group insurance disability claims management process.

The selection of the different stakeholder groups contributed to obtaining a varied sample from different <sup>3</sup> stages of the disability management process and different stakeholders. <sup>4</sup> Twenty-six stakeholders volunteered to participate in the study; this included CM/vocational <sup>3</sup> occupational therapists (n=3), EWP (n=3), group insurance disability manager (n=6), HRM (n=3), HR (n=4), OMP (n=4), insurance disability claims broker (n=3). A total of 46% of the stakeholders held an

Occupational Therapy qualification, albeit performing different roles in the disability claims management process. All participants who met the inclusion criteria were included in the study. Stakeholders without exposure to disability in the workplace and disability benefits were excluded from the study (Table I).

**Table I** *Demographics of the sample of stakeholders (n=26)*

Variables	Number (n)	Percentage (%)
<b>Gender</b>		
Male	2	92%
Female	24	8%
<b>Age group</b>		
29-39	9	35%
40-49	10	38%
50-59	7	27%
<b>Number of years work experience</b>		
<5	3	12%
>15	12	46%
11 to 14	4	15%
5 to 10	7	27%
<b>Number of claims handled per month</b>		
<20	16	62%
>40	7	27%
21-40	3	12%
<b>Highest Level of Qualification of participants</b>		
Bachelor's Degree	18	69%
Diploma	3	12%
Doctoral Degree	1	4%
Master's degree	4	15%
<b>Qualification</b>		
Qualified Occupational Therapists	12	46%
Other varied qualifications e.g. Human resource qualifications, financial services qualification	14	54%

**Data Collection:** Semi-structured interviews were used in this study as this method facilitated in-depth data collection using open-ended and probing questions<sup>23, 24</sup> The development of questions was guided by the literature reviewed and the authors' practical experience of RTW. Each interview was conducted in English with the primary author and a co-facilitator to comprehensively gather the relevant data. Interviews were completed after receiving informed consent from the participant.

Twenty-six, 60-minute <sup>18</sup> semi-structured interviews were conducted. The interviews were conducted individually to allow the participants to express their personal experiences without influencing other role players.

The interviews were audio-recorded and transcribed verbatim using the Microsoft Teams platform. The researcher then checked the relevant transcripts against the audio recordings multiple times to ensure the integrity and amended any incongruences in the data during analysis, thereby providing a basis for trustworthiness<sup>25</sup>.

**Data Analysis and Rigour:** The data were analysed using thematic analysis, which entailed reading and re-reading the transcripts to identify themes within the data<sup>26</sup>. Subcategories were created and coded data were placed into each subcategory before formulating categories. The various categories were classified in MS Excel and then grouped into themes and concepts. This study used a hybrid approach of inductive and deductive analysis to identify the overarching themes that captured the rehabilitation and RTW reintegration phenomenon described by the participants in the study, complementing the research question. This allowed for a detailed understanding of the data while still allowing topics to emerge directly from the data, which may not be relevant to the research question (inductive reasoning) but provided insight to support the research questions<sup>26</sup>.

Trustworthiness of the data centred around confirming credibility, dependability, transferability, and confirmability. Credibility was determined by checking understanding with the participants through summarising responses in the interview. This was enhanced by ensuring purposive sampling were based on real-life exposure. <sup>18</sup> The interviews were audio-recorded and transcribed to ensure accurate capturing of data. Dependability was facilitated by using the same interview schedule for all participants with additional probing questions to foster a deeper discussion. Confirmability was ensured through reflexivity by noting preconceptions and biases in a notebook and by constantly reflecting on these during the study. Transferability was confirmed by using detailed descriptions of the research methods, context, and participants' actual experiences.

**Ethical Considerations:** Ethics approval was provided by a Human and Social Sciences Ethics Research Committee (HSSREC/00002870/2021) of the University of KwaZulu Natal. The participants were contacted via e-mail to explain the study's aim, purpose, and process. The details about the study, the biographical details request, and consent were sent via email for acknowledgement and signature. <sup>4</sup> The right to withdraw from the research process at any point, research content, and anonymity of data were iterated in the consent and at the start of the interview. All participants provided written consent to participation and publication of data in the study.



Anonymity and confidentiality were maintained in the paper by pooling data into themes. There is no reference to any personal details that could lead to identifying participants in the data.

## RESULTS

Three themes that reflect the study's aims emerged from the data, and these are reflected in Tables II-VI.

### Theme 1: Role Players and their Functions in DCM-Rehabilitation and RTW

This theme identified the role players in the DCM pathway and described their *function* in the rehabilitation and RTW stage. Five role-player category subthemes were consolidated: (1) employee, (2) employer, (3) intermediary group, (4) medical and rehabilitation, and the (5) insurer group. The tables below outline these role players with verbatim quotes highlighting the participants' voices.

**Table II (1) Employee and employee support structures**

Role Player	Description	Quote
<b>Insured Employee</b>	The individual beliefs, motivation and self-efficacy, level of resilience, ability to take responsibility for their medical condition and perception of their illness and roles in life have an impact on rehabilitation and RTW. Employees need to collaborate with all the role players and need to be actively involved in the rehabilitation and RTW plan	<i>"Employees that have young children to care for, depend on continued income hence the motivation to RTW is increased while if the employee is required to take care of grandchildren at home, then the motivation to RTW is decreased".</i> Participant 6, HR.
<b>Employee support structure: Family</b>	80% of the participants stated that family plays a critical role in supporting and guiding the employee during disability. 40% of the participants concluded that family perceptions or understanding of the disability process impacts rehabilitation and RTW.	<i>"Family employees that interpret the rehabilitation and RTW as too pressuring or stressful will actively resist RTW, where disability is perceived as a norm, maintaining a disability role is accepted, if being on a disability benefit is perceived as a weakness, employee resist being on a long term disability benefit".</i> Participant 5, HR.

**Table III (2) Employer**

<b>Role Player</b>	<b>Description</b>	<b>Quote</b>
<b>Executives and Line managers</b>	The support of employers on RTW in a productive role is inconsistent. The proximity of the line manager influences work relationships- intact relationships with the direct manager influences the degree of support that they afford employees to stay at work longer and get back to work sooner. The direct manager's involvement is crucial for RTW.	<i>"You get some companies where they truly support getting employees back to work in a productive role, that is obviously far more successful in getting people back to work and then you have others who, it's all about productivity and the bottom line, and they're not prepared to budge an inch"</i> Participant 6, HR
<b>Human Resources</b>	50% of the participants saw the function of HR as knowing where to refer an employee to pre and post WD and ensuring the workspace is ready to receive the employee upon RTW, guiding on RTW legislation in the interest of the employee	<i>"My service as HR. I'm the conscious of the line manager in terms of identifying the blind spots, communicating with the employee and relevant stakeholders on process statuses on RTW and dealing with difficulties early and being open to provide solutions,"</i> Participant 5, HR
<b>Colleagues</b>	Negative reactions of colleagues to the employees' symptoms and medical condition determines if the employee experiences the workplace as hostile and not conducive to RTW and will rather want to remain on a disability benefit	<i>"Fear of being labeled or being viewed as different. Being viewed differently by your team due to the work they would have had to cover on your behalf"</i> Participant 16, EWP

**Table IV (3) Intermediary group: Group Insurance Disability Broker, Health Risk Managers**

<b>Role Player</b>	<b>Description</b>	<b>Quote</b>
<b>Brokers</b>	Play a role in the education of benefits, the broker can be an asset or can be a massive barrier to rehabilitation and RTW IF they do not understand the nuances when it comes to aspects such as RTW, or the impact of work disability on an occupation	<i>"They can be the make or break because it depends on how much access they going to allow the insurer to have to the employer and the client. If they are overprotective and you're not allowed any contact the RTW is restricted. If you get the broker on your side and you can convince them that what you're doing is in the best interest of their client and how it's going to make them look good, then you can get</i>

		<i>somewhere and get people back to work”</i> Participant 21, Disability Manager
<b>Health Risk Managers</b>	Play a role in education and guidance to the employer and the insurer, they provide an independent medical opinion while considering the work environment and the employee’s medical condition.	<i>“From the insurance point of view, they are our eyes, they are the bridge between the insurer and the employer, they assist with the gathering of information with recommendations about the working environment,”</i> Participant 12, Disability Manager

The feedback, level of intervention from the medical providers and how the medical condition is explained impacts RTW. The medical team is described in Table V.

**Table V (4) Medical and Rehabilitation**

<b>Role Player</b>	<b>Description</b>	<b>Quote</b>
<b>Employee Wellness Practitioner (EWP)</b>	EWP focuses on improving the health and well-being of employees from a corporate wellness perspective to support an employee and employer in the work environment.	<i>“Wellness provides a supportive role and understands the employers. Wellness checks in with the employee once a week, maybe twice a week depending on the medical condition and the job”</i> Participant 1, EWP
<b>7 Industrial Psychologists</b>	Industrial and organisational (I/O) psychologists focus on the behavior of employees in the workplace and apply psychological principles and research methods to improve the overall work environment. 8	<i>“RTW programs should look at partnering with industrial psychologists around career counseling and looking at re skilling that has easy transferable skills and then obviously focusing on RTW options”</i> Participant 16, EWP
<b>Occupational Health Staff (OHS)</b>	Occupational health seeks to promote and maintain the health and well-being of employees to ensure a positive relationship between an employee's work and health. The advice, guidance provided by OHS can play a substantial role in effective RTW	<i>“They could make or break the success of RTW. Depending on management's philosophy around it, but they will just push people onto disability, and they will not support RTW in any capacity whatsoever, then you get occupational health staff, both nurses and the doctors who are phenomenal in supporting a person,”</i> Participant 7, OMP

<p><b>Medical Specialists</b></p>	<p><sup>15</sup> Medical specialists include doctors who have completed advanced education and clinical training in a specific area of medicine relevant to the medical condition diagnosed. The intervention from the medical specialists could facilitate or restrict early RTW or RTW.</p>	<p>"A lot depends on the medical providers advice and what people say to the person on RTW. Where a person is advised of pending or current disability then they may be more likely to go off sooner than if a doctor that says look, we don't know what the future holds, but for the foreseeable future, you know we can treat you and you could get better, and we can control your symptoms. You'll have a much better chance of success with person like that." Participant 26, OMP</p>
<p><b>Rehabilitation Specialists</b></p>	<p><sup>9</sup> A healthcare professional who helps people recover from an illness or injury and return to daily life. Examples of rehabilitation specialists are physiotherapist, biokineticists and OT. Rehabilitation specialists can provide better RTW outcomes when rehabilitation is geared towards RTW</p>	<p>"Rehabilitation is often very medical and there should be an understanding of the operational sort of requirements of the employee, that's going to be returning to work because that would guide the rehab" participant 9, Case Manager</p>
<p><b>Social Workers</b></p>	<p><sup>10</sup> Assist employees and their families solve and cope with problems in their everyday lives. Clinical social workers also diagnose and treat mental, behavioural, and emotional issues.</p>	<p>"Social workers, going to the homes and assessing the environmental situation we recruited hired signed on social workers to go to the home to check on employees" Participant 23, OMP</p>

**Table VI (5) Insurer group: Insurer, Disability Claims Assessor and Case Manager**

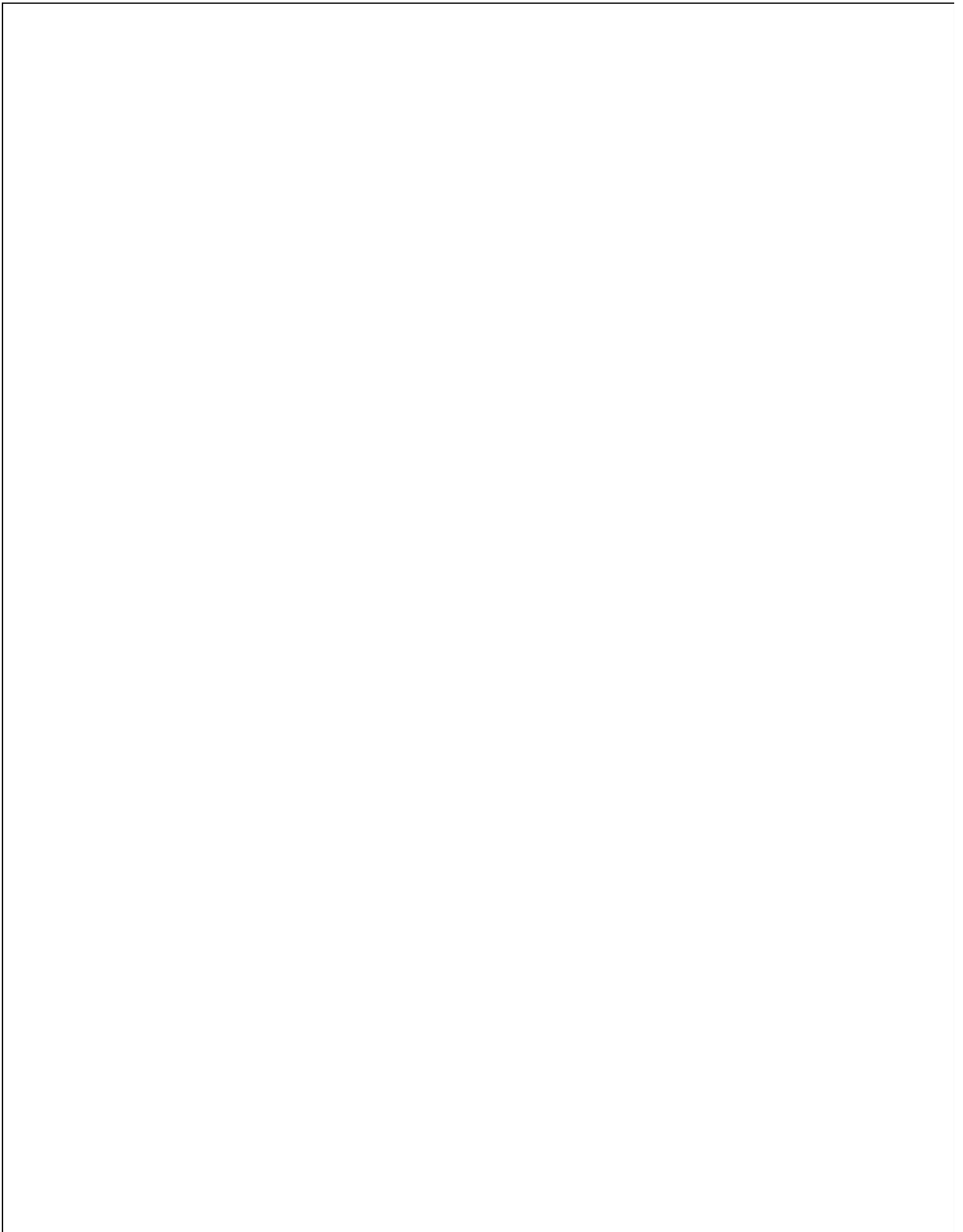
Role Player	Description	Quote
<p><b>Insurer</b></p>	<p>The insurer provides disability benefits in the event of disability for as long as an employee meets the definition of disability until retirement age. Rehabilitation and RTW favours a positive claim experience for the insurer with reduced claims losses.</p> <p>The insurer's involvement in rehabilitation can facilitate an early RTW post-injury/illness and decrease disability. The relationship between the</p>	<p>"I think there's very few insurers who managed to get that relationship to the point where they can sustain that type of relationship. The relationship between the scheme and the insurer is an important factor in facilitating RTW" Participant 6, HR</p>

	employer and the insurer is an essential factor in facilitating RTW.	<i>"I think the insurer needs to be a lot more proactive in the process from start to finish"</i> Participant 14, Broker
<b>Disability Claims Assessor</b>	Well trained and experienced disability assessors with an OT qualification understand matching skills and residual function and assess this within an insurance policy. Assessment competency and accuracy is mandatory.	<i>"There is a focus on RTW because of employing OTs in insurance. The offices that have South African OTS working in them tend to have a far more focused approach to RTW".</i> Participant 18, claims manager
<b>Case Manager</b>	The case manager sets the structure for RTW and guides all stakeholders. Success with CM is usually achieved by case managers who have a business understanding and understands the insurance requirements. Competency in CM is mandatory.	<i>"OTs that are more successful with CM and RTW tend to be the ones who have worked in insurance and then gone into private practice. They are far more successful because I think they understand that you know where the person is coming from"</i> Participant 18, claims manager

**Theme 2: Factors that facilitate and restrict rehabilitation and RTW based on opinions of the participant group**

Several factors posed as facilitators and or barriers to rehabilitation and RTW implementation. The factors listed in Table VII have been grouped into the following categories: Laws and Legislation, Employer Incapacity and DM policy/Process, Disability Insurance Products, Insurer mandates, policies and processes, Organisational Culture and mindset, Health Resources, Financial position of the employee and Education training.





**Table VII** Factors that facilitate or restrict RTW

The below mentioned information was synthesised from the interviews conducted by the first author. The data from the interviews expressed by the various participants were reduced to themes via thematic analysis for reporting.

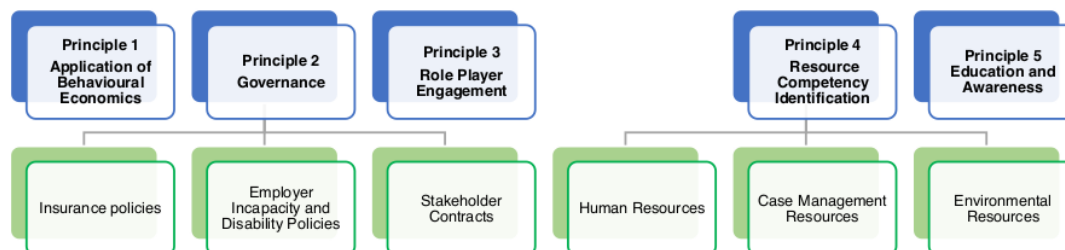
Factor	Facilitators/Enablers	Restrictors/Inhibitors/Barriers
<b>Laws and Legislation</b>	<ul style="list-style-type: none"> <li>South Africa is well supported with laws and legislation directed to persons with disabilities. The legislation is proven effective when there is a need due to the employee's skill, experience, and manner to promote, accommodate and retain an employee in the workplace.</li> </ul>	<ul style="list-style-type: none"> <li>South African law and legislation does not address integrating employees who were employed full-time and then experience work disability. There is limited government intervention to incentivise employers to accommodate or reintegrate employees post work disability.</li> </ul>
<b>Employer Incapacity and DM Policy/Process</b>	<ul style="list-style-type: none"> <li>There are fair and equitable processes documented in the management of work disability.</li> <li>Disability policies that include the following: Employer consultation at disability, effective and supportive handling of a disability claim, partial stay at work benefits, consideration of an employee's value in terms of skill, knowledge, past performance prior to termination, and post admittance on a disability benefit, RTW plans with gradual RTW processes, RTW support for a period post-RTW and volunteering options</li> </ul>	<ul style="list-style-type: none"> <li>The relationship between the employer and employee is cauterised on admission of a claim</li> <li>Employees are not kept in the workplace for as long as possible or encouraged to RTW as soon as possible</li> <li>The relationship between employer and employee is fragile due to previous frustrations.</li> <li>Limited structures in place to facilitate the medical incapacity process</li> <li>The lack of internal disability policies to guide employees on utilisation workplace accommodations, disability notification and the disability application process.</li> </ul>
<b>Disability Insurance Products</b>	<ul style="list-style-type: none"> <li>South Africa boasts innovative disability products with benefits for rehabilitation and RTW bonuses. Programmes often a client would not have access to because they do not have the funds. 60% of the participants iterated that it is also quite useful when insurers are open to continuing the patient's disability benefits during a work trial and partial RTW post-work disability as this affords the employer to assess the employee's work ability without compromising the access to the disability benefit or employee's salary in a reintegration period.</li> </ul>	<ul style="list-style-type: none"> <li>Disability products dictate a waiting period in which disability must continue prior to qualifying for a disability. This can encourage disability and restrict RTW</li> </ul>
<b>Insurer mandates, policies, and processes</b>	<ul style="list-style-type: none"> <li>Claims assessors with an OT qualification</li> <li>Well understood insurance benefits and processes by all role players</li> <li>Use of a case management identification tools to objectively identify RTW candidates following WD.</li> <li>Incentivisation insurance products that promote rehabilitation and RTW</li> </ul>	<ul style="list-style-type: none"> <li>Delay in assessment decisions</li> <li>Utilisation of OT case managers for RTW with limited corporate understanding or exposure</li> <li>Ill-defined or poorly understood case management protocols and claims assessment processes</li> <li>Limited confidence in insurers assessment protocol or insurance products.</li> </ul>

<b>Organisational Culture and mindset</b>	<ul style="list-style-type: none"> <li>• Organisation's where stigmatisation of ill health /injury is limited, the focus on integration and RTW is embedded in the employer's philosophy, where there is trust in disclosing medical conditions, where cultural barriers are transparent and well understood, and there is support to employees in the workplace exposes itself to more successful RTW outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Organisations that cultivate behaviour of limited tolerance to work disability, RTW post work disability is not supported, there is a fear to share/divulge information, consultation within the employer is limited, where request for workplace accommodations is frowned upon and where there is a lack of empathy or sympathy for somebody who might not be as resilient restricts rehabilitation and RTW</li> <li>• Strained relationships with colleagues</li> </ul>
<b>Health Resources</b>	<ul style="list-style-type: none"> <li>• South Africa is rich in the expertise of various medical specialists, and access to virtual services is increasing.</li> <li>• There is a focus on RTW because of employing OTs in insurance.</li> <li>• The access to medical aid and insurance rehabilitation benefits enhances rehabilitation and RTW</li> </ul>	<ul style="list-style-type: none"> <li>• Adherence to treatment is dependent on an employee's financial status and access to medical treatment. Limited access to medical treatment restricts rehabilitation and RTW</li> <li>• Dependence on a salary result in employees continuously working through disabling symptoms and complicating their medical condition</li> <li>• Rehabilitation benefits are difficult to claim.</li> <li>• Differing options from professionals on RTW or booking employees off work.</li> </ul>
<b>Financial position of the employee</b>	<ul style="list-style-type: none"> <li>• Employees who are financially driven to go back to work as the breadwinners and have young families to support are often forced to go back to work sooner and seek treatment and abide with recommended recommendations treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Employees with strong financial support that may assume roles of caregivers for grandchildren etc. would have a limited need for rehabilitation and RTW. The high unemployment rate indicates sufficient resources for employment thus reducing the need for employees to wait for rehabilitation and full RTW.</li> </ul>
<b>Education and Training</b>	<ul style="list-style-type: none"> <li>• Education for all stakeholders is mandatory – to understand the various roles, the insurance policy, the work environment, the employees' medical condition, the employee's social factors, the workplace factors, employees understanding their benefits and their rights</li> <li>• Employer's understanding of available benefits during work disability process</li> <li>• HR training around how to manage this process.</li> <li>• Where education to clients on RTW is a solid option post or pre-admittance of a disability claim</li> </ul>	<ul style="list-style-type: none"> <li>• Professionals are not trained with the mindset of returning there the patient back to work. They treat a patient in the here and now and there is no focus on the downstream impact</li> </ul>
<b>Employee Psychosocial Factors</b>	<ul style="list-style-type: none"> <li>• Employee motivation and career aspirations</li> <li>• The perception by employees that RTW is integral</li> <li>• Resilient employees</li> </ul>	<ul style="list-style-type: none"> <li>• Overprotective families that encourage disablement are barriers to RTW</li> <li>• Cultural beliefs that prevent access to medical treatment or acknowledgement of a medical conditions</li> <li>• If the employee is not in their chosen occupation</li> <li>• If an employee's job is not versatile e.g., accommodations are not possible</li> </ul>
<b>Role player engagement</b>	<ul style="list-style-type: none"> <li>• Collaboration and involvement between all stakeholders to facilitate the rehabilitation and RTW process.</li> <li>• The training, exposure, and experience of the role players in disability management is deemed to be competent</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of collaboration between all stakeholders and limited feedback is provided; hence the rehabilitation and RTW becomes disjointed</li> <li>• Employer responsibility is ignored post admittance for work disability</li> </ul>

and  
competency

### Theme 3 - Best Practice Principles

Figure 1 illustrates the five best practice principles that emerged from the study.



**Figure 1** Best practice principles emerging from the Study

#### **Principle 1 | Application of Behavioural Economics**

The approach and resultant behaviour of how role players approach disability claims management and manage RTW must be structured to adopt the approach/ attitude that the employee's RTW is integral in promoting quality of life and in claims management. Recommendations around access to healthcare must be intentional, realistic, and aligned to the collaborative goals of all role players to support claims management and RTW. Adopting a claims management philosophy was recommended.

*"Eat, live, breathe claims management because, client management for me is everything we, we can't put things into little pockets. We need to have a very clearly defined philosophy. If you don't have that, it's not going to work,"* Participant 20, Disability Manager

*"As a collective if we are focused on the patient, and I think ideally the patient should be at the centre of care if we can truly do that, we will naturally evolve towards a much better space. We talk about it, but the degree to which we actually do it, I think still has a long way to go,"* Participant 7, OMP.

#### **Principle 2 | Governance**

The governance framework needs to exist to ensure that the correct policies are in place, so the proper procedures can be followed. These frameworks are fundamental for fairness in the process for all stakeholders.



The following governance frameworks were noted from the respondents:

- **Insurance policies** must support rehabilitation and RTW through policy wording and benefits, including the employee's role and responsibility in disability claims management.
- **Employer Incapacity and Disability policies** should focus on keeping people employed and productive in the presence of medical conditions with the application of reasonable accommodations where necessary. The policies should define the processes to be followed in the event of loss of productivity due to medical reasons and stakeholders to be consulted. The policy must outline the workplace environment and people support required to guide and support employees through rehabilitation and RTW. If employees can remain at work while on a partial or fully insured benefit should be considered in the workplace to keep an employee semi or fully engaged in aspects of work function.
- **Stakeholder contracts** are crucial to ensure role clarification, compliance to requirements, and acknowledgement of roles in the rehabilitation and RTW process. Contracts must ensure that the appropriately qualified stakeholders are sourced to achieve RTW success. Informal contracting with family employees and support structures are also included in this principle.

### **Principle 3 | Role Player Engagement**

The purpose of the key role players identified in Theme one, including the employee, must be maintained through the process. The motivation and incentive of the employee to participate meaningfully in treatment and RTW integration must be monitored. Direct contact or communication between the employees and the identified role players is required for successful outcomes.

*"Direct contact with employees either in person or telephonically. Are you seeing this person picking up the phone and calling them and saying this is who I am? This is what I'm asking you? Do you have a minute?"* Participant 19, Disability manager.

*"Having a well-coordinated team is the best way to manage RTW. That has been the biggest differentiator in terms of how well people RTW, or whether they even stay within the workplace"* Participant 21, Disability manag

Rehabilitation and RTW planning must be consolidated with all the relevant role players. The plan must ensure that there is understanding, transparency and communication. Feedback loops must be established so that plans can be adjusted to achieve the return-to-work goals.

Engagement between stakeholders must allow for a level of flexibility and agility. This includes both proactive and reactive management from the insurer. The insurers' contribution to early identification and management of claims including financial support for rehabilitation must be discussed as part of the engagement. Role players' engagement is within the workplace, family environment and medical treatment. Role players must engage with the various treatment pathways for a positive outcome.

*"Make sure all parties are talking to each other"* Participant 13, HRM

#### **Principle 4 | Resource Identification and Competency**

We have outlined the role players that play a critical role in positive RTW outcomes. However, the competency of these role players plays a crucial role in the DCM process and RTW.

- **Human Resources** *"I think that we need to upskill our managers and our HR in terms of how we integrate and what can be done in the integration period because I think sometimes our managers and our HRBP's are not patient and understanding enough"*, (participant 24, HR).
- **Disability Assessors:** There is a focus on RTW because of employing occupational therapists as claims assessors in insurance. The South African occupational therapists working at the insurance companies bring that level of skill. Medical background knowledge is integral in claims assessment and is challenging to teach when compared to technical terms and policy conditions and how they are applied. Understanding medical knowledge and how it relates to function is essential - occupational therapists are probably the best equipped Participant 21, Disability Manager.
- **CM Resources** in the insurance context must include suitably qualified case managers. Case managers with exposure in the corporate and clinical settings have better RTW outcomes based on their practical knowledge in the workplace and exposure to work environments, Participant 20, Disability Manager
- **Environmental Resources** should be focused on creating a conducive RTW environment, this is achieved by addressing any previous frustrations between colleagues, educating the employer on stigma and what to expect from the employee upon RTW. Ensure that the employee has the tools and workspace, and access rights that are necessary when they RTW Participant 13, HRM

### **Principle 5 | Education and Awareness**

Ensuring adequate education and awareness is the responsibility of all role players, participant 1 EWP. Medical role players must ensure that the employee understands his medical condition and what interventions is required for RTW. The employer has a role in raising awareness of RTW options with colleagues and line managers and workplace sensitisation participant 16 EWP

All role players need to understand the product details, the definition of disability, the purpose of the benefit and how the policy/ product is applied practically at the claim stage. Increased understanding of active participation by employees must occur while they receive disability payment to facilitate RTW. Employees and line managers need to understand and be orientated to these key facts from when the product is sold. All role players must be educated on the disability benefit when a claim is admitted; this must include the potential for RTW and termination options for the benefit participant 9, case manager.

### **DISCUSSION**

This study confirmed that an integrated stakeholder approach is required to succeed with rehabilitation and work reintegration goals. NIDMAR<sup>6</sup> supports the need for a multidisciplinary team approach that includes employer, employee's representative, and disability management rehabilitation service providers are essential. Dunstan & MacEachen<sup>2</sup> further add the private insurer as part of the team. This study's findings highlight that players' individual and collaborative functions are integral in determining and facilitating RTW success. This is congruent with the literature which highlights the importance of co-operation between stakeholders<sup>2,27</sup>. This study found that co-operation will need to include transparent communication on intervention, prognosis, and alignment of rehabilitation and RTW goals. Each role player's function must be streamlined and well-coordinated and the employee must be actively involved in the RTW goal setting to avoid disjointed rehabilitation and RTW.

Provision of accurate assessments and expected outcomes from medical and rehabilitation providers would help to manage expectations from the onset. The employee is the key stakeholder who strongly influences RTW outcomes depending on their, level of motivation to engage in the interventions to RTW. The employee's motivation is influenced by a variety of factors that include the work environment, relationship with the employer (including managers and colleagues), family support, cultural beliefs and whether the employee is resilient or not. Throughout the study the role of the occupational therapist and insurer was evidenced in the work system, health system and insurance system. The importance of including rehabilitation has been cited previously<sup>9</sup>. South Africa's utilisation of rehabilitation services to manage

disability claims was limited compared to Australia, North America, and the UK. Evidence indicates that rehabilitation, specifically CM services to promote quality and cost-effective RTW outcomes<sup>10</sup>. The study participants stance was that rehabilitation, specifically CM by occupational therapists, was necessary for successful and durable RTW reintegration. However, the training and competency of the case manager were highlighted as a strong determinant in measuring success. Case managers who lacked balance between clinical and insurance exposure, insurance policy understanding, and work reintegration processes experienced limited success in RTW reintegration.

One of the participants' major reasons for limited success is the lack of general training in South Africa. A study concluded in 2018 noted that training in CM at undergraduate and postgraduate level <sup>14</sup> of occupational therapy is required<sup>10</sup>. The role of the insurer and occupational therapist is merged in RTW as insurers employ occupational therapists as claims assessors. The participants expressed value in claims assessors being qualified occupational therapists. It provided insight at the claims assessment stage to evaluate the interventions required to consider RTW reintegration and prognosis. Wells and Barrett affirmed that occupational therapists conducted robust assessments that confirmed occupational impact following injury and illness, and it is becoming common to employ occupational therapists in insurance<sup>9</sup>. Insurers within the Group Risk Insurance space sits squarely in the role of supporting employers while managing their disability claims experience and supporting employees to achieve a maximal level of function that can result in RTW. This concept was voiced by participants who indicated that the insurer is well positioned to finance RTW rehabilitation, define claims process flows that encourage RTW, facilitate engagement with employers, and provide benefit structures that enable RTW.

Knauf & Schultz<sup>28</sup> describes the RTW process as biopsychosocial, this is affirmed by Dermody and colleagues<sup>19</sup> in their statement that we need to understand the social and psychological factors that play a role in rehabilitation and work reintegration, in addition to the role players identified. Disability legislation from a South African context support of rehabilitation is well documented as vocalised by participants. Still, the application of legislation to facilitate RTW is lacking. This sentiment is echoed in the study by Govender and colleagues<sup>8</sup> in the local context. Disability legislation is both a facilitator and inhibitor, depending on whether legislation is enforced in the RTW process. There was consensus amongst participants that a well-defined, transparent employer Incapacity and DM policy/process documenting the process and protocols to be followed in the event of injury or illness that leads to work disability is valuable in promoting work reintegration or allowing for a period of work accommodations. The inclusion of a disability management policy demonstrates value for employee retention<sup>3</sup>.

Employers' policies that dictate cauterisation of the employee/employer relationship or delayed RTW has been shown to restrict work reintegration. Trippolini and colleagues confirmed that ongoing engagement in work and returning to work as soon as possible<sup>7</sup> improved RTW outcomes. In addition, unclear insurers claim processes can lead to client, broker, employer, and employee frustration, thus reducing the RTW collaboration opportunity. Outcomes of claims assessments and utilisation of case managers who are not well-versed in RTW CM negatively influence RTW. The insurer needs to engage resources that have the correct expertise to manage claims and optimise CM. Ensuring the correct identification of employees that will benefit from CM is relevant to the RTW outcomes. Sheehan, Tyler, Gray, Grant, & Collie<sup>16</sup> expressed that procedural fairness by insurers and positive claims experiences contributed to favourable engagement on RTW initiatives. Insurers adopting a customer-orientated approach where the customer is included throughout the process positively impacted rehabilitation<sup>17</sup>. The financial support for rehabilitation in insurance products promotes rehabilitation, however, participants expressed that the insurer restricts access to disability products as goals to RTW may not be well understood or agreed on. The disability-waiting period in insurance policy dictates that disability must be evident for a specific period prior to an employee accessing the disability product. The nature of the waiting period could be seen as restricting early intervention and delaying treatment that could result in RTW. Wells & Barrett<sup>9</sup> identified a limited utilisation of rehabilitation services amongst South African insurers hence exposing the opportunity to improve RTW from an insurance perspective. The disability process application and retention of benefits can further ingrain a disability attitude versus a RTW attitude. The role of the disability policy in promoting RTW needs to be positioned strongly through the policy wording and assessment process.

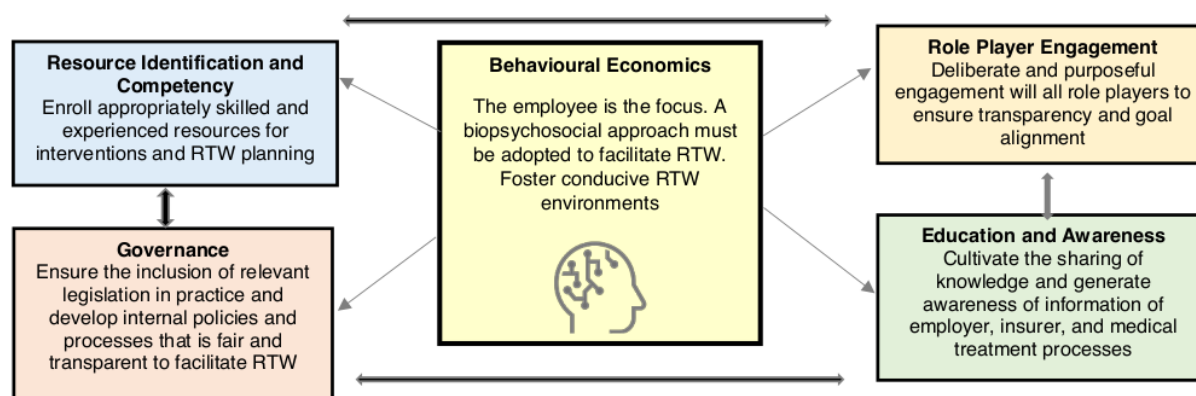
Zooming out of the governance concept and into the environmental space of the employee, the organisational mindset can either promote or restrict RTW reintegration. Participants perceived a general lack of trust in South African context around medical diagnoses, influencing disclosure by employees, due to the stigma related to diagnoses. Organisations that foster stigmatism, and reduced disability tolerance tend to restrict RTW. In contrast, organisations, where RTW is embedded in the employer's philosophy and disability processes, and which are well understood will support RTW. The support provided by line managers and colleagues and their awareness and understanding of the RTW process can either enhance the RTW environment or place stress and anxiety on all role players. Participants agreed that the employee /claimant is the centre of care the organisation will naturally evolve to a better RTW space as a collective.



Financial and environmental access to medical treatment, adherence to treatment, and access to skilled specialists positively influence rehabilitation and RTW. The lack thereof has the opposite effect of not getting a confirmed diagnosis and adequate treatment. The delay in treatment has a dual impact on RTW; the delay in medical treatment complicates recovery and delays the assessment for potential benefits and interventions that could result in RTW. The state of finances of the employee either encourages or restricts RTW depending on the life roles being assumed by the employee. Participants divulged that some employees would continue to work amidst symptoms and to the detriment of their health due to not getting time off work for treatment or for fear of being placed on disability. When this individual may not work any further, rehabilitation and RTW may not be an option, as a WD may appear permanent. There are also instances where employees are driven to RTW post injury and illness, as maintaining their worker role is the only option.

Education and training of all role players is seen as a decisive factor in the determination of RTW. In circumstances where all stakeholders are well informed on employer processes, insurer processes, reasons for claims decisions and CM, thorough and informed decisions lead to the correct employees engaging in RTW and reintegration with greater positive RTW outcomes. Awareness and knowledge are crucial to ensuring engagement in the RTW process. Coupled with this are the education and training qualifications of the injured or ill employee. Where opportunities are limited due to educational level and experience, the need for RTW to work maybe be more significant, and the opportunity to cross skill the same employee to RTW may be reduced.

Best practice principles have emerged from the findings (as illustrated in Theme 3). Figure 2 summarises the best practice principles.



## Figure 2 Best Practice Principles

The concept that role-players need an integrated approach in the environmental and health context is integral for successful RTW and illuminates the principle of *resource identification and competency*. The collaboration of these stakeholders in drafting and planning a RTW strategy and facilitating a RTW environment, and contributing to encouraging RTW speaks to a principle of *role player engagement*. Ensuring sufficient knowledge is disseminated; RTW policies, health conditions and insurance processes and policies highlight the principle of *education and awareness*. Ensuring alignment to South African legislation, employer DM policies and insurance policies to promote RTW brings in the principle of *governance*. All these principles stem from the core concept of the employee being the focus in the rehabilitation and RTW phases of DCM. Implementing a biopsychosocial approach *and behavioural economics to ensure that all factors are considered around facilitating RTW post-work disability are highlighted as the study's key principle*.

### CONCLUSION

The study has cemented that a collaborative and integrated approach by role-players within an employee's family unit, health system, employer structure and insurance compensation is required for positive RTW to work outcomes. The various role players are responsible for creating policies, structures, intervention strategies, and environments that foster RTW.

<sup>12</sup> The profound impact of rapidly escalating workers' claims costs will be experienced worldwide by businesses and industries throughout the next decade because of reduced strained economies, reduced healthcare options and insurance benefits that provide a source of income. Just as this crisis challenges the insurance industry, RTW interventions create an opportunity. South Africa is faring well in having conversations around illness and injury and RTW, and employees have access to care from an insurer perspective where RTW is possible. A more integrated approach could augment RTW options and give more structure and governance within the DM process to enhance RTW post injury and illness.

### AUTHOR CONTRIBUTIONS

The first author conducted the study as a postgraduate student. The second and third authors were supervisors who provided supervision and guidance throughout the study process and assisted in the conceptualisation of the study, design, and data interpretation. The supervisors provided key input into the development of the manuscript that the first author drafted. <sup>13</sup> All authors read and approved the final manuscript.

## ACKNOWLEDGEMENTS

The participants of the study are acknowledged for their contributions. The University of KwaZulu- Natal is acknowledged for tuition remission for the first author towards a Master's Degree, from which this paper emanates.

17

## DECLARATION OF CONFLICTS OF INTEREST

The authors declare no conflict of interest.

## DATA AVAILABILITY

All transcripts and raw data are available upon reasonable requests from the corresponding author.

## REFERENCES

1. Young, A, Viikari-Juntura, E, Boot, C, Gimeno Ruiz de Porras, D, Linton, S. Workplace outcomes in work-disability prevention research: a review with recommendations for future research. *Journal of Occupational Rehabilitation*. 2016;1(1): 434-447. <https://doi.org/10.1007/s10926-016-9675-9>
2. Dunstan, D, MacEachern, E. Bearing the Brunt: Co-workers' Experiences of Work. *Journal of Occupational Rehabilitation*. 2012;1(1): 44-54. <https://doi.org/10.1007/s10926-012-9380-2>
3. Gowan, N. Gowan Health - Managing Disability in the Workplace: Everything You Need to Know. [Online]. Available from: <https://gowanhealth.com/managing-disability-in-the-workplace-everything-you-need-to-know/>
4. Reinsurance Group of America. Global claims views: Return-to-work in the context of COVID-19. [Internet]. Australia; May 2020. Available from: [https://www.rgare.com/docs/default-source/marketing/rtw-in-the-context-of-covid-19--a-guidance-note\\_global-claims-views\\_final.pdf](https://www.rgare.com/docs/default-source/marketing/rtw-in-the-context-of-covid-19--a-guidance-note_global-claims-views_final.pdf)
5. Doricic, D. Disability Management Best Practice VRA Canada Conference -Workplace Health and Safety. [Online]. Available from: <https://www.slideshare.net/DarleneDoricic/disability-management-best-practices> [Accessed 29 December 2020].
6. NIDMAR. (2003). Disability Management in the Workplace: A Guide to Establishing a Joint Workplace Program. Port Alberni, BC. [http://www.re-integrate.eu/resources/001\\_rtwbook\\_e.pdf](http://www.re-integrate.eu/resources/001_rtwbook_e.pdf)
7. ILO Content Manager. (2011). Disability Management at the Workplace: Overview and Future Trends. <https://www.iloencyclopaedia.org/part-iii-48230/disability-and-work/item/179-disability-management-at-the-workplace-overview-and-future-trends>

8. Govender R, Govender P, Naidoo D. Disability management in a public-private health care facility in South Africa: an organisational perspective. *African Health Sciences* [Internet]. *African Journals Online (AJOL)*; 2021 Sep 27;21(3):1440–50. Available from: <http://dx.doi.org/10.4314/ahs.v21i3.55>
9. Wells L, Barret P. Disability income: What can we learn from other markets? [Internet]. *Reinsurance Group of America: South Africa*; 2013 [updated 2013; cited 2021 November 12]. Available from: <http://www.africanagenda.com/convention2013registration/papers/42-7f37a2a802344242b0059edb114ef263.pdf>
10. Govender, K, Christopher, C, Lingah, T. The role of the occupational therapist in case management in South Africa. *South African Journal of Occupational Therapy*. 2018;48(2): 18-19. <http://dx.doi.org/10.17159/23103833/2018/vol48n2a3>
11. Rosenthal DA, Hursh N, Lui J, Isom R, Sasson J. A Survey of Current Disability Management Practice. *Rehabilitation Counseling Bulletin* [Internet]. SAGE Publications; 2007 Jan;50(2):76–86. Available from: <http://dx.doi.org/10.1177/00343552070500020601>
12. Kanhai, R. Life Claims Management- Insights from General Insurance. *Finity ANZIIF Journal*. 2014;37(4): 25.
13. Trippolini, M, Young, A, Pransky, G, Elbers, N, Lockwood, K, Cameron I. Beyond symptom resolution: insurance case managers perspective on predicting recovery after motor vehicle crash. *Disability and Rehabilitation*. 2019;1(1): 1-7 <https://doi.org/10.1080/09638288.2019.1630857>
14. Maja, P., Mann, W., Sing, S., Steyn, A., & Naidoo, P. Employing people with disabilities in South Africa. *South African Journal of Occupational Therapy*. 2011; 41(1):24-32. Available from: [https://www.researchgate.net/publication/237188507\\_Employing\\_people\\_with\\_disabilities\\_in\\_South\\_Africa](https://www.researchgate.net/publication/237188507_Employing_people_with_disabilities_in_South_Africa)
15. Young AE. Return to Work Stakeholders' Perspectives on Work Disability. *Handbook of Work Disability* [Internet]. Springer New York; 2013;409–23. Available from: [http://dx.doi.org/10.1007/978-1-4614-6214-9\\_25](http://dx.doi.org/10.1007/978-1-4614-6214-9_25)
16. Collie A, Sheehan L, Lane TJ, Gray S, Grant G. Injured worker experiences of insurance claim processes and return to work: a national, cross-sectional study. *BMC Public Health* [Internet]. Springer Science and Business Media LLC; 2019 Jul 10;19(1). Available from: <http://dx.doi.org/10.1186/s12889-019-7251-x>
17. Pasanen, J, Luoma, A. How can social insurers promote return to work in occupational rehabilitation? A quantitative, cross-sectional study. *BMC Public*

- Health. [Online] 2021;21(1): 1687. <https://dx.doi.org/10.1186%2Fs12889-021-11758-w>
18. Cullen KL, Irvin E, Collie A, Clay F, Gensby U, Jennings PA, et al. Effectiveness of Workplace Interventions in Return-to-Work for Musculoskeletal, Pain-Related and Mental Health Conditions: An Update of the Evidence and Messages for Practitioners. *Journal of Occupational Rehabilitation* [Internet]. Springer Science and Business Media LLC; 2017 Feb 21;28(1):1–15. Available from: <http://dx.doi.org/10.1007/s10926-016-9690-x>
  19. Dermody, M, Martin, J, Reid, S, Corbett, P, Ward, K. Balancing the challenges of Mental Health Claims in Insurance. Actuarial Institute. 2017;1(1). Available from: <https://www.actuaries.asn.au/Library/Events/SUM/2017/SUM17MartinEtAlPaper.pdf>
  20. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* [Internet]. Oxford University Press (OUP); 2007 Sep 16;19(6):349–57. Available from: <https://dx.doi.org/10.1093/intqhc/mzm042>
  21. Flick, U, Von Kardorff, E. *A Companion to Qualitative Research.*: Sage Publications; 2004.
  22. Tongco, M. Purposive Sampling as a Tool for Informant Selection. *Ethnobotany Research and Applications.* 2006;5(1): 147-158. <http://dx.doi.org/10.17348/era.5.0.147-158>
  23. Jamshed S. Qualitative research method-interviewing and observation. *Journal of Basic and Clinical Pharmacy* [Internet]. Medknow; 2014;5(4):87. Available from: <http://dx.doi.org/10.4103/0976-0105.141942>
  24. Harrell M, Bradley M. Data collection methods: semi-structured interviews and focus groups. RAND: National Defense Research Institute. [Internet]. Santa Monica: RAND Corporation; 2009 [updated 2009; cited 2021 November 12]. Available from: [https://www.rand.org/content/dam/rand/pubs/technical\\_reports/2009/RAND\\_TR718.pdf](https://www.rand.org/content/dam/rand/pubs/technical_reports/2009/RAND_TR718.pdf)
  25. Al-Yateem N. The effect of interview recording on quality of data obtained: a methodological reflection. *Nurse Researcher* [Internet]. RCN Publishing Ltd.; 2012 Jul 19;19(4):31–5. Available from: <http://dx.doi.org/10.7748/nr2012.07.19.4.31.c9222>
  26. Fereday J, Muir-Cochrane E. Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development. *International Journal of Qualitative Methods* [Internet]. SAGE Publications; 2006 Mar;5(1):80–92. Available from: <http://dx.doi.org/10.1177/160940690600500107>

27. Govender, R, Naidoo, A, Govender, P. Return to Work following Ill Health or Disability in a Public-Private Health Care Facility: A Study in South Africa. *Global Journal of Health Science*. 2019;11(9): 171-179. <https://doi.org/10.5539/gjhs.v11n9p170>.
28. Knauf, M, Schultz, I. Current conceptual models of Return to work. In: Schultz, I, Gatchel, R (eds.) *Handbook on Return to work*. New York: Springer; 2016. p. 27-51. Available from: [http://dx.doi.org/10.1007/978-1-4899-7627-7\\_2](http://dx.doi.org/10.1007/978-1-4899-7627-7_2)



03 September 2023

---

ORIGINALITY REPORT

---

7%

SIMILARITY INDEX

6%

INTERNET SOURCES

2%

PUBLICATIONS

2%

STUDENT PAPERS

---

PRIMARY SOURCES

---

1	<a href="http://www.ncbi.nlm.nih.gov">www.ncbi.nlm.nih.gov</a> Internet Source	1%
2	<a href="http://gowanhealth.com">gowanhealth.com</a> Internet Source	1%
3	Kerri-Lee Howell, Deshini Naidoo, Pragashnie Govender. "Prevention and early intervention in South African disability claims management: The private insurer perspective", Work, 2023 Publication	1%
4	<a href="http://www.sajot.co.za">www.sajot.co.za</a> Internet Source	1%
5	Submitted to Government College Of Commerce & Business Administration Student Paper	<1%
6	<a href="http://www.tandfonline.com">www.tandfonline.com</a> Internet Source	<1%
7	Submitted to Duval County Public Schools Student Paper	<1%

---



8	<a href="http://staff.hud.ac.uk">staff.hud.ac.uk</a> Internet Source	<1 %
9	<a href="http://www.lbbc.org">www.lbbc.org</a> Internet Source	<1 %
10	<a href="http://www.coursehero.com">www.coursehero.com</a> Internet Source	<1 %
11	Handbooks in Health Work and Disability, 2016. Publication	<1 %
12	<a href="http://docshare.tips">docshare.tips</a> Internet Source	<1 %
13	<a href="http://pdffox.com">pdffox.com</a> Internet Source	<1 %
14	<a href="http://researchspace.ukzn.ac.za">researchspace.ukzn.ac.za</a> Internet Source	<1 %
15	<a href="http://scholar.ufs.ac.za">scholar.ufs.ac.za</a> Internet Source	<1 %
16	<a href="http://trepo.tuni.fi">trepo.tuni.fi</a> Internet Source	<1 %
17	<a href="http://www.medrxiv.org">www.medrxiv.org</a> Internet Source	<1 %
18	<a href="http://www.science.gov">www.science.gov</a> Internet Source	<1 %

---

Exclude quotes Off

Exclude matches < 15 words

Exclude bibliography On