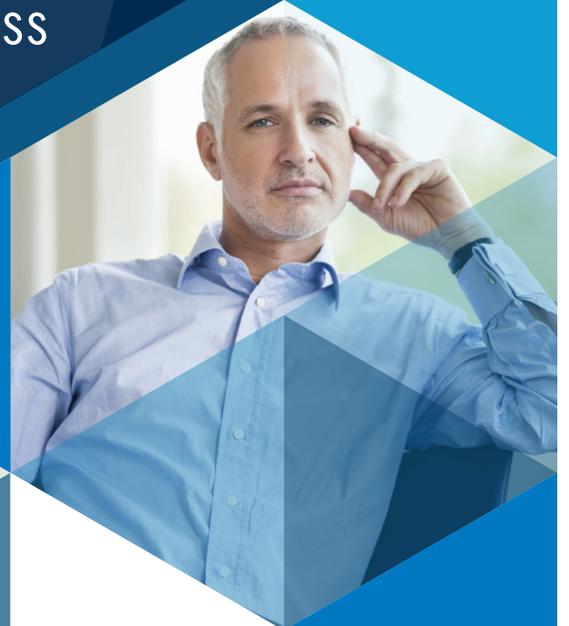


# ▶ EXPLORING THE PSYCHOLOGY BEHIND RETURN TO WORK

State of Mind Can Determine Success



It's no secret that disability costs have a significant impact on an employer's bottom line. Disability costs have risen to 8-15% over time.<sup>1</sup> And for many reasons, including an aging workforce and population, the rise in obesity and chronic conditions, and the increased demands of the corporate American workplace, disability costs are expected to rise to 37% over the next few years if we do nothing.<sup>1</sup>

While significant effort has been made to bridge the physical barriers that prevent individuals from returning to work, what is often overlooked is that disability is as much a psychological event as it is a physical one. The mindset of the person on disability plays a significant role in that person's ability to return to work in an expeditious manner.

**The Prudential Insurance Company of America (Prudential)** performed a study in which existing research relative to the psychology of return to work was reviewed and additional research was conducted, in an attempt to answer outstanding questions about effective intervention approaches to help employers return employees to work safely and in a timely manner.

The results reveal key insights into the thought processes that play a major role in helping individuals return to work and productivity. They also provide employers and benefit managers with valuable insights to help these valued members of the workforce.

## ABOUT THE AUTHOR

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Dr. Kristin Tugman has more than 20 years' experience as a health and productivity consultant. Her work details a specific cognitive behavioral model to help individuals overcome psychological barriers and return to productivity. In addition, she's the author of several publications on the psychological aspects of disability. A certified rehabilitation counselor and licensed professional counselor, Dr. Tugman earned a master's degree in rehabilitation counseling from Georgia State University and a Ph.D. in industrial and organizational psychology from Capella University.

Dr. Tugman leads a team focused on identifying disability trends that impact Prudential customers, and making actionable recommendations to help maximize productivity and minimize absence.

## DISABILITY IS BOTH A PHYSICAL AND A MENTAL CHALLENGE, AND EARLY INTERVENTION IS KEY

An often overlooked challenge in dealing with disability is that the experience of being unable to work due to an injury or illness also has a psychological impact on the person. Long-standing statistics from the U.S. Department of Labor indicate that when someone has been out of work for six months, the likelihood of return to work decreases by 50%.<sup>2</sup> More recent research suggests that the likelihood of return to work might decrease much faster and more drastically. It's been suggested that the likelihood of return to work is 70% at day 20. That percentage decreases to 50% by day 45 and is more drastically reduced to just a 35% chance to return to work by day 70.<sup>3</sup>

Statistics suggest that early intervention is essential to improving return-to-work outcomes. To that end, Prudential performed a study in which it reviewed existing research relative to the psychology of return to work, as well as conducted additional research, in an attempt to answer outstanding questions about an effective intervention approach to help employers return employees to work safely and in a timely manner.

## UNDERSTANDING THE PSYCHOLOGY OF RTW

When researching the psychology of RTW, three key themes emerged. Building off previously completed research, the effort reviewed both quantitative and qualitative data, and some key themes were identified that can help improve return-to-work outcomes.

### THEME 1: THE DISABILITY MINDSET

The disability mindset is the process by which people adjust to their disability status by becoming invested in the fact that they are disabled.<sup>4</sup> Therefore, on day one of an acquired disability, the race to prevent the disability mindset begins.<sup>4</sup> Once the disability mindset has been achieved, return to work is less likely. In fact, as discussed earlier, the longer someone is out of work, the less likely they are to return to work.

Previous research suggests that thought process plays a significant role in return to work.<sup>4</sup> Specifically, it is evident that three processes are at work that contribute to the likelihood of return to work:

- ▶ **Shame & guilt.** Immediately upon experiencing a disabling event, the process toward the disability mindset begins. Upon initial determination of an inability to work, people tend to experience some level of shame and guilt associated with a lack of productivity. This initial stage is an effective time to intervene to build a foundation of a return-to-work expectation, as this is when motivation is at its peak.<sup>4</sup>
- ▶ **Physician involvement.** The next process is treatment. This is a pivotal point, as this is when a doctor gets involved and either builds return to work into the treatment plan or places the burden of the return-to-work decision on the employee. If return to work is not part of the treatment plan, the employee is often asked to defend the reason he or she is unable to work, which leads to the disability mindset.<sup>4</sup> Additionally, disability insurance typically

begins payment at this time, which can further reinforce the idea that return to work is not possible.<sup>4</sup>

- ▶ **Comfort & acceptance.** Finally, as the process continues without intervention, the individual will inevitably become most comfortable as disabled because the risk of returning to work and failing will become greater than the risk of remaining out of work.<sup>4</sup>

### THEME 2: CONSEQUENCE

The experience of being out of work on short term disability (STD)<sup>4</sup> revealed that the experience is defined through consequence. People experience different consequences throughout the life of the disability period. Those consequences evolve and can be both positive and negative. The key to return to work is that the negative consequences of remaining out of work on disability must outweigh the negative consequences of returning to work.<sup>4</sup> Research uncovered that the essence of the consequences included thoughts and feelings related to work as identity, loss and regain of control, loss of financial security, and the experience of interactions. In particular, co-worker interactions and connections were key to successfully returning to work.<sup>4</sup>

### THEME 3: COGNITIVE BARRIERS

Cognitive barriers tend to present themselves when someone is out of work due to an acquired injury or illness.<sup>5</sup> Common barriers include:

- ▶ **Illness denial,** or refusal to accept one's condition and take steps toward appropriate recovery;
- ▶ **Inactivity,** or fear of or perceived inability to engage in regular life activity;

- ▶ **Faulty thinking**, which is a way of viewing one’s situation in an unrealistic manner;
- ▶ **Fears related to return to work**, either real or imagined, which must be addressed to be overcome;
- ▶ **Relapse concern**, another type of fear that might come with a physical injury or accident and which can be exacerbated in a stressful work environment;
- ▶ **An inability to set boundaries**, which can be helpful in “not overdoing it” while recovering; and

- ▶ **The need to incrementally return to work**, a way to help an employee feel prepared for RTW by gradually returning to full-time duty over a well-defined period of time.

If these barriers are not addressed, research has shown that return to work becomes less likely.<sup>5</sup>

Current research suggests that to achieve a successful return to work, these three themes, or factors, should be continually evaluated. Specifically, a disability manager should consider where the person is on the path to the disability mindset, what consequence(s) the person is experiencing, and what barriers are preventing return to work. The answers to these questions will help a disability manager understand the best course of intervention.<sup>4</sup>

## WHAT’S DRIVING THE RTW THOUGHT PROCESS

To further understand the thought process related to the psychology of return to work, Prudential identified concepts from this research to explore at a deeper level and expanded upon extensive previous research to discover the thought process driving the aforementioned themes. It became evident that two concepts may impact the return-to-work thought process further:<sup>4</sup> cognitive adaptation theory and cognitive appraisal theory.

### COGNITIVE ADAPTATION

Cognitive adaptation is a process by which people psychologically adjust to injury or illness. Research was conducted related to breast cancer survivorship,<sup>6</sup> with intent to understand the psychological adaptation to illness. The study identified three key thought processes that could arguably be considered illusions. Study participants who experienced meaning (or finding a reason for the illness), mastery (or the ability to control the situation), and self-enhancement (or the ability to prevent illness from negatively impacting self-esteem) reported healthy psychological adaptation.<sup>6</sup>

Research went on to find that this concept not only helped with psychological adaptation, but also at times, disease progression through literature review.<sup>4</sup> The missing piece in the literature, however, was the theory’s impact on disability and return to work.<sup>4</sup>

### COGNITIVE APPRAISAL

Cognitive appraisal theory is a process by which people evaluate their situation and determine if it poses a threat to their well-being. If the situation does pose a threat, the next step in the thought process is to evaluate resources needed to address it and determine a coping approach.<sup>7</sup> The employer is one of the more significant resources that an individual will evaluate here, making the relationship and connection to the employer that much more crucial to the return-to-work process. Cognitive appraisal theory also has been identified as a means by which people overcome illness and injury threats, but little research has been done to examine its impact to disability and return to work.<sup>4</sup>

## TESTING THE THEORIES

The cognitive appraisal and cognitive adaptation theories were further tested in a recent Prudential study that included quantitative and qualitative data. The quantitative data included five years of disability claims from 2011-2015 for both STD and long term disability (LTD). There were 223,228 STD claims and 11,665 LTD claims, with attention focused on subjective vs. non-subjective claims. The quantitative analysis includes a psychological component to all

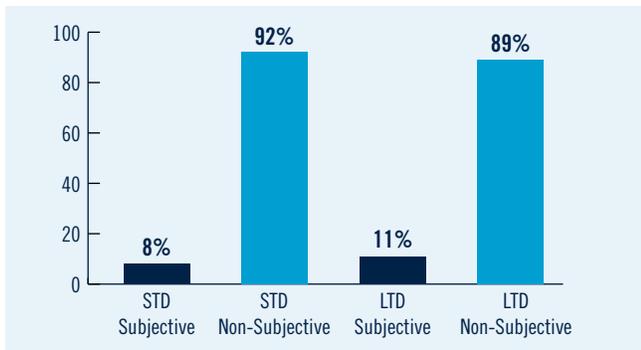
disability events. As a result, it is difficult to analyze a distinct subset of claims to determine variance. The study examined subjective diagnoses including behavioral health, chronic pain, and other diagnoses with fewer objective findings such as fibromyalgia and chronic fatigue, with the assumption that these diagnoses would be more susceptible to lengthy durations due to the nature of the condition.

## QUANTITATIVE ANALYSIS

Study findings indicate that a small percentage of STD (8%) and LTD (11%) claims are considered subjective in nature. These are claims that are often unclear on recovery times and can include depression, chronic fatigue, general pain, and fibromyalgia. These claims tend to have a longer duration than non-subjective claims, which tend to have a fairly defined timeline for recovery, such as back surgery, or bypass surgery, at 62.24% and 54.12%, respectively.

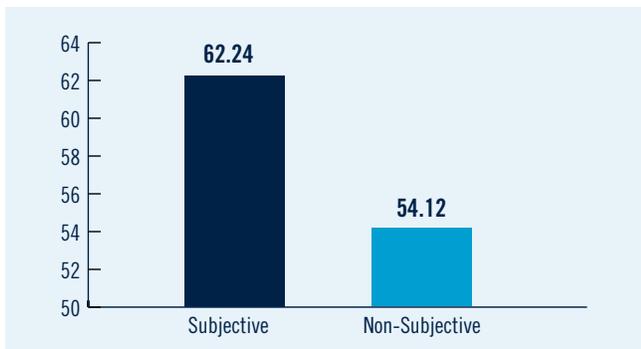
Finally, subjective claims transition to LTD at a greater rate than non-subjective claims. The study found that 5.03% of non-subjective claims advance to LTD while 7.38% of subjective claims exhaust STD and move on to LTD. These findings suggest that subjective claims are an important area for intervention, but it also indicates that most STD claims have an opportunity to go longer than expected without the right interventions in place. These preliminary findings suggest there is an opportunity to complete more quantitative research on these concepts.

**TABLE 1: PERCENT OF TOTAL CLAIMS, STD & LTD: SUBJECTIVE VS. NON-SUBJECTIVE**



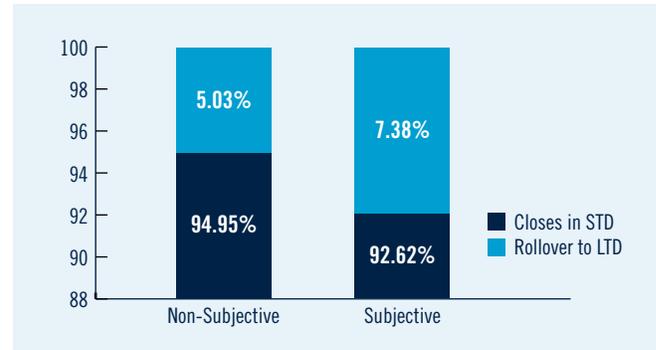
Source: Prudential's Psychology of Return to Work Study, conducted and analyzed from Oct.-Dec. 2016.

**TABLE 2: AVERAGE STD DURATION: SUBJECTIVE VS. NON-SUBJECTIVE**



Source: Prudential's Psychology of Return to Work Study, conducted and analyzed from Oct.-Dec. 2016.

**TABLE 3: PERCENT OF CLAIMS GOING TO LTD: SUBJECTIVE VS. NON-SUBJECTIVE**



Source: Prudential's Psychology of Return to Work Study, conducted and analyzed from Oct.-Dec. 2016.

## QUALITATIVE FINDINGS

The qualitative portion of the study interviewed employees for 30-60 minutes to try and understand themes related to thought processes that led to return to work. Study participants were between the ages of 34 and 69 years and spanned across multiple industries and diagnoses. They were 50% male and 50% female, and employer sizes ranged from 40 employees to more than 100,000 employees. Interviews were performed on the telephone and analyzed to identify patterns and trends. Several consistencies were identified within cognitive appraisal theory and cognitive adaptation theory. Three themes emerged as critical to the return-to-work thought process:

### Financial concerns

Most of the participants indicated concerns relative to financial security and their inability to work. This finding is consistent with the study<sup>4</sup> on the experience of disability and return to work in which the immediate thought following the realization that time away from work was necessary was focused on financial insecurity and financial stress. Participants described feeling like there was no other option but return to work—"I had no choice but to return to work." This study went a bit further in investigating the financial implications. Discussions revealed that while financial concerns drove immediate return to work, they did not necessarily drive longevity and loyalty to the employer.<sup>4</sup> One participant noted, "I had to go back to work financially, but I have since gone back to school so that I can do something more meaningful." Another participant indicated, "Financially I was pushed, but in the end, it [RTW] was the best thing for my health." Yet another participant talked about his current job being a means to an end due to the culture: "I worked as long as I had to, but when I could get out and get SSDI, I did." He went

on to say, “The culture created no loyalty—it was about saving for retirement and finding the right time to get out.”

In the end, the study showed that while financial implications can drive immediate return to work, they do not always predict that the employee will remain within the employer organization.

### **Connection to the employer**

Employees were clear that the employer played a significant role in RTW and indicated that a continued connection to the employer was important to a successful return to work. Specifically, employees suggested that transitioning back to work makes the process more successful.

One call center employee shared, “It’s hard to get back into it; you sort of lose your tough skin.” The employee appreciated the employer’s willingness to allow for a transition. “It was good to have less of a load, and they were lenient with appointments and let me work reduced hours.”

Employees also felt communication was vital. One employee indicated, “Communication is the key. I knew exactly what would happen, and that felt safe.” Another employee talked about how communication could impact stigma: “I was open about it [my illness]; I think it helped reduce the stigma.”

Related to stigma came the realization that without communication, co-workers often don’t know how to address the individual and may treat them differently. This can have an impact on self-esteem and connection. One participant noted, “It was like their expectations were less. I didn’t like it.”

Related to communication was the importance of education. One employee complained that there was not enough proactive information provided about insurance: “I never got paid, I couldn’t reach out, and my husband had no idea what to do to fill out the paperwork.”

Another way to think of communication is through connection. When employees feel their connection to the employer is intact, they are more likely to return to work. This is also consistent in the study,<sup>4</sup> in which co-worker connection emerged as an important component. Employees said that feeling that their employer cared about them, and that their manager was truly an advocate, were key components to return to work. One participant noted, “My manager and co-workers made me feel comfortable by communicating throughout the process.”

### **Work as identity**

Work was considered important to the identity of the individual, consistent with an earlier study.<sup>4</sup> Most of the participants viewed themselves as productive people, and that sense of identity proved

more powerful than financial incentives. One participant noted, “Knowing I didn’t have to worry [financially] while I was out allowed me to focus on getting better so I could go back and contribute.” In addition, participants saw return to work as a sign they could regain their sense of identity: “I needed to feel normal—work is what is normal.” The participant went on to say, “My healing really began when I returned to work.” Others noted that work is simply a piece of them and return to work was not in question: “It [productivity] is who I am; returning to work was always a given.”

## **COGNITIVE PROCESSES:**

### **Situation appraisal**

A majority of the participants thought they could control their situation somehow. This is consistent with cognitive appraisal theory in the sense that the individual assessed the situation as a threat, but also believed that he or she had the resources needed to address the threat through past experience. An overwhelming theme emerged: that people used proof from past ability to overcome adversity as proof they could overcome again. In many cases, participants even experienced significant medical setbacks, but came to the same conclusion: They would overcome. Specifically, participants said, “I have survived before, I know I can again”; “I know how to fight, it is in my nature to survive, I knew I would [survive] even though I wasn’t expected to.”

Another participant noted, “I always knew I was in control. I have survived in the past—I knew what to do.” Still another indicated that he knew he was supposed to survive and thrive after the event. He noted, “I was granted extra time, [it is] supposed to be, [and] work is a part of that.”

### **Mastering one’s situation**

Another important component was that employees felt like they had to find a way to take control back to be successful. One participant indicated, “I needed to start to take control back. I took a step and asked to spend time with my children.” Participants also felt like their mindset could control the outcome, as indicated by one participant who said, “It’s all about not giving up; once you give up, it’s over.”

Additionally, participants found work to be a way to take back control, which is consistent with the 2013 findings.<sup>4</sup> One participant noted, “Work was what I could control when everything else was out of control.”

### **Improving self-esteem**

Another theme that emerged was self-enhancement, or a means of improving self-esteem as it related to the illness and work. Some participants felt a decline in self-worth, as they felt they were unable

to participate at 100% in the workforce. One participant discussed her situation: “I knew they needed me at 100%, and even though I was at 85%, I had to get back to 100%.” She went on to say, “I went back at the beginning of a project; they didn’t need me confusing things.”

Participants also coped by comparing themselves to others to help them feel they weren’t as bad off as they could be. One noted, “Coping was easy compared to many people. I was lucky.”

In addition, sensing that co-workers felt pity for an individual was harmful to self-esteem. One participant noted, “It was like expectations were less; I didn’t like it.” Another participant said, “I needed to do this my way because I couldn’t have the pity or the drama.” In the end, it was clear that self-esteem was enhanced by productivity: “It [work] made me feel worthwhile. I knew I could do this when I doubted everything else.”

## PUTTING THE RESULTS TO WORK

Ultimately, the study found some significant themes that facilitate return to work. They include financial considerations, work as a sense of identity, connection to the employer, and cognition. The cognitive aspects or thought processes that were meaningful included some consistencies with cognitive appraisal theory and cognitive adaptation theory. Specifically, participants demonstrated that their thought processes around mastery or control, as well as finding meaning and self-enhancement, may have facilitated recovery and a return to productivity.

### FIVE WAYS EMPLOYERS CAN HELP OVERCOME PSYCHOLOGICAL BARRIERS TO RTW

1. Keep a connection with employees while they are out of work.
2. Communicate openly regarding the ability to return to work in a capacity that best suits them.
3. Be flexible and create a safe work environment.
4. Maintain accurate expectations for both of you by communicating the value of returning to work at less than 100%.
5. Avoid expecting less than the employee is capable of, to reduce feelings of inadequacy or stigma related to disability. Employers should have a clear understanding of restrictions and limitations to ensure a healthy and incremental return to work.

### Finding meaning

The final concept found to be prevalent in the study related to cognitive adaptation theory was meaning. Participants overwhelmingly found meaning in their experience. The majority felt like they were granted extra time in life, and that meant they were supposed to do something meaningful with that time.

One participant said, “I want to do something meaningful with my work now.” Another added, “I now help others in a support group, . . . we have got to reduce stigma [in the workplace].” One participant decided to make a change: “I decided to go back to school so that I can do something more meaningful [for work].”

Other participants found meaning in finding a positive outcome after they recovered. Specifically, one said, “Life feels more positive as a whole.” Another added, “Things are better in my kids’ lives too, and somehow I wonder if this [illness] contributed to that.”

### SUCCESS IS MORE THAN FINANCIALLY DRIVEN.

Employees were more likely to remain with an employer when they felt a sense of job satisfaction and loyalty to the employer. Ensuring that employees understand their role in accomplishing the organization’s vision, as well as allowing them to develop in a way that creates job satisfaction, will be more powerful in sustaining return to work than financial incentives. Further, study findings revealed that manager relationships were a component driving loyalty and return-to-work success.

### CONCLUSION

In the end, employees exhibited clear cognitive thought processes that helped them adapt to illness and return to work. Participants found meaning, control/mastery, and self-esteem thought processes amid their disability experience. If employees continued to feel a connection to their employer, find a sense of identity with their work, feel the ability to control and take control of the situation, experience a sense of enhanced self-esteem with work, and find meaning in their recovery, they were more likely to experience a successful, lasting, and satisfying return to work.

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