Extended work hours should factor into return to job after injury

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Rehabilitation specialists guiding injured workers back to full-time employment should factor unconventional work schedules into their assessments and planning, new research suggests.

Workers who are injured on the job have a harder time returning to employment if their schedules routinely require them to work extended hours, according to an Ohio State University study. Those who work more than 12 hours per day or 60 hours per week in particular are at the highest risk of losing their jobs when compared to injured workers returning to jobs with conventional eight-hour day shifts and 40-hour work weeks.

For those working extended hours per week, injured employees were 70 percent more likely to quit and 81 percent more likely to be fired than were their counterparts returning to jobs with conventional schedules.

Because of this, the researchers say that occupational rehabilitation professionals should routinely consider employees' work schedules as part of their evaluations. Current rehabilitation efforts tend to emphasize the ability of returning workers to perform tasks associated with their jobs, but not when or how long recovering employees will work each day.

“What's lacking in America is an integrated process to get an injured person back to work that takes into account multiple factors. Right now, there are too many silos in the rehabilitation process. A more

sophisticated model is needed," said lead study author Allard Dembe, associate professor and chair of health services management and policy at Ohio State.

The research is published in a recent issue of the *Journal of Occupational Rehabilitation*.

Dembe and colleagues examined data from the National Longitudinal Survey of Youth, a long-running analysis of American demographic characteristics sponsored by the U.S. Bureau of Labor Statistics and administered by the Center for Human Resource Research at Ohio State.

They used data from surveys conducted between 1988 and 2000, collecting a pool of 5,313 reported work-related injuries and illnesses among the 110,236 job and health records available for analysis.

More than 4 million nonfatal workplace injuries occur each year, according to the Bureau of Labor Statistics.

The researchers examined workers' ability to return to their occupations based on whether they worked a standard day shift or one of many possible nonstandard schedules. The nonstandard schedules were defined as almost any shift outside the regular eight-hour day shift or one of five types of extended work-hour schedules identified for the analysis. These included extended hours per day (at least 12), extended hours per week (at least 60), overtime, extended commute time (two or more hours per day) and a summary category of any type of extended-hour schedule.

The analysis showed that injured workers in nonstandard schedules were considerably more likely to be fired, to quit, or to return to work at less than full-time capacity than workers with conventional work schedules.

Extended hours appeared to have a more substantial impact on returning

to work than did nonstandard shifts, such as night, evening, rotating, irregular or split shifts. However, the analysis did show that when considered as one group, injured workers returning to a job with any type of nonstandard shift were 53 percent more likely to be fired than employees with regular schedules.

Factors beyond workplace conditions also influenced the ability to return to work. Employees with long commutes had by far the greatest danger of being fired (a 377 percent greater likelihood) or changing occupations (127 percent higher likelihood) following an occupational injury or illness compared to injured workers without such commutes.

The findings point to a need for rehabilitation specialists to tailor their return-to-work plans to individual employees' schedules, Dembe said. Such adjustments might include alerting management to the possibility that recovering employees making long commutes could have special problems returning to a full-time schedule. Rehabilitation specialists also could design a phased return to a long-hour work schedule to avoid reinjury or the inability to meet employment demands.

Dembe's previous work and other studies have demonstrated that employees working nonstandard shifts are already at higher risk for suffering an occupational injury or illness – the most common injuries are musculoskeletal conditions and cuts, bruises and fractures – making rehabilitative efforts associated with their return to work even more important, Dembe said.

Currently, occupational rehabilitation specialists tend to focus on getting workers back to productive employment by evaluating their ability to perform functional tasks according to a standardized assessment tool that simulates workplace activities. And occupational health case managers coordinate return-to-work planning, including rehabilitative care, for injured employees. Neither specialty emphasizes what the occupational

health industry calls “work organization,” which encompasses employment schedules, supervisory training and other practices that influence how jobs and human resources policies are structured.

“Present solutions are one- or two-dimensional, and do not take into account the employment schedule,” Dembe said. “Any rehabilitation focusing on the return to work should include this whole picture to facilitate an effective result. We need to expand the thinking about what to do for a successful return to work.”

Source: Ohio State University