



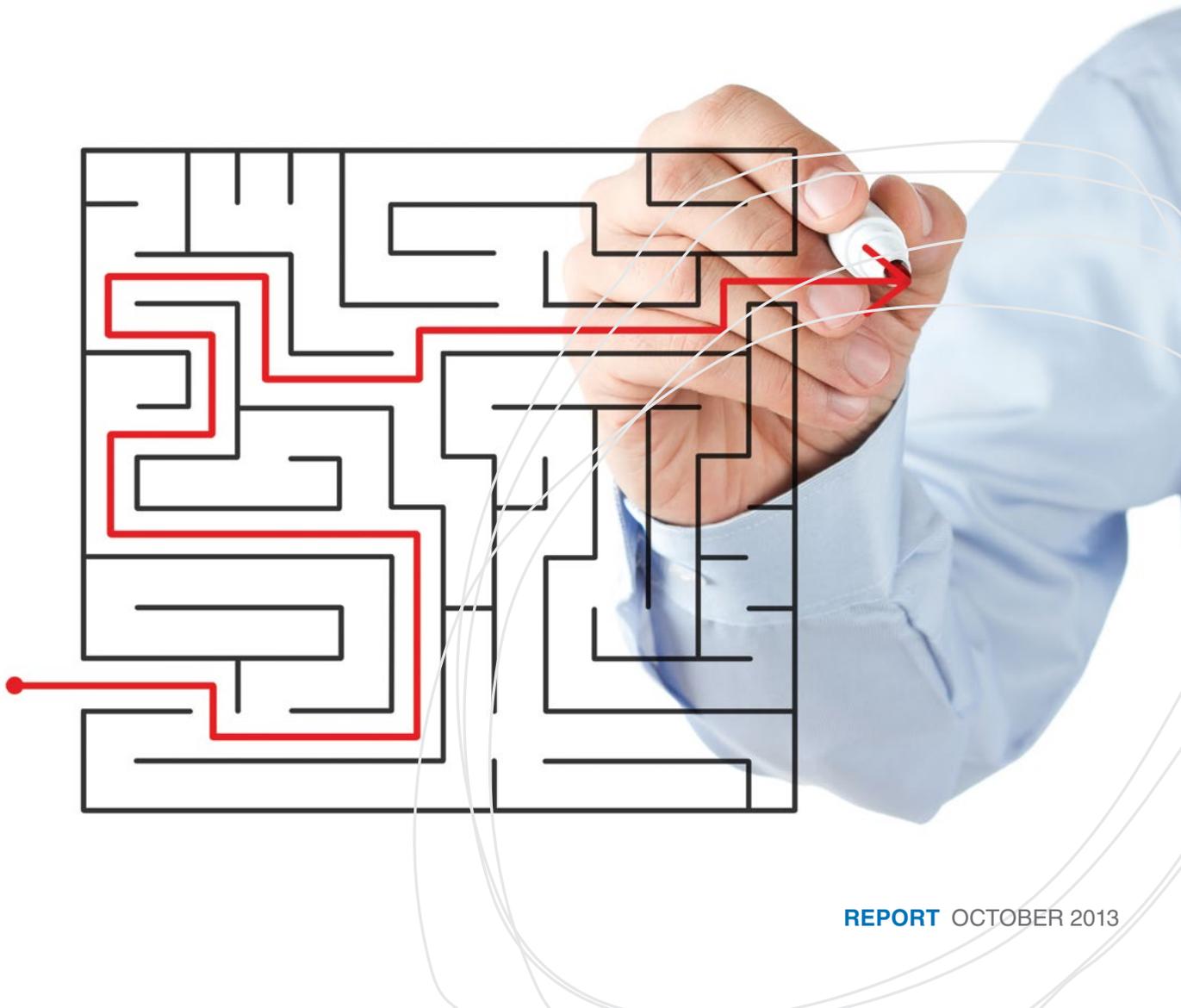
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Canadian Alliance for
Sustainable Health Care

DISABILITY MANAGEMENT

Opportunities for Employer Action.



REPORT OCTOBER 2013



The Conference Board
of Canada

Disability Management: Opportunities for Employer Action
by *Karla Thorpe* and *Louise Chénier*

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Preface

Disability Management: Opportunities for Employer Action is the third report in a series of publications on absenteeism and disability management. It offers the perspectives of employees and supervisors from across Canada on their organizations' disability management programs, and provides employers with advice and guidance on how to more effectively manage absenteeism.

The research is based on a survey conducted by The Conference Board of Canada between February and March 2013 of 2,004 individuals currently employed on either a part- or full-time basis, including 727 managers who supervise other people in the workplace.

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Disability Management: Opportunities for Employer Action

At a Glance

- ◆ Disability management is receiving world-wide attention as absenteeism costs soar due to casual absences and short- and long-term disability leaves.
- ◆ There are significant gaps in both employer programs directed at mental health issues in the workplace as well as chronic disease prevention and management programs.
- ◆ Youth and seniors are at greater risk in the event of medical challenges since they are less likely to have coverage for sick and disability leave. Both employee groups require special consideration when it comes to designing appropriate disability management strategies and programs.
- ◆ Smaller employers and employers in some sectors such as personal services, retail/wholesale trade, and construction could benefit from paying greater attention to disability management.
- ◆ There is a significant return to employers that invest in effective disability and attendance management practices in terms of minimizing future costs associated with employee absences.

Disability management is an area that has received significant global attention in recent years. Employers in Canada—and elsewhere around the world—are faced with increasing pressure to curb escalating absenteeism costs when employees are off work due to casual absences as well as a disability. Pressures from human rights legislation and other conventions such as the United Nations Convention on the Rights of Persons with Disabilities have kept employers focused on meeting their responsibilities to both integrate and accommodate individuals with disabilities. Worker and skill shortages have also prompted employers to focus on ensuring they are getting the most from their workforce in terms of productivity and engagement. More global attention will certainly be focused in this area given that the International Social Security Association is currently leading an initiative on behalf of the United Nations to develop best practice guidelines in the areas of return to work and disability management.

Disability management has been defined by the International Labour Organization as “an active process of minimizing the impact of an impairment (resulting from injury, illness or disease) on the individual’s capacity to participate competitively in the work environment.”¹

1 Shrey, “Disability Management at the Workplace.”

Disability management encompasses a number of key activities, including:

- ♦ disability prevention
- ♦ rehabilitation/treatment
- ♦ benefit plan design
- ♦ case management
- ♦ return to work

The Conference Board of Canada undertook this important study to help employers control absenteeism and lost productivity by highlighting gaps in current employer practices in the areas noted above and by presenting effective strategies and best practices that employers can adopt.

Employers in Canada—and elsewhere around the world—are faced with increasing pressure to curb escalating absenteeism costs.

The research suggests that significant gaps still exist with respect to employer policies and practices as well as the treatment of employees who are struggling with mental health issues. As well, employers are less likely to conduct regular risk assessments that include psychological workplace hazards. Some disability management policies do not explicitly cover mental health issues in addition to physical health conditions. Employees who have experienced mental health issues are less likely to be accommodated in the workplace and less likely to receive return-to-work support than employees who have been off work due to physical health issues. These findings illustrate that there is a significant opportunity for employers to reduce absenteeism and boost productivity, especially since the average length of absence is higher for mental health-related leaves of absence or when mental health issues exist alongside physical health issues.

Gaps also exist in current workplace programs that support employees with chronic conditions such as arthritis, cancer, diabetes, heart disease, respiratory issues, and stroke. Given our rapidly aging workforce, the need for these programs will continue to rise. There can also be a significant payoff to employers who invest in chronic disease prevention and management programs

to ensure that productivity does not decline in the face of increased incidences of chronic diseases and associated medical leaves of absence.

Smaller employers could also benefit from a greater focus on disability management and attendance support programs. Companies with fewer than 50 employees are far less likely to offer accident prevention, health promotion, and wellness programs, and their disability management programs, which include stay-at-work and return-to-work programs, are also lacking compared to those offered by mid- and large-sized employers. While small employers do not necessarily need to have in place the same detailed policies and procedures as larger employers, a simple set of policies and practices can help to reduce absenteeism.

Clearly, more attention needs to be paid to disability and attendance management in some industries than others. In the personal services, retail/wholesale trade, and construction sectors, employers are less likely to offer wellness programming as well as sick leave and disability coverage.

Some employer groups, including large employers, unionized workplaces, and public sector organizations, do have in place more sophisticated disability management and attendance support programs. However, absenteeism rates are higher in the public sector and in unionized workplaces—evidence that the existence of such programs is not a solution in and of itself. Both managers and employees need to appropriately utilize these programs. As well, the cultural norms concerning the use of sick days or leave programs cannot be understated. Until employees see these programs as ones that are designed to protect their income in situations where they are no longer able to work, they will continue to be viewed as entitlements and used (or abused) accordingly.

As a country, we also need to be conscious of the impact of disability management programs on vulnerable groups of employees. This study uncovers some risks to youth and older workers. Both young people and seniors are less likely to have sick leave and disability leave coverage in the workplace, often because they have less secure casual, contract, or part-time

employment. Both groups are also less likely to have benefit coverage for such things as prescription medication while they are on a medical leave of absence from work.

In addition, while younger employees, who are often new to the organization, often don't know how to access resources and support when facing a medical issue, older workers may be less comfortable accessing resources, particularly in the event of a mental health issue. These two generations prefer to communicate in different ways from one another—which influences everything from how workplace information and resources are provided, to how managers or supervisors connect with them while they are off work. As we enter a period of tight labour markets, employers will need to think about how to best engage these two segments of workers to ensure they remain healthy and productive at work.

Absenteeism, and the resulting lost productivity, is no longer just an HR issue, but one that is costing employees, employers, and our economy significantly.

There is a tremendous opportunity for employers to invest in disability management and attendance support programs. Employers can avoid the significant long-term costs associated with absenteeism by focusing on prevention, health promotion, wellness, early treatment,

and stay-at-work/return-to-work programs. In particular, access to early treatment programs can help avoid some shorter absences completely. Improved access to treatment—either through access to health care professionals or to medications—can also speed up recovery for complex cases where employees are experiencing both physical and mental health issues.

The research also demonstrates that many employees would be medically able to work part-time during their recovery period but are not currently doing so because this option either is not available or is not offered to them. This is a missed opportunity for employers not only to gain productivity in the short term but also to maintain an important connection with employees who may otherwise be slow to return to work. Wait times for medical appointments, the cost of medical notes, or requests for more medical details can cause a delayed return to work, resulting in additional costs to employers as well as unnecessary aggravation for employees. Efforts to streamline forms and remove unnecessary paperwork should be pursued wherever possible.

Absenteeism, and the resulting lost productivity, is no longer just an HR issue, but one that is costing employees, employers, and our economy significantly. Investments in prevention, health promotion, wellness, and sound disability management practices are a clear business imperative. Strategic discussions concerning these issues are currently being, and will continue to be, held by senior management across the country.

Chapter 1

Introduction

Chapter Summary

- ◆ Absenteeism is a silent destroyer of productivity in Canadian workplaces.
- ◆ Effective disability management programs can help organizations manage the costs of absenteeism.
- ◆ This report features the perspectives of employees and managers on how disability management programs can be improved to the benefit of both employers and individual employees.

Absenteeism contributes to a substantial amount of lost productivity for Canadian organizations and the economy as a whole. It presents itself in many forms, ranging from casual absences—employees off work with minor illnesses that last one or a few days—to longer-term leaves of absence.

To further examine the issue of absenteeism and lost productivity, The Conference Board of Canada undertook a series of research studies to:

- ◆ provide current data on absenteeism rates among Canadian employers;
- ◆ identify the key drivers of absenteeism;
- ◆ quantify the cost of absenteeism for employers;

- ◆ help employers establish an effective disability management program;
- ◆ explore opportunities for employers to enhance health promotion and injury prevention in the workplace;
- ◆ present effective strategies and best practices for employers in the areas of disability management, accommodation, and return to work.

The findings have been published in a series of three reports:

1. *Missing in Action: Absenteeism Trends in Canadian Organizations* presents data on absenteeism rates in Canada, the key drivers or causes of absenteeism, and the cost of employee absenteeism.
2. *Creating an Effective Workplace Disability Management Program* offers an in-depth guide to creating an effective workplace disability management program.
3. *Disability Management: Opportunities for Employer Action* features the perspectives of employees and supervisors from across Canada on their organizations' disability management programs. This third report provides employers with advice and guidance on how to more effectively manage absenteeism.

The research included conducting a series of 10 in-depth case study interviews with employers of various sizes from a wide spectrum of sectors. The results of the interviews will be published separately in a series of briefings, collectively titled *Disability Management in*

Practice. Each briefing will outline the organization's absence and disability management practices. Together, these briefings provide invaluable information and guidance for employers that are trying to control absenteeism in their own workplace.

What we have learned to date is that absenteeism is not only costly to individuals who lose income while away from work, but also to organizations and the economy as a whole. Many employers do not track absenteeism rates or the cost of absenteeism, but absenteeism costs organizations an estimated 2.4 per cent of their gross annual payroll. While on face value this may seem small, the direct cost of absenteeism to the Canadian economy was \$16.6 billion in 2012. As well, on average, employees were absent 9.3 days in 2011. Absenteeism is a greater problem in certain sectors than others, in particular, the public sector, unionized workplaces, and the health and social assistance sector. Certain demographic groups, including older workers and women, also tend to miss more work days than other groups.

Effective and comprehensive workplace disability management programs can help employers control health-related costs.

There is a solid financial case for implementing a disability management program in the workplace. Effective and comprehensive workplace disability management programs, including strategic prevention measures, early intervention, accommodation measures, and safe and timely return-to-work programs, can help employers control health-related costs.

There are several common steps to designing successful workplace disability management processes. As demonstrated in the second report in the series, organizations can take specific steps to review or develop a comprehensive workplace disability management program.

PURPOSE OF THE REPORT

This last report in the series explores how employers can minimize employee absences by implementing prevention initiatives, wellness programs and supports, and stay-at-work programs. The report also captures information on the types of disability management practices in place in Canadian workplaces, including sick leave and disability coverage. It then explores the actual experiences of employees who have taken a short- or long-term leave of absence from work and the role of front-line managers, who are responsible for supporting these employees. The challenges and strategies related to accommodation and return to work are also discussed. Finally, the report summarizes the key lessons learned based on a national survey of over 2,000 employees, including 727 managers. A complete survey methodology and respondent profile can be found in Appendix A.

The intent of this report is to explore non-occupational absences. As such, it does not examine injuries or illnesses that happened on the job and would be covered by workers' compensation, nor does it look at maternity or parental leaves.

Chapter 2

Disability Prevention

Chapter Summary

- ◆ A focus on prevention should be an employer's first line of defence to ensure the workplace is not causing or contributing to employee illness, injury, and disability.
- ◆ Accident prevention and safety programs are well entrenched in many organizations.
- ◆ Employers could be doing more to identify and address workplace hazards, particularly psychological hazards in the workplace.

Organizations are increasingly realizing that the key to effective long-term containment of benefit costs is to direct their investment to prevention efforts. By investing in initiatives that target known (or probable) risks to employees' physical or mental health, employers have the best chance of avoiding accidents, injuries, and illnesses, which prevent employees from remaining productive in the workplace.

ACCIDENT PREVENTION AND SAFETY PROGRAMS

Occupational health and safety legislation has been in effect in every jurisdiction across Canada for decades. This legislation outlines the responsibilities of employers, among others, in protecting workers' health and

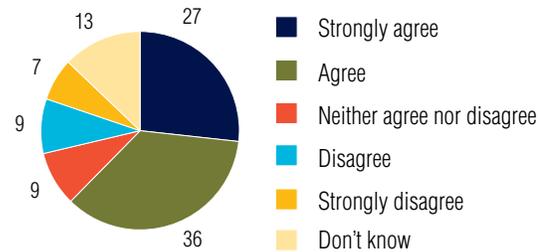
safety on the job. Employers are held accountable, under the law, for making sure that the appropriate personal and protective equipment is being used, enforcing policies with respect to workplace violence and harassment, operating in a safe manner with respect to toxic or hazardous substances, and providing workers with protections against reprisal for reporting incidents or refusing to undertake unsafe work. The goal of occupational health and safety legislation is to ensure that organizations, across all jurisdictions, focus their efforts on eliminating work-related illnesses and injuries.

Organizations have been very active at communicating safety programs widely throughout their workplace as well as publicizing, posting, and tracking safety record information in a highly visible manner. These actions appear to have been successful at generating awareness of safety programs among a broad employee population, with close to two-thirds of employees (63 per cent) believing that their employer has an accident and safety program. (See Chart 1.)

Labour unions have traditionally been very active in advocating for improved health and safety in the workplace. Groups such as the Canadian Labour Congress (CLC) continue to take an active role in this regard. Among other workplace health and safety initiatives, the CLC actively promotes awareness and action on ergonomics with a goal to reduce repetitive strain injuries. Employees working in unionized workplaces were more likely to state that their employer has an

Chart 1**Employer Has an Accident Prevention and Safety Program**

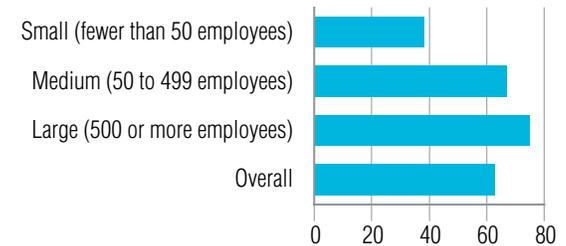
(n = 2,004; per cent of respondents)



Note: Total may not add up to 100 due to rounding.
Source: The Conference Board of Canada.

Chart 2**Accident Prevention and Safety Programs, by Size of Employer**

(n = 2,004; per cent of respondents who strongly agree/agree)



Source: The Conference Board of Canada.

accident and safety program in place (77 per cent). Likewise, employees in the public sector¹—many of whom are unionized—were more likely to agree that their workplace has an accident prevention and safety program (74 versus 57 per cent in the private sector). Employees in certain jurisdictions such as Ontario, the Prairie provinces, and Atlantic Canada were also more likely to believe their employer has an accident and safety program, but it is unclear whether this is due to stronger communication efforts in these jurisdictions or to other factors.

Canadians working for small employers (with fewer than 50 employees) were the least likely to indicate that their employer has an accident prevention and safety program in place. (See Chart 2.) In this case, it is unclear whether this type of program is less prevalent in smaller organizations or whether employees are simply less aware of their employer's initiatives.

Canadians working in more industrial sectors such as natural resources, transportation and utilities, manufacturing, and construction, as well as individuals working in the government, health, and education sectors, were more likely to indicate that their employer has an accident prevention and safety program. In comparison, employees in the high technology; finance, insurance,

and real estate; not-for-profit; retail; and services sectors were less likely to believe that their employer offers such a program.

In general, men were more likely than women to believe that their employer has an accident prevention and safety program in place, but this is probably driven by the sectoral influences noted above. Individuals working in clerical and support roles are also less familiar with workplace health and safety programs than those working in management, professional, or production-type roles.

Communications about workplace health and safety programs do not always make their way to the front lines. Overall, supervisors (68 per cent) were more likely than others (61 per cent) to be aware of the workplace programs currently in place.

IDENTIFYING AND ADDRESSING PHYSICAL AND PSYCHOLOGICAL HAZARDS IN THE WORKPLACE

An important component of prevention is to ensure that organizations are systematically reviewing their work environment, operations, and procedures to identify potential problems that could lead to either physical or mental health issues for employees.

¹ The public sector includes federal and provincial government departments, agencies, and Crown corporations; municipalities; and health care and educational institutions.

Potential risks or hazards can be identified by conducting regular risk assessments and thoroughly investigating prior incidents, which include reviewing the organization's patterns of absences to determine root causes. Only by understanding the root causes can organizations pinpoint workplace-related influences.

Once physical and psychological hazards have been clearly identified by the organization, they must also be addressed promptly to prevent further injury or illness to employees. In the case of physical hazards, the way to prevent future injuries may be more evident (e.g., providing additional protective gear, repairing faulty machinery and equipment, making ergonomic adjustments).

When it comes to psychological hazards, employers also have an obligation to their employees. New voluntary guidelines developed by the Mental Health Commission of Canada encourage organizations not only to identify psychological hazards in the workplace, but also to take steps to either eliminate or control these risks. Employers are also encouraged to implement supportive mental health practices, develop an organizational culture that supports mental well-being, and initiate a mechanism to review and fine-tune practices as necessary.²

In all jurisdictions across Canada, workers' compensation legislation covers employees for mental health issues that can be attributed to acute stress. Examples of acute stress may include employees who have been the victim of a robbery, who have witnessed the death or severe injury of a co-worker, or who have provided "first response" to victims of severe physical trauma or fatalities.

In addition, in several jurisdictions across the country employees can receive workers' compensation for mental health issues attributable to chronic stress (Yukon, Nunavut, Northwest Territories, British Columbia, Alberta, Saskatchewan, and Quebec).³ To qualify for

coverage, employees generally need to have been diagnosed with a mental health condition by a psychiatrist or psychologist and be able to demonstrate that the condition was caused by work-related stressors or events. As well, there needs to be evidence that the workplace stressors are beyond what would be considered typical in today's workplace.

Legislation is evolving in cases where there is a gradual onset of workplace stress, but as key decisions are reached, changes will be prompted on the part of provincial workers' compensation boards. In fact, the Workers' Compensation Board of Nova Scotia currently has a policy review under way regarding the compensability of workplace stress.⁴

Once physical and psychological hazards have been identified, they must also be addressed promptly to prevent further injury or illness to employees.

Whether or not mental health problems are considered compensable under workers' compensation legislation, eliminating or controlling risks to employees' mental well-being is no less important than eliminating or controlling physical hazards. That said, this can be more challenging. Individuals react differently to stressors such as interpersonal differences, organizational changes, heavy workloads, and other job demands. As well, most of these issues cannot be eliminated entirely from the workplace. Being able to control these issues demands creativity as well as the financial resources to address root causes (e.g., a lack of personnel to accomplish the volume of work that needs to be done).

So how are organizations doing when it comes to identifying and addressing physical and psychological hazards? Less than half (44 per cent) of Canadian workers believed that their employer identifies and addresses potential problems in the workplace that can lead to physical health issues for employees. Even fewer

2 Mental Health Commission of Canada, *National Standard of Canada*.

3 Association of Workers' Compensation Boards of Canada, *Workplace / Occupational Stress*.

4 Workers' Compensation Board of Nova Scotia, *Program Policy Background Paper*.

Table 1

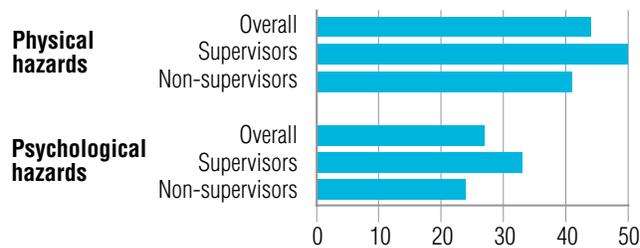
Workplace Prevention
(n = 2,004; per cent of respondents)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
My organization identifies and addresses potential problems that could lead to physical health issues for employees.	10	16	21	33	11	8
My organization identifies and addresses potential problems that could lead to mental health issues for employees.	14	24	22	21	6	14

Source: The Conference Board of Canada.

Chart 3

Perception That Workplace Hazards Are Addressed, by Management Status
(n = 2,004; per cent of respondents who strongly agree/agree)



Source: The Conference Board of Canada.

workers (27 per cent) believed that problems that could potentially lead to mental health issues for employees are identified and addressed. (See Table 1.)

Employees within smaller organizations, however, were even less likely to believe their employer addresses hazards than employees from either mid- or large-sized organizations.

Assessments of the degree to which employers systematically identify and address physical and psychological hazards in the workplace are consistent across both the private and public sectors. The findings are relatively consistent across industries as well—with a few notable

exceptions. Employees working in the natural resources and health sectors were more likely to indicate that their employer addresses potential physical hazards (60 and 52 per cent, respectively). No industries were seen to be outperforming others with respect to identifying and addressing potential problems that could lead to mental health issues for employees.

Individuals at more senior levels—particularly at the management level—were more likely to believe that organizations do focus their efforts on preventing both physical and mental health issues in the workplace. (See Chart 3.)

Opportunities for Employer Action

- ◆ Make sure that appropriate accident prevention and safety programs are in place—even in smaller workplaces.
- ◆ Conduct risk assessments to identify potential physical and psychological hazards. Guarding Minds @ Work¹ is a tool available for those lacking processes to identify potential psychological risk factors.
- ◆ Determine the root causes of hazards.
- ◆ Take action to eliminate or control identified risks.

1 Canadian Centre for Occupational Health and Safety, "Guarding Minds @ Work."

Chapter 3

Wellness Programs and Supports

Chapter Summary

- ◆ The majority of employers have programs in place to support employees' physical and mental health and wellness.
- ◆ Employers lack programs addressing the needs of employees with chronic health conditions such as arthritis, cancer, diabetes, heart disease, respiratory issues, and stroke.
- ◆ Wellness programs and supports are not well communicated to employees and managers.

Many employers have been investing heavily in workplace wellness programs and expanding their workplace programs to help support employees' physical and mental health and well-being. But are employees aware of these programs? Do they know how to access them? And do they find them to be effective?

PROGRAMS OFFERED TO SUPPORT EMPLOYEES' PHYSICAL AND MENTAL HEALTH

The majority of Canadian workers indicated that their workplace offers programs, services, or benefits that support their employees' physical and mental health

and wellness. As shown in Table 2, programs supporting employees' physical health appear to be slightly more prevalent than those supporting employees' mental health and well-being. Canadian workplaces are significantly less likely to offer programs to help employees manage chronic health conditions such as diabetes, asthma, and high blood pressure. (For an explanation of what constitutes a physical, mental, and chronic health condition, see box "Definitions of Health Conditions.") Currently, less than one-quarter of employees (22 per cent) believed these programs are offered in their workplace.

The workplace programs, services, and benefits available to support employees' physical health, mental health, and chronic health conditions vary significantly across sector, size of employer, and industry. (See Table 3.) Employees working in the public sector were significantly more likely to report that their employer offers supports in all three of these areas, compared to smaller organizations. Industries that appear to be the most proactive in offering workplace programs to support employees' physical and mental health issues include telecommunications; finance, insurance, and real estate; education; and government. Programs to help employees manage chronic health conditions are not widespread in any industry, but are more predominant in the health field than elsewhere.

Table 2**Workplace Supports**

(n = 2,004; per cent of respondents)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
My organization offers programs, services, or benefits that support my physical health and wellness.	10	12	9	37	24	9
My organization offers programs, services, or benefits that support my mental health and wellness.	10	13	13	35	18	12
My organization offers programs to help employees manage chronic health conditions (e.g., diabetes, asthma, high blood pressure).	18	26	15	15	7	20

Note: Total may not add up to 100 due to rounding.

Source: The Conference Board of Canada.

Definitions of Health Conditions

Physical health issue: A physical health issue is present when an individual is unable to function normally and without pain due to a disease, an illness, or an injury. This can include temporary injuries or more permanent disabilities.

Mental health issue: A mental health issue is present when an individual is unable to function normally due to a cognitive issue. Our definition of a mental health issue is very broad, and includes excessive stress; anxiety; depression; burnout; addictions and substance abuse; and mania, bipolar, and schizophrenia disorders.

Chronic health condition: A chronic health condition is an illness or disease that typically lasts for more than three months and often progresses slowly. Common chronic diseases include arthritis, cancer, diabetes, heart disease, respiratory issues, and stroke.

In general, employees in front-line positions such as sales, service, labour, and production were less likely to indicate that workplace supports are available. Additional communications efforts may need to be targeted to this segment of the workforce. Similarly, supervisors were much more familiar with the supports available than others. This is helpful as supervisors typically play a prominent role in directing others to resources.

EMPLOYEE KNOWLEDGE OF HOW TO ACCESS SUPPORTS

About one-half of employees indicated that they know how to access the programs and services provided by their employer to support their physical and mental health. Employees were slightly more likely to indicate that they know how to access physical health supports (59 per cent) than mental health supports (52 per cent). (See Table 4.)

Supervisors were significantly more likely than other workers to say they know how to access both physical (65 per cent) and mental health programs (56 per cent). However, this leaves a sizable proportion of managers who would be unable to help employees navigate organizational programs and services or access the programs themselves if needed. Managers' self-reported knowledge of how to access programs and services is aligned with employees' perceptions. (See Chart 4.) Two-thirds of employees (67 per cent) agreed that their immediate supervisor would be able to guide them to the right resources if they were experiencing physical health issues. But only 53 per cent of employees believed their immediate supervisor could provide assistance if they were experiencing a mental health issue that was challenging their ability to continue to work.

Table 3
Workplace Supports, by Sector, Size of Employer, and Industry
(per cent of respondents who strongly agree/agree)

	Number	Physical health and wellness	Mental health and wellness	Chronic disease management
Overall	2,004	60	53	22
Private sector	1,280	54	45	21
Public sector	707	72	68	25
Small (fewer than 50 employees)	479	33	26	14
Medium (50 to 499 employees)	479	64	53	23
Large (500 employees or more)	844	75	70	28
Natural resources	58	60	52	29
Manufacturing	169	56	46	21
Construction	74	49	41	19
High technology	75	75	49	15
Communications and telecommunications	80	73	65	21
Transportation and utilities	111	58	48	24
Finance, insurance, and real estate	140	67	60	33
Retail and wholesale trade	211	48	41	20
Education	245	71	65	19
Health	185	63	57	38
Government	249	72	71	22
Not-for-profit	98	50	45	13
Services—accommodation, food, personal	132	36	27	10
Services—professional, scientific, technical	174	56	48	20

Source: The Conference Board of Canada.

Table 4
Knowledge of How to Access Supports
(n = 2,004; per cent of respondents)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
I know how to access the programs and services to support my physical health.	5	9	13	39	20	14
I know how to access the programs and services to support my mental health.	6	10	15	33	18	17

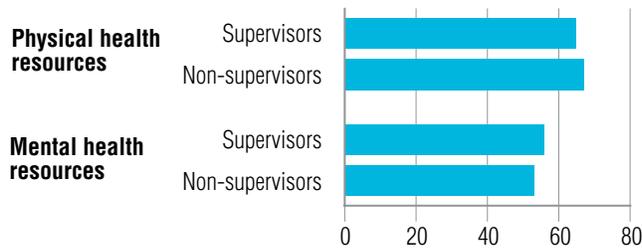
Note: Total may not add up to 100 due to rounding.

Source: The Conference Board of Canada.

The greatest challenge lies in increasing the awareness of the youngest cohort in the workforce, namely those aged 18 to 24. This segment of the workforce is significantly less likely to know how to access programs

to support both their physical and mental health. There is an opportunity for organizations to build awareness of these programs and services—perhaps during the onboarding process. Employees over the age of 65 were

Chart 4
Supervisor Awareness of Resources, by Management Status
(n = 2,004; per cent of respondents who strongly agree/agree)



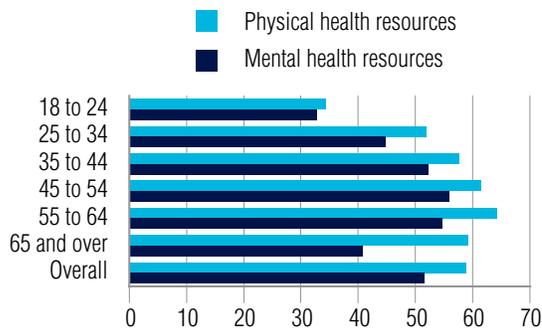
Source: The Conference Board of Canada.

also significantly less likely than other age cohorts to know how to access workplace mental health programs. (See Chart 5.)

EFFICACY OF SUPPORTS

Workplace resources receive moderate ratings in terms of being helpful from an employee perspective. Overall, only half (52 per cent) of employees agreed that programs and services that support their physical health are helpful and even fewer (40 per cent) agreed that the mental health supports provided by their employer are useful. (See Table 5.)

Chart 5
Employee Awareness of Resources, by Age
(n = 2,004; per cent of respondents who strongly agree/agree)



Source: The Conference Board of Canada.

Employees working in the public sector as well as those who are unionized rated the efficacy of the workplace programs that are available significantly higher than employees working in other sectors.

Workers in smaller organizations (with fewer than 50 employees) reported the lowest ratings for the efficacy of programs to support both their physical health and mental health (33 per cent and 23 per cent find the programs helpful, respectively).

Table 5
Efficacy/Effectiveness of Supports
(n = 2,004; per cent of respondents)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
The programs and services available to support my physical health are helpful.	6	9	16	34	18	17
The programs and services available to support my mental health are helpful.	7	9	20	26	14	23

Source: The Conference Board of Canada.

ASSISTING EMPLOYEES MOST IN NEED

Part of the difficulty in assessing the efficacy of workplace wellness programs is that some employees may never have encountered a need to access programs designed to support their physical and mental health. Therefore, employees may not realize the variety (and potential usefulness) of available programs and supports. Analysis shows that individuals who have taken a leave of absence due to a health-related issue were generally more aware of the workplace supports available, knew better how to access them, and believed they are more helpful.

Opportunities for Employer Action

- ◆ Ensure wellness programs cover employees' physical and mental health and wellness.
- ◆ Implement programs to help employees manage (or avoid) chronic health conditions.
- ◆ Make sure managers, who play a key role in guiding employees to resources, are fully aware of the wellness programs and supports available.
- ◆ Provide information on wellness programs to employees during the onboarding process.
- ◆ Make an extra effort to communicate resources on mental health and wellness to older employees.

Chapter 4

Stay-at-Work Programs

Chapter Summary

- ◆ Stay-at-work programs are not prevalent in Canada, but can benefit both employers and employees when they are properly designed and implemented.
- ◆ Employees' ability to work safely, without harming their recovery, should remain a paramount consideration under any stay-at-work arrangement.
- ◆ Employers are missing an enormous opportunity to have employees continue to carry on productive work while on a medical leave. Only one-third of employees who would have been medically able to work part time actually did.

Stay-at-work programs are designed to provide supportive, creative, non-traditional ways of allowing employees to remain at work when they are experiencing either physical or mental health issues. Often, these programs are coordinated with return-to-work programs, since many of the principles are the same.

Employers should be motivated to invest in stay-at-work programs because there is an abundance of evidence that the more time an employee is away from the workplace due to a health issue, the greater the

probability the employee will not return to work—and the higher the overall cost to both the individual and the employer.

Stay-at-work programs allow employees who would otherwise be away on a leave of absence to remain connected to the workplace and, depending on their abilities, to carry out meaningful, productive work within the organization.

STAY-AT-WORK PROGRAM DESIGN

An employee's stay-at-work program is typically designed to be short term rather than a permanent arrangement, and often has a fixed end date. However, if necessary, the program could be integrated into an ongoing accommodation plan.

To encourage managers to look for creative and innovative ways to keep their employees in the workplace, the salaries of employees involved in a stay-at-work program could be funded through a centralized budget rather than paid for by individual departments.

Stay-at-work arrangements could include having employees:

- ◆ work part time
- ◆ adopt a modified work schedule
- ◆ perform adapted or modified duties
- ◆ take a different job

Stay-at-work programs should be designed to support employees rather than force employees to remain in the workplace when it is not in their best interest to do so. Employees' ability to work safely, without jeopardizing their recovery, should be a paramount consideration for employers. Remaining at work can be beneficial to an employee's recovery efforts, but not in all instances. For this reason, stay-at-work programs are often voluntary.

When designing a stay-at-work program for a particular employee (see box "Stay-at-Work Program Tips for Employers"), it is critical that employers have a solid understanding of the employee's:

- ◆ functional or cognitive capacity—what is the employee currently capable of doing?
- ◆ functional or cognitive impairments or limitations—what is the employee not currently able to do that the employee normally can?
- ◆ medically based restrictions—what should the employee not do since it may cause specific medical harm?¹

Determining an employee's functional abilities, limitations, or medical restrictions can be a challenging task, and may involve the employee, his or her doctor, the insurance claims adjuster/case manager, and, in complex cases, physical or occupational therapists, ergonomists, vocational consultants, independent medical examiners, union representatives, and lawyers.

An employee's functional capacity can be determined either through a discussion with the employee or having the employee undergo a variety of medical assessments, ranging from a doctor's note to an assessment of the employee's cognitive and/or physical capacities. An assessment might be completed by a physician or be conducted by an independent third party.

After the employee's capacity is established, the employer must evaluate the employee's current (or alternative) job to ensure that the individual's limits will not be exceeded. This can be done either by discussing

Stay-at-Work Program Tips for Employers

- ◆ Make safety and recovery the primary focus.
- ◆ Make sure that the employee's limits are not exceeded.
- ◆ Have a written description of the job and its associated cognitive and physical demands.
- ◆ Identify jobs in advance that could be done by individuals struggling at work because of either an injury, mental or physical illness, or other issue.
- ◆ Match the worker's abilities with the job to be done.
- ◆ Be innovative by creating new job possibilities.
- ◆ Set a fixed date to re-evaluate the modified arrangement.
- ◆ Fund the salaries of employees who are on a stay-at-work program through a centralized budget.

Sources: The Conference Board of Canada; *Journal of Commerce*, "Stay at Work Programs Can Save Money."

the job with the employee (who has first-hand knowledge of the job) or by reviewing the job description and list of cognitive and physical demands (if available). In more complex cases, it may be necessary to conduct an on-site workplace visit, complete an ergonomic assessment, or review video footage of the job.

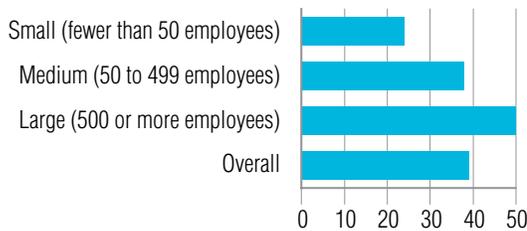
PREVALENCE OF STAY-AT-WORK PROGRAMS

So how common are stay-at-work programs? Fewer than 4 in 10 employees (39 per cent) believe that their organization has programs in place to help keep employees at work instead of requiring a leave of absence in times when they are experiencing health issues.

Stay-at-work programs appear to be more commonly found within public sector organizations (47 per cent) compared to private sector companies (36 per cent). Similarly, more unionized (45 per cent) than non-unionized workplaces (37 per cent) tend to have programs in place. Large employers (50 per cent) are significantly more likely than either mid-sized (38 per cent) or smaller employers (24 per cent) to have adopted formal stay-at-work programs. (See Chart 6.) No significant variations were found between employers in different regions of the country.

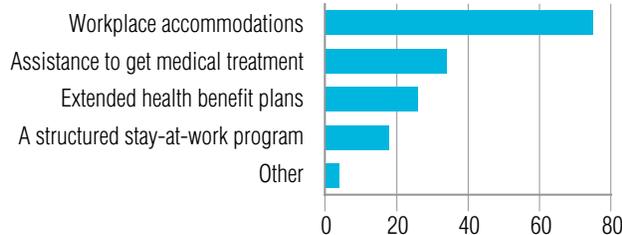
¹ American College of Occupational & Environmental Medicine, *Preventing Needless Work Disability*, 6.

Chart 6
Stay-at-Work Programs, by Size of Employer
(n = 2,004; per cent of respondents who strongly agree/agree)



Source: The Conference Board of Canada.

Chart 7
Stay-at-Work Resources Offered
(n = 141; per cent of respondents)



Source: The Conference Board of Canada.

A number of organizations in Canada do offer formal stay-at-work programs, including the Vancouver Island Health Authority,² TELUS,³ and Treasury Board of Canada.⁴

Awareness does not appear to play a role in influencing the results—employees who have taken a leave of absence were no more likely than others to be aware of stay-at-work programs offered in their workplace. In fact, among employees who had taken a leave of absence, only 21 per cent indicated that when they first began to experience health issues, their employer offered resources to help them stay at work.

2 Vancouver Island Health Authority, *Stay at Work Program*.

3 Hoganson, *Wellness Metrics in Action*, 3.

4 Treasury Board of Canada Secretariat, *The Fundamentals—Remain-at-Work Plan*.

Employers who did so most commonly offered workplace accommodations such as a different job, changes in job scheduling, a flexible work arrangement, or the use of special equipment (75 per cent). Only 18 per cent of organizations had a structured stay-at-work program in place. (See Chart 7.)

EMPLOYEE UPTAKE OF STAY-AT-WORK PROGRAMS

Employees were receptive to the stay-at-work resources available in their workplace, with 84 per cent having taken advantage of the resources offered by their employer at the onset of their health issues. The vast majority of employees (95 per cent) also found the resources to be somewhat helpful. Among those who found the resources valuable, it tended to be because they received the resources or accommodations needed to remain at work or to return to work sooner (and keep their income), they felt supported, or the resources facilitated access to the right medical assistance (e.g., medications, physiotherapy, counselling). For those who found the resources were not helpful, it was generally because the resources or accommodations were insufficient, provided too late, or difficult to access.

A key requirement of stay-at-work programs is that employees are able to safely perform some workplace duties without harming their recovery.

In cases where resources were not accessed at work, it tended to be because employees either felt the resources were not needed or believed their absence from work would be relatively short. A small number of employees found it complicated or cumbersome to access resources, were too nervous or shy to access resources at work, were concerned about confidentiality, or were already accessing resources elsewhere.

More than half of employees (55 per cent) with access to stay-at-work programs indicated they were able to avoid a leave of absence from work because of a program or resource available to them in the workplace.

Employees were able to avoid a leave of absence because their employer offered the following programs or options:

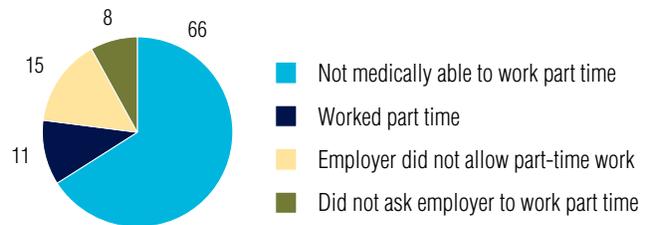
- ◆ flexible hours (27 per cent)
- ◆ telework (25 per cent)
- ◆ modified duties (19 per cent)
- ◆ accommodation (9 per cent)
- ◆ a different job (6 per cent)
- ◆ therapy assistance (6 per cent)

It should be noted that stay-at-work programs are not appropriate in all circumstances. A key requirement of stay-at-work programs is that employees are able to safely perform some workplace duties without harming their recovery. In our survey, nearly 4 in 10 employees indicated that stay-at-work programs would not have been helpful in preventing them from having to take a leave of absence from work. Indeed, the objective of stay-at-work programs should never be to eliminate all employee absences.

Of the employees surveyed who had taken a leave of absence, two-thirds (66 per cent) indicated they would not have been medically able to work on a part-time basis while they were on leave. Among those medically able to work part time, less than one-third (31 per cent) actually continued to work while on leave. Almost half (45 per cent) of those medically able to work part time indicated that this wasn't an option in their workplace. The remaining 24 per cent did not think to ask their employer about this option. (See Chart 8.)

Chart 8

Ability to Work Part Time While on Leave
(n = 662; per cent of respondents)



Source: The Conference Board of Canada.

There is a clear opportunity for employers to consider adopting options for employees to work part time while on leave or to better communicate the opportunities available when an employee is about to take a medical leave of absence.

Opportunities for Employer Action

- ◆ Implement a stay-at-work program, if one is not in place already.
- ◆ Address attendance issues early.
- ◆ Make sure various stay-at-work resources are offered to employees at the onset of health issues (if known to employer).
- ◆ Provide clear options for employees who are able to work part time or under modified arrangements (e.g., telework, different job duties) *before they take a leave of absence*.
- ◆ Maintain objectivity.

Chapter 5

Sick Leave and Disability Coverage

Chapter Summary

- ◆ About 6 in 10 Canadian workers have coverage in the event that they miss work for medical reasons.
- ◆ Sick leave and disability coverage is lacking for certain types of workers, including youth and seniors who are most often working part time, on contract, or on a casual basis. Coverage is also lacking for employees in certain sectors such as construction, retail, and services.
- ◆ Benefit coverage for items such as prescription drugs is considerably higher, particularly for public servants, unionized employees, individuals working full time, and those working for larger employers. This coverage is important in ensuring that employees have access to the medications and services needed to promote their recovery.

A key objective of many employer benefit plans is to provide income security for employees when unforeseen circumstances arise. In fact, 79 per cent of employers indicated that protecting employees' income is either an important (52 per cent) or very important (27 per cent) objective of their

benefits strategy.¹ A catastrophic injury or illness can prevent employees from earning the income required to sustain their standard of living. Even a relatively short absence from work, if unpaid, can be devastating to an employee's financial situation.

EMPLOYEE COVERAGE FOR MEDICAL ABSENCES

Currently, about 6 in 10 Canadian receive some type of salary continuance in the event that they are absent from work due to either a physical or mental health issue. Nearly two-thirds (64 per cent) have some paid sick days available, 60 per cent are covered in the event of a short-term disability (STD) leave, and 58 per cent are covered in the event of a long-term disability (LTD) leave. (For an explanation of these types of coverage, see box "Definitions of Coverage.") Additionally, 58 per cent of Canadians indicate that they would be able to take unpaid sick leave, most likely in cases where they had exhausted the number of paid sick days provided. (See Chart 9.)

Employees working in the public sector as well as for large employers (with 500 or more employees) are significantly more likely to have coverage if they need

1 Thorpe, Martin, and Lamontagne, *Benefits Benchmarking 2012*, 3.

Definitions of Coverage

Paid sick leave is time off from work that employees can use when they are sick for a few days to stay home and get better without losing their pay (e.g., when they have the flu).

Short-term disability leave covers all or part of an employee's pay when they are injured or ill and unable to work for a short time (e.g., a few weeks or months). Many times, employees are required to use sick days before short-term disability kicks in. The time period covered by short-term disability differs from one organization to another, but coverage usually lasts about four to six months.

Long-term disability leave covers part of an employee's pay when they cannot work for a long period of time because of a health issue. Long-term disability usually kicks in after a short-term disability policy has run out.

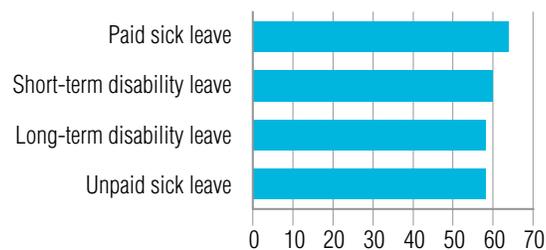
be covered in the event of an illness than employees at other levels—in large part because these employees are often not working in permanent, full-time positions.

Certain demographic groups are more at risk than others. Only one-third of 18 to 24 year olds in the workforce (34 per cent) have any paid sick days or short-term disability coverage, and only one-quarter (26 per cent) have coverage in the event of a long-term disability.

Older workers are at greater risk since many do not have paid sick days, short-term disability leave, or long-term disability coverage.

Chart 9

Prevalence of Sick Leave Coverage
(n = 2,004; per cent of respondents)



Source: The Conference Board of Canada.

time off work because of a health issue. Coverage for medical leaves is much less likely to be available to individuals working in the construction, retail and wholesale trade, and accommodation, food, and personal services sectors. (See Table 6.)

Paid sick leave as well as short- and long-term disability coverage is much more common for permanent full-time employees than for those working part time, on contract, or on a casual/seasonal basis. (See Table 7.) That said, only about three-quarters of those working on a permanent, full-time basis have coverage in the event that they require time off work due to medical reasons. Front-line employees working in sales, service, labour, and production are significantly less likely to

Seniors are also at greater risk. Less than half of individuals in the workforce over the age of 65 have paid sick days or short-term disability leave, and only 42 per cent have long-term disability coverage. Almost all employers (97 per cent) terminate long-term disability coverage for employees who reach the age of 65.² With the elimination of mandatory retirement in most jurisdictions, and the potential for human rights violations, this practice may change in the future.

Both younger workers and seniors tend to have less stable types of employment—either out of necessity or by choice. Less than half of all workers 18 to 24 and over 65 years of age work in a permanent, full-time capacity. Those in the 18 to 24 age bracket are most likely to be working part time, perhaps while they finish pursuing their education. Many individuals age 65 and over work either part time or on a contract/casual basis.

BENEFIT COVERAGE

The majority of employees (85 per cent) receive workplace health benefit coverage (e.g., prescription drug coverage, dental coverage) from their organizations. (See Chart 10.) However, health benefit coverage is less common among some employee segments. This can be

2 Thorpe, Martin, and Lamontagne, *Benefits Benchmarking 2012*, 11.

Table 6
Sick Leave Coverage, by Sector, Size of Employer, and Industry
(per cent of respondents)

	Number	Paid sick leave	STD leave	LTD leave	Unpaid sick leave
Overall	2,004	64	60	58	58
Private sector	1,280	54	53	50	57
Public sector	707	82	72	75	60
Small (fewer than 50 employees)	479	40	32	29	57
Medium (50 to 499 employees)	479	67	60	61	61
Large (500 employees or more)	844	78	78	76	58
Natural resources	58	55	60	57	50
Manufacturing	169	52	57	52	57
Construction	74	41	31	34	54
High technology	75	73	63	60	51
Communications and telecommunications	80	70	78	73	65
Transportation and utilities	111	62	65	61	61
Finance, insurance, and real estate	140	76	71	70	49
Retail and wholesale trade	211	41	44	38	56
Education	245	75	71	70	58
Health	185	70	62	60	63
Government	249	88	74	79	63
Not-for-profit	98	67	46	52	66
Services—accommodation, food, personal	132	35	35	30	55
Services—professional, scientific, technical	174	63	59	59	53

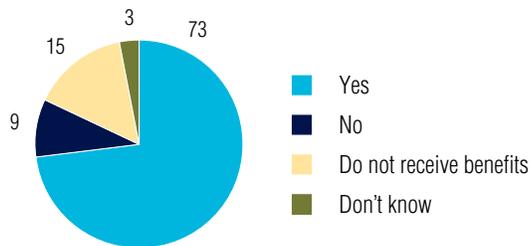
Source: The Conference Board of Canada.

Table 7
Sick Leave Coverage, by Type of Employment and Level
(per cent of respondents)

	Number	Paid sick leave	STD leave	LTD leave	Unpaid sick leave
Overall	2,004	64	60	58	58
Permanent full-time employee	1,501	75	70	70	59
Full-time contract or term employee	106	44	34	30	59
Permanent part-time employee	261	27	27	19	53
Part-time contract or term employee	83	30	34	24	65
Casual/seasonal employee	44	25	25	25	46
Senior management	189	77	70	71	64
Middle/line manager, supervisor	239	77	70	69	63
Professional	592	78	69	68	55
Technician, skilled tradesperson	157	50	52	52	60
Sales, service, labour, and production	447	40	45	39	56
Clerical and support	372	61	55	56	57

Source: The Conference Board of Canada.

Chart 10
Continuation of Health Benefits While on Leave
(n = 662; per cent of respondents)



Source: The Conference Board of Canada.

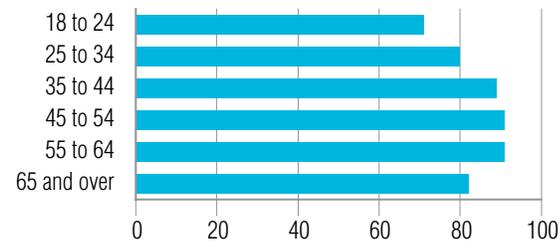
of concern: Without health benefits, employees may be left without the necessary support when they experience a physical or mental health issue. Employee groups that are more likely to be without health benefits include:

- ♦ women (83 per cent of women have health benefits versus 89 per cent for men);
- ♦ private sector employees (80 versus 95 per cent for public sector employees);
- ♦ non-unionized employees (78 versus 96 per cent for unionized employees);
- ♦ front-line employees (sales, service, labour, and production, at 77 per cent), technicians and skilled tradespeople (78 per cent), and clerical and support occupations (84 per cent) versus 86 per cent of senior management, 88 per cent of middle/line managers and supervisors, and 95 per cent of professional employees;
- ♦ employees working in small organizations (63 versus 87 per cent for employees in medium-sized and 94 per cent of workers in large-sized organizations).

An employee's employment status also significantly influences benefit coverage. Permanent full-time employees (91 per cent) are more likely to receive workplace health benefits than other employees within the organization.

The majority of employees (73 per cent) are able to continue their workplace health benefit coverage without additional payments while on a leave of absence. In fact, as shown in Chart 10, almost three-quarters

Chart 11
Continuation of Health Benefits While on Leave, by Age
(n = 543; per cent of respondents)



Source: The Conference Board of Canada.

of employees who had taken a health-related leave of absence from work were able to continue their benefit coverage.

Among employees with benefits coverage, those working in the public sector and for large employers are more likely to continue receiving benefits when on a leave of absence.

Younger employees are less likely than older workers to continue to receive benefits during a health-related leave of absence, with one exception—employees over the age of 65. (See Chart 11.) To contain the costs of benefits—which can increase significantly as an employee ages—some employers have decided to reduce or discontinue coverage for certain benefits when employees reach age 65.³

Opportunities for Employer Action

- ♦ Determine if your benefit plan addresses the needs of your workforce. Excluding employees who work part time, on contract, or on a casual basis from sick leave or health care coverage leaves them vulnerable.
- ♦ Ensure that leave programs are viewed as insurance rather than entitlements.
- ♦ Look for opportunities to offer alternative forms of health care coverage to employees on an extended leave of absence or those over the age of 65. This could include optional plans where employees cover the cost of premiums themselves.

3 Thorpe, Martin, and Lamontagne, *Benefits Benchmarking 2012*, 10–12.

Chapter 6

Disability Management Practices

Chapter Summary

- ◆ About one-half of employers have formal disability management policies in place. Written procedures are particularly prevalent in unionized workplaces, as well as in public sector organizations and large-sized employers. Adherence to workplace disability management policies is high.
- ◆ Most disability management policies cover circumstances when employees may need to be off work due to both physical and mental health issues.
- ◆ Most employees would contact their supervisor if they needed to take a leave of absence, but are less comfortable discussing mental health issues.
- ◆ Only one-quarter of employees have received communications within the past year from their employer regarding the organization's sick leave and disability programs.

An organization's disability management practices relate not only to the benefits provided to employees in the event of casual absences and short- and long-term disability leaves, but also to the processes surrounding employee absences and the communication of these policies and processes.

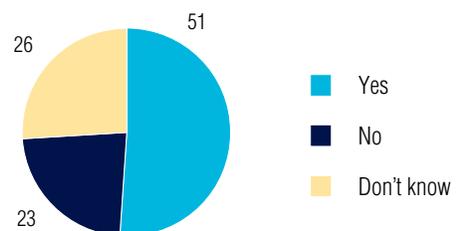
Having effective disability management practices in place is critical as it maximizes positive outcomes for employers and employees alike. Employers benefit by having employees working productively, and employees benefit by receiving appropriate health support in a timely manner and ensuring stability in their income.

WRITTEN PROCEDURES FOR MEDICAL LEAVES

About one-half of workers indicated that their employer has a written set of procedures in place outlining the steps that employees and their supervisors should take in the event that an employee requires time off work due to a health issue. (See Chart 12.)

Chart 12

Written Set of Procedures for Time Off Work?
(n = 2,004; per cent of respondents)



Source: The Conference Board of Canada.

Formal documentation regarding procedures for taking either sick or disability leave is more common in the public sector (65 per cent have written procedures versus 43 per cent in the private sector). Unionized workplaces (63 per cent) are also significantly more likely than those that are non-unionized (45 per cent) to formally outline the steps required to take time off work due to health reasons. Undoubtedly, if sick and disability leave provisions are written into the collective agreement, these procedures would need to be well documented in order to implement the collective agreement and avoid future grievances.

Large employers are the most likely to formally document HR policies. Disability management practices are no exception. Sixty-nine per cent of large employers have written procedures in place regarding sick days or disability leaves of absence, compared to 51 per cent of mid-sized employers. In sharp contrast, only 21 per cent of small-sized employers have written policies in place.

Certain groups of employees are also more aware of the policies that actually exist within the organization. As might be expected, individuals who have taken a medical leave of absence in the past were more aware of the employers' procedures. Supervisors were also more aware of the procedures than others within the organization (57 versus 47 per cent, respectively).

NATURE OF POLICIES

About two-thirds of employees indicated that the written procedures cover circumstances when employees may require time off work due to both physical and mental health issues. However, 20 per cent of employees were unsure whether this is the case and a further 15 per cent indicated that policies relate solely to physical health issues.

There are no significant variations between the public and private sectors with respect to being inclusive of both physical and mental health issues. Likewise, policies are similar in both unionized and non-unionized workplaces.

Individuals in senior management roles (75 per cent) were more likely than other employee groups to indicate that policies also cover circumstances where employees are experiencing mental health issues. However, this message is not filtering down to lower levels in the organization.

ADHERENCE TO POLICIES

Three-quarters of employees believed that the policies and procedures articulated by their employer in written form are followed within their respective organization. Very few employees (8 per cent) indicated that policies are not followed as outlined, while the remaining 17 per cent were unsure.

Having effective disability management practices in place is critical as it maximizes positive outcomes for employers and employees alike.

Procedures are perceived to be followed equally closely in the public and private sectors as well as in unionized and non-unionized work environments.

Individuals who have taken a leave of absence in the past were the most likely to indicate that procedures are not followed (11 per cent), although this remains a small minority. Individuals in senior management roles (87 per cent) and those responsible for supervising others (80 per cent) were the most likely to believe that procedures are followed.

COMMUNICATING DISABILITY MANAGEMENT POLICIES AND PROCEDURES

WHERE EMPLOYEES GO FOR HELP

Most employees (85 per cent) indicated they know who to contact or where to go for help if they need to take a medical leave of absence from work. In fact, awareness of where to go for help is relatively high across most types of organizations, including both public and private sector organizations as well as in unionized and non-unionized workplaces.

There are some variations by job level. For example, individuals in senior management roles (96 per cent) are significantly more likely than others to know where to get help if they need to take a medical leave of absence. Awareness is lower, in particular, for employees in front-line sales, service, labour, and production roles (78 per cent). Supervisors (88 per cent) are also more likely to know where to get assistance than other employees (83 per cent).

Younger employees under the age of 35 are also less likely than others to understand who to contact or where to get help when they are experiencing physical or mental health issues that may require a leave of absence. This may be related to their shorter tenure with the employer and also because they have not yet encountered a situation that required a significant amount of time off work.

Nearly three-quarters of employees (73 per cent) indicated they would contact their direct supervisor if they needed time off work due to a health issue. An additional 18 per cent of employees would contact someone within the human resources department. Other points of contact include health services or wellness departments, senior management, disability management departments or professionals, and union representatives. (See Chart 13.)

Chart 13
First Point of Contact

(n = 1,701; per cent of respondents)

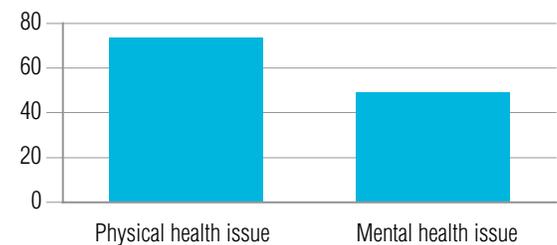


*Other points of contact include payroll, insurance company, external service providers, and co-workers.

Source: The Conference Board of Canada.

The majority of employees (73 per cent) are comfortable discussing physical health issues with their supervisor in order to try to find solutions that will enable them to continue to work. Less than half of employees, however, would be comfortable discussing a mental health issue with their supervisor. (See Chart 14.) (For the conditions required with respect to disclosing a mental health issue, see box “Disclosing Mental Health Issues at Work.”)

Chart 14
Degree of Comfort Discussing Health Issues With Supervisor
(n = 2,004; per cent of respondents who strongly agree/agree)



Source: The Conference Board of Canada.

Disclosing Mental Health Issues at Work

Disclosing a mental health issue at work can be daunting for employees in distress. Previous research conducted by The Conference Board of Canada identified a number of critical conditions for success in supporting employees who come forward and disclose a mental health issue to their employer. These include:

- ◆ the degree to which employees’ privacy is protected;
- ◆ the perceived repercussions of coming forward;
- ◆ employees’ previous workplace experiences;
- ◆ the quality of the organization’s people managers;
- ◆ the organizational culture.

Source: Thorpe and Chénier, *Building Mentally Healthy Workplaces*, 6.

EMPLOYER DISTRIBUTION OF DISABILITY MANAGEMENT PROGRAM INFORMATION

Only about one-quarter of employees (27 per cent) received information during the past year on the sick leave, benefits, or other programs that are in place to help support employees when they had to take a medical leave of absence from work. An additional 22 per

cent have received information within the past five years. (See Chart 15.) Many employees indicated that it has been more than five years since they received such information, as it is often provided to employees at the time they are hired. Others indicated that the information is not actively distributed but rather is made available on the company's intranet site or described in the collective agreement.

Certain types of workers were significantly more likely to have received information from their employer during the past year. These include:

- ♦ employees in the public sector (32 versus 24 per cent in the private sector);
- ♦ unionized employees (30 versus 25 percent of non-unionized employees);
- ♦ employees working in large organizations (34 versus 29 per cent working for mid-sized employers and 14 per cent working for small employers);
- ♦ supervisors (31 versus 24 percent of other employees);
- ♦ permanent, full-time employees (30 versus 13 per cent of part-time employees, 18 per cent of contract employees, and 24 per cent of casual/seasonal employees).

When employees did have access to information about the organization's disability management program, it was administrative in nature. The majority reported that the information was on forms to be completed (50 per cent), the employee's role and responsibilities during the disability management process (21 per cent), and the health care professional's role and responsibilities (20 per cent).

Fewer employees received information on the resources and programs available within the organization or the employer's role and responsibilities during the disability management process. (See Table 8.)

Employees who received information on their organization's disability management program did find the information useful because it explained the process and their responsibilities. It also helped employees ensure they receive the appropriate income support and benefits. (See Chart 16.)

Chart 15
Received Information Related to Disability Management From Employer?
(n = 2,004; per cent of respondents)



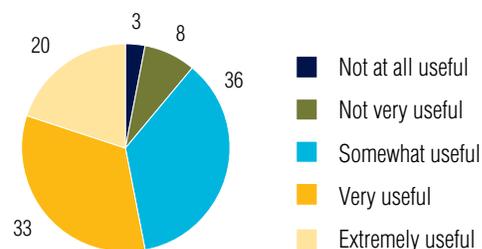
Source: The Conference Board of Canada.

Table 8
Type of Information Received
(n = 662; per cent of respondents)

Forms to be completed	50
Employee's role and responsibilities while on leave	21
Doctor's role and responsibilities	20
The effect of the leave of absence on employee's benefits (e.g., prescription drug coverage, dental coverage)	17
Organization's return-to-work program	17
Accommodation measures that are available within the organization	12
Employer's/case manager's role and responsibilities	12
Other	3
Did not receive any information	40

Source: The Conference Board of Canada.

Chart 16
Usefulness of Information Provided by Employer
(n = 398; per cent of respondents)



Source: The Conference Board of Canada.

Employees who found the information less useful indicated that the material was complicated or difficult to understand, too sparse, hard to access, or seemed to be designed to protect only the employer's interests.

Employees also indicated they would have appreciated receiving more information on the internal programs and resources that they could have accessed to better support their mental or physical health and well-being. (See Table 9.) In particular, these included:

Table 9
Additional Information Desired
(n = 662; per cent of respondents)

Organization's return-to-work program	18
Accommodation measures that are available within the organization	17
The effect of the leave of absence on employee's benefits (e.g., prescription drug coverage, dental coverage)	15
Employer's/case manager's role and responsibilities	14
Employee's role and responsibilities while on leave	13
Doctor's role and responsibilities	8
Forms to be completed	5
Other	3
No additional information required	63

Source: The Conference Board of Canada.

- ♦ the organization's return-to-work program;
- ♦ accommodation measures that were available within the organization;
- ♦ the effect of the leave of absence on their benefits.

It is important to note, however, that almost two-thirds of employees did not require any additional information from their employers.

Opportunities for Employer Action

- ♦ Formally document your organization's disability management practices and procedures.
- ♦ Ensure that your policies are inclusive of both physical and mental health issues.
- ♦ Communicate honestly about expectations, roles, and the rationale for policies.
- ♦ Educate new employees about the policies during the onboarding process.
- ♦ Communicate the policies broadly to both employees directly and front-line managers at least annually as a refresher. Do not rely on passive methods such as posting information on your organization's intranet site.
- ♦ Focus on the resources available to employees and not just the administrative policies to be followed when they need to take a leave of absence.
- ♦ Make sure the information regarding potential accommodations and return-to-work procedures are clear.
- ♦ Explain the impact of a leave on the continuation of employees' benefit coverage and the payment of premiums.

The Employee Experience

Chapter Summary

- ◆ About one-quarter of employees experienced challenges getting the right medical treatment—ranging from timely medical appointments to access to medications—at the onset of their health issues. This was a particular challenge for employees experiencing mental health issues.
- ◆ Employers have a strong incentive to make sure that employees get the right treatment, as two-thirds of employees believe that they could have avoided the leave of absence entirely with proper care.
- ◆ Employees do worry about their future career success when taking time off work for medical reasons. Concerns are heightened for mental health leaves, for occasional but repeated absences (as may be the case with episodic disabilities), and for longer leaves of absence.

Individuals who have taken a leave of absence from work due to a health-related issue can offer many insights to employers that may enable them to better support employees during a difficult time.

PREVALENCE OF HEALTH-RELATED LEAVES OF ABSENCE FROM WORK

In this study, a total of 33 per cent of employees reported that they were taking, or had taken, a leave of absence from work due to a health-related reason. While the prevalence of health-related leaves of absence varied depending on various respondent characteristics, Table 10 clearly illustrates that a wide range of people across genders, age groups, regions of residence, job levels, and industry sectors have required a health-related leave of absence.

The prevalence of health-related leaves of absence increases with age, from 19 per cent of employees 18 to 24 years of age to 43 per cent of employees 55 to 64 years of age. (See Chart 17.)

This is consistent with previous research conducted by Statistics Canada that finds the incidence of illness or disability increases with an employee's age. (See Chart 18.) As people age, the incidence of chronic diseases such as cardiovascular and respiratory diseases, various cancers, arthritis, and diabetes increases significantly.¹

1 The Conference Board of Canada, *Health Matters*.

Table 10

Prevalence of Health-Related Leaves of Absence, by Employee Characteristics
(n = 2,004; per cent of respondents)

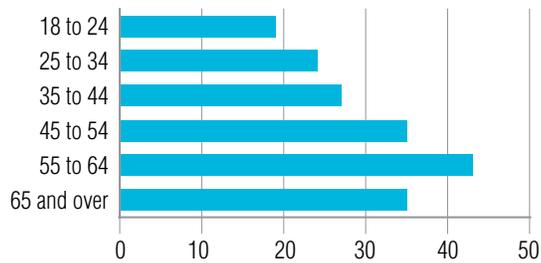
Characteristics of respondents	Percentage	Characteristics of respondents	Percentage
Gender		Employee group	
Male	30	Senior management	26
Female	35	Middle/line manager, supervisor	28
Age		Professional—technical and non-technical	31
18 to 24 years old	19	Technician, skilled tradesperson	40
25 to 34 years old	24	Sales, service, labour, and production	34
35 to 44 years old	27	Clerical and support	39
45 to 54 years old	35	Size of employer	
55 to 64 years old	43	Small (fewer than 50 employees)	26
65 years old and over	35	Medium (50 to 499 employees)	34
Region of residence		Large (500 or more employees)	36
Atlantic	24	Sector	
Quebec	38	Private sector	31
Ontario	31	Public sector	37
Prairies/Nunavut	36	Employer industrial classification	
Alberta/Northwest Territories	28	Natural resources, including oil and gas	24
British Columbia/Yukon	36	Manufacturing	32
Employment status		Construction	30
Permanent full-time	34	High technology	21
Full-time contract, term, or seasonal	27	Communications and telecommunications	40
Permanent part-time	31	Transportation and utilities	39
Part-time contract, term, seasonal	31	Finance, insurance, and real estate	31
Casual	27	Retail and wholesale trade	33
Union membership		Education	33
Unionized	40	Health	39
Non-unionized	30	Government	37
Management responsibility		Not-for-profit	36
Supervisors	30	Services—accommodation, food, personal	31
Non-supervisory employees	35	Services—professional, scientific, technical	26

Source: The Conference Board of Canada.

However, as shown in Chart 17, there was a slight decrease in the prevalence of a health-related leave of absence for employees who were 65 years of age and

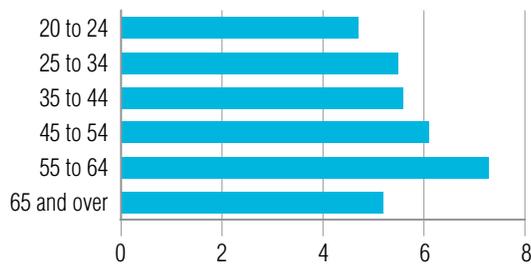
over. This slight dip can be explained by the fact that these employees are more likely to retire and leave the labour force once they become ill or injured. In fact,

Chart 17
Prevalence of Health-Related Leaves of Absence, by Age
(n = 2,004; per cent of respondents)



Source: The Conference Board of Canada.

Chart 18
Incidence of Illness or Disability for Full-Time Employees in 2011, by Age
(per cent of workforce)



Source: Statistics Canada.

according to Statistics Canada, almost one-quarter of retired workers report that they decided to retire due to poor health.²

Women (35 per cent) were also more likely than men (30 per cent) to report that they had taken a leave of absence for a health-related reason. This may be explained by the additional caregiving role that many women have in the home. According to Statistics Canada, women with young children take more absences from work than those without young children. However, the presence of young children does not appear to have an effect on a male worker's leave of absence.³

Employee segments that are more likely to have taken a leave of absence due to a health-related issue include:

- ◆ employees holding positions lower down in the organizational hierarchy, such as technicians and skilled tradespeople (40 versus 26 per cent for senior leaders and 28 per cent for middle/line managers and supervisors);
- ◆ non-supervisory employees (35 versus 30 per cent for supervisors);
- ◆ unionized employees (40 versus 30 per cent for workers who were not unionized);
- ◆ employees from the public sector (37 versus 31 per cent for the private sector);
- ◆ employees working in large organizations with more than 500 employees (36 versus 34 per cent for medium-sized organizations and 26 per cent for organizations with fewer than 50 employees);
- ◆ employees working in Quebec and British Columbia (38 and 36 per cent, respectively, versus 24 per cent for employees from the Atlantic region);
- ◆ employees in the communications and telecommunications, transportation and utilities, and health industries (approximately 40 versus 21 per cent for individuals working in high technology and 24 per cent for employees in the natural resources sector).

The type of benefit plan offered is also correlated with the likelihood of taking a leave of absence. Employees with paid sick leave and short- and long-term disability coverage were more likely to have taken a leave of absence from work for medical reasons.

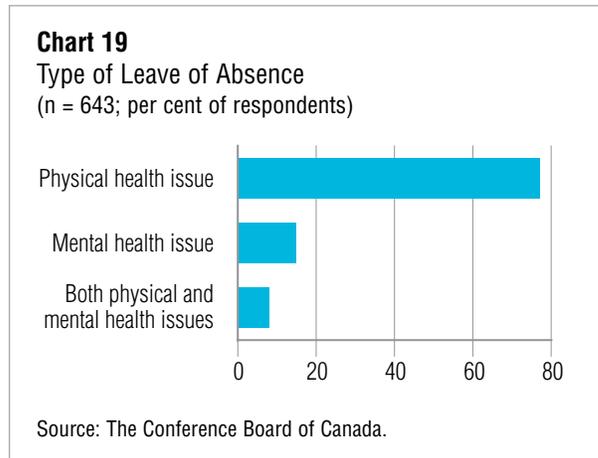
TYPE OF HEALTH-RELATED LEAVES OF ABSENCE FROM WORK

Over three-quarters of employees had taken a leave of absence due to a physical health issue while 15 per cent of employees reported they had taken a leave of absence because of a mental health issue. Previous research has noted that certain mental health issues are often associated with physical health conditions and, conversely, many physical health conditions increase the risk for a mental health issue.⁴ Interestingly,

² Park, *Retirement, Health and Employment*, 10.

³ Zhang, *Gender Differences in Quits and Absenteeism in Canada*, 14.

⁴ Johansen and others, *Mental Comorbidity*, 1.



however, only 8 per cent of employees had taken a leave of absence due to a combined physical and mental health issue. (See Chart 19.)

Men (80 per cent) were significantly more likely than women (74 per cent) to report having taken a leave of absence due to a physical health issue, while women were more likely to report that they had taken a mental health-related leave of absence from work (17 versus 13 per cent of men). This is consistent with previous Conference Board research that found women were significantly more likely than men to report that they were currently experiencing or had previously experienced a mental health issue.⁵

Compared to younger workers, older workers were also more likely to report having taken a leave of absence from work due to a physical health issue. On the other hand, younger workers were more likely to report having taken a mental health-related leave of absence. While 15 per cent of workers between the ages of 18 and 24 reported that they had taken a leave of absence because of a mental health issue, only slightly more than 8 per cent of employees 65 years and over reported having experienced a mental health issue that required a leave of absence.

Employees from Alberta (22 per cent) and Ontario (20 per cent) were more likely to report time off work as a result of a mental health issue. This is consistent

with previous Conference Board research that found employees from these two provinces were more likely to report that they had experienced a mental health issue in their lifetimes.⁶ While in Atlantic Canada the overall prevalence of health-related leaves of absence is lower, more often these medical leaves of absence relate to physical health conditions. As a whole, the Atlantic provinces have a poorer health profile than other regions in Canada, particularly due to a higher rate of smoking, obesity, and physical inactivity⁷—risk factors that can lead to the type of physical health issues which could explain the higher incidence of physical health-related leaves of absence from work in these provinces.

LENGTH OF HEALTH-RELATED LEAVES OF ABSENCE FROM WORK

The vast majority of those surveyed had taken a short-term leave of absence. In fact, as shown in Chart 20, a significant portion of employees (37 per cent) took leaves of absence of less than 30 days. Some of these absences may be covered by casual sick days rather than disability leave. This can be a significant cost to employers that do not have the programs and processes in place to support employees who take casual leaves of absence or the ability to return them to work as quickly and safely as possible. A comprehensive disability management program should include early intervention and stay-at-work practices to help control the cost of these casual absences as well.

Employees with physical health issues required shorter leaves of absence from work than those with mental health issues. Employees with both mental and physical health issues required the longest leaves of absence. (See Chart 21.) This is likely due to the fact that simultaneous or co-morbid conditions are more complex, thereby requiring a longer recuperation period.

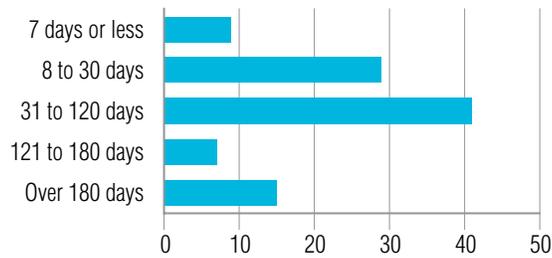
Older workers required longer leaves of absence from work to recuperate from their health conditions than younger workers. (See Chart 22.) This is consistent

⁶ Ibid.

⁷ Hayward and Colman, *The Tides of Change*, 3.

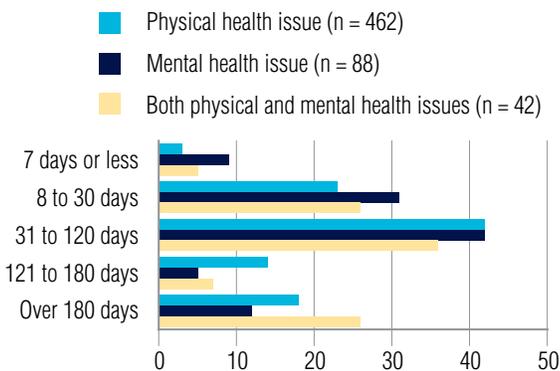
⁵ Thorpe and Chénier, *Building Mentally Healthy Workplaces*, 5.

Chart 20
Length of Leave of Absence
(n = 609; per cent of respondents)



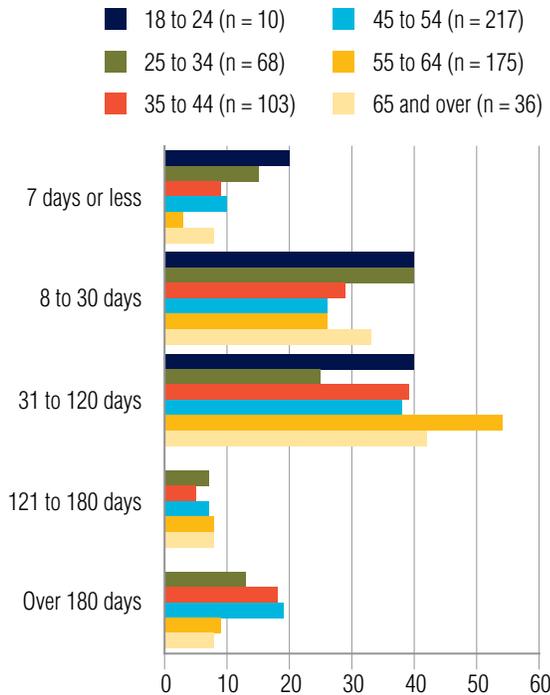
Source: The Conference Board of Canada.

Chart 21
Length of Leave, by Type of Leave of Absence
(per cent)



Source: The Conference Board of Canada.

Chart 22
Length of Leave, by Age
(per cent)



Source: The Conference Board of Canada.

DIFFICULTIES IN GETTING MEDICAL TREATMENT WHEN AN EMPLOYEE EXPERIENCES HEALTH ISSUES

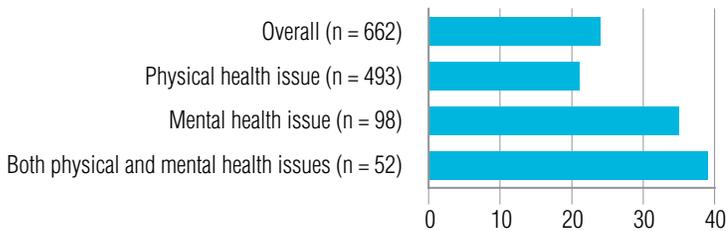
with previous research that has found that, while older workers tend to have fewer injuries, when they do have accidents, their injuries are more severe and they take longer to recuperate.⁸ However, employees who were 55 years old and over did not often take an extended leave of absence of more than 180 days. Workers over the age of 55 who are seriously injured or ill are more likely to permanently leave the workforce. In order to retain this vital, experienced segment of their workforce, employers will need to develop disability management programs structured around mature workers.

Almost one-quarter of employees off work on a health-related leave of absence had difficulties getting the right medical treatment when they first experienced a health issue. Challenges included getting timely appointments with a family doctor or medical specialist or getting access to the right medication.

Employees with a mental health issue were significantly more likely to have had difficulties getting the right medical treatment than those with a physical health issue. However, as shown in Chart 23, employees with both physical and mental health issues had an even greater difficulty accessing the right treatment.

8 McDonald and Harder, "Older Workers and Disability Management."

Chart 23
Difficulties Getting Right Medical Treatment, by Type of Leave
(per cent of respondents)



Source: The Conference Board of Canada.

To better support employees with mental health issues and promote their safe and timely return to work, employers may need to consider implementing programs and practices that enable these employees to receive more timely medical treatment. For example, employers could work with their benefit providers to ensure that their benefit plans offer easy access to treatments and programs for their employees. Employers need to carefully weigh cost-benefit data to determine whether there is a positive return to paying for treatment that would otherwise delay an employee's recovery effort. In the long run, the upfront costs can either lead to lower overall costs as a result of a reduction in the employee's length of absence or effectively avoid an absence altogether.

Employees working in health (19 per cent), education (20 per cent), or government (22 per cent) were much less likely to have had difficulty receiving the right medical treatment when they first experienced a health issue. It is interesting to note, however, that these three industries experienced the three highest absenteeism rates in 2012.⁹ Employees working in transportation and utilities (33 per cent), construction (32 per cent), and retail and wholesale trade (30 per cent) were the most likely to have had difficulty getting the right medical treatment.

9 Stewart, *Missing in Action*.

Private sector employees (27 per cent) were more likely to have difficulty accessing the right medical treatment when they first experienced a medical issue than public sector employees (21 per cent).

As well, employees working in smaller organizations¹⁰ were more likely to report difficulties (29 per cent) accessing the right medical treatment than employees in mid- (22 per cent) or large-sized organizations (23 per cent). As discussed in Chapter 6, small organizations are less likely to have written policies and procedures on disability management, which may make it more difficult for employees to know where to go for assistance when faced with a health issue.

Finally, employees in British Columbia (32 per cent), Ontario (27 per cent), and the Atlantic provinces (25 per cent) were more likely to have difficulty accessing the right medical treatment than in other regions of Canada. In fact, only 19 per cent of employees in Alberta, 20 per cent of those in Quebec, and 21 per cent of those in the Prairie provinces reported experiencing challenges accessing the right medical treatment.

COULD THE LEAVE OF ABSENCE FROM WORK HAVE BEEN AVOIDED?

Among employees who experienced difficulty accessing the right medical treatment, more than two-thirds did not believe that timely and accurate medical treatment would have helped them avoid a leave of absence from work. However, a significant minority (31 per cent) believed that the right medical treatment would have prevented their leave of absence. (See Chart 24.)

Once again, employees with a mental health issue have a much different perspective on whether their leave of absence could have been prevented by timely medical

10 For the purpose of this research, a small organization is defined as having fewer than 50 employees, a mid-sized organization has between 50 and 499 employees, and a large-sized organization has 500 or more employees.

treatment, as opposed to those who experienced a physical health issue. As shown in Chart 24, while 35 per cent of employees who experienced a mental health issue believed that the right medical treatment at the onset of their condition could have prevented their leave of absence, only 26 per cent of those with a physical health issue believed this was the case. Half of those with both physical and mental health issues believed a leave could have been avoided with timely medical treatment.

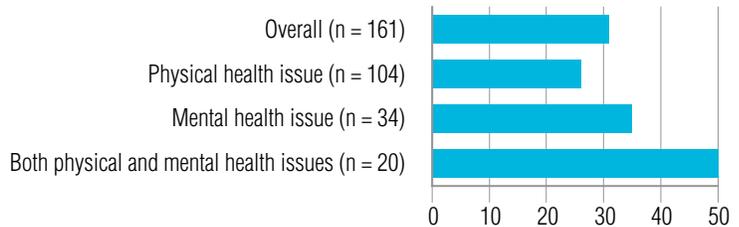
Employees who reported taking a shorter leave of absence (of 7 days or less) were more likely to believe that timely medical treatment at the onset of their condition could have prevented their need to take time off work to recuperate. (See Chart 25.) Health conditions requiring a short-term leave of absence are often much less complex than those requiring long-term absences from work. Proper treatment at the onset of these conditions could have a profound impact on absenteeism rates within organizations—once again illustrating the need for a disability prevention and management program for short-term and casual absences, as well as long-term leaves.

For about a third of employees, the right medical treatment at the onset of their condition could have prevented their leave of absence.

Employees believed that the right medical treatment could have reduced time away from work because they would have received a proper diagnosis sooner, and with the use of the correct medicine could potentially have avoided surgery or a severe illness. Employers should work with their benefit providers to ensure that there are reduced barriers in place for employees and their health care professionals, making it possible for employees to access the most appropriate medical treatment or medicine.

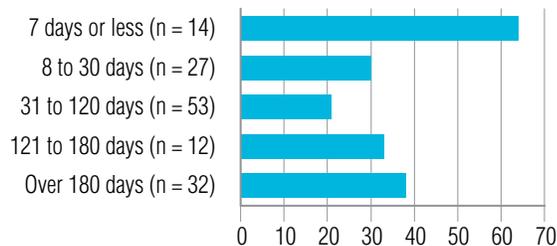
The majority of employees (71 per cent) did not believe that their employers could have done anything differently to avoid their leave of absence from work. With the exception of hiring internal medical personnel,

Chart 24
Correct Medical Treatment Could Have Prevented Leave of Absence, by Type of Leave
(per cent of respondents)



Source: The Conference Board of Canada.

Chart 25
Correct Medical Treatment Could Have Prevented Leave of Absence, by Length of Leave
(per cent of respondents)



Source: The Conference Board of Canada.

employees did not readily envision ways in which their employer might facilitate access to the right medical treatment (either access to medical practitioners or medications). However, some employees offered suggestions on how they could have been better supported by their employers. Suggestions included:

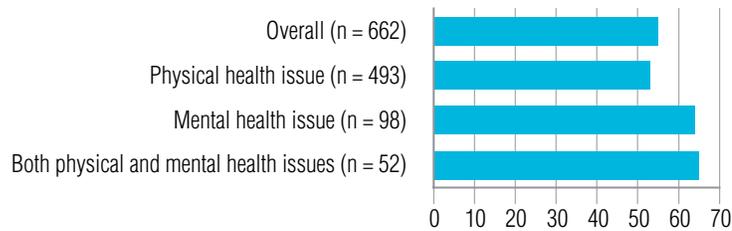
- ◆ providing accommodation, modified work, and flexible work arrangements (10 per cent);
- ◆ being more trusting and more supportive of employees who are on a leave of absence (7 per cent);
- ◆ ensuring that supervisors have the skills required to manage people and that they create a workplace free of harassment (3 per cent);
- ◆ providing a less stressful work environment (2 per cent);
- ◆ focusing more on prevention (e.g., better safety training, cleaner work sites, better equipment) (2 per cent);

- ♦ ensuring that the number of employees is sufficient to cover the workload (2 per cent);
- ♦ providing more resources and better access to existing resources (2 per cent);
- ♦ hiring medical personnel (1 per cent).

MEDICAL INFORMATION PROVIDED BY EMPLOYEES DURING A LEAVE OF ABSENCE FROM WORK

Approximately half (55 per cent) of employees were required to provide regular medical information on their condition while on a leave of absence from work. (See Chart 26.) This medical information may have included a doctor's note, an attending physician's statement, or an assessment of the employee's cognitive and/or physical capacities.

Chart 26
Provision of Regular Medical Information, by Type of Leave
(per cent of respondents)



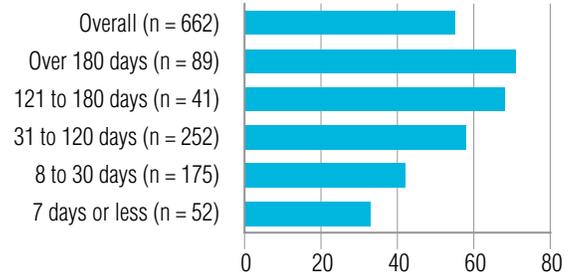
Source: The Conference Board of Canada.

Often the medical information is provided directly to the company responsible for adjudicating the employee's short- or long-term disability claim. For confidentiality reasons, specific medical information, including the individual's diagnosis, may often not be shared with the employer. In cases where claims are adjudicated by employers internally, this information is often held by a specific group of medically licensed individuals (e.g., occupational health nurses, onsite physician). The information cannot be shared broadly with the organization's HR department or with the employee's supervisor.

Employees with mental health issues were more likely to be required to provide regular medical information to substantiate their absence than those with physical health issues. Requirements for medical information were even more rigorous when employees were on a leave of absence due to both a physical and mental health issue. As shown in Chart 21, in the case of a mental health issue, a longer leave of absence from work was often required.

The longer an employee was absent from work, the more likely that the employee was required to provide regular medical information to the employer or case manager. (See Chart 27.)

Chart 27
Provision of Regular Medical Information,
by Length of Leave
(per cent of respondents)



Source: The Conference Board of Canada.

Employees in the public sector (59 per cent) as well as unionized workers (59 per cent) were more likely to be required to provide regular medical information than employees in the private sector (53 per cent) or employees who did not belong to a union (52 per cent). For unionized employees, the requirement to provide medical notes when away from work may be specified in the collective agreement.

Large organizations were more likely to require employees on medical leave to substantiate their illness. (See Chart 28.) As shown in Chapter 6, large organizations tend to have more formal, structured, documented disability management programs in place, and these

programs often specify the employees' responsibilities with respect to providing medical information to substantiate their illness.

CHALLENGES FACED BY EMPLOYEES TO PROVIDE REGULAR MEDICAL INFORMATION

Most employees (82 per cent) did not experience any challenges in providing their employer with the necessary medical documentation to support their illness. In fact, less than a fifth of employees who were asked to provide regular medical information while on a health-related leave of absence from work reported any challenges getting this information. (See Chart 29.)

When employees did encounter difficulties in providing the required medical information, it tended to be related to the extra costs associated with getting the forms completed by a doctor (32 per cent), resistance from physicians to filling out the forms (24 per cent), how time-consuming the process was for employees (18 per cent), and the difficulty in accessing a doctor to have the forms completed (16 per cent). (See Table 11.) Employers can work with their benefit providers to reduce the number of unnecessary or redundant forms that employees are required to fill out. This can be a great time-saver for an employee, who may have to spend additional time off work to have this paperwork completed by a doctor.

Half of the employees (50 per cent) who reported challenges in regularly providing the medical information required by their employer or case manager believed that these challenges made it more difficult for them to return to work in a timely manner.

THE USE OF INDEPENDENT MEDICAL EXAMINATIONS

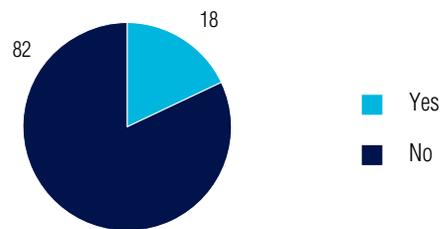
One of the obstacles encountered by a very small proportion of employees (3 per cent) was that the diagnosis of the employee's family doctor was challenged. In cases where there may be a difference of opinion regarding an employee's medical status, employees may be asked to undertake an independent medical

Chart 28
Provision of Regular Medical Information, by Size of Employer
(per cent of respondents)



Source: The Conference Board of Canada.

Chart 29
Challenges Getting Medical Information
(n = 362; per cent of respondents)



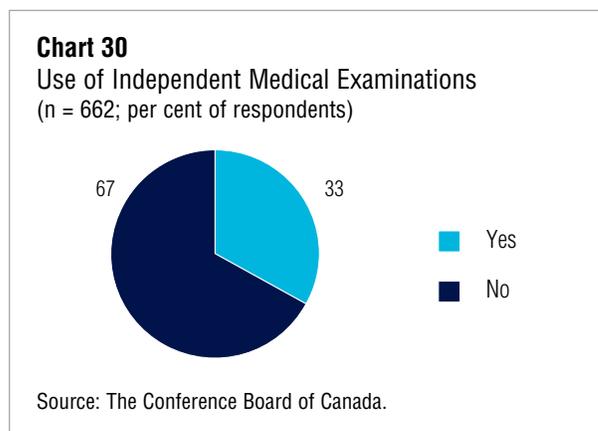
Source: The Conference Board of Canada.

Table 11
Challenges Encountered Getting Medical Information
(n = 62; per cent of respondents)

Cost of forms high/extra costs	32
Doctor reluctant to fill out forms	24
Process time consuming	18
Hard to access doctors	16
Forms are complicated/too many forms required	11
Delays in getting forms completed	11
Same information requested repeatedly	7
Information provided by doctor is insufficient	7
Process not easy for ill/injured person	7
Diagnosis was challenged	3
Not allowed to select doctor	2
Other	11

Source: The Conference Board of Canada.

examination (IME). During an IME, the employee is examined by a doctor, or other health professional, who has not previously been involved in his or her care. This allows the employer or insurance carrier to obtain an independent opinion of the individual’s medical status. IMEs can also be used in a more facilitative manner to assist a primary caregiver with treatment recommendations. As shown in Chart 30, one-third of employees (33 per cent) who had taken a leave of absence for a health-related reason were asked to undergo an independent medical examination. This research did not explore the reasons why an IME was requested.



REMAINING IN CONTACT WHILE THE EMPLOYEE IS ON LEAVE

To successfully return an employee to work as quickly and safely as possible after a leave of absence, it is recommended that the employer stay in touch with the employee while he or she is on leave. This helps the employee remain connected to the workplace.

Three-quarters of employees were contacted by a representative of their organization while they were on a leave of absence. Most frequently, employees were contacted by their direct supervisor (33 per cent) or a work colleague (30 per cent). (See Chart 31.)

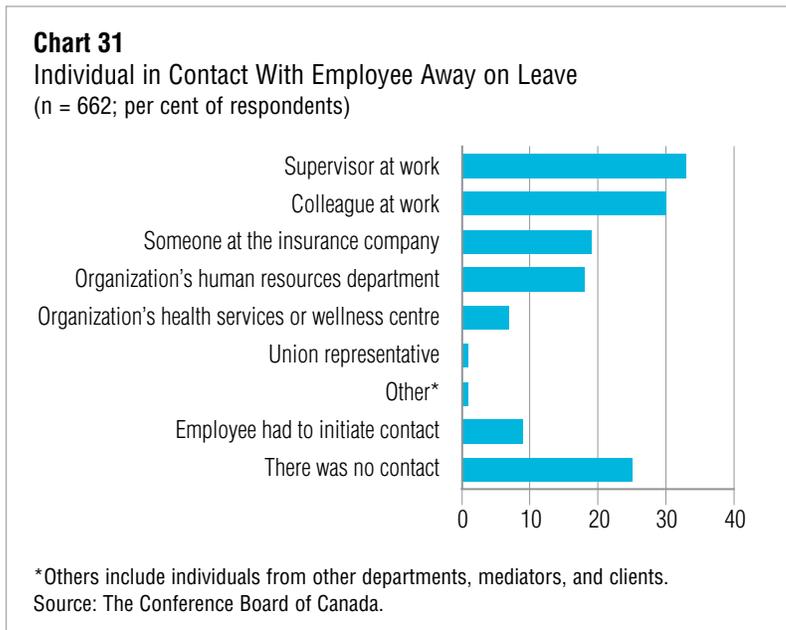
To successfully return employees to work as quickly and safely as possible, employers should stay in touch with the employee while he or she is on leave.

The employees on leave were usually contacted weekly or monthly, which coincided with the employees’ preferences. (See Chart 32.) However, a significant minority of employees—17 per cent—preferred to receive no contact from their employer.

Employers primarily contacted employees by telephone or e-mail while they were on a leave of absence from work. These forms of communication tended to be the employees’ preferred method. (See Chart 33.)

Although all employees preferred to be contacted by telephone, younger employees were the most receptive to communicating with their employers by e-mail while on a leave of absence. Older employees generally preferred in-person visits. (See Table 12.)

The majority of employees (74 per cent) believed that this contact with their employer was somewhat useful during their leave of absence from work. (See Chart 34.)



The contact tended to be viewed in a positive light by employees when they felt they were being supported by their organization (for example, if the contact helped the employer and the employee work together to design a more accurate and effective return-to-work plan). Employees also enjoyed being kept informed on recent developments in their work environments and with their colleagues. This type of communication helped to make them feel connected with their workplace. (See Table 13.)

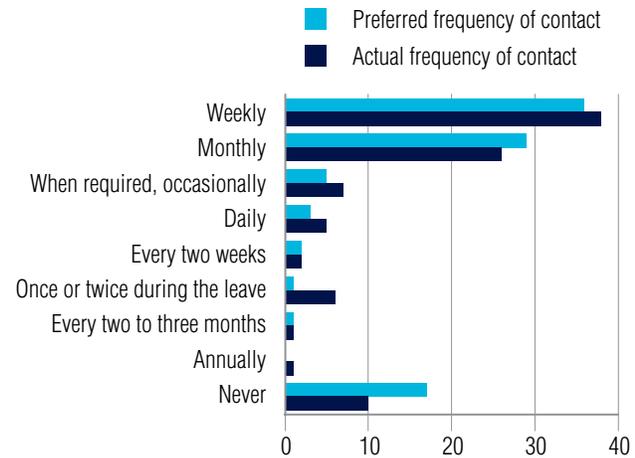
It is important for employees to believe that the employer is contacting them to check on their well-being—not to pressure them to return to the workplace.

One-quarter of the employees (25 per cent) did not find contact with their employer to be useful while they were on a leave of absence. For these employees, the contact tended to be more administrative than supportive. As shown in Table 13, they felt pressured to return to work too quickly; the contact was stressful; and the employees believed the employer did not trust them. It is important for employees to believe that the employer is contacting them to check on their well-being—not to pressure them to return to the workplace.

IMPACT OF MEDICAL LEAVE ON CAREER SUCCESS

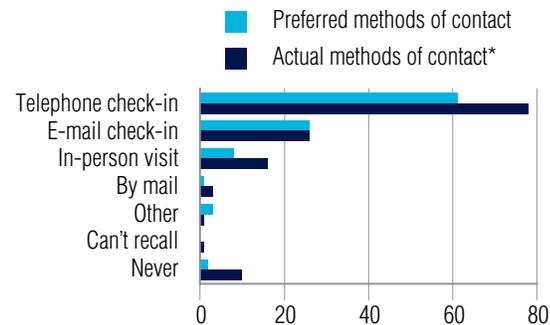
Most employees believed their success at work would be influenced, at least to some extent, if they were off work due to a physical health issue, and would be most affected in situations where the leave of absence was long or when they are off work for a short period of time but on multiple occasions—as might be the case for employees with episodic disabilities such as multiple sclerosis or arthritis. (See Table 14.) (For a definition of an episodic disability, see box “Episodic Disability.”)

Chart 32
Frequency of Contact
(n = 436; per cent of respondents)



Source: The Conference Board of Canada.

Chart 33
Methods of Contact
(n = 436; per cent of respondents)



*Totals do not add up to 100 per cent since respondents could list more than one method of contact.

Source: The Conference Board of Canada.

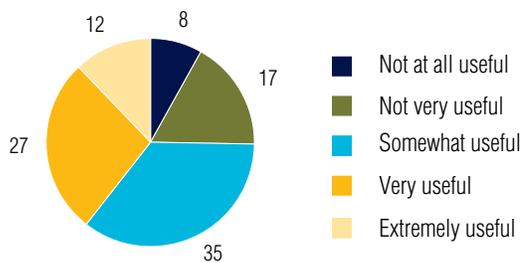
Moreover, employees believe their success at work would be influenced to an even greater extent if they were off work due to a mental health issue. (See Table 15.)

Table 12
Preferred Methods of Contact, by Age
(per cent of respondents)

	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and over
Telephone check-in	57	58	58	64	63	52
Email check-in	43	33	36	21	23	16
In-person visit	0	6	1	8	9	28
By mail	0	0	0	2	1	0
Other*	0	2	4	3	3	4
Never	0	0	1	3	2	0

*Others include combinations of the methods above.
Source: The Conference Board of Canada.

Chart 34
Usefulness of Contact
(n = 394; per cent of respondents)



Note: Total may not add up to 100 due to rounding.
Source: The Conference Board of Canada.

In general, employees working in the private sector were more concerned about their future career prospects in the event they would have to take either a short- or long-term physical or mental health leave. However, employees in both sectors were equally concerned about the career impact of taking occasional but repeated time off work due to a physical or mental health issue.

Across all types of leaves of absence, unionized employees were less concerned about the absence affecting their success at work. Due to their union membership, these employees enjoy a number of

Table 13
Top Reasons Contact Was Helpful/Not Helpful
(n = 60; per cent of respondents)

Reasons contact seen as helpful	Reasons contact seen as not helpful
<ul style="list-style-type: none"> ◆ Employee felt supported by organization ◆ Helped with return-to-work plan, kept organization updated on condition ◆ Kept employee in the loop, contact with colleagues was welcome 	<ul style="list-style-type: none"> ◆ More administrative than supportive ◆ Was stressful, disruptive ◆ Contact was unwanted ◆ People called who did not know the case details ◆ Emphasis was on specifying date of return to work instead of employee well-being ◆ Employee felt harassed, not trusted

Source: The Conference Board of Canada.

Table 14

Perceived Impact of Physical Health Leave on Career Success
(n = 2,004; per cent of respondents)

To what extent do you feel that your success at work (e.g., promotions, raises, job security) would be influenced in each of the following circumstances:	Not at all	To a small extent	To some extent	To a great extent	To a very great extent	Don't know
You were off work for less than 6 months due to a physical health issue	31	16	24	11	10	8
You were off work for more than 6 months due to a physical health issue	24	11	22	18	17	8
You were occasionally but repeatedly off work due to a physical health issue	21	12	25	20	15	8

Note: Total may not add up to 100 due to rounding.
Source: The Conference Board of Canada.

Episodic Disability

An episodic disability is a physical or mental illness that is unpredictably recurrent and affects a person's ability to actively engage in social activities and employment environments. Episodic disabilities are marked by fluctuating periods and degrees of wellness and disability. Since these periods of wellness and disability are unpredictable, a person may move in and out of the labour force in an unpredictable manner.

Source: Canadian Working Group on HIV and Rehabilitation.

additional protections. For example, collective agreements often contain clauses related to job security and outline procedures for disciplinary action and termination. Unionized employees are also able to file a grievance if they believe they have been wrongfully penalized for a legitimate medical absence.

While concerns were relatively consistent across job levels, individuals in senior management roles believed their work success would be more greatly affected in

Table 15

Perceived Impact of Mental Health Leave on Career Success
(n = 2,004; per cent of respondents)

To what extent do you feel that your success at work (e.g., promotions, raises, job security) would be influenced in each of the following circumstances:	Not at all	To a small extent	To some extent	To a great extent	To a very great extent	Don't know
You were off work for less than 6 months due to a mental health issue	24	14	25	13	14	10
You were off work for more than 6 months due to a mental health issue	20	9	20	20	22	10
You were occasionally but repeatedly off work due to a mental health issue	19	10	20	20	21	10

Source: The Conference Board of Canada.

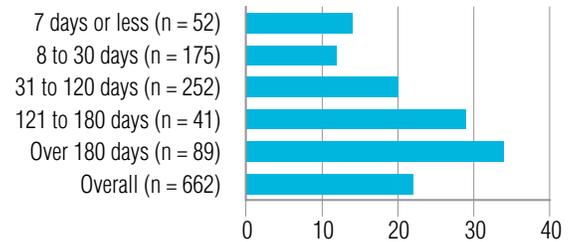
the case of repeated absences due to a physical condition as well as an absence as a result of a mental health issue. It is likely that this group of senior-level managers believes the organization expects them to be models of reliability and have the ability to handle the stress and responsibility of their job. Whether or not this perception is accurate, senior executives were more fearful than others that their success would be negatively influenced by such an absence.

Across all dimensions, employees working in Ontario and British Columbia were more concerned about the implications of being off work. These results may be influenced by current economic events. Given that economies in these provinces have struggled to rebound post-recession, employment prospects are not as strong as elsewhere. As well, with abundant workers in many sectors, employees may worry about being viewed as expendable by their employer.

Specific things that concern employees include:

- ♦ limited advancement;
- ♦ being unable to do the work required;
- ♦ being less productive at work;
- ♦ being replaced;
- ♦ not having a backup;
- ♦ being fired, asked to leave, or asked to retire;
- ♦ being looked down upon or perceived as unreliable;
- ♦ negative performance evaluations;

Chart 36
Negative Impact on Career Success, by Length of Leave
(per cent of employees)



Source: The Conference Board of Canada.

- ♦ losing out on opportunities or experiences;
- ♦ being transferred;
- ♦ given less responsibility or poorer duties (e.g., bad shifts, fewer clients, modified work);
- ♦ limited raises or bonuses.

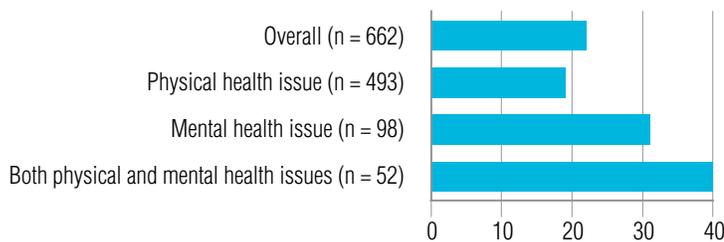
The above section highlights the fears that employees have about the potential impact of a leave of absence on their career success. But how do employees who have actually taken a disability leave report the absence has affected them?

Twenty-two per cent of individuals who had taken a leave of absence from work believed that the medical leave has negatively affected their career success. (See Chart 35.)

As well, employees were considerably more likely to indicate that the leave of absence had negative consequences on their career success in circumstances where the leave was related to a mental health issue (31 per cent) or both a physical and mental health issue (40 per cent).

A leave of absence for more than 180 days was believed to have had the greatest impact on an employee's career success. (See Chart 36.)

Chart 35
Negative Impact on Career Success, by Type of Leave
(per cent of respondents)



Source: The Conference Board of Canada.

The negative impacts on an employee's career ranged from long-lasting stigma or negative views about competence, to limited opportunities for promotions, to fewer opportunities at work including being assigned less desirable assignments or being given fewer or less desirable shifts, to losing their job (being fired, laid off, replaced, or encouraged to exit the organization). (See Table 16.)

Table 16
Negative Impacts on Career
(n = 136; per cent of respondents)

Stigma/negative views toward employee	26
Limited career advancement, promotions, or seniority	23
Limited opportunities at work (e.g., types of assignments)	22
Lost job (i.e., fired, laid off, replaced, encouraged to leave)	18
Lower salary increases, bonus	13
Employee's functional abilities were limited	6
Negative performance reviews	4
Worsened relationship with supervisor, senior leaders, colleagues	2
Other	9

Source: The Conference Board of Canada.

Opportunities for Employer Action

- ◆ Ensure your disability management program includes early intervention and stay-at-work practices for casual absences as well.
- ◆ Put specific programs in place for older workers who may take longer to recuperate and are in danger of leaving the workforce permanently.
- ◆ Work with benefit plan providers to ensure employees have access to the right medications and services to facilitate a quick recovery.
- ◆ Consider whether there is a business case to be made for paying for more timely access to treatment programs for individual employees. Many organizations find this to be cost-effective for certain groups of individuals such as executives.
- ◆ Push for medical information that is sufficient for disability management purposes.
- ◆ Work with benefit providers to reduce unnecessary or redundant forms.
- ◆ Consider covering the cost associated with having standard forms that employees are required to have completed.
- ◆ Be clear about how you plan to keep in touch with employees while they are off work. Negotiate the specifics about who will be in contact, how they will be contacted, and how often.
- ◆ Tailor the communications plan to individuals as well as their circumstances. For example, younger individuals may prefer e-mail communication, while employees on longer leaves may require less frequent contact.
- ◆ Keep contact with employees supportive, without creating guilt or pressure to return.
- ◆ Encourage supportive outreach by colleagues.
- ◆ Promote understanding among managers of “invisible” health conditions such as mental health issues. Ensure managers are also familiar with episodic disabilities to debunk myths and reduce stigma.

Chapter 8

The Role of Managers in Effective Disability Management

Chapter Summary

- ◆ Two-thirds of managers have received some training or support on how to effectively manage employees with health conditions. Managers are receptive to more training, particularly on how to recognize mental health issues in employees.
- ◆ Managers feel confident in their ability to discuss health conditions with employees and to direct them to the appropriate supports. Employees generally agree, but believe that managers are better equipped to provide assistance for physical health issues rather than mental health issues.
- ◆ Employees are less comfortable talking about mental health issues with their supervisor.

Organizations are increasingly beginning to recognize that significant productivity returns can come from investing in front-line managers.

Managers do make a difference. They provide a vital connection between the strategy envisioned by senior management and the employees on the ground who are executing that strategy.

Previous research by the Conference Board outlines the wide-ranging roles for managers. These roles encompass:

- ◆ executing strategy and delivering results;
- ◆ leading, motivating, and inspiring people to perform exceptionally;
- ◆ managing, developing, and retaining key talent;
- ◆ building relationships and influencing others;
- ◆ building, leading, and participating in teams.¹

But how well equipped are managers to take on these diverse roles and responsibilities? And how much organizational support do they receive to help them effectively manage employees experiencing physical or mental health issues or to help employees navigate the organization's disability management process?

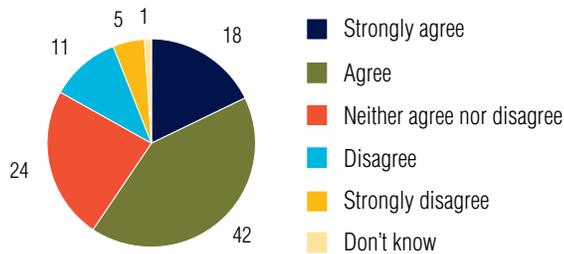
PREPARING MANAGERS FOR THEIR ROLE

Six in 10 managers (60 per cent) say they receive the organizational support they need in their role as a people manager. (See Chart 37.)

Two-thirds (66 per cent) of managers have received some support from their organization to help them more effectively manage employees with health issues. Specifically, nearly half (45 per cent) have been provided with procedures or guidelines to follow if a

¹ Booth and Farquhar, *Leading from the Middle*.

Chart 37
Organizational Support for Role as People Managers
(n = 727; per cent of respondents)



Note: Total may not add up to 100 due to rounding.
Source: The Conference Board of Canada.

direct report requires a leave of absence from work. One-third (35 per cent) have also received information on their role and responsibilities as a manager when an employee is away on a leave of absence.

Managers were least likely to have received information on the role and responsibilities of other parties (case managers, medical professionals, etc.) while an employee is away on leave. This is important information for managers to have as these individuals are often the main point of contact while an employee is off work. They also help to make employees aware of how the various stakeholders need to work together to ensure a smooth transition while an employee is away from work and when the employee returns.

As highlighted in previous research by the Conference Board,² few managers (17 per cent) have received training on how to recognize mental health issues in others.

One-third of managers (34 per cent) have not received any information or support on how to manage employees with health issues that may result in a leave of absence. (See Table 17.)

Table 17
Disability Management Information Received by Supervisors
(n = 727; per cent of respondents)

Procedures or guidelines to follow if a direct report requires a leave of absence from work	45
Your role and responsibilities when an employee is on a leave of absence from work because of a health issue	35
Accommodation measures that are available within your organization	26
External and internal preventive supports and resources available to employees with health issues	25
Training on how to have conversations with employees who come forward to ask for assistance because of a health issue	24
External and internal supports and resources available to employees who take a leave of absence from work	22
Return-to-work program	22
The effect of a leave of absence on an employee's benefits (e.g., prescription drug coverage, dental coverage)	21
Training on how to recognize mental health issues in employees	17
The health care provider's role and responsibilities while the employee is on leave	16
The case manager's role and responsibilities while the employee is on leave	16
Other	4
No information or support has been provided	34

Source: The Conference Board of Canada.

Most managers are receptive to receiving more training and support related to effective disability management. Specific areas where managers would like additional information and support include:

- ♦ training on how to recognize mental health issues in employees (34 per cent);
- ♦ training on how to have conversations with employees who come forward and ask for assistance due to a health issue (26 per cent);
- ♦ preventive supports and resources available to employees with health issues (22 per cent);
- ♦ supports and resources available to employees who need to take a leave of absence from work (21 per cent);
- ♦ accommodation measures (21 per cent).

2 Thorpe and Chénier, *Building Mentally Healthy Workplaces*, 19.

ARE MANAGERS EQUIPPED TO SUPPORT EMPLOYEES?

THE VIEW OF MANAGERS

Despite their desire for additional training and support, managers were confident in their abilities to effectively manage employees who have a health issue that may necessitate a leave of absence. Overall, 84 per cent of managers said they would feel comfortable discussing the issue with an employee who directly reports to them. More than three-quarters of managers (76 per cent) agree they would be able to direct staff to the appropriate preventive supports and 75 per cent would know how to proceed if an employee required a leave of absence from work. (See Table 18.)

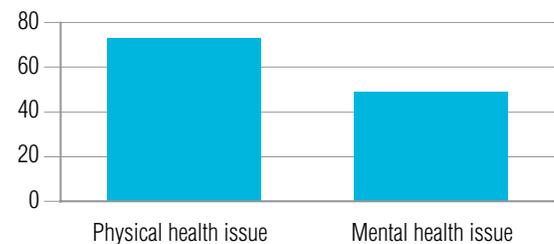
THE VIEW OF EMPLOYEES

As outlined in Chapter 4, managers' self-assessment of their ability to direct staff to disability management resources was relatively well aligned with employees' perceptions (Chart 6). However, employees believed that managers are more effective at dealing with physical health issues compared to mental health issues. Two-thirds of employees (67 per cent) agreed that their immediate supervisor would be able to guide them to the right resources if they were experiencing physical health issues. But only 53 per cent of employees believed their immediate supervisor could provide

assistance if they were experiencing a mental health issue that was challenging their ability to continue to work.

Employees were also less comfortable discussing mental health issues with their immediate supervisor. Nearly three-quarters (73 per cent) of employees would be comfortable working with their supervisor to find a solution in the face of a physical health issue that challenged their ability to continue working, while less than half (49 per cent) of those facing mental health issues would be comfortable having this conversation with their manager. (See Chart 38.) (Previous research discovered that employees believe it would be futile to discuss mental health issues with their supervisors; see box "Why Are Employees Reluctant to Discuss Mental Health Issues?")

Chart 38
Comfort Discussing Issues With Supervisor
(n = 2,004; per cent of respondents who strongly agree/agree)



Source: The Conference Board of Canada.

Table 18
Supervisor Readiness
(n = 727; per cent of respondents)

If one of the employees I supervise experienced health issues that could require a leave of absence from work:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
I would feel comfortable discussing it with the employee.	1	3	11	50	34	2
I would be able to direct the employee to the appropriate supports that may prevent the need for a leave of absence.	2	6	15	46	29	2
I would know how to proceed if the employee required a leave of absence from work.	1	9	13	47	28	2

Note: Total may not add up to 100 due to rounding.
Source: The Conference Board of Canada.

Why Are Employees Reluctant to Discuss Mental Health Issues?

In addition to the barriers that exist for employees to disclosing a mental health issue, research conducted by The Conference Board of Canada in 2011 found that employees often do not discuss mental health issues with their supervisors because they believe such efforts would be futile. They do not believe that managers are equipped to assist them if they were to experience a mental health issue.

The research found that:

- ◆ 29 per cent of employees believe their manager is knowledgeable about mental health;
- ◆ 26 per cent believe their manager is effective at managing mental health issues;
- ◆ 36 per cent believe it would be helpful to be able discuss their mental health issue with their manager.

Source: Thorpe and Chénier, *Building Mentally Healthy Workplaces*, 19.

No significant variations were found by age or gender with respect to employees' comfort in discussing either physical or mental health issues with their supervisor.

Individuals in both senior management and middle management positions reported they would be more comfortable discussing both physical and mental health issues with their own manager should they challenge their ability to continue working. Senior individuals may feel a higher degree of job security than others given their relationship to those at the top. Organizations also face greater difficulty in replacing individuals in these senior roles in terms of both the average length of vacancies and cost to hire.³

Individuals working in smaller organizations were also more comfortable raising both physical and mental health issues that might require time away from work. Several factors might explain this finding: Some smaller organizations promote a “family” culture, fostering closer personal relationships at work; as well, individuals may believe that their personal contributions are more broadly known throughout the organization, giving them a feeling of additional job security.

Interestingly, individuals working in unionized environments were not more comfortable discussing physical or mental health issues with their supervisors than people working in a non-unionized environment. In fact, it is workers in non-unionized, private sector companies who report being most comfortable discussing mental health issues.

Opportunities for Employer Action

- ◆ When hiring or promoting individuals into management positions, select individuals who are strong people managers.
- ◆ Create the right cultural conditions where employees feel comfortable discussing their physical or mental health needs with their supervisor.
- ◆ Train managers on disability management practices, including the roles and responsibilities of *all* parties in the process.
- ◆ Make sure managers know how to access the full range of resources and supports, including preventive services and available accommodations.
- ◆ Provide targeted training on mental health.
- ◆ Ensure employees are aware of the training received by managers to boost their confidence.

3 Cowan and Wright, *Human Resources Trends and Metrics*, 22.

Chapter 9

Accommodation and Return to Work

Chapter Summary

- ◆ Employers have a legal responsibility to accommodate employees with disabilities and appear to be doing an effective job at accommodating most of those in need in a timely manner.
- ◆ Only 41 per cent of workplaces have formal return-to-work programs in place. Supportive return-to-work practices are particularly lacking for employees returning from a leave of absence due to a mental health issue.
- ◆ Despite a lack of formal return-to-work programs, more than three-quarters of employees have experienced a successful reintegration into the workplace.

Employers have legal responsibilities under the *Canadian Human Rights Act* to accommodate employees in the workplace so that they can “work to the best of their ability.” Accommodations must be provided unless doing so provides “undue hardship” to the employer.¹ However, the threshold for “undue hardship” is quite high, particularly for large-sized employers where the risk of insolvency due to a specific accommodation would be low.

1 Canadian Human Rights Commission, *Duty to Accommodate*.

Whether it is for a physical or a mental health issue, the employer’s duty to accommodate is theoretically the same. With physical issues, the appropriate accommodations are more obvious: They include, for example, the implementation of ergonomic workstation designs and adjustments to the height of work surfaces, the use of special software or technological devices, the provision of assistive equipment or aids, changes in work demands or schedules, or the implementation of building modifications such as ramps and rails.²

The appropriate accommodations for mental health issues are often less apparent, thereby posing unique challenges for employers and employees. Mental health issues include a wide range of conditions, and as a result call for a wide variety of accommodations, including:

- ◆ time off for appointments;
- ◆ modified work hours/shifts;
- ◆ modified working conditions (e.g., quiet workspace, telework).³

Most accommodation measures are fairly inexpensive to put into practice, but employers need to be flexible, creative, and open to change.⁴ (For tips on how

2 Williams, *Accommodation Quick Reference*.

3 Payne and Fenton, *Accommodating Mental Illness*, 1.

4 Mental Health Works, *Accommodations*.

Accommodating Employees With Substance Abuse Issues/Addictions

Alcoholism and drug addiction are disabilities, and employees with these addictions should be appropriately accommodated in the workplace.

Accommodations could include:

- ◆ ensuring sufficient paid or unpaid leave to get medical treatment;
- ◆ providing time off or flexible working hours to allow for appointments or to attend support meetings;
- ◆ modifying job duties, supervisory/management styles, work styles, or workload to reduce stress;
- ◆ managing fatigue (e.g., reducing or eliminating physical demands, providing rest breaks);
- ◆ reducing workplace distractions to aid with concentration (e.g., uninterrupted work time, private work space);
- ◆ limiting exposure to alcohol or drugs in the workplace either by providing extra supervision or by reassigning to another position.

An upcoming study by The Conference Board of Canada will focus on substance abuse and dependency in the workplace in greater detail.

Source: Batiste, *Accommodation and Compliance Series: Employees with Drug Addiction*.

to accommodate employees with substance abuse or addiction issues, see box “Accommodating Employees with Substance Abuse Issues/Addictions.”)

When designing appropriate workplace accommodations, employers sometimes face challenges due to the tension between the employer’s need for adequate

information and the employee’s right to privacy.⁵ Since the employee knows more about his or her needs than anyone else, communication between the employer and employee is key to a successful accommodation process. Employees can help their employer by being concrete and specific about which accommodations are needed. When an employee clearly defines what is required and puts it in writing, the employer is in the best position to be able to implement effective and supportive accommodations. A partnership approach is the most effective.⁶

It can also be challenging for employers to create accommodation strategies that allow for recurrences and relapses. These types of accommodations, which take into consideration the possibility that the condition will recur, are particularly necessary for employees who are dealing with episodic disabilities.

While approximately half (54 per cent) of employees agreed that proper accommodations are provided in the workplace for employees with physical health issues, less than one-third (32 per cent) agreed that employees with mental health issues are accommodated in the workplace. (See Table 19.) However, the actual experiences of employees requiring accommodations demonstrate that, in most cases, accommodations are being provided by employers in a timely manner.

5 Roper Greyell, *What to Do*, 4.

6 National Institute of Disability Management and Research, *Disability Management in the Workplace*, 154–55.

Table 19
Provision of Workplace Accommodations
(n = 2,004; per cent of respondents)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
My organization provides accommodations in the workplace for employees with physical health issues.	8	14	15	39	15	10
My organization provides accommodations in the workplace for employees with mental health issues.	11	18	20	23	9	19

Source: The Conference Board of Canada.

Of the employees surveyed who had taken a leave of absence, 35 per cent required either a temporary or permanent workplace accommodation in order to return to work. These included modified work hours, telework, or other changes to the working conditions.

Among employees who required accommodations in the workplace:

- ◆ Nearly three-quarters (72 per cent) said the accommodations were provided in a timely manner.
- ◆ In 12 per cent of cases, the accommodations were provided, but it was a very lengthy process.
- ◆ For 17 per cent of employees in need, no workplace accommodations were provided by the employer.

Several employees commented that their physician needed to get involved in order to ensure that the proper accommodations were put in place. This input from the health care professional could include, for example, a detailed assessment of the employee's abilities and limitations—which helps to ensure that the employee's recovery is not hindered by coming back to the workplace. Others commented that while the accommodations were put in place at the outset, they only lasted for a short while.

RETURN TO WORK

Returning to work after any kind of absence presents challenges for employers and employees alike. Employers can help employees return to work as soon as possible when on a health-related leave of absence by attempting to find modified work duties that the employees can perform (within their health care professional's restrictions) while they are still recovering from their illness, injury, or disability.

Emotionally, many employees find it difficult to return to the workplace after a mental health-related absence. Previous research conducted by the Conference Board found that employees often experience feelings of personal inadequacy, guilt, shame, and embarrassment

after having been absent due to a mental health issue.⁷ This makes organizational support for employees even more critical upon their return to work. As well, transitioning back to work can be difficult for employees who have been off work due to a physical health issue.

Employers frequently encounter challenges during the return-to-work process because of organizational silos. For example, in some organizations, the person responsible for supporting an employee's return to work may reside within the organization's human resources, occupational health and safety, or disability management department. Often this individual has no authority over the employee's supervisor, who is responsible for putting the return-to-work plan into action.⁸

Employees often experience feelings of personal inadequacy, guilt, shame, and embarrassment after having been absent due to a mental health issue.

It can also be challenging for supervisors to support team members through a colleague's return-to-work process.⁹ An entire work team is affected when an employee is absent from the workplace due to a health condition. Feelings of resentment may surface from co-workers who had to take on additional tasks during their colleague's absence. This resentment may persist if the employee is returned to work with accommodations that are seen to provide preferential treatment. On the other hand, in a supportive work environment, co-workers may play an important role in helping the returning employee organize and complete his or her day-to-day tasks.¹⁰

7 Thorpe and Chénier, *Building Mentally Healthy Workplaces*, 24.

8 Baynton, *Return to Work Strategies for Supporting the Supervisor*, 1.

9 Baynton, *Return to Work: Addressing Co-Worker Reactions*, 2.

10 Institute for Work & Health, "Co-workers Play an Important, but Sometimes "Invisible" Role."

Table 20
Return-to-Work Support
(n = 2,004; per cent of respondents)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
My organization provides support to help employees with physical health issues return to work as safely and quickly as possible after a leave of absence from work.	9	12	18	38	13	11
My organization provides support to help employees with mental health issues return to work as safely and quickly as possible after a leave of absence from work.	12	16	20	26	7	18

Source: The Conference Board of Canada.

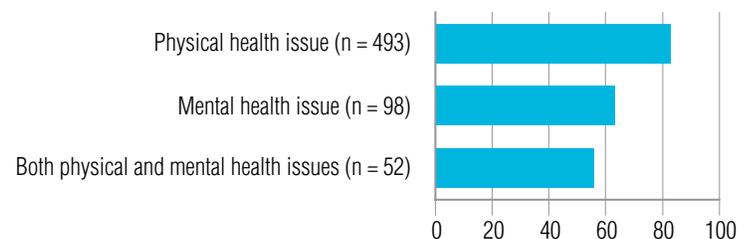
Supervisors need to ensure that they prepare co-workers prior to an employee’s return. The team needs to know what to expect, how to act, which questions they should or should not ask, and what arrangements have been made for the employee.

Just over half of employees (51 per cent) believed that their organization provides support to help employees with physical health issues return to work as safely and quickly as possible after a leave of absence from work. However, only 34 per cent of employees agreed that return-to-work supports are provided to those who have been absent due to a mental health issue. (See Table 20.)

Of the employees surveyed who had taken a leave of absence, only 41 per cent indicated that their employer had a formal return-to-work program in place. In cases where such a program was available, 7 in 10 employees were able to make use of it.

Despite the lack of formal return-to-work programs, more than three-quarters of employees (77 per cent) indicated that their return to work was successful. Employees who took a leave of absence due to either a mental health issue or both a physical and mental health issue were significantly less likely to report a successful return to work. (See Chart 39.)

Chart 39
Successful Return to Work
(per cent of respondents)



Source: The Conference Board of Canada.

Opportunities for Employer Action

- ◆ Focus on employees' abilities rather than their limitations.
- ◆ Be creative and open to new ideas when accommodating employees.
- ◆ Ask employees to be concrete and specific about what they need in terms of accommodations.
- ◆ Make sure accommodations are put in place in a timely manner and remain in effect until a formal re-evaluation is conducted. Don't let the accommodations "fall off" in the meantime.
- ◆ Create a formal return-to-work program.
- ◆ Look for modified duties that employees can perform when they return to work. A predefined "job bank" can be effective.
- ◆ Carefully plan an employee's return to work with an individual plan of action.
- ◆ Plan in advance how recurrences and relapses will be handled upon employees' return.
- ◆ Prepare co-workers for an employee's return to work by having discussions in advance about what impact the individual's return will have on other employees' workload and job duties.
- ◆ Make the first day back a positive experience. Welcome the employees warmly. Brief them on any changes that have occurred since they left. Review the return-to-work plan and discuss expectations relating to workload, duties, and performance.

Chapter 10

Conclusion

Chapter Summary

- ◆ Absenteeism is costly to employers, society, and individual employees who are off work.
- ◆ Instituting the appropriate policies and programs is necessary but not sufficient for employers to be able to effect change. Without a workplace culture that supports the right behaviours, efforts to curb absenteeism will fail.
- ◆ The payoff potential is enormous if employers can keep a clear focus on the desired outcomes and work toward those goals in collaboration with internal and external partners.

Absenteeism is a silent productivity killer for organizations around the world, and Canada is no exception. Canadian employers spend, on average, 2.4 per cent of gross annual payroll every year in wages for employees missing in action.¹ The direct costs of absenteeism alone to our economy totalled 16.6 billion dollars in 2011.² Absenteeism is an

issue that affects not only employers and the economy, but also employees. Individuals away from work often suffer tremendous consequences, including lost earnings and reduced quality of life.³

Employers' hands do not need to be tied when it comes to managing absenteeism and the resulting lost productivity. Many employee absences can be avoided or shortened through appropriate prevention, treatment, disability management, and return-to-work programs.

This report demonstrates that some employers have a steeper hill to climb in terms of managing absenteeism. Many smaller employers, non-unionized workplaces, and organizations in the personal services, retail/wholesale trade, and construction sectors do need greater focus on this important and costly issue. That said, while larger employers, unionized workplaces, and public sector organizations have more comprehensive programs, this hasn't translated into lower absenteeism rates. This highlights the need to tackle not only disability management policies but also the implementation of these policies. Without the right supporting culture, efforts to curb absenteeism and boost productivity will not be successful.

1 Stewart, *Missing in Action*, 13.

2 Ibid.

3 Chénier, *Creating an Effective Workplace Disability Management Program*, 6.

Not all employee absences are avoidable, and managing health conditions in the workplace is certainly no easy task. Absences range from employees being away for a few days due to a cold or flu, to employees requiring long-term absences to address serious health issues such as cancer or a major depression. The policies and programs that employers put in place must be able to address this wide range of health conditions and circumstances.

The challenges for employers are numerous and can be daunting to tackle. Many employers have difficulty:

- ♦ tracking absences;
- ♦ substantiating absences;
- ♦ addressing the workplace culture;
- ♦ engaging supervisors to address attendance concerns;
- ♦ ensuring consistency in the application of policies.

The good news for employers is that it is possible to effect change. The employers whom we profiled in our series of case studies share several common keys to success:

- ♦ focus on prevention;
- ♦ identify the predominant health risk factors that could lead to absenteeism;
- ♦ intervene at the earliest possible stage in an absence;
- ♦ design a benefit program that promotes the desired behaviours;
- ♦ communicate clearly and honestly about attendance expectations, roles, and policies.

Addressing deeply rooted beliefs and behaviours around absenteeism requires patience, persistence, collaboration (both internally and with external stakeholders), and a clear focus on the outcomes desired. But change is possible and the payoff can be significant.

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Appendix A

Methodology and Respondent Profile

Between February 18 and March 5, 2013, The Conference Board of Canada surveyed a total of 2,004 individuals using an online panel provider. These individuals were currently employed, either on a part- or full-time basis. The research did not include individuals who were currently unemployed or self-employed. The survey respondents included 727 individuals who supervise or manage other employees.

The survey questionnaire was available in both English and French.

Based on Statistics Canada census data, quotas were set by region, consistent with the total employed labour force. The regions were:

- ◆ British Columbia and Yukon
- ◆ Alberta and Northwest Territories
- ◆ Saskatchewan, Manitoba, and Nunavut
- ◆ Ontario
- ◆ Quebec
- ◆ Atlantic (New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador)

Quotas were also set by the age and gender of respondents. The expected response rate within each region, age, and gender was taken into consideration during the development of the respondent sample. Since the respondent profile by region, age, and gender was consistent with the profile of employed Canadians, the final results were not weighted. (For the complete respondent profile, see Table 21 on page 52.)

Table 21
Respondent Profile
(n = 2,004)

Characteristics of respondents	Percentage	Characteristics of respondents	Percentage
Leaves of absence from work due to health issues		Employee group	
Employees who have taken a leave	33	Senior management	10
For a physical health issue	77	Middle/line manager, supervisor	12
For a mental health issue	15	Professional—technical and non-technical	30
For both physical and mental health issues	8	Technician, skilled tradesperson	8
Employees who have not taken a leave	67	Sales, service, labour, and production	22
		Clerical and support	19
Region of residence		Management responsibility	
Atlantic	10	Supervisors	36
Quebec	25	Non-supervisory employees	64
Ontario	32		
Prairies/Nunavut	10	Size of employer	
Alberta/Northwest Territories	10	Small (fewer than 50 employees)	24
British Columbia/Yukon	13	Medium (50 to 499 employees)	24
		Large (500 or more employees)	42
Gender		Not reported	10
Male	46	Sector	
Female	54	Private sector	64
		Public sector	36
Age		Employer industrial classification	
18 to 24 years old	4	Natural resources, including oil and gas	3
25 to 34 years old	15	Manufacturing	8
35 to 44 years old	20	Construction	4
45 to 54 years old	34	High technology	4
55 to 64 years old	22	Communications and telecommunications	4
65 years old and over	5	Transportation and utilities	6
		Finance, insurance, and real estate	7
Employment status		Retail and wholesale trade	11
Permanent full-time	75	Education	12
Full-time contract, term, or seasonal	5	Health	9
Permanent part-time	13	Government	12
Part-time contract, term, seasonal	4	Not-for-profit	5
Casual	2	Services—accommodation, food, personal	7
		Services—professional, scientific, technical	9
Union membership			
Unionized	32		
Non-unionized	68		

Note: Total may not add up to 100 due to rounding.
Source: The Conference Board of Canada.

Appendix B

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