

THE WORKPLACE

Workplace injury, protracted disability and work absence,^{196,197} secondary injury¹⁹⁸ and long-tail claims are all preventable, to some degree, via changes at work. The key is greater understanding and better management of the impact of workplace psychosocial factors on recovery and RTW.

In this section, the following is explored:

- Role the workplace plays in recovery and RTW.
- Importance of early worker contact and the role of the supervisor and RTW coordinator.
- Importance of workplace culture.
- Need for senior management engagement.
- Approaches that can improve recovery and RTW.

The role of the workplace in managing work injury

Many important claim milestones occur at work. The workplace is usually the site of injury and injury prevention, first response, injury reporting, claims submission and injury management activities, including sick leave coordination, identifying modified duties/work accommodations and on-the-job recovery. Employers also influence insurers' perceptions of the legitimacy of claims.

The way in which the workplace manages these compensation claim milestones affects claim outcomes. Key figures involved in workplace injury management are the injured worker, their immediate supervisor, the RTW coordinator, and senior management, who – like the workers' compensation regulator for the scheme as a whole – have a strong influence over injury management culture.

Fairness, delays, disputes, trust, information, communication and locus of control are as (if not more) influential at work as they are in the broader scheme. Other psychosocial influences are specific to the workplace; these are discussed below. Employers may be frustrated by claims, particularly if they consider they are funding claims that are non-meritorious or occur through low-level work contributions to an underlying health condition.

The Collaborative Partnership in Australia has called for the development of principles of the role of employers to facilitate RTW and how to work positively with GPs to improve RTW.²⁸

How the workplace influences recovery and RTW

Workplace factors are a central influence on RTW outcomes – more influential, according to research and stakeholders, than scheme operation, case management and the individual characteristics of the worker.^{62,199,200} Workers' compensation stakeholders in Australia and elsewhere have said that the workplace is the single greatest influence on RTW outcomes.^{199,200}

Figure 6 below highlights a pivotal workplace psychosocial factor: post-injury workplace contact with the worker. RTW is more likely when the employer makes early contact with the injured employee. However, only 59% of the 2013 and 2014 RTW Survey participants (the total number of participants was 9,377) included in the Australian data reported their workplace had contacted them about their injury. This dropped to 36% of employees who lodged a psychological claim.¹⁹

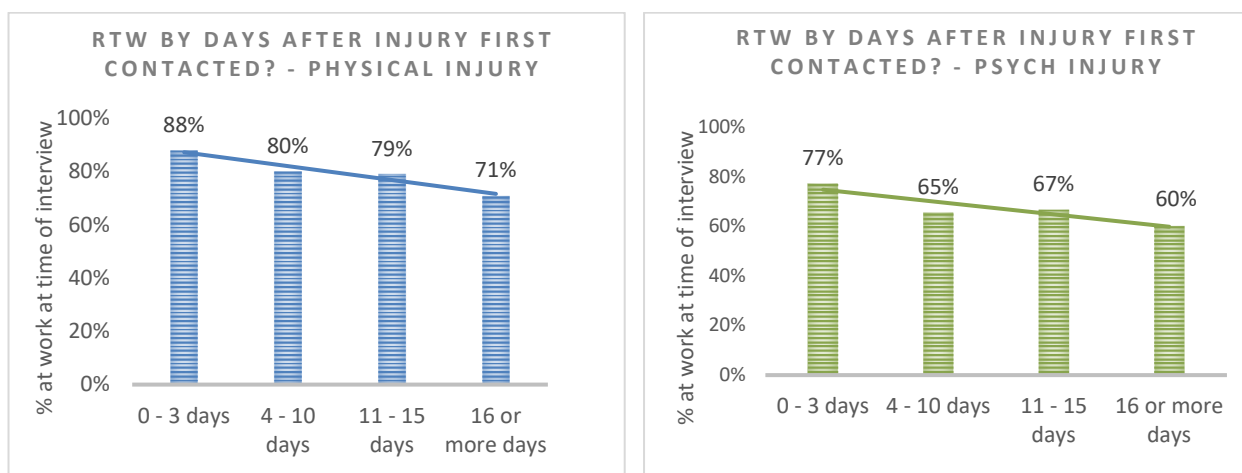


Figure 6. Percentage of workers who had RTW and time from injury to first contact by workplace, by injury type.

Reprinted from “Return to work: A comparison of psychological and physical injury claims: Analysis of the Return to Work Survey Results,” by M. Wyatt and T. Lane, 2017, Safe Work Australia.

In Aotearoa New Zealand, the ACC has a ‘stay at work’ service which works with everyone involved – the worker, the employer, case managers, rehabilitation specialists and treatment providers – to find solutions to help injured workers recover at work and to remain engaged with their normal lives.²⁰¹

Other important factors come into play immediately after injury:

- Timeliness of injury reporting, which affects business costs and speed of RTW.^{202,203}

- Supervisor response to injury, which may be empathetic and supportive or angry and suspicious, and has been shown to influence recovery and perceptions of fairness.^{159,204}
- Decisions about whether to take time off, ignore the injury, or attempt supported recovery at work.¹⁶⁰
- RTW planning.²⁰²
- Identification, management and adjustment of suitable duties and other work modifications.^{202,205}

For complex, long-term, long-tail claims, other workplace factors dominate, including:

- Quality of communications between the injured worker and RTW coordinator.²⁰²
- Support from colleagues and supervisors.²⁰⁶

The workplace environment prior to injury

Many other influential workplace factors exist. Some are in place prior to injury, for example:

- Job satisfaction.²⁰⁰
- Control over the work performed.²⁰⁰
- Pre-existing levels of support from colleagues and supervisors.²⁰⁶
- Relevant stigmas (e.g. against claiming workers' compensation, or people with mental health conditions).²⁰⁷
- Poor workplace culture, which increases the risk of new onset depression.²⁰⁸
- Employers' fiscal strategies, which help determine the level of support available to injured workers.⁵⁹

Organisations that do not manage such factors, termed psychosocial hazards, may also face consequences from failing to comply with legal duties. Legislative obligations to manage workplace psychosocial hazards are increasing, including during the RTW period. SafeWork NSW has released a code of practice that specifies some of these duties.²⁰⁹ Similar projects are underway in Western Australia²¹⁰ and the Australian Capital Territory,²¹¹ and other jurisdictions are likely to follow.

Wellbeing at work can be promoted in many ways, including in cost-effective multi-component health promotion interventions. For instance, compared to a control group, workers participating in an intervention combining diverse approaches (personalised health and wellbeing information and advice, a health risk appraisal questionnaire, access to a tailored health improvement web portal, wellness literature, and seminars and workshops focused on identified wellness issues) had significantly lower stress levels and less absenteeism and presenteeism. A United Kingdom review found the return on investment with such an approach was 9:1.²¹² Another United Kingdom review of investment in mental health, conducted in 2020, found an average return of 5:1, and that this had increased from a ratio of 4:1 in 2017.²¹³

Since 2017, there have been positive changes in approaches to workplace mental health. These include a shift, among large employers, towards talking more openly about mental health at work and providing greater support to staff.

Workplace obstacles to recovery and RTW

Barriers for injured workers

In the Healthcare section of this paper, personal psychosocial factors that affect the way an employee deals with injury and RTW are discussed. If a worker is not motivated to RTW,

outcomes are likely to be poor. Poor outcomes are also likely if the worker doesn't feel that RTW is a safe and valid option.

Workplace psychosocial factors influence these attitudes. If the worker feels blamed or disbelieved, if they feel they will be pressured to perform tasks that jeopardise recovery, or if they sense hostility from colleagues, motivation may flag and worry grow, increasing the risk of poor outcomes.^{168,214-216}

Challenges of supervising recovery and RTW

Supervisors and line managers are often first to know about a work injury. Their response sets the tone for the claim that follows, be it suspicion and conflict or trust and support.^{159,204,217,218}

Supervisors report injuries, manage workplace accommodations and modified duties, and are expected to minimise the impact of injury on colleagues and production.^{169,219,220}

However, many supervisors say they lack the necessary skills, training, aptitudes and support to meet these responsibilities in a way that promotes recovery and RTW.²²¹

Simultaneously supporting a returning worker, ensuring that the team hits productivity targets and keeping co-workers onside is a big ask. As a result of these conflicting responsibilities, some supervisors view injured workers with frustration or suspicion. Such attitudes are contagious; co-workers tend to follow the lead of the supervisor. These kinds of workplace dynamics have a measurable impact on RTW outcomes.²⁰⁶

In many smaller businesses, the supervisor deals with work injuries without the support of an RTW coordinator, making their role even more important. For example, in NSW 70% of workplaces are small businesses and do not have an RTW coordinator. Claims are less common in small businesses and supervisors may be unaware of key aspects of support, such as early contact. Early external support through workplace rehabilitation providers may enhance RTW effectiveness.

Challenges for RTW coordinators

Similar to case managers, RTW coordinators juggle relationships with many stakeholders and must balance competing interests in order to promote recovery and RTW. The RTW coordinator acts as the bridge between the employee and the workplace. Managerial *and* psychosocial skills are important for success.^{20,222-224}

Key responsibilities of RTW coordinators include:

- Developing and implementing RTW programs.

- Educating the workforce.
- Identifying suitable duties.
- Preparing RTW plans.
- Informing injured workers about RTW processes and workers' compensation rights and responsibilities.
- Liaising with the treating doctor and other treating practitioners.
- Maintaining injury and RTW statistics.
- Developing policies to improve injury management systems.

However, Australian RTW coordinators say their training is insufficient for the demands of their role.²²⁵ In particular, they assert that:

- Training is focused on the legislation rather than the human (soft) skills so important to their role.
- Specialised trainers with expertise in RTW should be used.
- After the short training course required in most jurisdictions, there is little opportunity for ongoing learning. Newcomers to the field can find it hard to get support from more experienced coordinators. There are few opportunities for networking, particularly for coordinators in small to medium-sized organisations.

Challenges for senior managers

Senior management exert influence over a plethora of workplace factors (quality of work, workplace culture, attitudes towards mental health, productivity imperatives, investment in upskilling and training) that influence recovery and RTW.²¹⁸ More directly, senior management has input into injury management policies and shape the culture around work injury and workers' compensation. The support of senior management helps embed new RTW approaches into their organisation and overcome resistance to change.²²⁶

However, the boards and senior management teams of many organisations lack expertise in injury management. There may be little understanding of:

- Psychosocial influences on recovery and RTW.
- Costs of poor management.
- Strategies and approaches that improve claims outcomes.

Improving workplace injury management: some promising approaches

Proactive identification and management of psychosocial barriers to RTW

Early identification and management of psychosocial barriers to recovery and RTW are associated with better outcomes for workers. Psychosocial barriers can be personal as well as specific to the workplace (e.g. poorly designed modified duties). Methods for identifying and managing psychosocial barriers are discussed in the Healthcare section of this document.

Equipping and enabling supervisors to better manage injury and RTW

Australian research has established that supervisors in high-claim industries want comprehensive training programs that cover the knowledge, skills and behaviours which support RTW.²²¹ Research from the United States of America has shown that supervisors who receive such training are more confident in managing work injury. Reductions in claims and lost time due to injury have also been documented.²²⁷

Relevant supervisor skills include:²²¹

- Human (soft) skills, such as listening and communication.
- Developing trust and responsiveness.
- Reintegrating the employee with an injury back into the workplace.
- Understanding the challenges workers with an injury face.
- An understanding of ergonomics, so that work activities can be modified to support recovery at work.

Further, a Swedish study found that when supervisors and high-risk injured workers were offered collaborative training in problem-solving and communication:²²⁸

- Half as many employees reported work absence due to pain, compared to treatment as usual.
- Less than a third as many days of work were lost compared to usual care.
- Half as many follow-up healthcare visits were needed, compared to usual care.

The role of the supervisor is even more important in workplaces that do not have an RTW Coordinator.

RTW Coordinators

RTW coordinators who adeptly manage suitable duties and other work modifications obtain better RTW outcomes.^{202,205} The quality of communications between the injured worker and RTW coordinators has an impact too.^{61,202}

Australian research has shown that RTW coordinators who create RTW plans with injured workers increase the likelihood of durable RTW, as do RTW coordinators who engage injured workers in low-to-no-stress interactions. The impact of RTW planning is particularly pronounced for short-term claims. For longer-term claims (e.g. at six months), good interactions with the RTW coordinator nearly double the odds of RTW, while RTW plans do not make a meaningful difference. Ten months after injury, workers who report stressful interactions with their RTW coordinator are no more likely to be back at work than workers with no RTW coordinator.⁶¹

Importantly, there is an appetite for learning in the industry. RTW coordinators have said they want more help in developing the human (soft) skills needed for the role, including interpersonal skills (e.g. conflict management and good communication skills).^{222,229} RTW coordinators particularly value opportunities to learn from one another.²²⁵

Managing psychosocial risks at work

The legislative obligations to provide a safe psychosocial working environment are accompanied by a growing number of resources intended to help organisations identify, assess and control psychosocial risks at work. In 2021, Safe Work Australia released *People at Work*,²³⁰ a free, online, validated psychosocial risk assessment survey assessing some of the most common workplace psychosocial hazards. The hazards assessed are emotional demands, role ambiguity, role conflict, role overload, group relationship conflict, group task conflict, job control, supervisor support, co-worker support, praise and recognition, procedural justice, change consultation, workplace bullying, and work-related violence and aggression.²³¹ *People at Work* is jointly funded by Comcare, Safe Work Australia, SafeWork NSW, SafeWork SA, WorkCover Tasmania Board, Work Health and Safety Commissioner ACT, Workplace Health and Safety Queensland, NT WorkSafe, WorkSafe Victoria and WorkSafe in Western Australia.

Other resources include information about industry-specific psychosocial hazards and factors released by Workplace Health and Safety Queensland;²³² fact sheets covering work-related stress, bullying, violence, fatigue and sexual harassment from WorkSafe Victoria; updated information on workplace stress and its psychosocial causes from SafeWork SA;²³³ information about COVID-19-related psychosocial risks from WorkSafe ACT;²³⁴ and

podcasts and videos from the Department of Mines, Industry Regulation and Safety in Western Australia.²³⁵

*Measuring for mentally healthy workplaces: a practical guide for medium to large organisations*²³⁶ is a tool to assist workplaces understand how they can gather and use data to evaluate their workplace using a broader suite of measures.

Barriers to change include a lack of understanding about the impact of a negative workplace environment, tight fiscal environments and risk appetite within the organisation. Change may be most challenging for workplaces with the highest need. Workplaces may have many psychosocial risk factors because of systemic low regard for protecting or supporting worker health. These workplaces may be unlikely to invest in training or support RTW. It may be more appropriate to manage these workplaces through regulatory enforcement, rather than education about business cases or training programs.

Implementation considerations include competing priorities, year-to-year budget cycles and a tendency to focus on immediate priorities rather than long-term benefits. Evidence that establishes a business case for focusing on relevant longer-term outcomes and investment in workforce planning and design may benefit RTW outcomes.

A system culture of collaboration

In Canada, an intervention that hinged on collaboration between union representatives and a large healthcare organisation to develop an RTW plan led to a 50% decrease in disability duration.^{169,217} Economic benefits of contact between the workplace and treating practitioners have also been established.²⁰² Overall, RTW-enhancing interventions work best when they have a multidisciplinary approach.^{26,168}

Informed, engaged senior management

Senior management activities that improve injury management include requesting reports or information from lower-level managers, being available for problem-solving if barriers to RTW persist, and demonstrating an interest in injury management and RTW.²¹

A Victorian study of the impact of organisational injury management policies found the following organisational governance factors were associated with better RTW results:²²⁹

- Regular reporting on RTW to the board of directors.
- Regular reviews by senior managers of RTW performance.
- Regular reviews by supervisors and line managers of RTW plans and the progress of occupational rehabilitation.

- Training for managers and employees in workplace health and safety and RTW procedures.
- An organisational infrastructure for employee wellbeing.

Engagement of senior managers can be enhanced by clear reporting on the costs of poor RTW practices. Comparison to the industry average provides managers with a clear sense of how their organisation is tracking in terms of injury management and RTW. It's also important to raise senior management's awareness of psychosocial risks.

Another tool for assessing the workplace is the psychosocial safety climate (PSC) survey.²³⁷ It measures employees' perception of senior management having prioritised their mental wellbeing by creating a psychologically healthy workplace.

The PSC survey explores employee perceptions of management commitment, the priority of mental health within the organisation, communication, and employee participation and involvement. It can predict:²³⁷⁻²⁴⁰

- Future work conditions, psychological health and engagement with other workers.
- Injury likelihood and under-reporting of work injuries.
- Sickness absence;
- Prosocial procedures (job design, social relations) that prevent bullying.
- Productivity loss.
- Future work absence after work injury.

Companies with low scores (poor psychosocial culture) have high claims costs and organisations with high scores (good culture) have low claims costs. Organisations with a low or moderate PSC have significantly more average days lost per workers' compensation claim than those with high PSC scores, as shown in Figure 7 below.

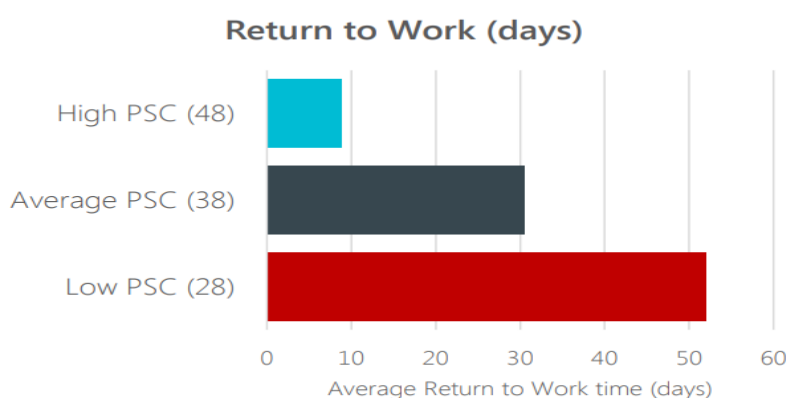


Figure 7. Average time to RTW by PSC score.

Reprinted from "Psychosocial and human capital costs on workplace productivity", Safe Work Australia by H. Becher and M.F. Dollard, 2015. www.safeworkaustralia.gov.au

Some jurisdictions have tried to influence workplaces via multi-modal campaigns, including using television advertisements. The NSW-based iCare currently provides excellent online information for employers (e.g. <https://www.icare.nsw.gov.au/news-and-stories/psychological-injury-at-work/#gref> – accessed 2/11/21). The long-term effectiveness of these approaches needs to be evaluated; sharing the results of such research will aid other jurisdictions.

Future directions: a learning loop between employers and insurers?

Another potential conduit for influencing and upskilling employers is the insurer or claims agent. The claims team interfaces with small, medium and large employers. The claims organisation is involved early with virtually all claims and, therefore, all employers. Medium and large employers will typically have their own systems for managing work injuries. Small employers have infrequent claims and are less likely to have systems in place when an injury occurs.

Could insurers be engaged to take a less reactive, more proactive approach? Could the insurer or claims manager spend part of their working week on preventative measures, identifying workplace issues that would benefit from better systems or upskilling of staff? This would require a revamp of the way the system operates. Such an approach would facilitate early identification and management of workplace issues. Insurers are well placed to help employers identify and fix gaps in their systems.

Research indicates messages are more likely to be heeded when all parties are receiving the same message. For example, when patients, medical practitioners and insurers received the same message about staying active with back pain, medical practitioners said it was easier to treat because patients had heard the same messages.¹⁴⁷

Moreover, teaching is an effective way of learning. With the insurers/claims agent focused on upskilling the employer and supporting greater cooperation, it is likely this will increase constructive responses from insurers or claims agents themselves.

Stakeholder feedback on an earlier draft of this paper showed that views on the appropriateness of insurers educating employers are mixed. Some indicate a key function of work injury schemes is to drive innovations and practices that foster good workplace practices. Insurers active in this space report that the understanding that comes from working with employers gives them insight into how workplaces function, and in turn their ability to service the employer and employees. However, others have suggested insurers are not sufficiently trained or independent to provide this service and that it should be undertaken by third parties.

Vocational programs

'Host' employer options, where the worker may be placed to support their rehabilitation if their normal employer does not have available duties, are provided in several jurisdictions. Potential enhancements to these programs may improve take-up in some jurisdictions. These include the development of portals on which employers who are interested in taking on injured workers for suitable duties can register to be part of the program, thereby streamlining administration.

Action areas

Scheme managers are likely to achieve the greatest improvement in workplace management of psychosocial factors by influencing broad organisational approaches to work, injury and recovery. These broad approaches shape the way co-workers and supervisors view and treat injured workers, as well as the perceptions and attitudes of injured workers.^{214,219,220,241}

Training and skill development

Development of short training modules for senior managers. These would enable advancement of the business case for managing psychosocial risks, demonstrating the return on investment for best practice injury management. Because the same principles apply across jurisdictions, the material could be made available nationally.

Similar skill development is applicable for governing boards. Directors benefit from an understanding of the impact of workplace culture and RTW interventions, and the value of their requests for information and relevant reports.

Further training, support and upskilling of RTW Coordinators. Regulators can take the lead in ensuring that RTW Coordinators are equipped to meet the challenges of the role and are able to access support when needed. Some jurisdictions already provide multiple opportunities for RTW Coordinator development through:

- Annual conferences.
- Webinars
- Meetings.
- Teams within the regulator to directly support RTW Coordinators and workplaces.

Other jurisdictions may wish to replicate or adapt these initiatives, bearing in mind that peer-to-peer learning is particularly valued in this sector.

Supervisor and line manager training

Face-to-face and 'just-in-time' online modules could be developed and used to train inexperienced supervisors in dealing with workers' compensation claims. Scheme managers

could consider supporting training providers to become engaged in line manager training. Alternatively, workplace rehabilitation providers could be employed to identify unhelpful supervisor or workplace practices. Once these are identified, organisations can take steps to improve them, or the workplace rehabilitation provider could upskill line managers individually or as a group.

Fostering effective organisational approaches

Minimising adversarial responses. Employers may benefit from more information and hard data about the costs of disputes.

Promoting good work and work design. Good work minimises workplace injuries and assists recovery and RTW, especially when there is an emphasis on the physical and psychosocial determinants of work quality.²⁴¹ Some jurisdictions are already taking this message to employers (e.g. icare's multi-modal campaign). Evaluation of the results of this approach would be useful for all.

Development and promulgation of the business case for small, medium and large employers may assist organisational leaders to implement better practices. Premium incentive schemes have already been used in some jurisdictions to influence employer approaches. The available psychosocial surveys could be used as the basis of an incentive scheme, but this would need to be undertaken carefully to ensure the validity of results.

Some jurisdictions conduct annual surveys of the psychosocial climate of the public sector.^{242,243} Those surveys could be used in a similar manner to foster improvements in work culture, with an expected reduction in work disability and time lost from work.

Revision of scheme funding models to more explicitly incentivise the use of best practice approaches within workplaces may assist. This may require research to identify discounts or tiered premium structures that more clearly link reduced costs to good practice.

Creative approaches to influence employers

Improving injury management practices.

Utilising insurer expertise to improve workplace injury management is a new approach worth exploring. Case manager expertise could be used to upskill employers, for example, by providing employers with training in best practice prevention, early intervention and RTW-promoting injury management strategies.

Educating employers on best practice workplace management can streamline RTW for an individual. Ideally, workplace practices should be improved so that prevention and early

intervention become the norm. If the workplace is supportive, over time the demands on the insurance case manager will be reduced. There will be less need for written agreements, fewer and less severe disputes, and fewer psychosocial obstacles to recovery and RTW to overcome.

Provision of just-in-time support and education are important for small employers, who are less likely to be skilled in work injury management and are less likely to be interested in injury management education prior to an injury, given their low frequency of claims experience.

Improving injury prevention.

While there is much insurers can do to improve their claims and case management, there is value in claims management organisations using their direct connections to also improve physical injury prevention/risk reduction.

The most recent Safe Work Australia workers' compensation statistics⁵⁶ show that:

- The frequency rate of injuries has plateaued in recent years after many years of steady decline.
- Each year there are around 110,000 workers seriously (defined as at least one week off work) injured in the course of undertaking work.
- Half of all injuries occur in the top four industries: construction, transport, manufacturing and health.
- The median direct cost of a workplace injury/claim is over \$12,500 (indirect costs around five times more). Note here that direct costs refer to initial wage replacement and initial medical expenses, and the impact on workers compensation premium. Indirect costs refer to staff replacement costs, lost productivity, supervisor time, admin, RTW Coordinator time, onboarding of replacement staff, and loss of goodwill.

Influencing or investing in injury prevention by those paying for claims, including the claims management teams, has the potential to reduce human and economic costs by minimising the number of injuries.

An example of an insurer seeking to reduce injuries is WorkCover Queensland's Injury Risk Reduction Initiatives (IRRI). Following a series of around 12 pilots per year over the last three years, the organisation is now partnering with industry and experts to deliver programs that are practical (e.g., young workers educating other young workers) and target specific risk areas. Some IRRI pilots are aimed at industrywide issues, some are employer specific and others are based on particular injury profiles and/or worker/employer demographics. Interim evaluations have shown promising results, such as improved attitudes to safety and reduction in claim numbers and costs.²⁴⁴

Key elements for better outcomes

Workplace culture

- ⇒ Reduce psychosocial hazards and promote wellbeing at work. Measure psychosocial hazards through validated questionnaires and use that information to minimise them. Enact policies to prevent workplace bullying, enhance workers' level of control over the work performed, provide workplace flexibility, reduce stigma related to mental health and work injury claims, and promote wellbeing through leadership and health promotion options.
- ⇒ Have RTW policies and procedures in place and ensure these are understood through induction and update training. Clarify roles and responsibilities of those involved in RTW, including workers, line managers, RTW coordinators, HR and senior managers.

RTW practices

- ⇒ Have a system for early reporting of work injuries that is personalised, ideally occurs within 24 hours, and allows for triaging for healthcare, early support and early discussions about stay at work or RTW.
- ⇒ Support workers with transport, where appropriate, following an injury, to assist them to attend hospital, a local medical practice or their usual GP.
- ⇒ Ensure suitable duties are offered and that the duties are meaningful. Where possible, foster stay at work. Modify normal duties and/or hours where possible, so the worker remains within their normal team.
- ⇒ Engage workers in identification of suitable duties. Facilitate the worker and supervisor working together on suitable duty modifications.
- ⇒ Ensure any restrictions recommended through certification are followed, helping the worker and maintaining the trust of the worker's treating practitioners.
- ⇒ Set goals for RTW and map out a RTW plan with the worker and supervisor.
- ⇒ Recognise that disputes and delays are demoralising for workers; identify what can be done to overcome delays and minimise disputes where possible.
- ⇒ Recognise that some workers may require extra support, especially those who are anxious or have low confidence, difficult relations with co-workers, or personal or family challenges. Encourage workers to take an active role in their recovery and RTW.

Foster the development of RTW skills in the workplace

- ⇒ Train supervisors in how to respond to injuries, noting their key role and impact. Key points include how to respond to the first report of injury, problem solving, communication, provision of suitable duties and workforce reintegration.
- ⇒ Support RTW Coordinators with further training in communication and influence, problem solving and RTW skills.
- ⇒ Report to and engage senior managers, including the board of directors, on injury and RTW performance measures, training for managers and workers in health and safety and RTW procedures, psychosocial hazards and approaches to support worker wellbeing. Ensure senior managers understand the cost of claims and the benefits of early effective support.

Integration with the employer's insurer

- ⇒ Recognise that RTW is improved by scheme participants working together. Align strategies regarding early intervention, identification of psychosocial barriers and RTW approaches. If no suitable duties are available at the workplace, consider host employer options to maintain work fitness and routines.
- ⇒ The insurer plays an active role in educating and skilling employers in injury prevention strategies, as well as injury management strategies.