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Rehabilitation and work reintegration within the disability claims management process: A South African Private Insurer Perspective

ABSTRACT

Background: Maintaining or promoting employment in the presence of disability or reducing the impact of disability on employability should be the adopted focus to decrease the negative impact that disability has on the economy and just as important on the livelihood and well-being of exposed insured individuals. Group risk disability insurance protects an employee's income when illness or injury result in work disability. To achieve this, factors that promote the success of rehabilitation and support for return-to-work of employees following illness and injury need to be understood from an insurance perspective.

Objectives: To explore principles of disability claims management during the rehabilitation and work reintegration stage using a multi-stakeholder approach for the purpose of successful return to work.

Methods: An exploratory qualitative design was used to collect data via semi-structured interviews with 26 purposively selected participants. Interviews were audio-recorded, data were transcribed and analysed thematically. Qualitative research was used to understand the necessary role players in the work reintegration process, factors that hinder and promote work reintegration and best practice principles for Disability Claims Management (DCM)

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

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

Implications for practice

- An integrated approach is required for optimal RTW outcomes as employers' policies restrict work integration.
- A collaborative approach by all role players involved in DCM, focusing on positive RTW outcomes is required in the RTW process
- Occupational therapists can influence employer incapacity and disability policies in order to keep people employed and productive in the presence of medical conditions with the application of reasonable accommodations where necessary.
- Occupational therapists are suitably positioned to outline workplace environment and other supports required to guide and support employees through rehabilitation and RTW and in ensuring that employees who can remain at work while on a partial or fully insured benefit, can engage optimally in aspects of work function.

INTRODUCTION

Work disability most often refers to the permanent inability to work, but it can also include temporary inability to work, sick leave, or reduced work hours¹. Work disability is a crucial health outcome measure of critical lifestyle importance to workers who suffer injury and chronic illness. Work disability is costly for workplaces, families, and society, and incurs enormous expenditures every year². Work reintegration forms a component of work disability management and is oriented towards returning an individual to work following injury or illness. Work reintegration includes treatment, rehabilitation, retraining, and early return to work (RTW) procedures³. One in 13 employees globally claim disability benefits⁴, reinforcing the frequency of insurance losses and necessitating strengthening insurance disability claims reserves⁵. Maintaining or promoting employment in the presence of Work disability is required to decrease the adverse effects on employees' economic livelihood and well-being. The ensuing review explores disability management (DM) in the context of rehabilitation and RTW following the admission of a disability claim within Group Risk Insurance.

In terms of disability claims management, employers provide group risk disability insurance to their employees as part of the employer's risk management strategy to provide income to employees if health or injury impacts workability. Based on the first author's background in the insurance industry, it seems evident that the responsibility for managing employees after illness or injury is a shared effort between the insurer and the employer. Consequently, Disability Claims Management - when an insured benefit is in effect - can be seen as a collaborative intervention approach between the employer and the insurer. Disability Management is also viewed as Disability Claims Management and is not limited to claims processing under the specific disability benefits plans, but includes the active management of claims. Disability Management is proactive and aimed at recovery and work reintegration, including the employer, the worker, private or state insurers, and healthcare professionals^{3,6}.

Role players in Disability Management (DM)

Teamwork, establishing expert interactions within a multidisciplinary team (MDT) including the employer, employee or employee's representative, and Disability Management (DM) rehabilitation service providers are essential for DM⁷, with cooperation between all stakeholders³ crucial. The interdisciplinary DM team may include employer representatives (safety managers, occupational health nurses, risk managers, human resources personnel, and operations managers), labour union representatives, the worker's treating physician, a rehabilitation case manager, an onsite physical or occupational therapist, the employee⁸ and insurer⁴. HR managers are responsible for developing organisational policies and providing advice or guidelines on labour issues to manage an employee with impairment or disability in the workplace⁸. Occupational therapists are essential in providing RTW recommendations, strategies, and job coaching⁹.

It has become common for insurers in South Africa to employ occupational therapists as claims assessors to ensure robust assessments considering the occupational impact of medical diagnoses¹⁰. The importance of disability claims assessors as role players in DCM has been identified as a central and integral factor in insurers' managing and improving claims experience. Assessment teams with more experienced assessors yielded higher claims termination rates than teams with less experienced assessors¹⁰.

In 2012, Reinsurance Group of America (RGA) conducted a survey which cited that 43% of South African insurers did not employ rehabilitation services to manage disability claims. This was in

marked contrast to the other regions surveyed (Australia, North America, and the UK). Over 80% in each market reported using rehabilitation services to manage disability claims¹⁰, indicating the need to strengthen RTW programmes and their uptake within the South African context. There is a growing need for DM rehabilitation service providers to be included in effective programmes in various workplace environments so that accommodations and RTW services can be managed efficiently and appropriately to allow employees with functional limitations in the workplace to remain employed^{7,11}.

Essential DM concepts and strategies

DM programmes that include a blended approach, that is, between organisations with proactive RTW interventions and individuals, limit the incidence of disability¹². The blended approach outlines integrated corporate leadership with management collaboration and timely RTW for employees, concepts essential in formulating and implementing a successful DM strategy⁸. Early during a claim, the insurance representative, treating doctor, and insured must help determine risk factors and barriers to returning to work, align expectations, and collectively agree on personalised interventions for optimal health recovery¹³.

Factors that impact Disability Management

Employers who assume ownership and responsibility for injured worker reintegration and worksite accommodations frequently use Disability Management (DM) programmes that include components for optimal disability management⁸. These components include an accurate understanding of the types of injury and illness that occur, the employer's timely response to the injury or illness, clear administrative policies and procedures, and the effective utilisation of health care and rehabilitation services⁸.

Disability management policy secures care for valued personnel; affected workers are back on the job as quickly as feasible to preserve productivity with meaningful employment, improve staff morale, reclaim their previous income levels, and improve the social well-being of the individual within the family unit⁴.

Employees are central to the reintegration process; a positive attitude toward work, a strong relationship with their employer, and appropriate physical and mental stress levels improve RTW¹⁴, including motivation to RTW¹⁰. A supportive, caring, and empathic supervisor with co-worker support⁹ and health-related messaging from family and friends, often referred as "significant others", is a significant factor influencing recovery and RTW¹⁴. The stigma associated with disability and impairment negatively impacts the disability management and RTW process¹⁵, including stigma from claims processes, colleagues, professional service providers and employers².

Injured persons who continue engaging in work activities have better outcomes than those off work¹⁴. If someone is off sick for six to 12 months, there is a 90% chance they will not return to work in the foreseeable future; if they are off for more than two years, they are more likely to retire or die than return to work⁴.

The experience of the insurance claims process impacts the RTW status and procedural fairness¹⁶; people who were not focused on compensation eligibility¹⁴ resulted in positive RTW outcomes. Supporting claims management through the insurance policy wording and benefits structure in successfully returning employees to work becomes collaborative with role players. The insurer's customer-oriented approach and involving customers actively in the planning and decision-making processes significantly positively affected rehabilitation and allowed the insurer to promote success¹⁷ effectively. The quality and range of resources available to the claims team and services available to assist the claimant also feature as factors that impact DM¹⁰, access to health-focused interventions related to the RTW is seen as an integral RTW

intervention¹⁸. Legislation in South Africa supports rehabilitation and return to work following disability⁹. There is, however, a lack of implementation and monitoring of policies that support RTW despite the existence of the policies⁹.

To consolidate an effective disability claims management pathway, we need to understand the factors that impact rehabilitation and work reintegration for injured and ill employees. Dermody and colleagues¹⁹ were confident that the key to improving outcomes in RTW lies in understanding the social and psychological factors that influence disability¹⁹. This speaks to a collaborative approach when integrating social and psychological factors. Employers, employees, and insurers are well-positioned to facilitate reintegration into work environments post-work disability. This article explores the experiences and perspectives of role players within disability claims management, factors that enable or restrict the disability claims management process and identifies the best practice principles required in an insurance disability management pathway during the rehabilitation and work reintegration stages.

METHODS

Study design

The methodology for this study referenced the Consolidated Criteria for Reporting Qualitative Studies (COREQ) according to the 32 items on the checklist, which is recommended for comprehensive reporting of qualitative studies²⁰.

Reflexivity and research team

The primary author is a qualified female occupational therapist with ten years' clinical experience spanning private and public healthcare and a further 13 years' experience in corporate insurance, focusing on disability benefits and case management to facilitate RTW. Data collection was completed with the assistance of a co-facilitator. The co-facilitator was a qualified female occupational therapist with four years' clinical experience and corporate insurance experience. The co-facilitator, a disability assessor within an insurance company at the time of the study, was chosen as she had insight into the selection of questions and interview probing due to her familiarity with the study aims, peer debriefing and data triangulation. In a professional capacity, several of the study participants knew the primary author. As a result, the researcher's positionality was made overt through a series of reflective statements and exercises that indicated practical knowledge of the subject of study, allowing for the suspension of judgments as needed and reducing researcher bias. The researcher analysed her goals and how her roles and identities influenced the study techniques.

Study population and sampling strategy

The study focused on a sample of 40 identified stakeholders engaged in the management of private insurance disability claims in South Africa, selected through purposive sampling that aimed for maximum variation. Participants were chosen based on their expertise in ill-health intervention and disability insurance. The first author had professional interactions with several stakeholders. The study purposively sampled its target population from diverse sources such as companies, broker houses, insurance groups, reinsurance groups, and occupational therapy practices. The participants encompassed CM and vocational occupational therapists, Employee Wellness Practitioners (EWP), group insurance disability claims managers, Health Risk Managers (HRM), Human Resources (HR) professionals, insurance brokers, and an Occupational Medical Practitioner (OMP). Individuals were selected based on their knowledge, interest, and experience in the field. To initiate engagement, an expression of interest e-mail was dispatched to five stakeholders within each group, totalling 40 stakeholders. From these, 26 stakeholders responded, representing

various roles, including human resource managers (n=4), employee wellness specialists (n=3), occupational health medical practitioners (n=4), group insurance disability claims brokers (n=3), health risk managers (HRM) (n=3), group insurance disability claims assessors (n=3), vocational/case management occupational therapists (n=3), and group insurance reinsurance disability claims managers (n=3). All respondents were subsequently included in the study for interview purposes.

Data collection

Semi-structured interviews were used in this study as this method facilitated in-depth data collection using open-ended and probing questions^{21, 22}. The development of questions was guided by the literature reviewed and the authors' practical experience of RTW. Each interview was conducted in English with the primary author and a co-facilitator to gather the relevant data comprehensively. All participants communicated in English within their respective roles. Interviews were completed after receiving informed consent from the participant. Twenty-six, 60-minute semi-structured interviews were conducted. The interviews were conducted individually to allow the participants to express their personal experiences without influencing other role players.

The interviews occurred online and were audio-recorded and transcribed verbatim using the Microsoft Teams platform. The researcher then checked the relevant transcripts against the audio recordings multiple times to ensure the integrity and amended any incongruences in the data during analysis, thereby providing a basis for trustworthiness²³.

Data analysis and rigour

The data were analysed using thematic analysis, which entailed reading and re-reading the transcripts to identify themes within the data²⁴. Subcategories were created and coded data were placed into each subcategory before formulating categories. The various categories were classified in MS Excel and then grouped into themes and concepts. Via inductive reasoning and analysis, overarching themes that captured the rehabilitation and RTW reintegration phenomenon described by the participants in the study were developed. Trustworthiness of the data centred around confirming credibility, dependability, transferability, and confirmability²⁵. Credibility and member-checking were ensured by reviewing understanding with the participants through paraphrasing and summarising responses in the interview. The interviews were audio-recorded and transcribed to provide accurate data capture. Dependability was facilitated by using the same interview schedule for all participants with additional probing questions to foster a deeper discussion. Confirmability was ensured through reflexivity by noting preconceptions and biases in a notebook and by constantly reflecting on these during the study together with the supervision team. Transferability was confirmed by using detailed descriptions of the research methods, context where possible, maintaining confidentiality, and participants' actual experiences.

Ethical Considerations

Ethics approval was provided by the Human and Social Sciences Ethics Research Committee (HSSREC/00002870/2021) of the University of KwaZulu Natal. The participants were contacted via e-mail to explain the study's aim, purpose, and process. The details about the study, the biographical details request, and consent were sent via e-mail for acknowledgement and signature. The right to withdraw from the research process at any point, research content, and anonymity of data were iterated in the consent and at the start of the interview. All participants provided written consent to participation and publication of data in the study. Confidentiality was maintained by de-identification of participants and the pooling and synthesis of the data sets.

RESULTS

Twenty-six individuals volunteered to participate in the study; and included CM/vocational occupational therapists (n=3), EWP (n=3), group insurance disability manager (n=6), HRM (n=3), HR (n=4), OMP (n=4), insurance disability claims broker (n=3). A total of 46% of the stakeholders held an Occupational Therapy qualification, albeit performing different roles in the disability claims management process. All participants who met the inclusion criteria were included in the study. Stakeholders without exposure to disability in the workplace and disability benefits were excluded from the study (Table I below).

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

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

Three themes emerged from the data analysis and reflect the study's aims.

Theme 1: Role Players and their Functions in DCM-Rehabilitation and RTW (Tables II-VI)

This theme identified the role players in the DCM pathway and described their *function* in the rehabilitation and RTW stage. Five role-player categories were consolidated: (1) employee and employee support structures, (2) employer, (3) intermediary group, (4) medical and rehabilitation, and (5) insurer group. The following tables These are illustrated in tables with verbatim quotes highlighting the participants' voices.

Table II – Theme 1 (Category 1) : Employee and employee support structures

Role Player	Description	Quote
Insured Employee	The individual beliefs, motivation and self-efficacy, level of resilience, ability to take responsibility for their medical condition and perception of their illness and roles in life have an impact on rehabilitation and RTW. Employees need to collaborate with all the role players and need to be actively involved in the rehabilitation and RTW plan	"Employees that have young children to care for, depend on continued income hence the motivation to RTW is increased while if the employee is required to take care of grandchildren at home, then the motivation to RTW is decreased". Participant 6, HR. "It is the employee's responsibility to take responsibility of their medical condition. So, it's very important that they are following up with appointments and that they understand why they are there and getting the relevant information from their treating health care team, and to provide their employer with the various medical certificates, keep the employer updated, be able to evaluate if they are comfortable with the treatment programme and service providers and if not be able to discuss this. In RTW employees are the link to role players, they need to provide the contacts and information that consolidates RTW. They must be involved in the RTW plan", Participant 1, EWP
Employee support structure: Family	Most participants, constituting 80%, expressed that family plays a crucial role in providing support and guidance to employees during periods of disability. The understanding and perception of the disability process by families were noted by 40% of the participants as having an impact on both the rehabilitation and the RTW process.	"Family employees that interpret the rehabilitation and RTW as too pressuring or stressful will actively resist RTW, where disability is perceived as a norm, maintaining a disability role is accepted, if being on a disability benefit is perceived as a weakness, employee resist being on a long-term disability benefit". Participant 5, HR.

Table III – Theme 1 (Category 2) : Employer

Role Player	Description	Quote
Executives and Line managers	The support of employers on RTW in a productive role is inconsistent. The proximity of the line manager influences work relationships- intact relationships with the direct manager influences the degree of support that they afford employees to stay at work longer and get back to work sooner. The direct manager's involvement is crucial for RTW.	"You get some companies where they truly support getting employees back to work in a productive role, that is obviously far more successful in getting people back to work and then you have others who, it's all about productivity and the bottom line, and they're not prepared to budge an inch" Participant 6, HR "Line managers should know the processes, not just for disability claims, they don't even need to know details, but they need to understand what a medical incapacitation process could look like, so that they work together with the employee to support them in that process, my experience I haven't seen much of that but I think is a very strong case to actually educate line managers", Participant 25, HR
Human Resources	50% of the participants saw the function of HR as knowing where to refer an employee to pre and post WD and ensuring the workspace is ready to receive the employee upon RTW, guiding on RTW legislation in the interest of the employee.	"My service as HR. I'm the conscious of the line manager in terms of identifying the blind spots, communicating with the employee and relevant stakeholders on process statuses on RTW and dealing with difficulties early and being open to provide solutions," Participant 5, HR
Colleagues	Negative reactions of colleagues to the employees' symptoms and medical condition determines if the employee experiences the workplace as hostile and not conducive to RTW and will rather want to remain on a disability benefit	"Fear of being labeled or being viewed as different. Being viewed differently by your team due to the work they would have had to cover on your behalf" Participant 16, EWP "There is often friction with colleagues due to workplace absence. Colleagues do not know how to support incapacitated employees in the workplace as they often are not aware that absences are related to medical conditions", Participant 6, HR

Table IV – Theme 1 (Category 3) : Intermediary: Group Insurance Disability Broker, Health Risk Managers

Role Player	Description	Quote
Brokers	Play a role in the education of benefits, the broker can be an asset or can be a massive barrier to rehabilitation and RTW IF they do not understand the nuances when it comes to aspects such as RTW, or the impact of work disability on an occupation.	<i>"They can be the make or break because it depends on how much access they going to allow the insurer to have to the employer and the client. If they are overprotective and you're not allowed any contact the RTW is restricted. If you get the broker on your side and you can convince them that what you're doing is in the best interest of their client and how it's going to make them look good, then you can get somewhere and get people back to work"</i> Participant 21, Disability Manager.
Health Risk Managers	Play a role in education and guidance to the employer and the insurer, they provide an independent medical opinion while considering the work environment and the employee's medical condition.	<i>"From the insurance point of view, they are our eyes, they are the bridge between the insurer and the employer, they assist with the gathering of information with recommendations about the working environment,"</i> Participant 12, Disability Manager.

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

Table V – Theme 1 (Category 4) : Medical and Rehabilitation

Role Player	Description	Quote
Employee Wellness Practitioner (EWP)	EWP focuses on improving the health and well-being of employees from a corporate wellness perspective to support an employee and employer in the work environment.	<i>"Wellness provides a supportive role and understands the employers. Wellness checks in with the employee once a week, maybe twice a week depending on the medical condition and the job"</i> Participant 1, EWP
Industrial Psychologists	Industrial and organisational (I/O) psychologists focus on the behavior of employees in the workplace and apply psychological principles and research methods to improve the overall work environment.	<i>"RTW programs should look at partnering with industrial psychologists around career counseling and looking at re skilling that has easy transferable skills and then obviously focusing on RTW options"</i> Participant 16, EWP
Occupational Health Staff (OHS)	Occupational health seeks to promote and maintain the health and well-being of employees to ensure a positive relationship between an employee's work and health. The advice, guidance provided by OHS can play a substantial role in effective RTW	<i>"They could make or break the success of RTW. Depending on management's philosophy around it, but they will just push people onto disability, and they will not support RTW in any capacity whatsoever, then you get occupational health staff, both nurses and the doctors who are phenomenal in supporting a person,"</i> Participant 7, OMP
Medical Specialists	Medical specialists include doctors who have completed advanced education and clinical training in a specific area of medicine relevant to the medical condition diagnosed. The intervention from the medical specialists could facilitate or restrict early RTW or RTW.	<i>"A lot depends on the medical providers advice and what people say to the person on RTW. Where a person is advised of pending or current disability then they may be more likely to go off sooner than if a doctor that says look, we don't know what the future holds, but for the foreseeable future, you know we can treat you and you could get better, and we can control your symptoms. You'll have a much better chance of success with person like that."</i> Participant 26, OMP
Rehabilitation Specialists	A healthcare professional who helps people recover from an illness or injury and return to daily life. Examples of rehabilitation specialists are physiotherapist, biokinetics and OT. Rehabilitation specialists can provide better RTW outcomes when rehabilitation is geared towards RTW	<i>"Rehabilitation is often very medical and there should be an understanding of the operational sort of requirements of the employee, that's going to be returning to work because that would guide the rehab"</i> Participant 9, Case Manager
Social Workers	Assist employees and their families solve and cope with problems in their everyday lives. Clinical social workers also diagnose and treat mental, behavioural, and emotional issues.	<i>"Social workers, going to the homes and assessing the environmental situation we recruited hired signed on social workers to go to the home to check on employees"</i> Participant 23, OMP

Table VI – Theme 1 (Category 5) : Insurer group: Insurer, Disability Claims Assessor and Case Manager

Role Player	Description	Quote
Insurer	The insurer provides disability benefits in the event of disability for as long as an employee meets the definition of disability until retirement age. Rehabilitation and RTW favours a positive claim experience for the insurer with reduced claims losses. The insurer's involvement in rehabilitation can facilitate an early RTW post-injury/illness and decrease disability. The relationship between the employer and the insurer is an essential factor in facilitating RTW.	<i>"I think there's very few insurers who managed to get that relationship to the point where they can sustain that type of relationship. The relationship between the scheme and the insurer is an important factor in facilitating RTW"</i> Participant 6, HR <i>"I think the insurer needs to be a lot more proactive in the process from start to finish"</i> Participant 14, Broker
Disability Claims Assessor	Well trained and experienced disability assessors with an OT qualification understand matching skills and residual function and assess this within an insurance policy. Assessment competency and accuracy is mandatory.	<i>"There is a focus on RTW because of employing OTs in insurance. The offices with South African OTs working in them tend to have a far more focused approach to RTW".</i> Participant 18, Claims Manager
Case Manager	The case manager sets the structure for RTW and guides all stakeholders. Success with CM is usually achieved by case managers who have a business understanding and understands the insurance requirements. Competency in CM is mandatory.	<i>"OTs that are more successful with CM and RTW tend to be the ones who have worked in insurance and then gone into private practice. They are far more successful because I think they understand that you know where the person is coming from"</i> Participant 18, Claims Manager

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

Several factors posed as facilitators and or barriers to rehabilitation and RTW implementation. The factors listed in Table VII (page 59) have been grouped into the following categories: Laws and Legislation, Employer Incapacity and DM policy/Process, Disability Insurance Products, Insurer mandates, policies and processes, Organisational Culture and mindset, Health Resources, Financial position of the employee and Education training.

Table VII Factors that facilitate or restrict RTW

Factor	Facilitators/Enablers	Restrictors/Inhibitors/Barriers
<p>Laws and Legislation</p>	<ul style="list-style-type: none"> ▪ South Africa is well supported with laws and legislation for persons with disabilities. <i>"South Africa is quite up there in terms of laws and legislation around employees with disabilities and persons with disabilities"</i> Participant 1, EWP ▪ The legislation is proven effective when there is a need due to the employee's skill, experience, and manner to promote, accommodate and retain an employee in the workplace. <i>"Insurers sometimes listen with under employment equity it's the employer needs to look at accommodating this member. They need to look at the disability aspect of it."</i> Participant 3, Disability Manager 	<ul style="list-style-type: none"> ▪ South African law and legislation do not address integrating employees who were employed full-time and then experience work disability. There is limited government intervention to incentivise employers to accommodate or reintegrate employees post-work disability. <i>"We really good with putting legislation implies I think we just suck at implementation. So, we've got all the legislation in place or employees know what they need to do. We know what we need to do, but implementation an in monitoring it."</i> Participant 19, Disability manager.
<p>Employer Incapacity and DM Policy/Process</p>	<ul style="list-style-type: none"> ▪ There are fair and equitable processes documented in the management of work disability. ▪ Disability policies include the following: Employer consultation at disability, effective and supportive handling of a disability claim, partial stay-at-work benefits, consideration of an employee's value in terms of skill, knowledge, past performance prior to termination, and post admittance on a disability benefit, RTW plans with gradual RTW processes, RTW support for a period post-RTW and volunteering options. <p><i>"The infrastructure that is in place ensures a fair and equitable process already exists. People feel comfortable enough to come forward because they have seen colleagues treated fairly in the past, creating an environment where they believe they will be treated fairly as well",</i> Participant 6, HR</p>	<ul style="list-style-type: none"> ▪ The relationship between the employer and employee is cauterised on admission of a claim. ▪ Employees are not kept in the workplace for as long as possible or encouraged to RTW as soon as possible. ▪ The relationship between employer and employee is fragile due to previous frustrations. ▪ Limited structures in place to facilitate the medical incapacity process ▪ The lack of internal disability policies to guide employees on utilisation workplace accommodations, disability notification and the disability application process. <p><i>"The absence of internal disability policies to instruct employees on the use and depletion of sick leave affects rehabilitation and return to work efforts"</i> Participant 22, Case manager</p>
<p>Disability Insurance Products</p>	<ul style="list-style-type: none"> ▪ South Africa boasts innovative disability products with benefits for rehabilitation and RTW bonuses. Often, a client will not have access to programmes because they do not have the funds for such. <i>"Products are also quite innovative. I have to say compared to products overseas."</i> Participant 18, Claims Manager ▪ 60% of the participants iterated that it is also quite useful when insurers are open to continuing the patient's disability benefits during a work trial and partial RTW post-work disability, as this affords the employer to assess the employee's work ability without compromising the access to the disability benefit or employee's salary in a reintegration period. <i>"You know why make the person got</i> 	<ul style="list-style-type: none"> ▪ Disability products dictate a waiting period in which disability must continue prior to qualifying for a disability. This can encourage disability and restrict RTW. <i>"The waiting period imposed by disability products before qualifying for benefits can discourage individuals from returning to work promptly. This delay may encourage prolonged disability and hinder efforts towards successful return to work",</i> Participant 3, Disability manager.

	<p><i>off work totally when you can keep them at work and pay them a partial benefit from the start, Participant 18, Claims Manager</i></p>	
<p>Insurer mandates, policies, and processes</p>	<ul style="list-style-type: none"> ▪ Claims assessors with an OT qualification. <i>"There is a focus on RTW as a result of employing OT's in insurance. The officers that have South African OTS working in them tend to have a far more focused approach to return to work and I think it's interesting that the role of occupational therapists in insurance in South Africa has got come so far."</i> Participant 18, Claims Manager ▪ Well-understood insurance benefits and processes by all role players. <i>"Members understanding their benefits and their rights without a doubt, the employer understanding that they can access things like UIF, benefits, etc."</i> Participant 4, Broker ▪ Use of a case management identification tools to objectively identify RTW candidates following WD. ▪ Incentivisation of insurance products that promote rehabilitation and RTW 	<ul style="list-style-type: none"> ▪ Delay in assessment decisions. <i>"Delays in making assessment decisions significantly hinder the emotional journey of returning to work"</i> Participant 19, Disability manager. ▪ Utilisation of OT case managers for RTW with limited corporate understanding or exposure. ▪ Ill-defined or poorly understood case management protocols and claims assessment processes. ▪ Limited confidence in insurers' assessment protocol or insurance products.
<p>Organisational Culture and mindset</p>	<ul style="list-style-type: none"> ▪ Organisations where stigmatisation of ill health /injury is limited, the focus on integration and RTW is embedded in the employer's philosophy, where there is trust in disclosing medical conditions, where cultural barriers are transparent and well understood, and there is support to employees in the workplace exposes itself to more successful RTW outcomes. <p><i>"As a collective if we are focused on the patient, and I think ideally the patient should be at the center of care if we can truly do that, I think that we will naturally evolve towards a much better space. We talk about it, but the degree to which we actually do it, I think still has a long way to go."</i> Participant 7, OMP</p> <p><i>"Create a culture where you feel empowered to raise your hand and say, 'I'm not working at full capacity because I don't feel great,' and where this is something to be proud of."</i> Participant 12, Claims Manager</p>	<ul style="list-style-type: none"> ▪ Organisations that cultivate behaviour of limited tolerance to work disability, RTW post work disability is not supported, there is a fear to share/divulge information, consultation within the employer is limited, where request for workplace accommodations is frowned upon and where there is a lack of empathy or sympathy for somebody who might not be as resilient restricts rehabilitation and RTW. ▪ Strained relationships with colleagues. <i>Returning to work after a period of disability, especially with accommodations, can sometimes lead to resentment within the team. Team members may feel frustrated because they've had to pick up extra work during the absence or while the person was working reduced hours. For instance, needing physical assistance like taking an employee to the bathroom in a wheelchair can be seen as a significant demand. This can stir up past frustrations team members have faced in similar situations"</i>, Participant 25, HR
<p>Health Resources</p>	<ul style="list-style-type: none"> • South Africa is rich in the expertise of various medical specialists, and access to virtual services is increasing. • There is a focus on RTW because of employing OTs in insurance. 	<ul style="list-style-type: none"> • Treatment adherence is dependent on an employee's financial status and access to medical treatment. Limited access to medical treatment restricts rehabilitation and RTW. <p><i>"Access to healthcare, both financially and environmentally, poses significant challenges."</i></p>

	<p><i>"The offices that have South African OTS working in them tend to have a far more focused approach to return to work and I think it's interesting that the role of occupational therapists in insurance in South Africa has got come so far. well respected insurers do see value in having OTS in their claims team and do see the value of case management and return to work"</i></p> <p>Participant 18, Claims Manager</p> <ul style="list-style-type: none"> • The access to medical aid and insurance rehabilitation benefits enhances rehabilitation and RTW. 	<p><i>Reductions in public health staffing exacerbate this issue. Even if individuals have access to certain treatments, the frequency may not meet optimal standards. For instance, someone might require physiotherapy twice a week for effective rehabilitation, but in the public sector, they might only receive it less frequently. Accessing essential medical treatments and rehabilitation services often becomes a major obstacle. For example, obtaining a prosthesis might be delayed for two or three years, by which time additional complications could arise, hindering the individual's ability to return to work effectively,</i></p> <p>"Participant 1, EWP</p> <ul style="list-style-type: none"> • Dependence on a salary results in employees continuously working through disabling symptoms and complicating their medical condition • Rehabilitation benefits are difficult to claim. • Differing options from professionals on RTW or booking employees off work.
<p>Financial position of the employee</p>	<ul style="list-style-type: none"> ▪ Financial responsibility and family support that encourages employees to return to work sooner rather than later. <p><i>"Employees who are financially driven to go back to work as the breadwinners and have young families to support are often forced to go back to work sooner and seek treatment and abide with recommended recommendations treatment", "Participant 16, EWP</i></p>	<ul style="list-style-type: none"> ▪ Employees with strong financial support that may assume roles of caregivers for grandchildren etc. would have a limited need for rehabilitation and RTW. The high unemployment rate indicates sufficient resources for employment thus reducing the need for employers to wait for rehabilitation and full RTW. <p><i>"Employers are essentially expressing that they have a line of 100 able-bodied and healthy individuals waiting outside their factory daily, seeking employment. From their perspective, there's little incentive to rehire someone who can only perform at 70% capacity. It's more straightforward to hire someone who can work at full capacity. This logic extends to employees with performance issues as well. Employers question why they should invest effort in reintegrating problematic employees when there are many others with comparable skills who are readily available and without issues, actively seeking employment".</i></p> <p>Participant 18, Claims Manager</p>
<p>Education and Training</p>	<ul style="list-style-type: none"> ▪ Education for all stakeholders is mandatory – to understand the various roles, the insurance policy, the work environment, the employee's medical condition, the employee's social factors, the workplace factors, employees understand their benefits and their rights. ▪ Employer's understanding of available benefits during the work disability process 	<ul style="list-style-type: none"> ▪ Professionals are not trained with the mindset of returning the patient to work. They treat a patient in the here and now and there is no focus on the downstream <p><i>"We prioritise responding to the patient's needs, regardless of the impact on my earnings. However, if the patient loses their job due to their condition, they may not afford medical care or return to me for</i></p>

	<ul style="list-style-type: none"> HR training around how to manage this process. Where education to clients on RTW is a solid option post or pre-admittance of a disability claim. <p>"Members understanding their benefits and their rights without a doubt, the employer understanding that they can access things like UIF, benefits, etc". Participant 4, Broker.</p>	<p>treatment. Unfortunately, not many professionals share this patient-centered mindset, which highlights a gap in our training. Impact:", Participant 7, OMP.</p>
Employee Psychosocial Factors	<ul style="list-style-type: none"> Employee motivation and career aspirations The perception by employees that RTW is integral Resilient employees "Employees who demonstrate resilience in the face of adversity are better equipped to navigate the challenges associated with returning to work post-disability. When employees perceive returning to work as an integral part of their recovery and overall well-being, they are more likely to prioritize and commit to the rehabilitation process. motivated to continue their careers and pursue their aspirations, they are more likely to actively engage in the rehabilitation process and work towards returning to their previous roles", Participant 17, HRM 	<ul style="list-style-type: none"> Overprotective families that encourage disablement are barriers to RTW Family support greatly influences whether individuals return to work (RTW) after rehabilitation. If families find RTW too stressful, they may oppose it and instead encourage disability claims. Spouses, especially those preferring dependency and control, can strongly influence this decision", Participant 18, Claims Manager Cultural beliefs that prevent access to medical treatment or acknowledgement of a medical conditions If the employee is not in their chosen occupation If an employee's job is not versatile e.g., accommodations are not possible
Role player engagement and competency	<ul style="list-style-type: none"> Collaboration and involvement between all stakeholders to facilitate the rehabilitation and RTW process. The training, exposure, and experience of the role players in disability management is deemed to be competent. "Bringing the line manager into the discussion from the beginning is aimed at sensitizing them and securing their buy-in. When roles are clearly defined and competencies are met, it often leads to successful outcomes", Participant 11, HRM 	<ul style="list-style-type: none"> Lack of collaboration between all stakeholders and limited feedback is provided; hence the rehabilitation and RTW become disjointed. Employer responsibility is ignored post admittance for work disability "I do not believe that placing the entire responsibility for employee wellness solely on HR and line managers is practical, as their primary focus is on achieving organizational goals and deliverables. While HR must play a crucial role as primary stakeholders in this process, they may lack the necessary skills and knowledge unless they have prior exposure to EAP environments. Therefore, expecting line managers to handle this responsibility alone is unrealistic. A balanced collaboration between EAP, line managers", Participant 16, EWP

Theme 3 - Best Practice Principles

Figure 1 (below) illustrates the five best practice principles that emerged from the study

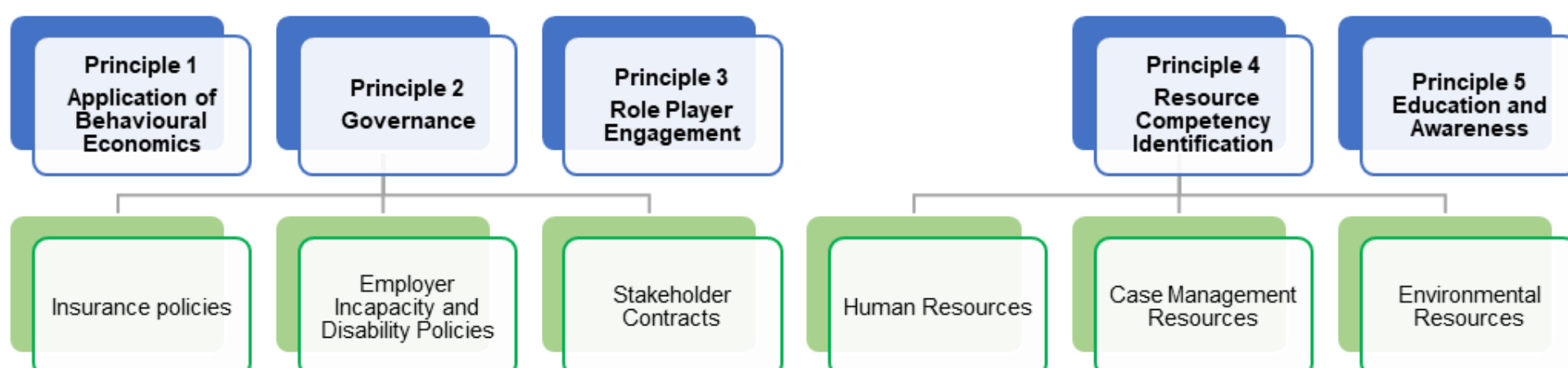


Figure 1: Best Practice Principles Emerging from the Study

Principle 1 : *Application of Behavioural Economics*

Behavioural economics is a field of study that combines insights from psychology and economics to understand how individuals make economic decisions. It examines the psychological factors, cognitive biases, and social influences that impact people's choices in economic situations²⁹

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

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

Participant 20, Disability Manager

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

Principle 2 : *Governance*

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

The following governance frameworks were noted from the respondents:

- **Insurance policies** must support rehabilitation and RTW through policy wording and benefits, including the employee's role and responsibility in disability claims management. This was highlighted as follows:

"Insurers involvement in rehabilitation can facilitate an early RTW post injury/illness and decrease disability if the financial support and guidance is part of the insurance policy", **Participant 18, Claims Manager**

- Employer Incapacity and Disability policies should focus on keeping people employed and productive in the presence of medical conditions and applying reasonable accommodations where necessary. The policies should define the processes to be followed in case of loss of productivity due to medical reasons, and stakeholders should be consulted. The policy must outline the workplace environment and people support required to guide and support employees through rehabilitation and RTW. If employees can remain at work while on a partial or fully insured benefit should be considered in the workplace to keep an employee semi or fully engaged in aspects of work function.

Family support greatly influences whether individuals return to work (RTW) after rehabilitation",
Participant 18, Claims Manager

"Allowing the employer to remove the employee from payroll reduces the chances of them returning to work. We should push for ongoing payment during this period. If the employer continues to handle the employee's salary, they might be motivated to help

them return to work. However, if the employer stops managing the salary and removes the employee from payroll, it damages the relationship between the employer and the employee, discouraging the employer from making efforts to bring them back to work",

Participant 4, Broker

Stakeholder contracts are crucial to clarify roles, comply with requirements, and acknowledgement of roles in the rehabilitation and RTW process. Contracts must ensure that the appropriately qualified stakeholders are sourced to achieve RTW success. Informal contracting with family employees and support structures are also included in this principle. **Participant 5, Broker,** noted:

"Contracting the right skill for the role and contracting the responsibilities or all parties involved is crucial for accountability and positive outcomes"

Principle 3 : *Role Player Engagement*

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

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

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

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

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

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

Principle 4 : *Resource Identification and Competency*

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

- Human Resources

"I think that we need to upskill our managers and our HR in terms of how we integrate and what can be done in the integration period because I think sometimes our managers and our HRBP's are not patient and understanding enough",
Participant 24, HR

- Disability Assessors: There is a focus on RTW because of employing occupational therapists as claims assessors in

insurance. The South African occupational therapists working at the insurance companies bring that skill level. Medical background knowledge is integral in claims assessment and is challenging to teach when compared to technical terms and policy conditions and how they are applied

"Understanding medical knowledge and how it relates to function is essential - occupational therapists are probably the best equipped", Participant 21, Disability Manager.

CM Resources in the insurance context must include suitably qualified case managers.

"Case managers with exposure in the corporate and clinical settings have better RTW outcomes based on their practical knowledge in the workplace and exposure to work environments", Participant 20, Disability Manager

- **Environmental Resources** should be focused on creating a conducive RTW environment; this is achieved by addressing any previous frustrations between colleagues and educating the employer on stigma and what to expect from the employee upon RTW.

"Ensure that the employee has the tools and, workspace, and access rights that are necessary when they RTW "

Participant 13, HRM

Principle 5: Education and Awareness

- *"Ensuring adequate education and awareness is the responsibility of all role players", participant 1 EWP. Medical role players must ensure that the employee understands his medical condition and what interventions are required for RTW.*

"The employer has a role in raising awareness of RTW options with colleagues and line managers and workplace sensitisation participant "Participant 16, EWP

- All role players need to understand the product details, the definition of disability, the purpose of the benefit, and how the policy/ product is practically applied at the claim stage. Increased understanding of active participation by employees must occur while they receive disability payment to facilitate RTW. Employees and line managers must understand and be orientated to these key facts from when the product is sold.

"All role players must be educated on the disability benefit when a claim is admitted, including the potential for RTW and termination options for the benefit" Participant 9, Case Manager

DISCUSSION

This study confirmed that an integrated stakeholder approach is required to succeed with rehabilitation and work reintegration goals. NIDMAR⁷ supports the need for a multidisciplinary team approach that includes employers, employee's representatives, and disability management rehabilitation service providers, which are essential. Dunstan & MacEachen³ further add the private insurer as part of the team. This study's findings highlight that players' individual and collaborative functions are integral in determining and facilitating RTW success. This is congruent with the literature highlighting the importance of co-operation between stakeholders^{3,26}. This study found that co-operation must include transparent communication on intervention, prognosis, and alignment of rehabilitation and RTW goals. Streamlining and co-ordinating the functions of each role player is crucial, with active

involvement of the employee in goal setting for the return-to-work process. This is essential to prevent fragmented rehabilitation and RTW efforts. The competence of each role player holds significance, and regular monitoring of the RTW plan and the functions of all involved parties must be conducted at agreed-upon intervals.

Ensuring accurate assessments and anticipated outcomes from medical and rehabilitation providers is essential to manage expectations right from the outset of the process effectively. The employee is the key stakeholder who strongly influences RTW outcomes depending on their, level of motivation to engage in the interventions to RTW. The employee's motivation is influenced by various factors, including the work environment, relationship with the employer (including managers and colleagues), family support, cultural beliefs and whether the employee is resilient or not²⁷. Throughout the study, the role of the occupational therapist and insurer was evidenced in the work, health, and insurance systems. The importance of including rehabilitation has been cited previously¹⁰. South Africa's utilisation of rehabilitation services to manage disability claims was limited compared to Australia, North America, and the UK. Evidence indicates that rehabilitation, specifically CM services promote quality and cost-effective RTW outcomes¹¹. The study participants' stance was that rehabilitation, specifically CM by occupational therapists, was necessary for successful and durable RTW reintegration. However, the training and competency of the case manager were highlighted as a strong determinant in measuring success. Case managers who lacked balance between clinical and insurance exposure, insurance policy understanding, and work reintegration processes experienced limited success in RTW reintegration.

One of the participants' significant reasons for limited success is the lack of general training in South Africa. A study concluded in 2018 noted that training in CM at undergraduate and postgraduate levels of occupational therapy is required¹¹. The role of the insurer and occupational therapist is merged in RTW as insurers employ occupational therapists as claims assessors. The participants expressed value in claims assessors being qualified occupational therapists. It provided insight at the claims assessment stage to evaluate the interventions required to consider RTW reintegration and prognosis. Wells and Barrett affirmed that occupational therapists conducted robust assessments confirming occupational impact following injury and illness, and employing occupational therapists in insurance is becoming common to employ occupational therapists in insurance¹⁰. Insurers within the Group Risk Insurance space sit squarely in supporting employers while managing their disability claims experience and supporting employees to achieve a maximal level of function that can result in RTW. This concept was voiced by participants who indicated that the insurer is well positioned to finance RTW rehabilitation, define claims process flows that encourage RTW, facilitate engagement with employers, and provide benefit structures that enable RTW.

Knauf & Schultz²⁸ describe the RTW process as biopsychosocial, this is affirmed by Dermody and colleagues²⁰ in their statement that we need to understand the social and psychological factors that play a role in rehabilitation and work reintegration, in addition to the role players identified. Disability legislation from a South African context of support for rehabilitation is well documented, as vocalised by participants. Still, the application of legislation to facilitate RTW is lacking. This sentiment is echoed in the study by Govender and colleagues⁹ in the local context. Disability legislation is both a facilitator and an inhibitor, depending on whether legislation is enforced in the RTW process. There was consensus amongst participants that a well-defined, transparent employer incapacity and DM policy/process documenting the process and protocols to be followed in the event of injury or illness that leads to work disability is valuable in promoting work reintegration or

allowing for a period of work accommodations. The inclusion of a disability management policy demonstrates value for employee retention⁴. Employers' policies that dictate cauterisation of the employee/employer relationship or delayed RTW has been shown to restrict work reintegration. Trippolini and colleagues confirmed that ongoing engagement in work and returning to work as soon as possible⁸ improved RTW outcomes. In addition, unclear insurers' claim processes can lead to client, broker, employer, and employee frustration, thus reducing the RTW collaboration opportunity. Outcomes of claims assessments and utilisation of case managers who are not well-versed in RTW CM negatively influence RTW. The insurer needs to engage resources with the correct expertise to manage claims and optimise CM. Ensuring the accurate identification of employees who will benefit from CM is relevant to the RTW outcomes. Sheehan, Tyler, Gray, Grant, & Collie¹⁶ expressed that procedural fairness by insurers and positive claims experiences contributed to favourable engagement on RTW initiatives. Insurers adopting a customer-orientated approach where the customer is included throughout the process positively impacted rehabilitation¹⁷.

The financial support for rehabilitation in insurance products promotes rehabilitation. However, participants expressed that the insurer restricts access to disability products as goals to RTW may not be well understood or agreed on. The disability-waiting period in insurance policy dictates that disability must be evident for a specific period prior to an employee accessing the disability product. The nature of the waiting period could be seen as restricting early intervention and delaying treatment that could result in RTW. Wells & Barrett¹⁰ identified a limited utilisation of rehabilitation services amongst South African insurers, exposing the opportunity to improve RTW from an insurance perspective. The disability process application and retention of benefits can further ingrain a disability attitude versus a RTW attitude. The role of the disability policy in promoting RTW needs to be positioned firmly through the policy wording and assessment process.

Zooming out of the governance concept and into the environmental space of the employee, the organisational mindset can either promote or restrict RTW reintegration. Participants perceived a general lack of trust in the South African context around medical diagnoses, influencing disclosure by employees due to the stigma related to diagnoses. Organisations that foster stigmatisation and reduced disability tolerance tend to restrict RTW. In contrast, organisations where RTW is embedded in the employer's philosophy and disability processes and is well understood, will support RTW. The support provided by line managers and colleagues and their awareness and understanding of the RTW process can either enhance the RTW environment or place stress and anxiety on all role players. Participants agreed that the employee /claimant is the centre of care, and the organisation will naturally evolve to a better RTW space as a collective. This concept is echoed by Dekkers-Sánchez³⁰ conclusion that to address work disability by combining various interventions, considering the holistic well-being of the worker, involving the worker actively, and recognising the significance of the work environment, is believed to be the most effective way to deal with the multifaceted nature of work disability and enhance return-to-work outcomes.

Financial and environmental access to medical treatment, adherence to treatment, and access to skilled specialists positively influence rehabilitation and RTW. The lack thereof is the opposite of not getting a confirmed diagnosis and adequate treatment. The delay in treatment has a dual impact on RTW; the delay in medical treatment complicates recovery and delays the assessment for potential benefits and interventions that could result in RTW. The state of finances of the employee either encourages or restricts RTW depending on the life roles being assumed by the employee.

Participants divulged that some employees would continue to work amidst symptoms and to the detriment of their health due to not getting time off work for treatment or for fear of being placed on disability. When this individual may not work further, rehabilitation and RTW may not be an option, as a WD may appear permanent. There are also instances where employees are driven to RTW post injury and illness, as maintaining their worker role is the only option.

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

Best practice principles have emerged from the findings (as illustrated in Theme 3). Figure 2 (below) summarises how these best practice principles may work from a behavioural economics perspective.

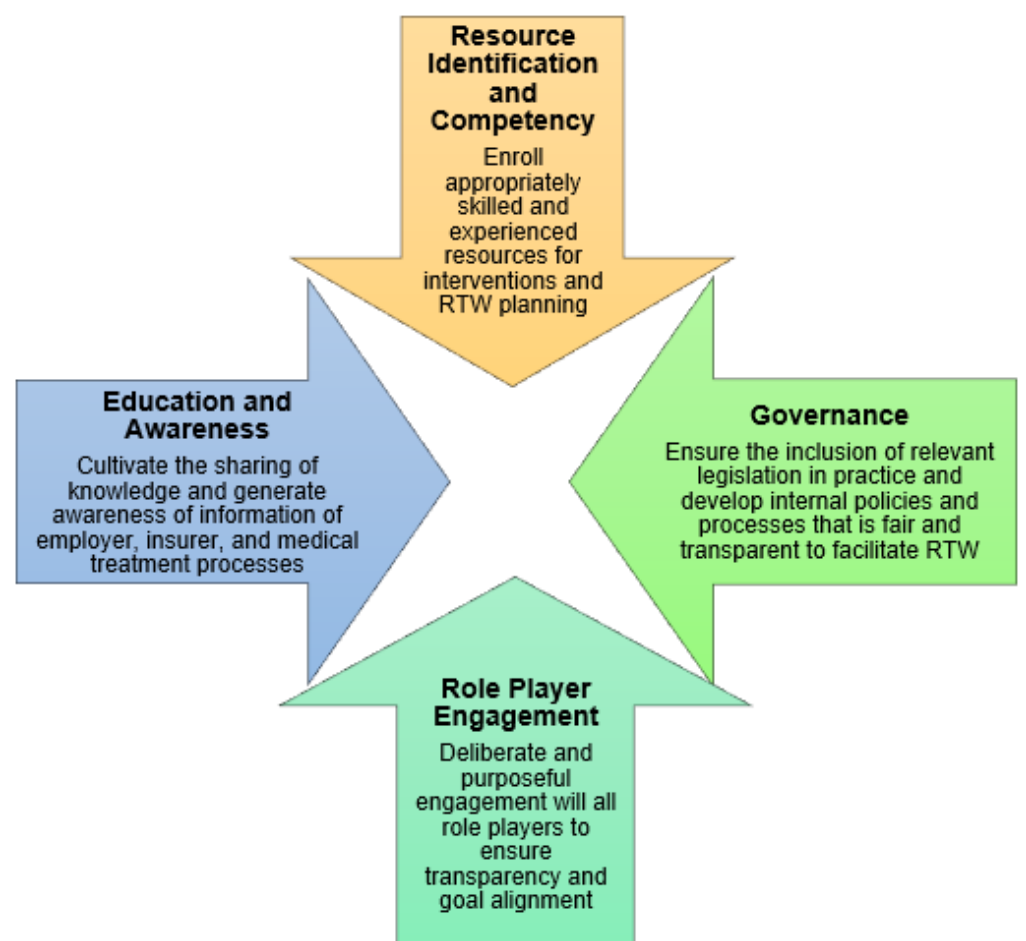


Figure 2: Interplay of Best Practice Principles

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

CONCLUSION

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

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

Declaration of conflict of interest

The authors declare no conflict of interest

Author contributions

Dineshree Reddy completed this study towards a Masters in Occupational Therapy degree and was responsible for the conceptualisation of the study, data collection, analysis and drafting of the original manuscript. Pragashnie Govender and Deshini Naidoo were supervisors of the study and guided the process from conceptualisation and design of the study to drafting and revision of the manuscript. All authors read and approved the final manuscript.

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