

2021 National Return to Work Survey Report

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Foreword

More than half a million Australians sustain a work-related injury or illness each year. The various impacts on affected workers can be devastating and frequently reverberate more widely through families and communities. In addition to the immediate personal toll, work-related injury and illness also impose costs on the Australian health system and the economy through loss of productivity income.

The *National Return to Work Strategy 2020-2030*, outlines 5 key Action Areas to minimise the impact of injury and illness, and enable a safe, durable and timely return to work experience for workers. The National Return to Work (NRTW) Survey is a key data source for this Strategy.

The NRTW Survey provides insights into the return to work processes and outcomes of injured workers receiving workers' compensation throughout Australia and allows a better understanding of the experience of those injured workers as they return to work. The Survey provides a significant contribution to the evidence that guides the delivery of the Strategy and provides valuable insights to workers' compensation authorities and other key stakeholders across Australia.

I am pleased to present the Summary Report from the 2021 NRTW Survey, the fifth NRTW Survey conducted since 2012. This report provides a detailed description and analysis of the survey findings on return to work, including factors associated with successful return to work. It analyses workers' experiences of a work-related illness or injury from the initial incident through to their return to work experience.

Originally scheduled for April 2020, Safe Work Australia Members agreed to delay the NRTW Survey by 12 months due to the impacts of the COVID-19 pandemic. The questionnaire for the 2021 NRTW Survey remains largely unchanged since the 2018 NRTW Survey. However, Safe Work Australia added two additional questions to understand the impact of the COVID-19 pandemic on return to work outcomes. These new questions were asked of around 10 per cent of workers interviewed in each jurisdiction.

The results of this Survey should also be considered in the broader context of the COVID-19 pandemic when comparing data over previous periods. The potential impact of the COVID-19 pandemic on this data are explored in the [COVID-19 and Work Health and Safety Statistics \(Key work health and safety statistics document collection | Safe Work Australia\)](#).

I would like to thank jurisdictions for providing population data and helping to fund and administer the survey, particularly over this challenging period.

I would also like to acknowledge and thank each of the 4,588 workers who participated in the Survey. Your willingness to share your stories and experiences will assist policy makers to drive better return to work outcomes for workers into the future.

Michelle Baxter

Chief Executive Officer

Safe Work Australia

Summary

This summary presents selected highlights from the 2021 National Return to Work Survey, including key metrics, notable shifts in time series results and key trends which can be observed between sub-groups of the injured worker population. For more detailed analysis and data, please refer to the relevant section(s) in the body of the report.

Introduction

Minimising the impact of work-related injury and illness and enabling workers to have a timely, safe and durable return to has benefits for the worker, their family, employer and society more broadly. The 2021 National Return to Work Survey (NRTWS) is the latest in a longstanding series of research to measure the return to work (RTW) outcomes of workers receiving workers' compensation following a work-related injury or illness, and to better understand the experience of those workers and the factors that may influence their RTW.

Between 22 June and 30 September 2021, a total of 4,588 people across Australia were surveyed over the telephone by the Social Research Centre. The sample was proportioned (stratified and weighted) to be representative of the population of workers' compensation claimants.

The Social Research Centre has undertaken the NRTWS on behalf of Safe Work Australia in 2013, 2014, 2016 and 2018. This Summary Report discusses the survey results in full, complementing the shorter *Headline Measures report* and *Methodological report*, released separately by Safe Work Australia.

In 2018, the NRTWS was significantly redeveloped to incorporate key factors associated within the literature that contribute to RTW across four main domains. The 2021 NRTWS maintained this structure, and, alongside measuring RTW outcomes, includes measures around:

- **personal factors** (biological characteristics, psychological and behavioural factors, and social relationships)
- **workplace factors** (working environment, work relationships, work design and its ergonomic impacts, support systems)
- **health care factors** (treatment and rehabilitation services provided to workers through the health care system and how these are facilitated and delivered by a range of medical professionals)
- **legislative and insurance scheme factors** (claims agents, insurers, regulatory authorities, and other government and non-government agencies)

This summary highlights the key themes and trends emerging from the results, rather than the results of every measure.

Key results and trends

Returning to work:

- **Returned to Work Rate.** The vast majority (91.6%) of all workers surveyed in 2021 reported having returned to work at some time since their work-related injury or illness. This total Returned to Work Rate was broadly consistent with the previous results in 2014, 2016 and 2018, and across jurisdictions, with all except Seacare (66.2%) and Victoria (89.6%) reporting a Returned to Work Rate above 90 per cent.

- **Current Return to Work Rate** (the proportion who reported that they had returned to work at any time since their work-related injury or illness and were currently working at the time of survey) was also broadly consistent with 2014, 2016, and 2018, at 81.3% in 2021. All jurisdictions, except Seacare (55.7%), reported a Current Return to Work Rate above 77 per cent.

Despite broadly consistent overall RTW rates in 2021 compared to previous years, there were some negative trends across other measures:

- **Self-reported health has declined since 2016.** A significantly greater proportion of respondents rated their health 'Fair' or 'Poor' in 2021 (31.5%) and 2018 (30.1%), compared to 2016 (21.9%) and 2014 (23.7%)
- **Unsuccessful RTW attempts continue to increase.** Despite steady headline measures, 2021 continued to see a significant increase in the proportion of unsuccessful RTW attempts (those who had to take additional time off since returning to work, due to their work-related injury or illness), at 25.2% (compared to 19.6% in 2018, which was also significantly higher than the 15.9% seen in 2016).
- **Perceptions of employer support have reduced since 2018.** There were significant declines in 2021 across all six statements which measure employer support (61.0% to 74.4%) compared to 2018 (65.2% to 79.5%).

There were also some positive observations:

- **Reduced financial distress.** 24.7% of workers surveyed reported experiencing relatively high levels of financial distress (7 or above out of 10, where 1 is not at all stressed and 10 is as stressed as can be), which was significantly lower than the 28.6% in 2018.
- **Employer interactions are generally positive.** Most workers reported receiving contact from their employer about their recovery (63.4%) and/or a RTW coordinator (57.3%), with only a small proportion (14.1%) of those who were contacted by a RTW coordinator reporting their interactions were stressful (consistent with previous years).
- **Healthcare provider interactions are generally not stressful.** A low proportion of respondents overall reported feeling that their interactions with healthcare providers were stressful (12.3%, consistent with previous years).
- **Most workers felt they could easily access medical care.** Overall, 86.2% of workers reported that they were able to access the medical treatment or services needed for their work-related injury or illness (consistent with previous years).

Many results remained consistent with previous years or reflected a neutral outcome(s). For example, all dimensions within the perceived justice of the compensation process scored consistently between 2018 and 2021, with slightly lower mean scores (between 1 and 5) in 2021, but these differences were not significant.

Reports of pain experienced by workers in 2021 were polarised, with 50.2% saying they hadn't experienced any pain in the past week and 39.6% saying they were experiencing pain that had been present for 3 months or more (the remaining 10.1% had been experiencing pain between 0 and 3 months). This demonstrates the diversity of experiences among workers' compensation claimants.

Differences by injury type

Results were assessed across different subgroups. Results varied greatly by injury type, which was classified into fractures, musculoskeletal, other trauma, mental illness and other diseases, based on

claims information. Those with **musculoskeletal** and **mental illness** claims reported significantly more negative results across most measures, including being:

- more likely to report unsuccessful RTW attempts
- more likely to return to reduced hours and duties
- lower levels of self-reported general health
- more likely to report: that they thought they would be treated differently by people at work when putting in a claim; that their supervisor thought they were exaggerating or faking their illness; fears of being fired for submitting a claim; and that their employer discouraged them from doing so
- less likely to have been contacted by their supervisor or someone else from their work about recovering from their work-related injury or illness
- more likely to report needing support to navigate the claims process
- more likely to report differences of opinion with the organisation they dealt with for their claim, and
- less likely to report perceptions of justice across all four dimensions of the process (distributive justice, procedural justice, informational justice, interpersonal justice) (justice measures are discussed in further detail at Section 8.4).

Those with mental illness claims also reported lower scores for both RTW measures and were more likely to report at least one condition in addition to their main injury/illness.

Other differences were observed by other injury types, which are discussed throughout this report.

Psychological distress

The Kessler 6 Psychological Distress Scale was used in the 2018 and 2021 NRTWS. Overall, most workers reported no probable serious mental illness (87.1% had a Kessler 6 score of 6 to 18, a similar proportion to 2018). A significantly higher proportion of those not working at the time of the survey reported probable serious mental illness (a Kessler 6 score of 19 to 30) (37.1% compared to 7.4% of those currently working).

Although mental illness is included in the injury types, it is different to those assessed as having probable serious mental illness at the time of the survey:

- Mental illness claims were categorised as part of a claim, and treated accordingly, whereas those assessed as having probable serious mental illness at the time of the survey may not have been diagnosed and/or may have developed mental health conditions since taking time off work.
- While there is some overlap, it is minimal; only 8.4% of those with probable serious mental illness had a mental illness claim.
- The most extreme differences observed across all subgroups were between those assessed as having probable serious mental illness and those not – for almost every single measure ranging from returning to work, to the number of comorbidities, the number of healthcare providers seen, stressful interactions with employers and RTW coordinators, and financial distress.

Only 7.1% of those assessed as having probable serious mental illness in the survey listed a psychologist/psychiatrist as their main healthcare provider. A much larger proportion (37.6%) of

people with a mental illness claim report a psychologist/psychiatrist as being their main healthcare provider. This highlights a potential gap in mental health treatment, that could better serve people with probable mental illness, not delivered as part of their main injury treatment.

Other considerations of interest

Claim type relates to whether the worker came from an organisation that pays a third-party insurer for their workers' compensation insurance (premium payer) or an organisation that insures themselves (self-insurer). Self-insurers are generally larger organisations.

There were some differences between premium payers and self-insurers, with workers employed in self-insured organisations generally reporting more positive results. For example:

- Those from self-insurers were significantly more likely to be currently working (87.3%) compared to those from premium paying organisations (80.2%).
- Those from self-insurers were more likely to report a difference of opinion from the organisation they dealt with for their claim.

COVID-19

To understand potential COVID-19 related effects, the 2021 NRTWS asked a sub-sample of 1,620 respondents to what extent and how the pandemic affected their recovery and RTW (Section 2). Combined results from the two questions indicated that around three quarters (73.4%) of respondents felt that COVID-19 had no impact on their recovery and RTW. For those respondents who did report an impact from COVID-19, the effects were mostly negative, such as limited access to social and family supports and treatments for recovery.

1. Introduction

Minimising the impact of work-related injury and illness and enabling workers to have a timely, safe and durable RTW has benefits for the worker, their family, employer and society more broadly. The 2021 National Return to Work Survey (NRTWS) is the latest in a series of research to measure the RTW outcomes of workers receiving workers' compensation and to better understand the experience of those workers and the factors that may influence their RTW.

The Social Research Centre has conducted the NRTWS for Safe Work Australia since 2012. Previous surveys were conducted in 2013, 2014, 2016 and 2018. The survey was redesigned in 2018, drawing on Australian workers' compensation and RTW knowledge and expertise (see Section 1.3, below).

1.1. Research objectives

The NRTWS has the following objectives:

- reporting key headline RTW measures at a national and jurisdictional level;
- tracking attitudes towards, perceptions of, experiences with, outcomes of and the expectations of those on workers' compensation;
- identifying specific areas that may positively or negatively impact on injury or illness recovery, RTW, and experiences with workers' compensation arrangements; and
- creating an evidence base to inform and evaluate policy and program initiatives.

Each of the eight Australian states and territories have their own workers' compensation schemes, and the Commonwealth has 3 participating schemes, being Comcare, Seacare and the Military Compensation Scheme. The NRTWS is the only survey designed to collect national data across workers' compensation jurisdictions (the Military Compensation Scheme is not included in the NRTWS).

1.2. Participating jurisdictions

All Australian workers' compensation authorities took part in the 2021 NRTWS. The NT did not participate in 2013, the ACT did not participate in 2013, 2014, or 2016, and SA did not participate in 2018. Prior to 2018, Comcare maintained a separately commissioned Return to Work Survey and merged this data into the NRTWS.

This report includes details for the participating jurisdictions for the 2021 survey:

- Australian Capital Territory (ACT)
- Comcare (COM)
- New South Wales (SIRA) (NSW)
- Northern Territory (Worksafe) (NT)
- Queensland (Office of Industrial Relations) (QLD)
- Seacare (SEA)
- South Australia (SafeWork) (SA)
- Tasmania (Workcover) (TAS)
- Victoria (WorkSafe) (VIC)

- Western Australia (Workcover) (WA)

1.3. Methodology overview

This section provides a brief overview of the survey approach and methodology. Further details (including sample characteristics and telephone call outcomes) are provided in Appendix A, and in the separate Methodological Report, which will be made available on Safe Work Australia's website¹.

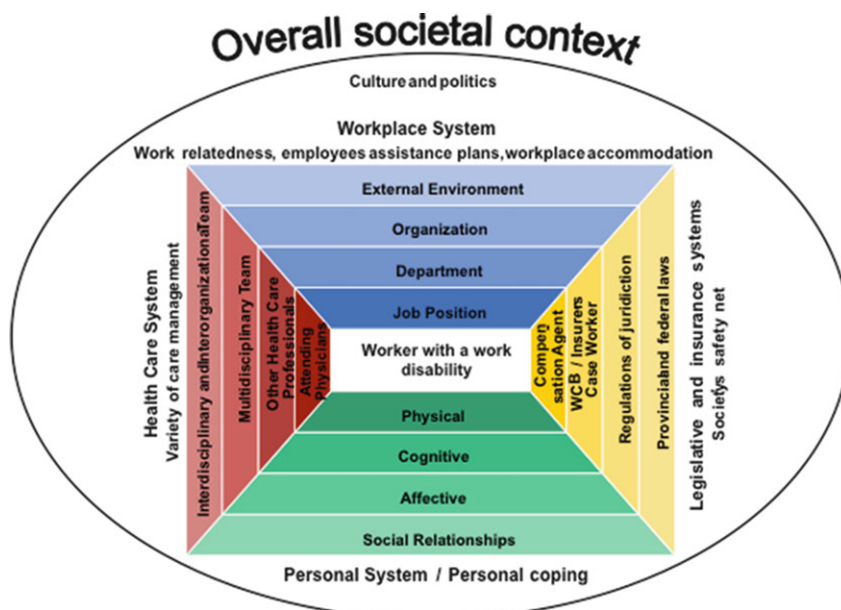
1.3.1. Conceptual framework

The NRTWS used the Sherbrooke Model of Work Disability (Figure 1)² to organise the survey questions and as a framework for analysing data from the responses. The model is informed by multidisciplinary research on RTW from the fields of medicine, sociology, ecology, health and politics.

The 2021 NRTWS questionnaire and this report are structured around the four domains identified in this model:

- personal system
- workplace system
- health care system
- legislative and insurance (workers' compensation) system.

Figure 1 Ecological case management model for work disability



1.3.2. Sample design and selection

The total population of people who could have been selected for this survey were injured workers who:

- had at least one day away from work; and

¹ <https://www.safeworkaustralia.gov.au/>

² Loisel, P, Buchbinder, R, Hazard, R, Keller, R, Scheel, I, van Tulder, M, & Webster, B. 'Prevention of work disability due to musculoskeletal disorders: The challenge of implementing evidence', *Journal of Occupational Rehabilitation*, 15(4), 2005, pp. 507-24.

- had a claim reported to the workers' compensation authority or insurer between 1 February 2019 to 31 January 2021 inclusive³; and
- had either an open or closed workers' compensation claim; and
- worked in either premium-paying (including own businesses) or self-insured organisations.

The Social Research Centre performed sampling stratification and sample selection from this sample frame.

1.3.3. Data collection

Data collection for the NRTWS was conducted by Computer Aided Telephone Interviewing (CATI) between 22 June and 30 September 2021. Respondents were able to elect to complete the interview in English, Cantonese, Mandarin, Arabic or Vietnamese.

A total of 4,588 telephone interviews were completed. A final response rate of 54.1% was achieved, representing the proportion of workers who were successfully contacted, confirmed to be in scope and completed the survey. This is a decline from the 67.7% response rate achieved in 2018.

Table 1 shows the (unweighted) breakdown of completed interviews by jurisdiction and claim type. Claim type refers to whether workers' compensation claimants were from a premium paying organisation (i.e. their organisation pays a premium to an insurance provider for cover), or a self-insurer (their organisation insures itself – mainly larger organisations). More detail about sample characteristics is included in Section 1.5.

Table 1 Total completed interviews by cohort, jurisdiction and claim type (unweighted)

	Premium Payer	Self-Insurer	Total
Australia	3,288	1,300	4,588
Australian Capital Territory	133	11	144
Comcare	172	447	619
New South Wales	416	349	765
Northern Territory	89	61	150
Queensland	558	215	773
Seacare	0	42	42
South Australia	387	0	387
Tasmania	428	15	443
Victoria	733	47	780
Western Australia	372	113	485

1.3.4. Weighting

To ensure results calculated from the dataset represent the target population as closely as possible, a weight was calculated for each survey respondent. Weights adjust for the disproportionate sample design (smaller jurisdictions and groups are typically over-sampled to generate a robust base number of completed surveys – thereby improving reportability and confidence, and larger jurisdictions are

³ A small number of claims were submitted outside this period (40 claims from NSW SIRA and 47 claims from RTW SA in February and March 2021). This was permitted under the collection method and included in analysis consistent with 2018.

capped) and for differential non-response among sub-groups of persons selected to take part in the survey. All data presented in this report use weighted data, unless otherwise noted.

1.4. About the measures used in this report

1.4.1. Time series analysis

This report includes a balance of measurement items that are compared against previous years of the NRTWS (2012, 2014, 2016 and 2018) and some which show 2021 results as a point in time. Unless otherwise noted, results presented are based on 2021 data.

1.4.2. Sub-group analysis

Measures included in this report are shown at an overall (national) level and by jurisdiction. Additionally, measurement items may be presented or described for the following sub-groups where there are statistically significant differences:

Injury type

Five broad injury type categories were identified, using the nature coding in the Type of Occurrence Classification System (TOOCS) (3rd Edition, Revision 1) framework⁴:

- Fractures (TOOCS code B)
- Musculoskeletal Disorders (TOOCS codes F & H)
- Other Trauma (TOOCS codes A, C, D, E & G)
- Mental Illness (TOOCS code I) (referred to in this report as mental illness claims, to help distinguish from probable serious mental illness assessed in-survey)
- Other Diseases (TOOCS codes J to R).

Current work status

Whether or not the injured worker reported that they were working at the time of survey.

Employer size

Based on the total remuneration on which (the worker's employer's) workers' compensation premium is calculated. Consistent with previous reporting, three employer size bands have been identified:

- Small (Less than \$1 million)
- Medium (Between \$1 million and less than \$20 million)
- Large (\$20 million or more).

Claim duration

Claim duration is based on the number of days between the date of claim lodgement and the date of survey completion. In the absence of any further characteristics, claim duration may be interpreted as a proxy for claim complexity.

For analyses of statistical significance, three bands were used for comparisons:

⁴ <https://www.safeworkaustralia.gov.au/doc/type-occurrence-classification-system-toocs-3rd-edition-may-2008>

- 1 to 180 days
- 181 to 365 days
- more than one year

Days compensated

In many cases, the amount of days compensated (off work) correspond to greater differences in the results than claim duration. Days compensated can also be used as a proxy for claim complexity (or injury complexity). Where this is the case, differences by days compensated are presented in figures or discussed. For the purposes of statistical significance testing, days compensated was split into two categories:

- Under 40 days
- 40 or more days

Claim type

Claim type relates to whether the worker came from an organisation that pays a third-party insurer for their workers' compensation plan (premium payer) or an organisation that insures themselves (self-insurer). Self-insurers are generally larger organisations, although claim type is not a proxy for employer size, as the nature of the claim types vary in and of themselves.

Probable serious mental illness (using Kessler 6 Psychological Distress Scale)

Although mental illness is included in the injury types (listed above), it is different to those assessed as having probable serious mental illness at the time of the survey.

Mental illness claims were categorised as part of a claim, and treated accordingly, whereas those assessed as having probable serious mental illness at the time of the survey may not have been diagnosed and/or may have developed mental health conditions since taking time off work.

Whilst there is some overlap, it is minimal; only 8.4% of those with probable serious mental illness had a mental illness claim.

The results show large differences between those assessed as having probable serious mental illness and those not, so are discussed throughout this report where appropriate.

1.4.3. Responses of 'Prefer not to say' and 'Don't know'

Throughout the survey, respondents were able to skip past any question they felt uncomfortable with or were unable to answer. Interviewers coded such responses to the appropriate response-option of either 'Refused' or 'Don't know'. To maintain consistency with previous reporting, some measurement items have excluded 'Refused' or 'Don't know' from the base, and some have retained them.

For derived variables, such as aggregated scores (e.g. Kessler 6 score) and mean calculations, only valid responses have been included. For these variables, 'Refused' and 'Don't know' responses are set as 'missing' data.

Each table and figure in the report specifies the base for the data presented and the treatment of 'Refused' and 'Don't know' responses for that particular measure.

1.4.4. Significance testing

Statistically significant differences are indicated throughout the report. Significance testing has been conducted at the 95 per cent confidence level (i.e. a p-value of ≤ 0.05). Where an estimate is noted as being statistically significant, the interpretation is as follows:

- **Time series** – estimates have been tested against each preceding survey, chronologically. For example, 2021 vs 2018, 2018 vs 2016, 2016 vs 2014, 2014 vs 2013.
- **Sub-groups (four or more categories)** – the estimate for a given category has been tested against the equivalent estimate for all other categories in aggregate. For example, Comcare vs all other jurisdictions. Or, to put it another way, Comcare vs (Total - Comcare).
- **Sub-groups (three or fewer categories)** – the estimate for a given category has been tested against the equivalent estimate for all other categories independently. For example, Small (employer size) vs Medium vs Large.

In tables and figures presented throughout the report, statistically significant differences are indicated by asterisks, whereby a single asterisk (*) indicates an estimate that is significantly lower, and a double asterisk (**) indicates an estimate that is significantly higher. For time series data, the estimate denoted with an asterisk is significantly different from the immediately preceding period. For sub-group analysis, where four or more sub-groups are presented, asterisks indicate an estimate which is significantly higher or lower than the aggregate of all other sub-groups. For sub-group analysis, where 3 or fewer sub-groups are presented, both the higher and lower estimates are denoted with asterisks.

There are some instances in the report where an estimate might seem that it would be significant (if, for example, another estimate has a similar value and is indicated as significant) but has not been indicated as significant. There are reasons why some observed differences do not meet the requirements for statistical significance (despite the differences being larger than other observed significant differences). This is usually due to lower confidence (small base sizes). In addition, differences are more likely to meet the criteria for significance if the observed proportions in question are particularly large (over 85%) or small (under 15%) proportions of the population. So, for example, a jump from 1% to 2% might meet the criteria for statistical significance, while a jump from 45% to 55% might not.

1.5. Achieved Sample Characteristics

1.5.1. Achieved Sample overview

As noted in Section 1.3.2 'Sample design and selection', a random sample of injured or ill workers was selected from the population of all eligible workers' compensation claimants, within a set of strata to ensure representativity. All selected sample members had the opportunity to participate and all were sent a primary approach letter (PAL) containing details of the survey and all telephone numbers were attempted at least once. Participation was voluntary and no further eligibility criteria were enforced upon successfully contacting sample members by telephone.

Soft quota targets were in place to achieve a desired number of completed surveys for each jurisdiction which, along with size of the available population, informed the number of sample records selected for each jurisdiction. Table 2 shows the profile of the final sample (i.e. those who completed the survey) for the past five collections, across a range of demographic attributes and other characteristics of the worker, their work-related injury or illness, and their employer.

Table 2 Sample characteristics by survey year (%)

	2013	2014	2016	2018	2021
Age					
15 - 20 years	3.4	2.4	2.1	2.8	2.8
21 - 30 years	15.2	16.4	14.7	17.4**	20.2**
31 - 40 years	18.0	17.2	17.1	15.0	20.6**
41 - 50 years	26.1	26.1	23.9	22.4	20.6
51 - 60 years	27.2	26.8	28.9	29.5	22.3*
61 - 79 years	10.1	11.1	13.3	12.9	13.6
Gender					
Male	59.5	61.0	60.6	62.2	62.3
Female	40.5	39.0	39.4	37.8	37.7
Jurisdiction					
Australian Capital Territory	--	--	--	1.6	1.5
Comcare	4.0	2.5*	2.0	1.8	1.6
New South Wales	32.5	32.3	33.7	37.2**	40.3
Northern Territory	--	1.0	1.0	1.1	1.0
Queensland	18.5	24.7**	25.5	27.5	23.0*
Seacare	0.1	0.1	0.1	0.1	<0.1
South Australia	8.7	7.1*	6.4	--	3.9
Tasmania	2.0	1.9	0.9*	1.0	1.2
Victoria	21.7	20.1	19.0	18.4	17.2
Western Australia	12.5	10.3*	11.5	11.5	10.2
Injury type					
Fractures	11.1	9.2	9.2	12.4**	11.9
Musculoskeletal disorders	60.4	59.6	58.6	57.1	55.6
Other trauma	19.2	22.6**	23.7	22.0	23.9
Mental illness	5.9	5.1	3.8	4.5	4.1
Other diseases	3.4	3.5	4.6	4.0	4.5
Claim duration					
Average claim duration (days)	344	443**	438	445	537**
Average number of days compensated	72	47	49	44	49

	2013	2014	2016	2018	2021
Employer size					
Small (Less than \$1m)	21.8	23.2	24.4	25.8	37.2**
Medium (Between \$1m and less than \$20m)	37.2	38.5	36.5	34.9	33.1
Large (\$20m or more)	41.0	38.3	39.1	39.3	29.7*
Cohort					
Historic (purposeful sampling in 2013-2018, naturally occurring in 2021)	8.8	4.3*	4.3	4.5	5.3
Balance	91.2	95.7**	95.7	95.5	94.7
Industry					
Agriculture, Forestry, Fishing	2.2	2.4	3.2	2.7	3.2
Mining	2.6	1.9	2.6	1.8	2.0
Manufacturing	12.8	13.1	11.3	11.0	11.6
Electricity, Gas, Etc. Services	1.3	1.4	1.1	1.0	0.7
Construction	9.3	9.8	8.5	9.8	14.8**
Wholesale Trade	4.5	4.1	3.9	4.2	4.6
Retail Trade	6.4	8.5**	9.2	7.4	5.3*
Hospitality	4.1	5.2	5.7	4.7	4.9
Transport, Postal, Warehousing	11.4	7.9*	8.3	8.1	6.2*
Media and Telecommunications	1.0	0.4*	1.0	0.3*	0.8
Financial/Insurance Services	1.6	0.8	0.8	0.6	1.8**
Rental/Real Estate Services	0.8	1.1	0.7	1.4	1.8
Scientific/Technical Services	2.6	2.0	1.6	2.2	1.8
Administrative Services	2.5	3.3	2.2	3.9**	3.3
Public Administration	8.5	8.9	11.9**	7.5*	6.7
Education and Training	9.4	7.9	9.0	10.6	7.0*
Health Care/Social Assistance	14.5	15.4	15.1	18.0	19.1
Arts and Recreation Services	2.1	1.8	1.2	2.0	1.4
Other Services	2.3	4.0**	2.9	2.8	3.0

Notes: Data taken from sample provided by jurisdictions.

Weighted data shown. The unweighted sample contained a disproportionate mix of Historic and Balance cohort respondents across years (especially as the sampling approach changed in 2021), so unweighted data is less comparable, and smaller jurisdictions were over-represented in data collection compared to their actual size (vice versa large jurisdictions). Weighting was applied to adjust for variance between the sample and the population. The weighting design included jurisdiction, claim type (self-insurer or premium paying) and number of days compensated.

Asterisks indicate statistically significant difference from the previous year (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

1.5.2. Notable differences in the 2021 sample

The main difference in the 2021 survey sample, compared with previous collections, were:

- **Jurisdictions** – This is the first survey to include all jurisdictions. The NT did not participate in 2013, the ACT did not participate in 2013, 2014, or 2016, and SA did not participate in 2018. Prior to 2018, Comcare maintained a separately commissioned Return to Work Survey and merged this data into the NRTWS.
- **Cohorts** – The Historic and Balance cohorts⁵ were not purposefully sampled in 2021. Only the Balance cohort was sampled, in which some respondents met the Historic cohort criteria. After

⁵ For information on the Historic and Balance cohorts, refer to the National Return to Work 2018 Summary Report, which has been published on Safe Work Australia's website.

weighting, the proportions of historic and balanced cohorts were similar between 2021 and previous years.

1.5.3. Sample characteristics by injury type and jurisdiction

Table 3 shows the breakdown of the 2021 sample by the injury/illness type sub-groups, for each jurisdiction. This is provided for context as many of the results presented throughout the report compare between jurisdiction and injury/illness type sub-groups.

Significant differences are indicated. Notably:

- South Australia (63.9%) and Seacare (74.9%) had significantly higher proportions of injured workers with musculoskeletal disorders than other jurisdictions.
- New South Wales had a significantly higher proportion of workers with other trauma (28.0%).
- Comcare (11.6%) and Victoria (8.3%) had higher proportions of people with mental illness, and New South Wales (2.6%) and South Australia (0%) had lower proportions.
- Victoria had higher levels of other diseases (9.8%) not included in the four other categories.

Further detail about the sample profile by jurisdiction is contained in Appendix A.

Table 3 Injury/illness type by jurisdiction – 2021 (%)

	Fractures	Musculo-skeletal disorders	Other trauma	Mental illness	Other diseases
Total	11.9	55.6	23.9	4.1	4.5
Jurisdiction	-	-	-	-	-
Australian Capital Territory	8.3	59.2	24.0	4.2	4.2
Comcare	11.7	59.1	14.1*	11.6**	3.5
New South Wales	12.2	54.2	28.0**	2.6*	3.1*
Northern Territory	15.3	46.5	28.5	6.8	2.9
Queensland	11.5	56.3	24.5	4.0	3.8
Seacare	12.6	74.9**	5.0*	1.2	6.4
South Australia	11.9	63.9**	20.6	-*	3.5
Tasmania	11.1	59.5	19.4	5.8	4.2
Victoria	11.3	54.6	16.1*	8.3**	9.8**
Western Australia	12.9	57.8	23.1	3.1	3.1

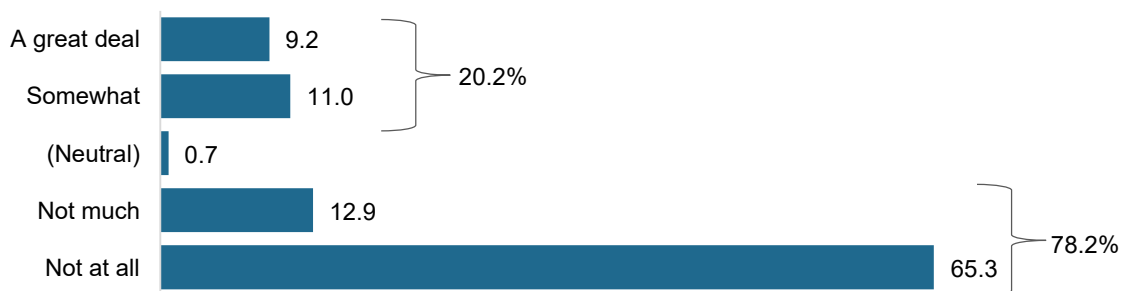
Note: Data taken from sample provided by jurisdictions. Values are row percentages. Asterisks indicate statistically significant differences between jurisdiction: single asterisk (*) indicates a lower proportion than other jurisdictions; double asterisk (**) indicates a higher proportion (p-value <=0.05).

2. Impact of COVID-19

During the survey period (1 February 2019 to 31 January 2021 inclusive), the COVID-19 pandemic changed many aspects of people’s lives, including ability to work (certain industries in particular), ability to access medical treatment and other services, and general wellbeing. In the 2021 NRTWS, two questions were added to measure the effects of COVID-19 on peoples’ RTW, to improve interpretation of the results – notably, any shifts between 2021 and prior collections.

A sub-sample of 1,620 respondents were asked to what extent COVID-19 had affected their recovery and RTW. Figure 2 shows that most workers reported no impact at all (65.3%), and 20.2% reported COVID-19 somewhat impacted or impacted their recovery and RTW a great deal.

Figure 2 Extent to which COVID-19 affected recovery and RTW - 2021 (%)



Base Respondents were selected randomly during fieldwork (in proportion with population quotas) so that a small but representative subset was asked the question. This method was used to keep the overall interview length down. (n=1,620)

RTW10 To what extent has the COVID-19 pandemic affected your recovery and return to work?

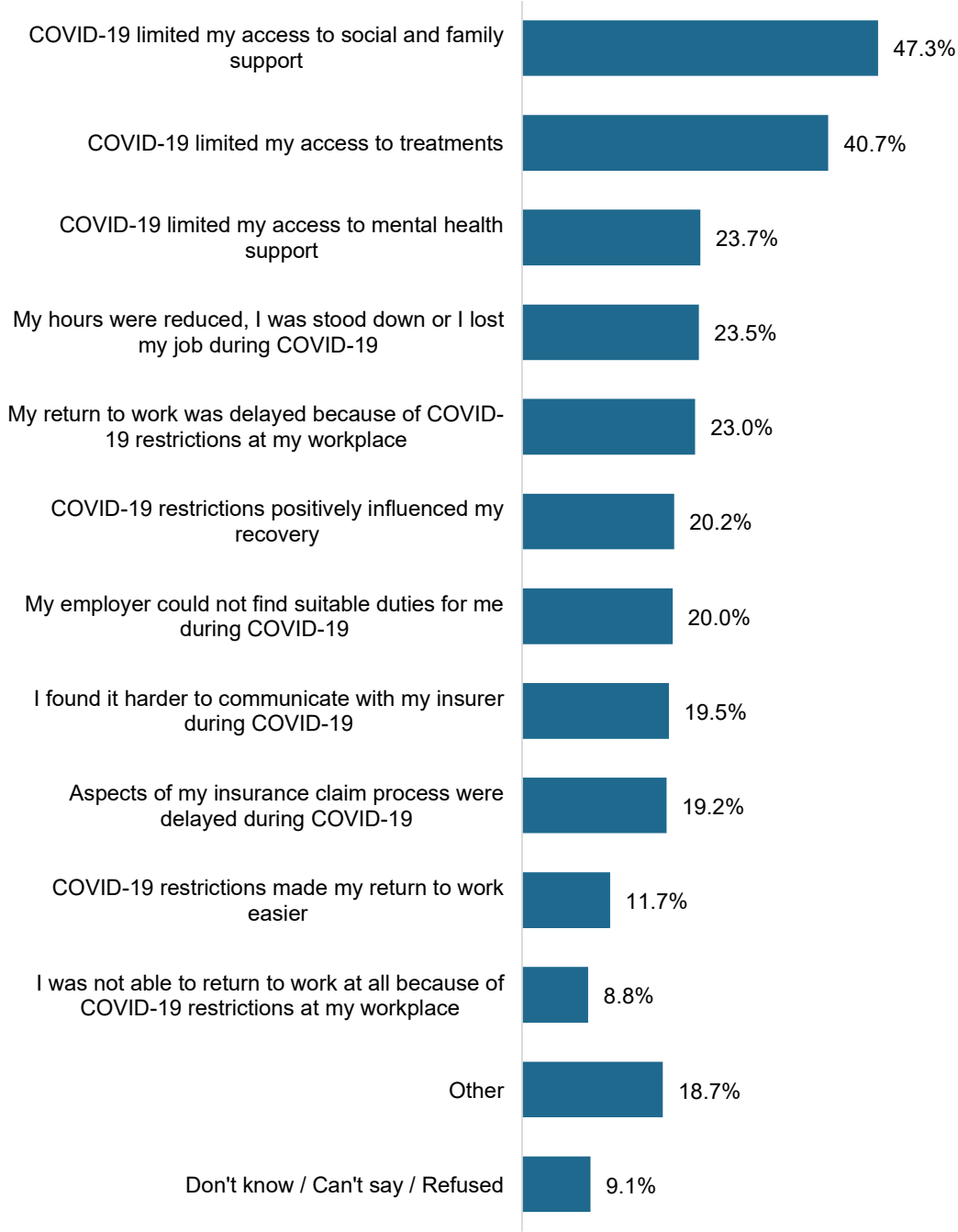
This was consistent across jurisdictions, with minimal significant differences. Some differences were observed by injury type, including those with musculoskeletal disorders (24.2%) and mental illness claims (27.6%) who were affected by COVID-19 ‘a great deal’ or ‘somewhat’ more than those with other injury/illness types. Those from larger organisations (\$20 million or more in revenue) were more likely to report that COVID-19 affected their recovery or RTW ‘a great deal’ or ‘somewhat’ (26.5%) than those from smaller organisations (less than \$1 million in revenue) (17.6%).

Other subgroups more affected by COVID-19 included people who were: compensated for 40 days or more (29.5% compared to 15.8% of those compensated for fewer than 40 days); not currently working (30.5% compared to 17.8% of those who were working); and assessed as having probable serious mental illness using the Kessler 6 psychological distress scale (42.8% compared to 17.0% of those not assessed as having a probable serious mental illness).

Those who selected ‘a great deal’, ‘somewhat’ or ‘not much’ were asked a follow-up question, on what ways COVID-19 had affected their recovery and/or RTW. Figure 3 shows that the biggest issues people faced due to COVID-19 were limited access to social and family support (47.3%), medical treatments (40.7%), and other issues. Positive sentiments included: 20.2% saying COVID-19 had positively impacted their recovery; and 11.7% saying the restrictions had made their work easier.

Due to limited base sizes, there were minimal significant differences observed across subgroups.

Figure 3 Impacts of COVID-19 on recovery and RTW



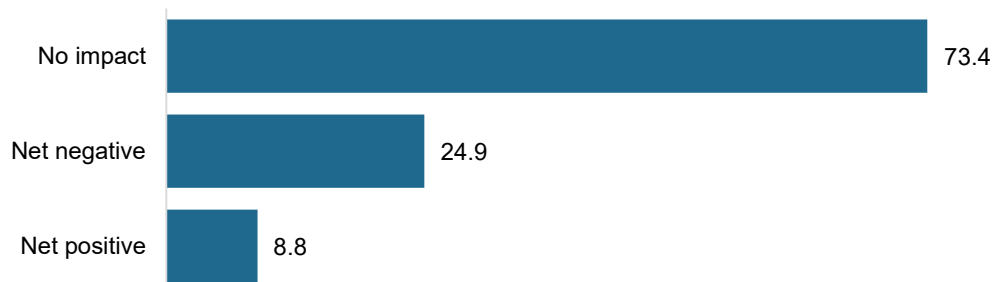
Base Said that COVID-19 had affected their recovery or return to work 'a great deal', 'somewhat' or 'not much' at RTW10 (n=569)

RTW11 In which of the following ways has the COVID-19 pandemic affected your recovery and return to work? (statements were read out individually),

These two questions about the impact of COVID-19 were combined to provide an overall read on net positive, negative or neutral impact, among those with a valid response (excluding those who selected 'Don't know', 'Refused', or 'Other' at either of these questions). Figure 4 shows that, of those with a codable response, almost three quarters reported no impact from COVID-19 (73.4%), one quarter reported a negative impact (24.9%), and 8.8% reported a positive impact (note that the negative and

positive impacts of COVID-19 are not mutually exclusive, and some respondents may have selected items relating to both positive and negative impacts, hence this chart adds to over 100%).

Figure 4 Positive and negative impact of COVID-19



Base Total sample – selected randomly (in line with quotas) so only a small subset was asked the question. This method was used to keep the overall interview length down. The base was reduced to exclude people who were coded as 'Don't know' or 'Refused' at RTW10, and to exclude people who were coded as 'Other', 'Don't know' or 'Refused' at RTW11 (n=1,444)

RTW10 To what extent has the COVID-19 pandemic affected your recovery and return to work?

RTW11 In which of the following ways has the COVID-19 pandemic affected your recovery and return to work? (statements were read out individually),

Subgroup differences were not observed at the jurisdiction level but were observed across different injury types. Those with musculoskeletal disorders were more likely to indicate a negative effect of COVID-19 (31.0%) than other injury types, and less likely to indicate no effect (68.0%). Those with 'other trauma' injury types were more likely to indicate no effect of COVID-19 (82.1%) than other injury types and less likely to indicate negative effects (14.6%).

Other subgroups more likely to indicate a negative effect of COVID-19 were people who: were compensated for 40 days or more (35.5% compared to 20.0% of those compensated for fewer than 40 days) and were not currently working (32.8% compared to 23.3% of those who were working).

Interestingly, people assessed as having probable serious mental illness using the Kessler 6 psychological distress scale were more likely to indicate negative effects due to COVID 19 (58.4% compared to 20.7% of those not assessed as having a probable serious mental illness), *and positive effects* (20.9% compared to 7.4%). This highlights the varying impacts of COVID 19, the diverse and complex experiences of people with mental health considerations, and the potential links between psychological distress and the pandemic. Other research⁶ suggests that COVID-19 has contributed to an overall decline in mental health.

In addition to the above, the results were looked at another way, which helps to see the crossover of positive and negative impacts of COVID-19 and removes those who didn't report any impact of COVID-19. All those who responded to RTW11, which asked the about specific ways that COVID-19 impacted recovery and RTW, were grouped into the following response categories (n=504):

- Those who only selected negative statements were 68.0%
- Those who selected negative and positive statements were 26.0%
- Those who only selected positive statements were 6.1%

⁶ Safe Work Australia, 'COVID-19 and Safe Work Australia data; November 2021', *Safe Work Australia website* (www.safeworkaustralia.gov.au), 2021, p3.

This shows that although some respondents reported positive effects of COVID-19, these were mostly accompanied by concurrent negative effects. The predominant sentiment around the impact of COVID-19, as could be expected, was negative.

3. Return to Work Headline Measures

This section presents findings related to the key RTW outcomes. The findings were also published by Safe Work Australia in the Headline Measures Report (December 2021).

Two key RTW measures are included, namely the:

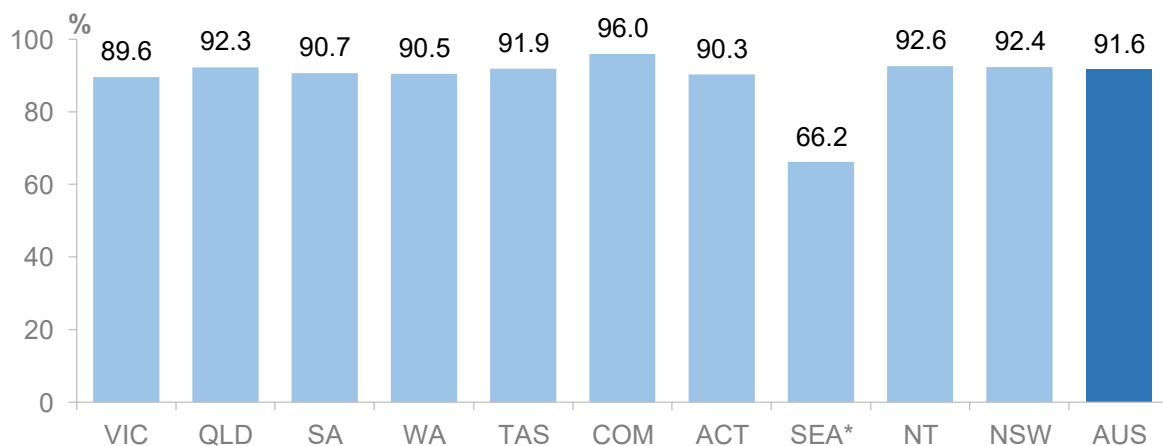
- Returned to Work Rate** is the proportion of workers surveyed who reported having returned to work at any time since their work-related injury or illness. It is based on question RTW1 (previously question C7 prior to 2018) ‘Have you returned to work at any time since your work-related injury or illness?’ and reports the proportion of workers who answered ‘Yes’ to this question.
- Current Return to Work Rate** is the proportion of workers surveyed who reported having returned to work at any time since their work-related injury or illness and being in a paid job at the time of survey. This measure is based on question RTW2 (previously C1) ‘Are you currently working in a paid job?’ and question RTW1 (previously C7) ‘Have you returned to work at any time since your work-related injury or illness?’. It reports the proportion of workers who answered ‘Yes’ to both questions.

3.1. Returned to Work Rate

The Returned to Work Rate for Australia in 2021 was 91.6%. The jurisdictions which recorded Returned to Work Rates above the national average were Comcare (96.0%), Northern Territory (92.6%), New South Wales (92.4%), Queensland (92.3%) and Tasmania (91.9%). The jurisdictions which recorded Returned to Work Rates below the national average were South Australia (90.7%), Western Australia (90.5%), Australian Capital Territory (90.3%), Victoria (89.6%) and Seacare (66.2%).

Figure 5 2021 Returned to Work rate by Jurisdiction (%)

RTW1. Have you returned to work at any time since your work-related injury or illness?



Base Total sample - those with at least one day off work and whose claim was submitted between 1 February 2019 and 31 January 2021.

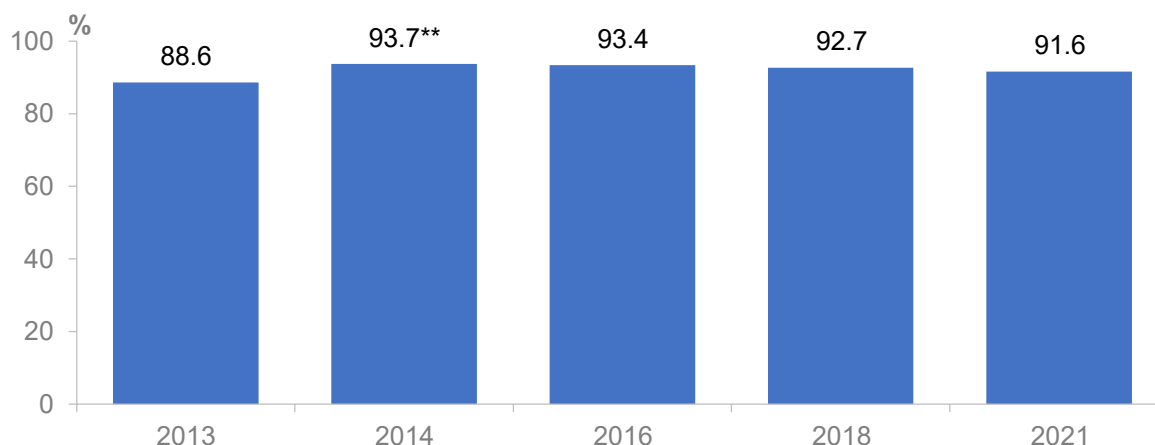
'Don't Know' and 'Refused' responses are not excluded.

*Sample sizes: Australia (n=4,588), VIC (n=780), QLD (n=773), SA (n=387), WA (n=485), TAS (n=443), Comcare (n=619), NT (n=150), ACT (n=144), *Seacare (n=42 – caution small sample size), NSW (n=765)*

The national Returned to Work Rate has decreased slightly over time following a peak of 93.7% in 2014, which is significantly higher than the 91.6% in 2021. However, the 2021 result remains significantly higher than the lowest rate of 88.6% in 2013, as do the 2014, 2016 and 2018 rates.

Figure 6 Returned to Work rate: National time series (%)

RTW1. Have you returned to work at any time since your work-related injury or illness?



Base Total sample - those with at least one day off work and whose claim was submitted between 1 February 2019 and 31 January 2021.

'Don't Know' and 'Refused' responses are not excluded.

Sample sizes: 2013 (n=4,698), 2014 (n=4,679), 2016 (n=5,124), 2018 (n=4,602), 2021 (n=4,588)

SA did not participate in 2018. ACT did not participate in 2016, 2014, 2013. NT did not participate in 2013.

In 2021 there was a change in the sampling method for the survey (refer 'Methodological Overview').

*** indicates a statistically significant higher result to the preceding year.*

Subgroups reporting significantly lower Returned to Work Rates in 2021 than others include those with a mental illness claim (79.1%), those with 'other diseases' injury type (84.6%) and those assessed as having a probable serious mental illness (70.9%). Those with 'other trauma' injury types were more likely to return to work (96.2%).

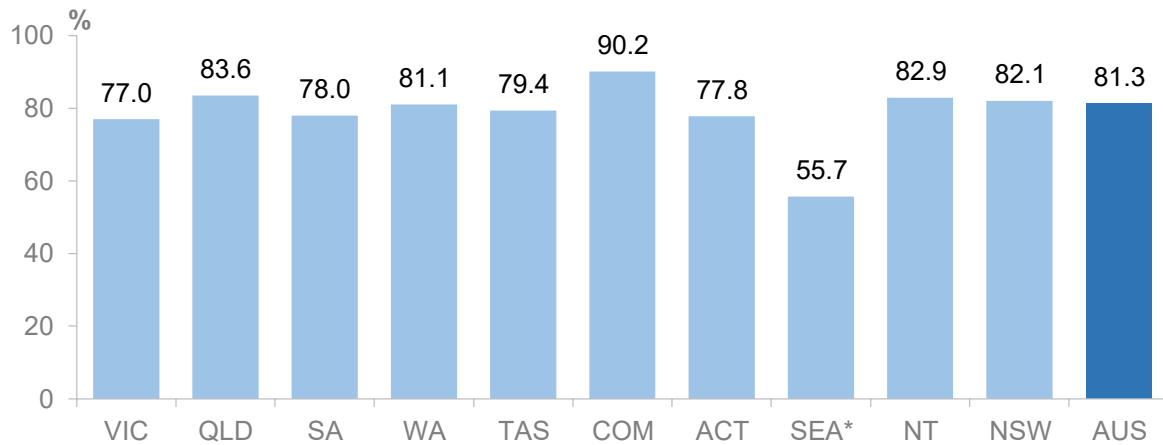
3.2. Current Return to Work Rate

The Current Return to Work Rate for Australia in 2021 was 81.3% which is 10.3 percentage points below the Return to Work Rate for the same period (Figure 7).

The jurisdictions which recorded Current Return to Work Rates above the national rate were Comcare (90.2%), Queensland (83.6%), Northern Territory (82.9%) and New South Wales (82.1%). The jurisdictions which recorded rates below the national average were Western Australia (81.1%), Tasmania (79.4%), South Australia (78.0%), Australian Capital Territory (77.8%), Victoria (77.0%) and Seacare (55.7%).

Figure 7 2021 Current Return to Work Rate: by Jurisdiction (%)

RTW1. Have you returned to work at any time since your work-related injury or illness?
RTW2. Are you currently working in a paid job?

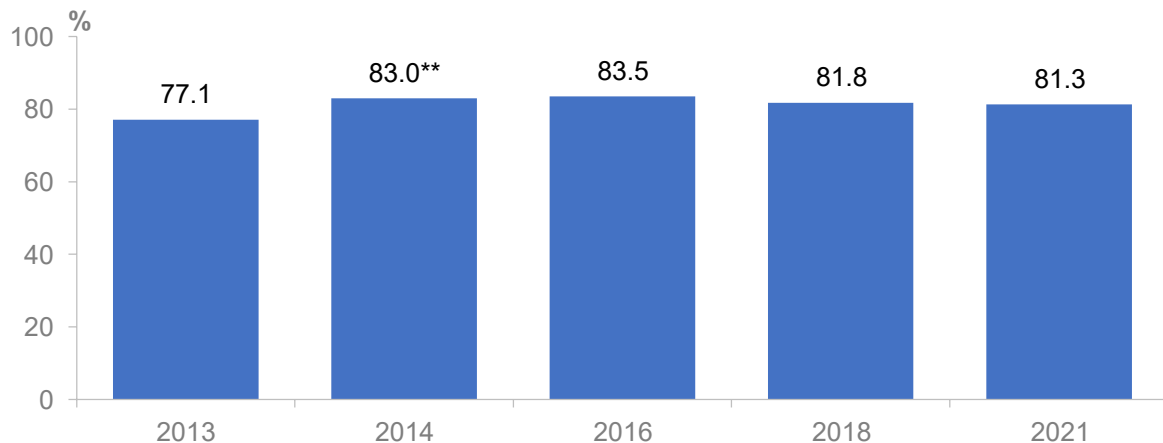


Base Total sample - those with at least one day off work and whose claim was submitted between 1 February 2019 and 31 January 2021.
 'Don't Know' and 'Refused' responses are not excluded.
 Sample sizes: Australia (n=4,588), VIC (n=780), QLD (n=773), SA (n=387), WA (n=485), TAS (n=443), Comcare (n=619), NT (n=150), ACT (n=144), Seacare (n=42 - *caution small sample), NSW (n=765)

The national Current Return to Work Rate (Figure 8) was relatively stable in 2014 (80.0%) and 2016 (80.5%), however, has recorded 0.5 to 1.7 percentage point declines since 2016 (albeit not statistically significant). The 2021 result remains significantly higher than the lowest rate of 77.1% in 2013, as do all other reported years.

Figure 8 Current Return to Work Rate: National time series (%)

RTW1. Have you returned to work at any time since your work-related injury or illness?
RTW2. Are you currently working in a paid job?



Base Total sample - those with at least one day off work and whose claim was submitted between 1 February 2019 and 31 January 2021.
 'Don't Know' and 'Refused' responses are not excluded.
 Sample sizes: 2013 (n=4,698), 2014 (n=4,679), 2016 (n=5,124), 2018 (n=4,602), 2021 (n=4,588)
 SA did not participate in 2018. ACT did not participate in 2016, 2014, 2013. NT did not participate in 2013.
 In 2021 there was a change in the sampling method for the survey (refer 'Methodological Overview').
 ** indicates a statistically significant higher result to the year(s) stated.

Subgroups reporting lower Current Return to Work Rates that also reported lower Returned to Work Rates included those with a mental illness claim (69.6%), those with 'other diseases' injury types

(72.8%) and those assessed as having a probable serious mental illness (46.9%). Those who had 'other trauma' injury types were had higher a rate (87.2%).

Those from self-insurer employers had a higher Current Return to Work Rate (87.3%) compared to those from premium payers (80.2%).

4. Return to Work Attempts, Duties and Perceptions

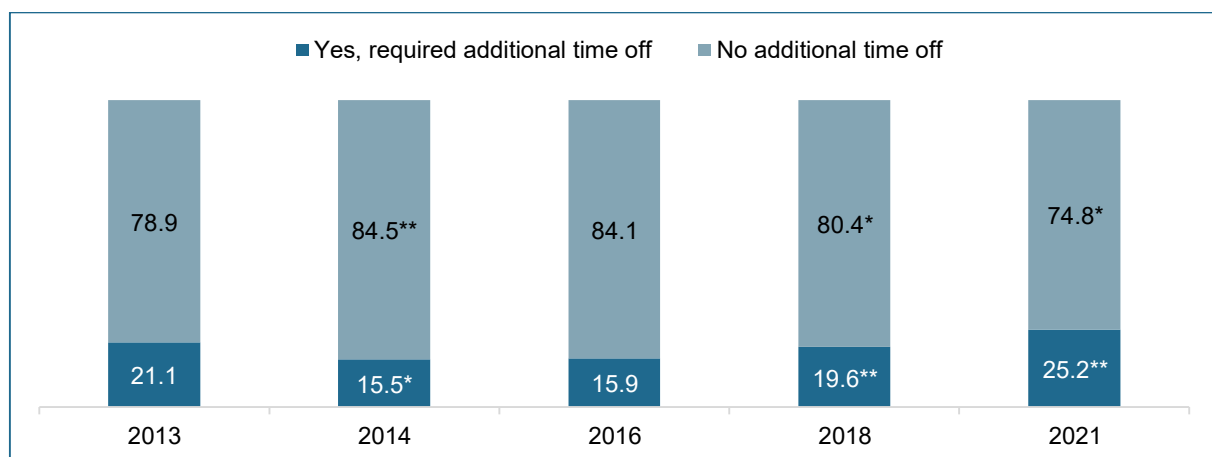
4.1. Return to work attempts

Workers who reported they were currently working were asked whether they had needed to take additional time off (due to their injury or illness) since they first returned to work. This measure provides an indication of how many RTW attempts might be considered successful, in that the worker was able to make a permanent return to the workplace.

The proportion of workers who made a permanent return to the workplace has been declining since 2016, with significant differences observed between 2016 and 2018, and between 2018 and 2021. In 2021, 74.8% of RTW attempts were successful (i.e. no additional time off was needed once the worker had returned to work), down from 78.9% in 2013 (Figure 9).

One in four workers in 2021 (25.2%) reported more than one attempt to RTW (up from 19.6% in 2018).

Figure 9 Additional RTW attempts by time series (%)



Base: Respondents who reported they were currently working. 2013 (n=3,540), 2014 (n=3,631), 2016 (n=4,069), 2018 (n=3,610), 2021 (n=3444). Don't know and Refused responses excluded from base.

RTW8 Since you FIRST returned to work, have you had to have any additional time off because of your work-related injury or illness?

Note: Asterisks indicate statistically significant difference from the previous year (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion (p-value <=0.05).

The proportion of unsuccessful RTW attempts in 2021 was significantly higher for Comcare (31%) compared to the other jurisdictions combined. There were no other statistically significant differences by jurisdiction.

The following notable differences were also observed:

- A higher proportion of workers from **large organisations** reported taking additional time off (29.6%) compared to those from small (23.4%) or medium (23.1%) sized employers.
- Those with a **mental illness claim** were more likely to require additional time off (44.5%) compared to other injury types (24.5%), as were those with **musculoskeletal disorders** (28.5%) compared to all other injury types (21.2%).

- Those with **more days compensated** (40 days or more) were more likely to require additional time off (38.2%) than those with fewer than 40 days compensated (21.1%), although no significant differences were observed by claim duration.

Table 4 Additional time off by cohort and jurisdiction – 2021 (%)

	Yes, required additional time off	No additional time off
Total	25.2	74.8
Jurisdiction		
Australian Capital Territory	28.5	71.5
Comcare	31.0**	69.0*
New South Wales	21.9*	78.1**
Northern Territory	23.4	76.6
Queensland	28.1	71.9
Seacare	13.0	87.0
South Australia	28.4	71.6
Tasmania	27.3	72.7
Victoria	27.2	72.8
Western Australia	25.9	74.1
Employer Size		
Small (Less than \$1m)	23.4	76.6
Medium (Between \$1m and less than \$20m)	23.1	76.9
Large (\$20m or more)	29.6**	70.4*

Base: Respondents who reported they were currently working. Total (n=3,433), ACT (n=106), Comcare (n=549), NSW (n=528), NT (n=118), QLD (n=581), SA (n=272), Seacare (n=22), TAS (n=338), WA (n=365), VIC (n=565). Employer size: Small (n=1,621), Medium (n=917), Large (n=906).

RTW8 Since you FIRST returned to work, have you had to have any additional time off because of your work-related injury or illness?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion (p-value <=0.05).

4.2. Work Ability

The Work Ability Index measures workers' perception of their ability to work on the day they undertook the survey. All survey respondents were asked about this, including those who had and had not returned to work. Respondents answered using a scale of 0 to 10, where 0 means 'completely unable to work' and 10 means 'work ability at its best'. Figure 10 shows the mean Work Ability score, in total, for each jurisdiction and by injury/illness type.

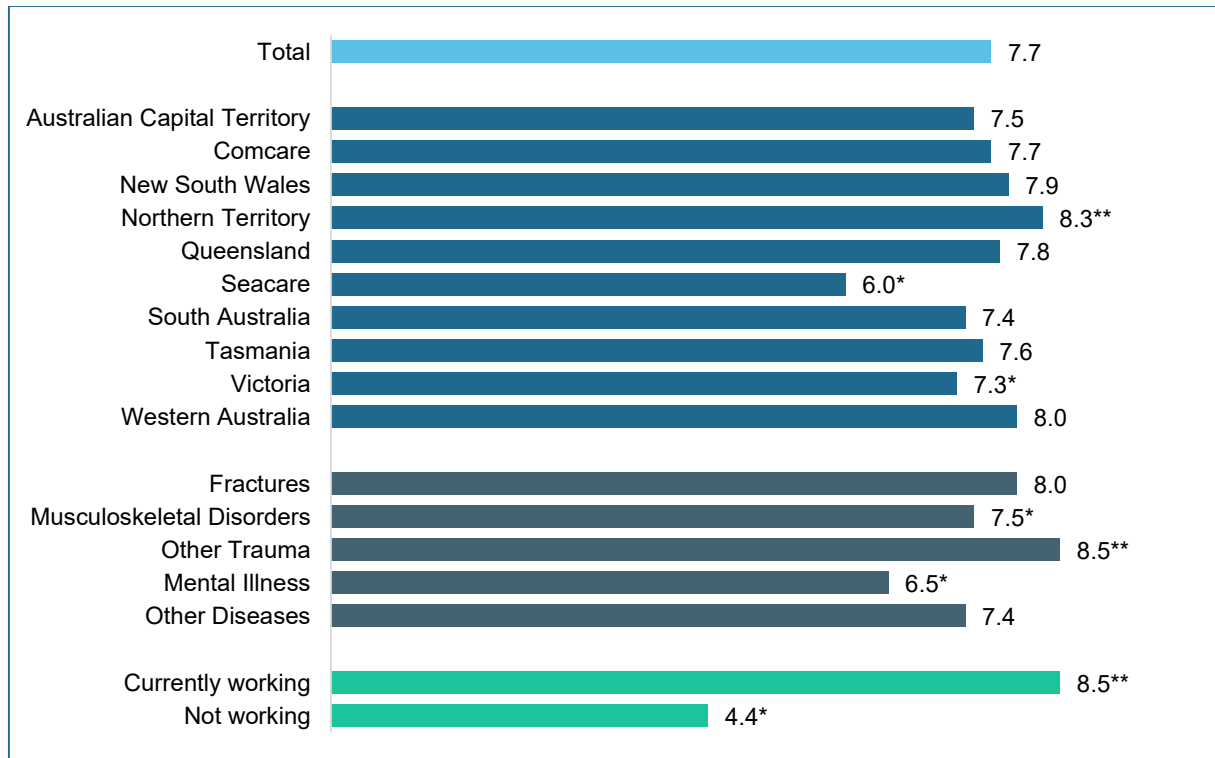
As shown in Figure 10, the overall mean Work Ability score for all workers surveyed in 2021 was 7.7 (a significant decline from 8.0 in 2018).

Other notable observations were:

- **higher average scores** were reported for Northern Territory respondents (8.3), people with 'other trauma' injury types (8.5) and those currently working (8.5).
- **lower average scores** were reported for respondents from Seacare (6.0), Victoria (7.3), and those with musculoskeletal disorders (7.5) and mental illness claims (6.5).
- workers with 40 or more days compensated **had lower average scores** (6.4) than those with under 40 days (8.3).

There were no significant differences by employer size or claim duration.

Figure 10 Work Ability Index by jurisdiction and injury/illness type (average)



Base: All respondents

Total (n=4,541), ACT (n=143), Comcare (n=613), NSW (n=760), NT (n=148), QLD (n=765), SA (n=382), Seacare (n=41), TAS (n=442), WA (n=480), VIC (n=767). Fractures (n=548), Musculoskeletal Disorders (n=2,610), Other Trauma (n=758), Mental Illness (n=411), Other Diseases (n=214), Currently working (n=3,439), Not working (n=1,102).

JP10 How many points would you give your ability to work today?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

4.3. Work limitations

The Work Limitations measure utilises the Work Role Functioning scale which asks workers who are currently working to assess the frequency with which they have difficulty with certain generic work functions. It is an indicator of self-reported work limitations that may be a residual effect of their work-related injury or illness.

The following five work functions were assessed:

1. concentrate on your work
2. work without mistakes
3. start as soon as you arrive
4. repeat the same motions
5. perform multiple tasks.

An average rating (with a range of 1 to 5) was calculated across all these attributes for each respondent. A higher score indicates low limitation (i.e. difficulty is experienced infrequently) while a lower score indicates that the worker is experiencing limitations with a high degree of frequency.

As Figure 11 shows, most respondents (82.6%) reported high scores, meaning that **most of the workers surveyed who were working at the time of the survey were experiencing few, if any, difficulties in performing these work functions.**

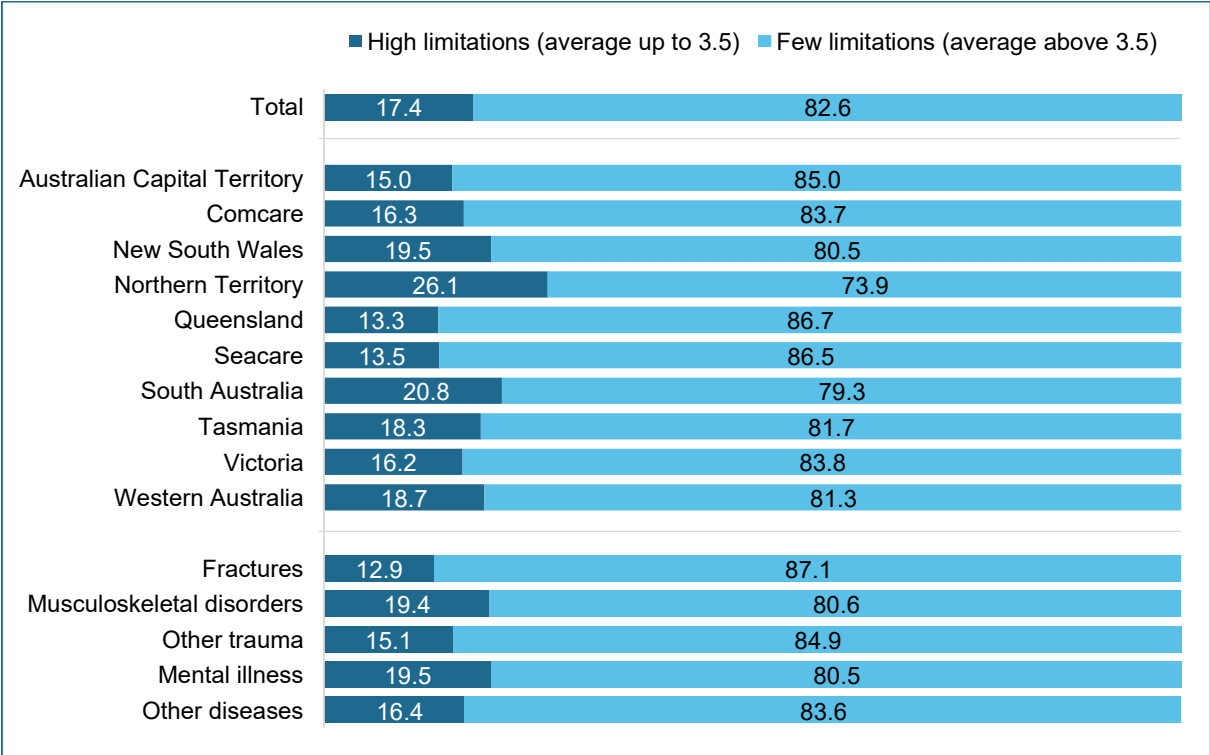
No statistically significant differences in Work Limitations were observed between jurisdictions.

Those assessed as having **probable serious mental illness** using the Kessler 6 scale, derived from six survey questions, were significantly more likely to report high work limitations (50.4%) than those who were not assessed as having probable serious mental illness (14.8%). This is despite no significant differences between those with a mental illness claim (19.5%) compared to other injury types (16.4%) – however, these are different cohorts. Injury type was collected prior to the survey through administrative information provided by the jurisdictions, whereas probable serious mental illness was assessed in-survey. This suggests that there could be differences between the initial assessment (as a mental health injury) and the likelihood of serious mental illness as assessed further down the claims process (through the survey).

Other respondents who were more likely to report high limitations were those:

- Compensated for 40 or more days (20.4%, compared to 16.5% for those compensated for less than 40 days)
- With musculoskeletal disorders (19.4%, compared to 15% for all other injury types (15.0%).

Figure 11 Work limitations by jurisdiction and injury/illness type (%)



Base: Respondents who reported they were currently working, 2021. Don't know and Refused responses excluded from base. Total (n=3,404), ACT (n=107), Comcare (n=536), NSW (n=524), NT (n=116), QLD (n=577), SA (n=273), Seacare (n=21), TAS (n=337), WA (n=362), VIC (n=551). Fractures (n=424), Musculoskeletal Disorders (n=1,963), Other Trauma (n=618), Mental Illness (n=251), Other Diseases (n=148).

JP9 Thinking about the last four weeks, how often have you found it difficult to do the following...?

Note: Don't know and Refused responses excluded from average calculation. No statistically significant differences.

4.4. Modified hours/duties

There are benefits to both workers and employers in workers returning to work at the earliest possibility, even it means a change in their workplace participation.

Workers who reported they had returned to work at any time since their injury or illness were asked about the conditions they returned to. Specifically, how the duties and hours they performed when they first returned to work compared with their pre-injury/illness working conditions.

The findings of these modified hours/duties measures suggest that there is a mix of workers returning to both modified hours/duties and the same hours/duties.

4.4.1. Hours upon returning to work

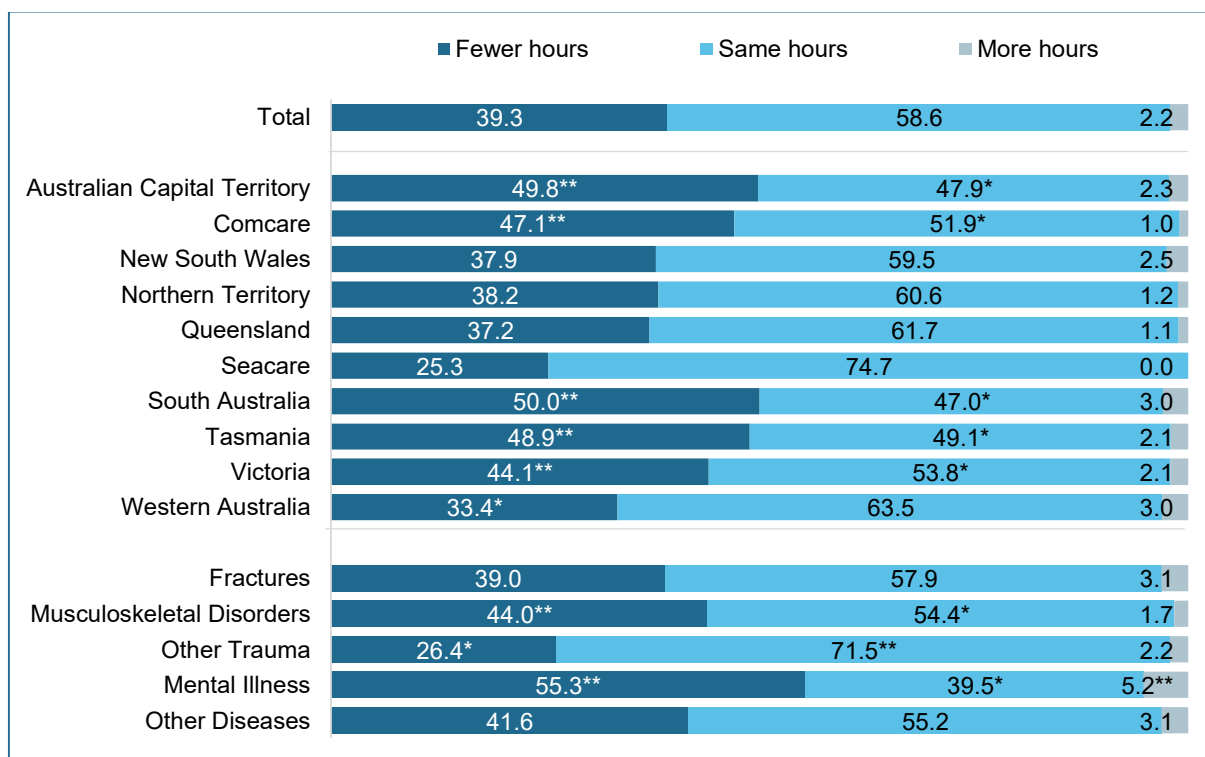
Overall, 58.6% of workers returned to working the same hours as they had prior to their injury or illness, while 39.3% were working fewer hours (Figure 12). Only 2.2% reported that their hours increased when they returned to the workplace. These numbers are consistent with the 2018 NRTWS, and no significant differences were detected between years.

There were differences by jurisdictions, with respondents in the ACT (49.8%), Comcare (47.1%), South Australia (50.0%), Tasmania (48.9%) and Victoria (44.1%) all more likely to have worked fewer hours upon returning, compared to other jurisdictions.

Certain injury/illness types appear to be linked with varied hours upon a RTW. Those who experienced mental illness claims (55.3%) or musculoskeletal disorders (44.0%) were significantly more likely to work fewer hours when returning to work than other injury types. A significantly higher proportion of those who experienced other trauma (71.5%) reported that they worked the same hours on return as before their injury/illness. The mental illness results here are reflective of similar observations among those assessed in the survey as having probable serious mental illness, 54.0% of whom returned to fewer hours (compared to 37.6% of others).

No notable differences were observed by employer size or claim duration. Unsurprisingly, those compensated for fewer than 40 days were more likely to return to the same hours (68.6% compared to 30.3% of those compensated for longer), and those who were currently working were also more likely to have returned to the same hours (60.0% compared to 47.8% of those not currently working). These results are likely a reflection of injury complexity and severity.

Figure 12 Hours upon returning to work by jurisdiction and injury/illness type (%)



Base: Respondents who reported they had returned to work at some stage, 2021. Total (n=3,988), ACT (n=128), Comcare (n=585), NSW (n=635), NT (n=132), QLD (n=672), SA (n=325), Seacare (n=26), TAS (n=395), WA (n=422), VIC (n=668). Fractures (n=481), Musculoskeletal Disorders (n=2,322), Other Trauma (n=700), Mental Illness (n=310), Other Diseases (n=175).

RTW6 Were the hours you returned to the same?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

4.4.2. Duties upon returning to work

Most workers performed the same *hours* when they returned to work (58.6%, as discussed above). However, a smaller proportion (39.7%) reported performing the same *duties* when they first returned to work after their work-related injury or illness (see Figure 13). Most workers reported performing either modified/light duties (39.5%) or different duties altogether (20.8%). This highlighted the flexibility of employers to adapt duties for most workers. These proportions are similar to 2018 (42.6% same duties, 38.4% modified/light duties, 19.0% different duties) suggesting some consistency over time.

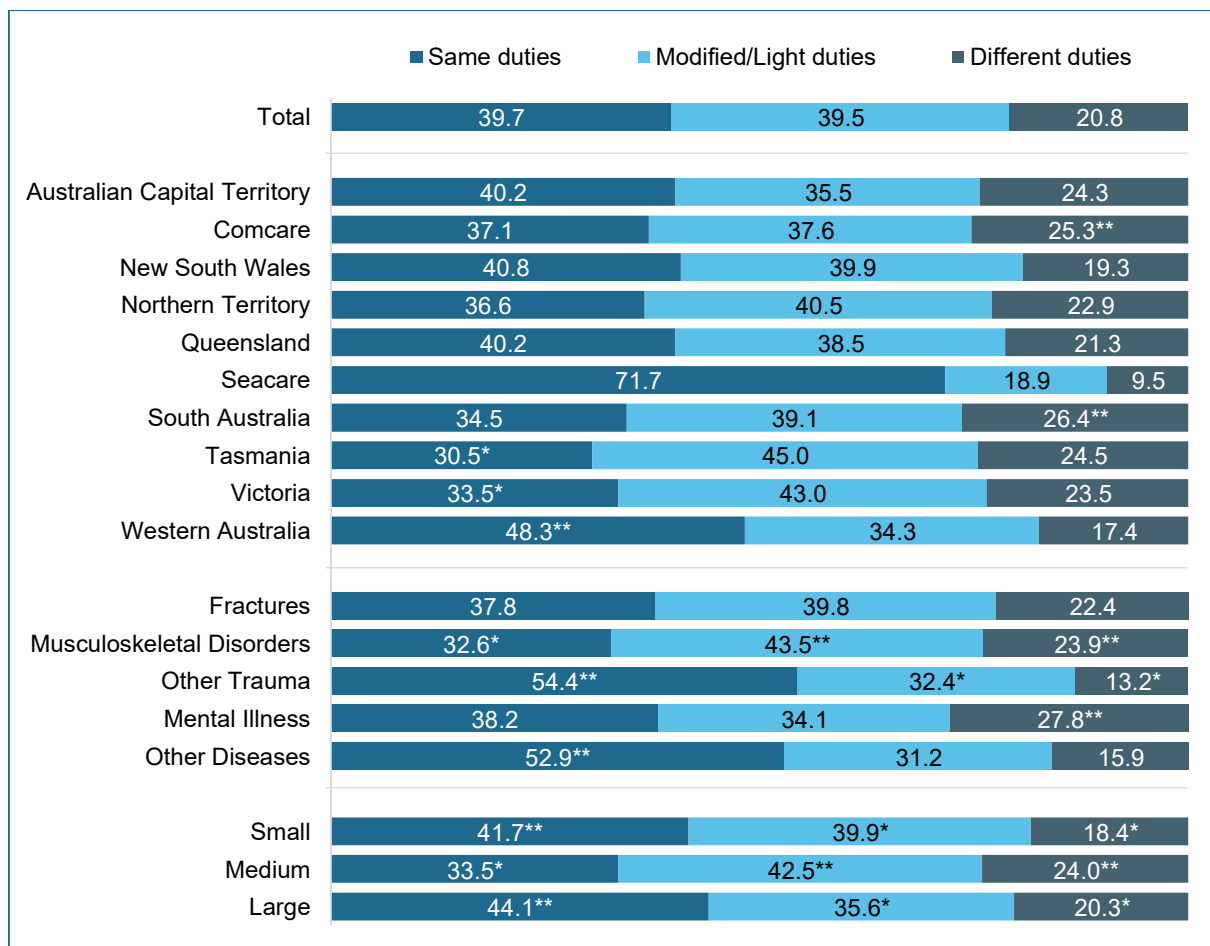
Workers from Tasmania (30.5%) and Victoria (33.5%) were less likely to return to the same duties, while workers in Western Australia (48.3%) were more likely.

As expected, this measure varies by injury type. Those with musculoskeletal disorders were less likely to return to the same duties (32.6%) but more likely to return to modified/light duties (43.5%) or different duties altogether (23.9%). Those from 'other' categories were more likely to return to the same duties (other trauma – 54.4%; and other diseases – 52.9%).

Those with mental illness claims were also more likely to return to different duties altogether (27.8%) than other injury types - a result that is supported by analysis of respondents' mental health in the survey (using Kessler 6 scale). Of those assessed as having probable serious mental illness 35.2% reported returning to different duties (compared to 19.3% of others), whilst 28.8% returned to the same duties (compared to 40.8%).

Duties on returning to work also varied by employer size, with workers from medium sized employers (\$1m to \$20m in revenue) more likely return to alternate duties (42.5% modified/light and 24.0% different duties), and less likely to return to the same duties (33.5%) than for small and large employer sizes. As discussed above, workers from larger employers (over \$20m in revenue) who were currently working were also more likely to require additional time off than those from medium or small employers.

Figure 13 Duties upon returning to work, by jurisdiction, injury/illness type and employer size (%)



Base: Respondents who reported they had returned to work at some stage, 2021. Total (n=4,006), ACT (n=129), Comcare (n=588), NSW (n=640), NT (n=132), QLD (n=671), SA (n=328), Seacare (n=26), TAS (n=394), WA (n=425), VIC (n=673). Fractures (n=482), Musculoskeletal Disorders (n=2,337), Other Trauma (n=703), Mental Illness (n=308), Other Diseases (n=176). Small (Less than \$1m) (n=1,845), Medium (Between \$1m and less than \$20m) (n=1,100), Large (\$20m or more) (n=1,061).

RTW7 Were the duties you returned to the same?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

5. Personal Coping System Domain Measures

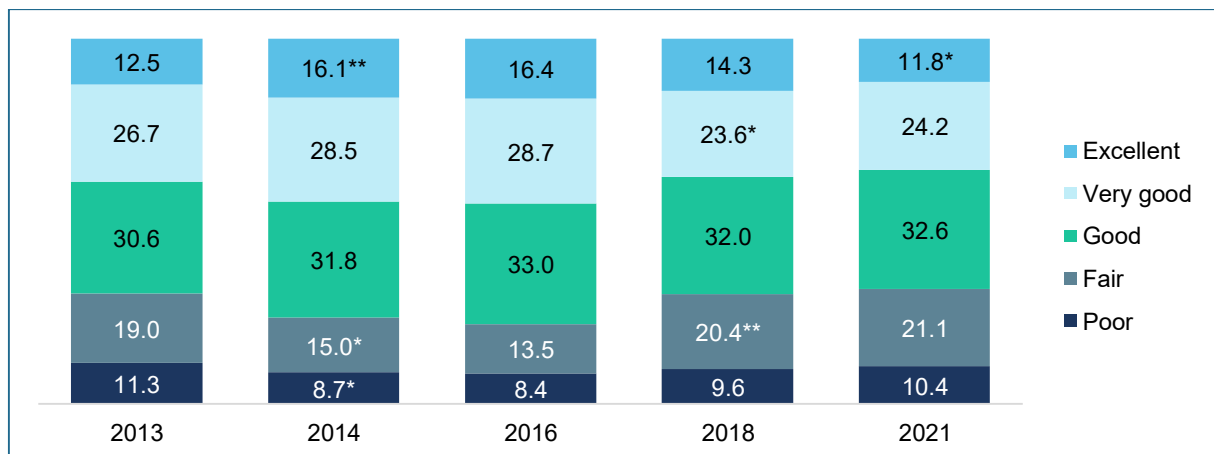
The personal domain encompasses biological characteristics, psychological and behavioural factors, and social relationships. This section looks at respondents' perceptions of their overall health and wellbeing, across a range of aspects.

5.1. General health

All respondents were asked a series of questions to understand their health status including questions about general health, comorbidity, and intensity and length of pain.

Most reported a positive rating – 32.6% 'Good', 24.2% 'Very Good' and 11.8% 'Excellent'. However, results have slowly declined in 2021 and 2018, since 2016 and 2014. This trend is reflected by some significant differences in Figure 14. The proportion who rated their health 'Good', 'Very good', or 'Excellent', was significantly fewer in 2021 (68.5%) and 2018 (69.9%), compared to 2016 (78.1%) and 2014 (76.3%). Conversely, those who rated their health 'Fair' or 'Poor' were significantly higher in 2021 (31.5%) and 2018 (30.1%), compared to 2016 (21.9%) and 2014 (23.7%).

Figure 14 General health by time series (%)



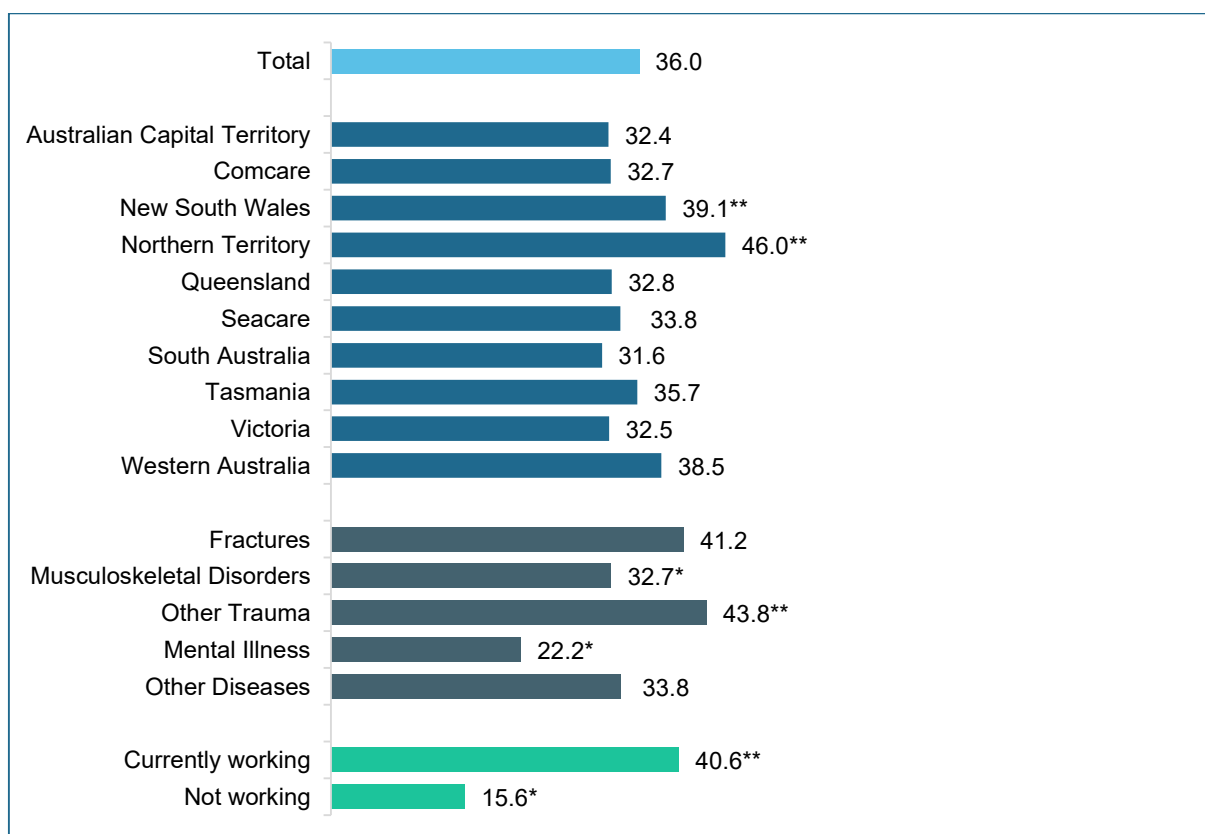
Base: All respondents, 2013 (n=4,668), 2014 (n=4,649), 2016 (n=5,084), 2018 (n=4,565), 2021 (4,543).

PP1 In general, would you say your health now is...poor, fair, good, very good or excellent?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

Figure 15 shows the proportion who rated their general health as either 'Very Good' or 'Excellent'. This was higher among New South Wales (39.1%) and Northern Territory (46.0%) respondents, as well as people currently working (40.6%). This measure was lower for people with musculoskeletal disorders (32.7%) or mental health injuries (22.2%).

Figure 15 General health rating, by jurisdiction, injury/illness type and work status – 2021 (% 'Excellent' / 'Very Good')



Base: All respondents: Total (n=4,543), ACT (n=143), Comcare (n=610), NSW (n=756), NT (n=150), QLD (n=766), SA (n=381), Seacare (n=41), TAS (n=440), WA (n=483), VIC (n=773), Fractures (n=546), Musculoskeletal Disorders (n=2,618), Other Trauma (n=756), Mental Illness (n=408), Other Diseases (n=215), Currently working (n=3,443), Not working (n=1,100).

PP1 In general, would you say your health now is...poor, fair, good, very good or excellent?

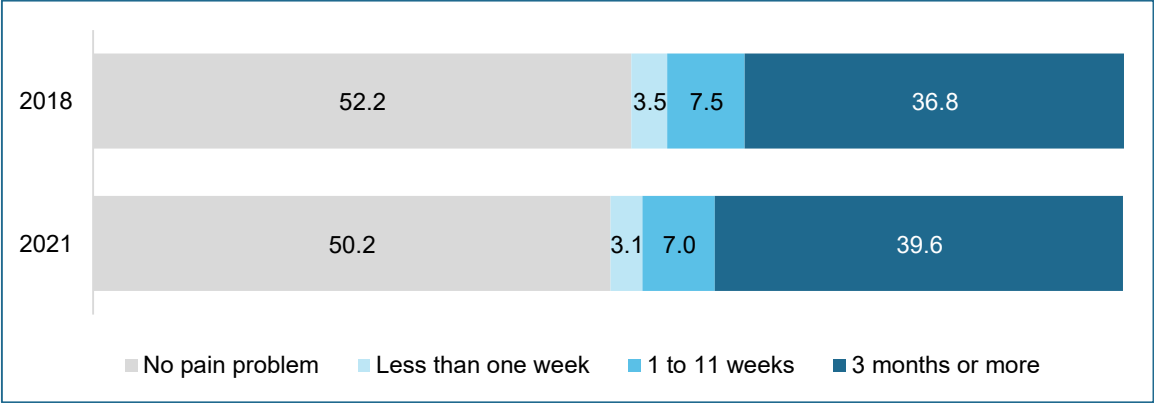
Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

5.2. Persistent pain

All workers were asked about physical pain they might be experiencing. Around half (49.8%) reported that they had experienced pain in the last week, while the remaining 50.2% reported experiencing no physical pain. Those reporting pain in the last week were asked to rate the severity of the pain and how long they have had their current pain problem.

Most of those who reported experiencing pain during the past week had been suffering from this pain for a period of three months or more (Figure 16).

Figure 16 Length of current pain problem – 2021 (%)



Base: All respondents: 2018 (n=4,517), 2021 (4,530)
 PP3 Have you experienced any physical pain in the last week?
 PP5 How long have you had your current pain problem?
 Note: Don't know and Refused responses excluded from base.

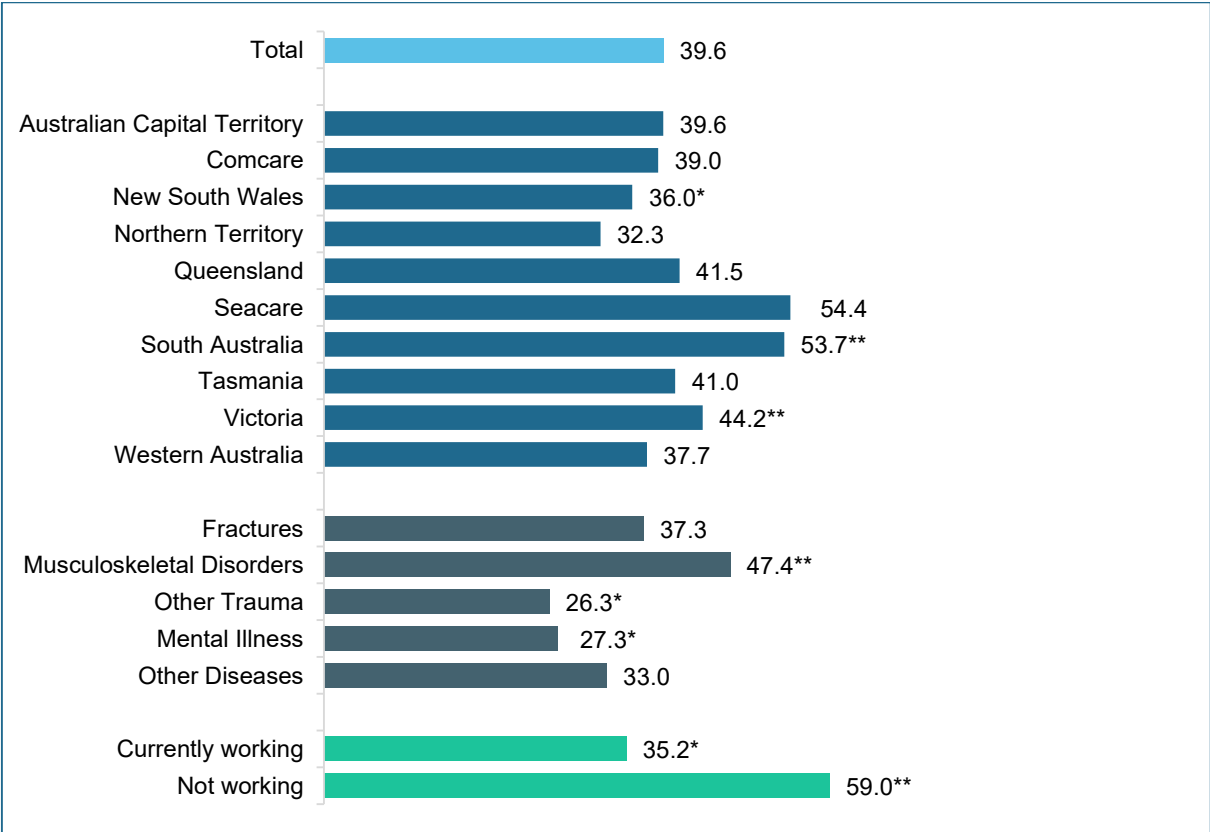
Workers from South Australia (53.7%) and Victoria (44.2%) were more likely to experience persistent pain (pain for three months or more) than other jurisdictions, while those from New South Wales (36.0%) and the NT (32.3%) were less likely (36.0%) to.

Persistent pain was closely linked to the nature of injury/illness. It was significantly more likely among those with musculoskeletal disorders (47.4%) and significantly less likely among those with other trauma (26.3%) or mental illness (27.3%).

There was a strong correlation between persistent pain and current work status. A significantly higher proportion of those not currently working (59.2%) reported experiencing persistent pain, compared to those who had returned to work and who were working at the time of survey (35.3%).

Other subgroup differences include that workers from small employers (less than \$1 million revenue, 52.3%) and medium sized employers (\$1 million to \$20 million, 51.9%) were more likely than those from larger employers (45.9%) to report no pain in the prior week, with persistent pain slightly higher among these larger organisations (43.2%). This could shed some light on the above findings (Section 5.1) that workers from larger employers were more likely to require more than one attempt to RTW and less likely to have modified duties.

Figure 17 Current pain problem experienced for three months or more, by jurisdiction, injury/illness type and work status – 2021 (%)



Base: All respondents (n=4,588), ACT (n=144), Comcare (n=619), NSW (n=765), NT (n=150), QLD (n=773), Seacare (n=42), SA (n=387), TAS (n=443), VIC (n=780), WA (n=485). Fractures (n=552), Musculoskeletal Disorders (n=2,640), Other Trauma (n=764), Mental Illness (n=415), Other Diseases (n=217), Currently working (n=3,468), Not working (n=1,120).

PP3 Have you experienced any physical pain in the last week?

PP5 How long have you had your current pain problem?

Note: Don't know and Refused responses included in base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

5.3. Psychological distress

The Kessler 6 Psychological Distress Scale is a five-point response scale for self-reported frequency of psychological distress on six indicators: feeling nervous, hopeless, restless, depressed, like everything takes effort, and feeling worthless. Higher scores indicate a greater likelihood of serious mental illness. The higher the score, the less likely respondents were to achieve positive RTW outcomes. Cognitive testing for the redesigned 2018 NRTWS confirmed the target population was familiar with and comfortable responding to the Kessler scale (as they routinely encountered it via healthcare professionals).

For this Report, standard Australian dichotomous scoring of the Kessler 6 was calculated whereby:

- a score of 6 to 18 was classified as ‘no probable serious mental illness’
- a score of 19 to 30 was classified as indicating a respondent has ‘probable serious mental illness’.

In 2021, the proportion assessed as having probable serious mental illness was 12.9%. This was comparable to 2018 (11.0%). It is noted in Section 2 that COVID-19 may have had an impact on psychological distress.

A significantly higher proportion of workers from Victoria (15.7%) had a Kessler 6 score indicating probable serious mental illness. Workers from Western Australia were less likely (9.3%) than other jurisdictions.

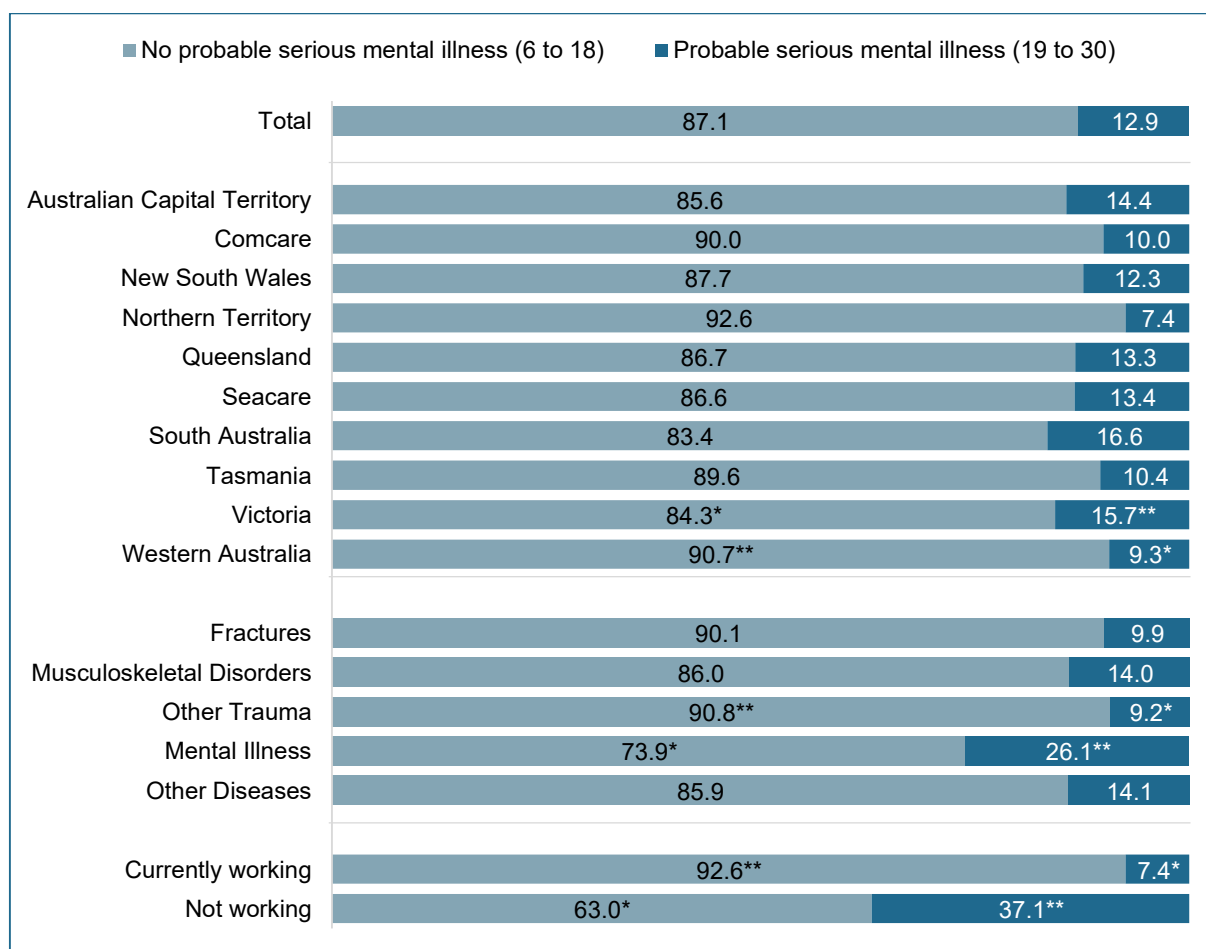
It could be reasonably expected that mental health injury types and Kessler 6 probable serious mental illness assessments would be closely correlated. Those whose workplace injury/illness was classified as mental illness were significantly more likely to report a Kessler 6 score of 19-30, indicating probable serious mental illness (26.1%). Although this is higher than all other injury types, it is low considering the measures are very similar. The weak correlation may be due to timing: mental health injury type was collected at the time of sampling, whereas the Kessler 6 scores were obtained through the survey some months later. This highlights that, whilst there is some overlap between the two cohorts (those with a mental illness claim, and those assessed as having probable serious mental illness), they are mainly composed of different people. Mental health fluctuates over time, improving for some, and getting worse for others.

The only other significant differences by injury/illness type were lower levels of probable serious mental illness among 'other trauma' injury types (9.2%).

Figure 18 suggests that probable serious mental illness (As indicated by the Kessler 6) could have an association with RTW rates, with 37.1% of people *not* currently working assessed as having probable serious mental illness (compared to 7.4% of people currently working).

Given that most people assessed as having probable serious mental illness are not people with a mental illness claim (only 8.4% of those assessed as having probable serious mental illness had a mental health injury type), this presents **a potential priority area** – minimising the proportion of people developing psychological distress during their time off work. Those who had **40 or more days compensated** were also more likely (23.1%) than those with shorter claims (8.6%) to meet the criteria for probable serious mental illness.

Figure 18 Kessler 6 Psychological Distress Scale, by jurisdiction, injury/illness type and current work status – 2021 (%)



Base: All respondents: Total (n=4,479), ACT (n=138), Comcare (n=604), NSW (n=748), NT (n=149), QLD (n=754), SA (n=380), Seacare (n=40), TAS (n=436), WA (n=472), VIC (n=758), Fractures (n=541), Musculoskeletal Disorders (n=2,570), Other Trauma (n=743), Mental Illness (n=411), Other Diseases (n=214), Currently working (n=3,383), Not working (n=1,096).

KES1-6 In the last 4 weeks, about how often did you feel (nervous / hopeless / restless or fidgety / so depressed that nothing could cheer you up / everything was an effort / worthless)?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

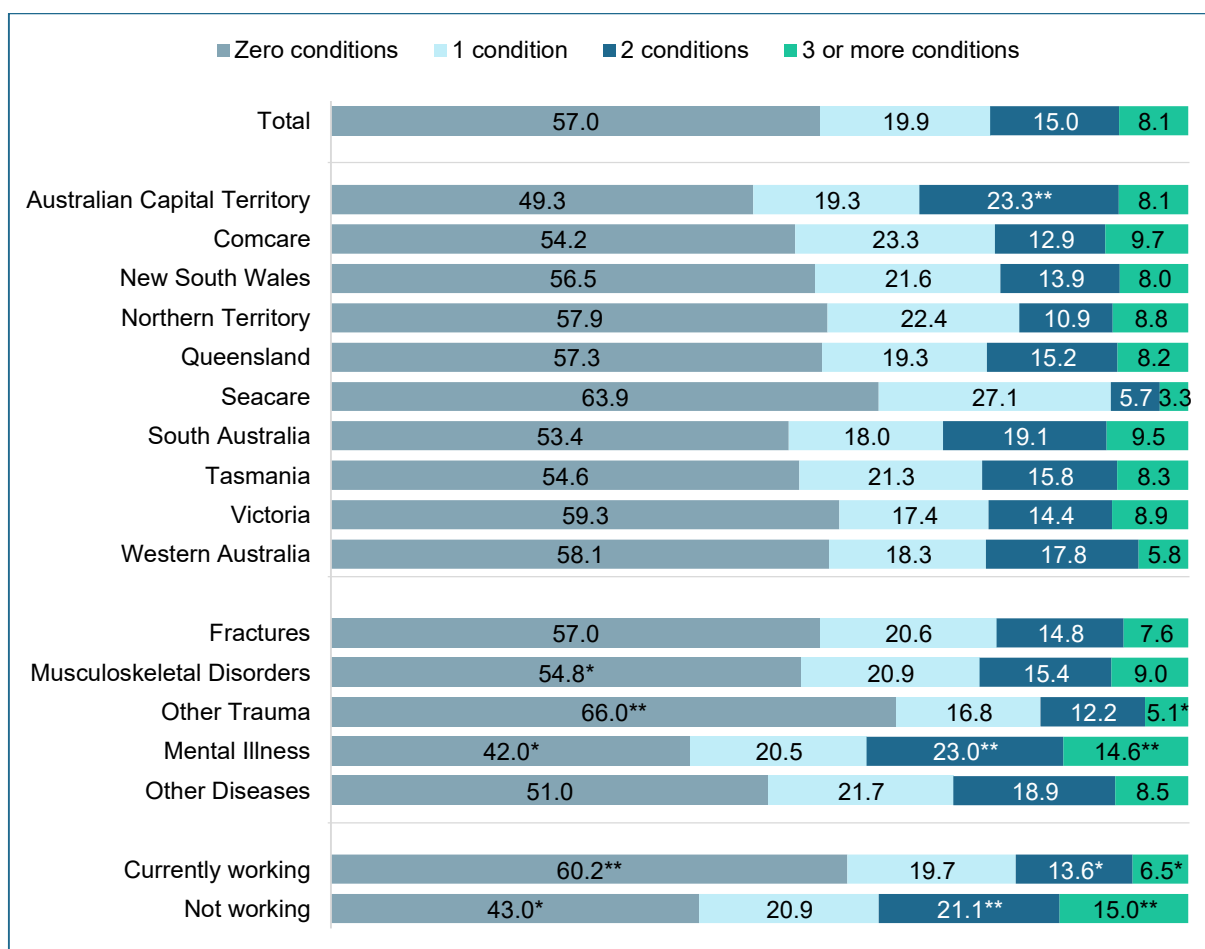
5.4. Comorbid conditions

Respondents were read a list of 10 conditions from the Charlson Comorbidity Index⁷ and asked to indicate whether they had been diagnosed with any conditions (such as cardiovascular disease, diabetes, cancer, musculoskeletal disorder, depression, anxiety) in addition to their work-related injury or illness. Respondents were also asked if they had been diagnosed with any other conditions not listed.

Most workers (57.0%) reported they have not been diagnosed with conditions in addition to their workplace injury or illness (Figure 19). The remaining respondents had been mainly diagnosed with either one (19.9%) or two (15.0%) additional conditions, with few (8.1%) reporting they had been diagnosed with three or more conditions.

⁷ Charlson, M, Szatrowski, TP, Peterson, J, & Gold, J. 1994 'Validation of a Combined Comorbidity Index', *Journal of Clinical Epidemiology*, 47(11), pp 1,245-51.

Figure 19 Number of additional conditions diagnosed with, by jurisdiction, injury/illness type and work status – 2021 (%)



Base: All respondents: Total (n=4,588), ACT (n=144), Comcare (n=619), NSW (n=765), NT (n=150), QLD (n=773), SA (n=387), Seacare (n=42), TAS (n=443), WA (n=485), VIC (n=780), Fractures (n=552), Musculoskeletal Disorders (n=2,640), Other Trauma (n=764), Mental Illness (n=415), Other Diseases (n=217), Currently working (n=3,469), Not working (n=1,119).

KES1-6 In the last 4 weeks, about how often did you feel (nervous / hopeless / restless or fidgety / so depressed that nothing could cheer you up / everything was an effort / worthless)?

Note: Don't know and Refused responses included in base (counted in 'zero conditions' proportion). Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

Minimal significant differences were observed by jurisdiction. However, those with mental illness claims were more likely to report two (23.0%) and three or more (14.6%) additional injury diagnoses than those with other injury types. Those with 'other trauma' injury types were more likely to report zero additional conditions (66.0%).

Those not currently working were more likely to report two (21.1%) or three or more (15.0%) additional injury diagnoses than those currently working.

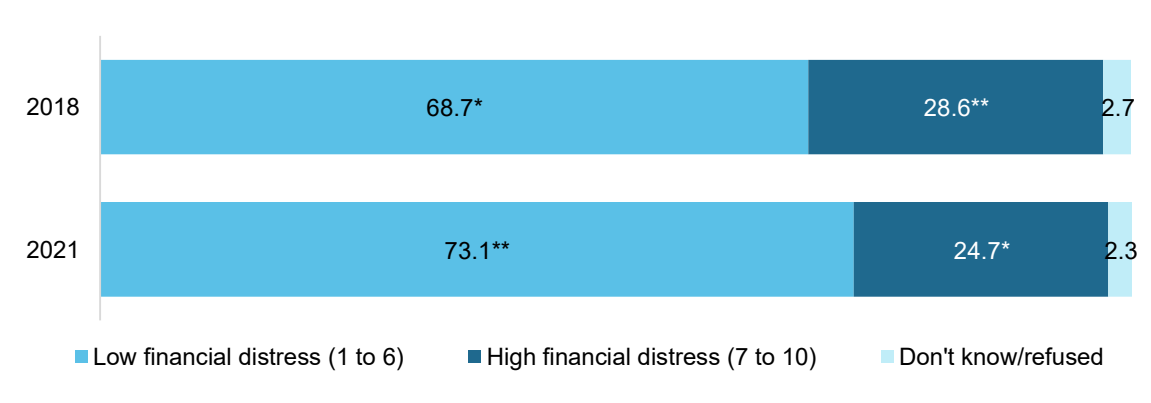
Those assessed through the Kessler 6 psychological distress scale as having probable serious mental illness were more likely to report greater comorbidities – with over half either reporting two (29.1%) or three or more (21.3%) additional conditions (compared to 13.1% and 6.1% respectively among people who were not assessed as having probable serious mental illness). A similar dynamic was seen among people with longer claims – zero comorbidities were more common among people with less than 40 days compensated (60.2%) than people with longer claims (49.5%).

5.5. Financial distress

All respondents were asked to rate their level of financial distress at the time of the survey on a scale of 1 'Not at all stressed' to 10 'As stressed as can be'. Most respondents answered this question in 2021 (2.3% of respondents did not answer).

For this report, a rating of 7 or above is considered to indicate high financial distress. Overall, 24.7% of workers surveyed reported experiencing high levels of financial distress, significantly lower than 28.6% in 2018.

Figure 20 Financial distress – 2018 and 2021 (%)



Base: All respondents: 2018 (n=4,602), 2021 (n=4,588)

SR1 What do you feel is the level of your financial stress today, on a scale of 1 to 10 where 1 is not at all stressed and 10 is as stressed as can be?

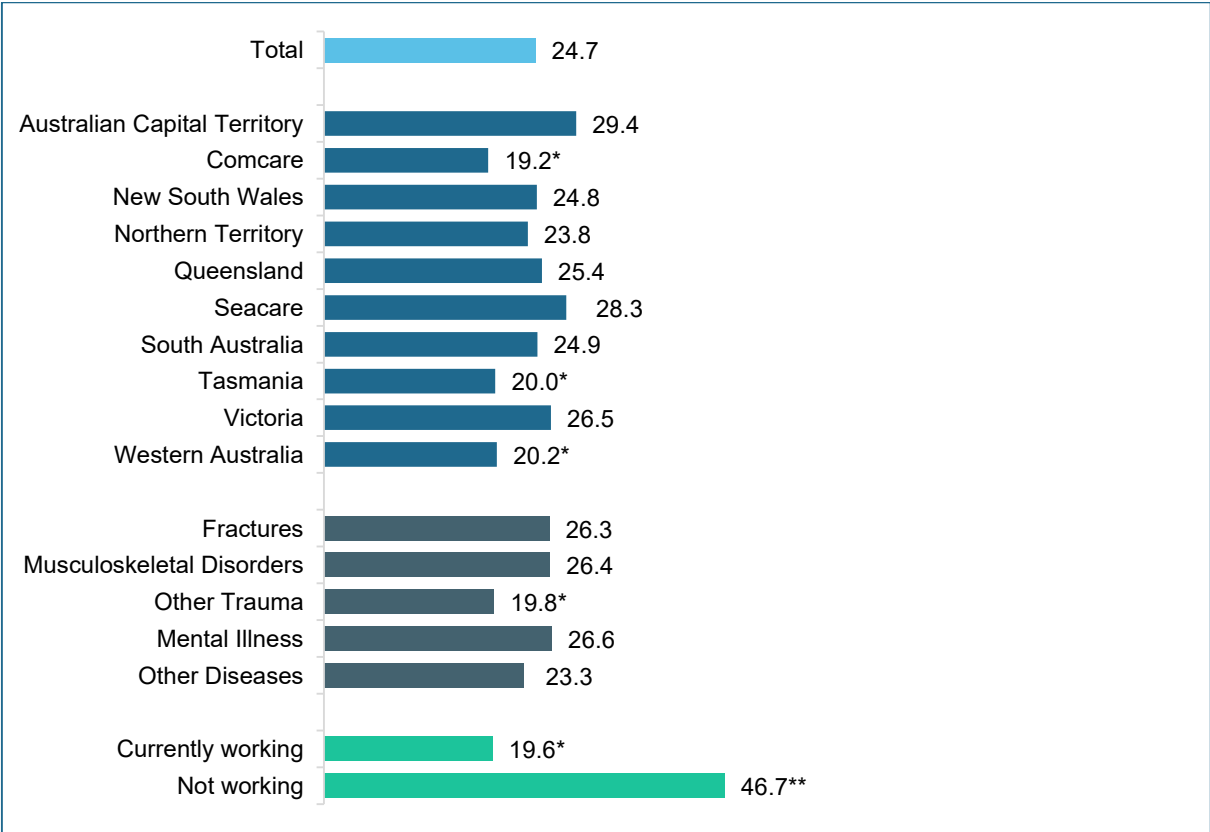
Note: Don't know and Refused responses included in base.

Comcare (19.2%), Tasmania (20.0%), Western Australia (20.0%), and those with 'other trauma' injury types (19.8%) had lower levels of financial distress when compared to the other respondents (Figure 21). Those with 40 or more days compensated were more likely (33.8%) to report **high financial stress** than those with fewer days compensated (20.8%) – suggesting that the longer the time spent out of work, the greater the financial distress, even when compensated. This may be due to the compensation amounts provided as a proportion of the pre-injury average weekly earnings, which could also factor into jurisdictional differences for this measure.

Workers assessed as having probable serious mental illness were much more likely to report financial stress (62.1%) than others (19.1%). Workers in premium paying organisations were also more likely (25.6%) to report high financial stress than those in self-insuring organisations (19.6%).

Understandably, a significant difference in financial stress levels was evident between those currently working and those not working at the time of survey, with 47.5% of those not working reporting financial stress of 7 or higher out of 10, compared to only 19.6% of those currently working.

Figure 21 High financial stress, by jurisdiction, injury/illness type and work status – 2021 (%)



Base: All respondents: (n=4,588), ACT (n=144), Comcare (n=619), NSW (n=765), NT (n=150), QLD (n=773), SA (n=387), Seacare (n=42), TAS (n=443), WA (n=485), VIC (n=780). Fractures (n=552), Musculoskeletal Disorders (n=2,640), Other Trauma (n=764), Mental Illness (n=415), Other Diseases (n=217), Currently working (n=3,514), Not working (n=1,065).

SR1 What do you feel is the level of your financial stress today, on a scale of 1 to 10 where 1 is not at all stressed and 10 is as stressed as can be?

Note: Don't know and Refused responses included in base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

6. Workplace Domain Measures

The workplace domain considers the working environment, work relationships, work design and its ergonomic impacts, support systems (such as employee assistance plans) and how a workplace accommodates workers returning to work.

This section reports findings related to RTW planning, dedicated coordinators, the reactions of employers and colleagues to workers with work-related injury or illness, perceptions of the support offered by employers to these workers, and interactions between these workers and their employers.

6.1. Work completion beliefs

Workers were asked to what extent they agreed or disagreed that they could perform/complete their work tasks, remain at work and deal with the physical demands of their work. These questions were asked differently depending on whether the worker had returned to work or not.

Table 5 shows that overall responses were strong to these statements, especially ability to remain at work (80.9%). By contrast, one in 3 workers did not agree or strongly agree they could deal with the physical demands of their work (33.8%). Some of these results have changed slightly since 2018, with 'able to perform/complete my tasks' significantly declining from 79.0% to 75.4% in 2021; and 'I could deal with the physical demands of my work' also significantly declining (70.0% to 66.2%). 'Able to remain at work' stayed consistent (82.3% in 2018, 80.9% in 2021).

There were few variations by jurisdiction. However, by injury type, those with musculoskeletal disorders and mental illness claims were significantly less likely to agree with all three statements than other groups, whilst those with 'other trauma' claims were more likely.

There were no significant differences in workers agreeing with the 3 statements that they were 'able to perform/complete my tasks', 'I could deal with the physical demands of my work' and 'able to remain at work' by employer size, although results were significantly higher across all three statements among:

- those with fewer than 40 days compensated compared to those compensated for longer,
- those currently working compared to those not working),
- those not assessed as having probable serious mental illness compared to those with .

Interestingly, workers from self-insurers were more likely than those from premium payers to agree that they were able to perform/complete work tasks (80.8% compared to 74.4%) and able to remain at work (86.3% compared to 79.9%).

Table 5 Work completion beliefs by jurisdiction and injury/illness type – 2021 (% 'Strongly Agree' / Agree')

	Able to perform/complete my work tasks	Able to remain at work	Deal with the physical demands of my work
Total	75.4	80.9	66.2
Jurisdiction	-	-	-
Australian Capital Territory	73.4	74.5	61.4
Comcare	76.1	83.8	68.1
New South Wales	76.6	81.9	66.9
Northern Territory	78.7	86.5	71.7
Queensland	74.6	81.2	67.6
Seacare	69.5	62.7*	62.1

	Able to perform/complete my work tasks	Able to remain at work	Deal with the physical demands of my work
Total	75.4	80.9	66.2
South Australia	72.0	76.8	60.2*
Tasmania	73.0	77.1	67.6
Victoria	73.3	80.2	62.6
Western Australia	77.4	80.1	68.5
Injury type			
Fractures	77.5	82.1	66.9
Musculoskeletal disorders	71.9*	79.2*	59.8*
Other trauma	83.3**	87.6**	77.9**
Mental illness	66.5*	61.9*	75.0*
Other diseases	78.7	80.6	73.7

Base: All respondents (2021): Total (n=4588), ACT (n=144), Comcare (n=619), NSW (n=765), NT (n=150), QLD (n=773), SA (n=387), Seacare (n=42), TAS (n=443), WA (n=485), VIC (n=780), Fractures (n=552), Musculoskeletal (n=2,640), Other trauma (n=764), Mental illness (n=415), Other diseases (n=217).

JP4: (If returned to work) Thinking back to the time you FIRST returned to work, do you agree or disagree with the following statements?

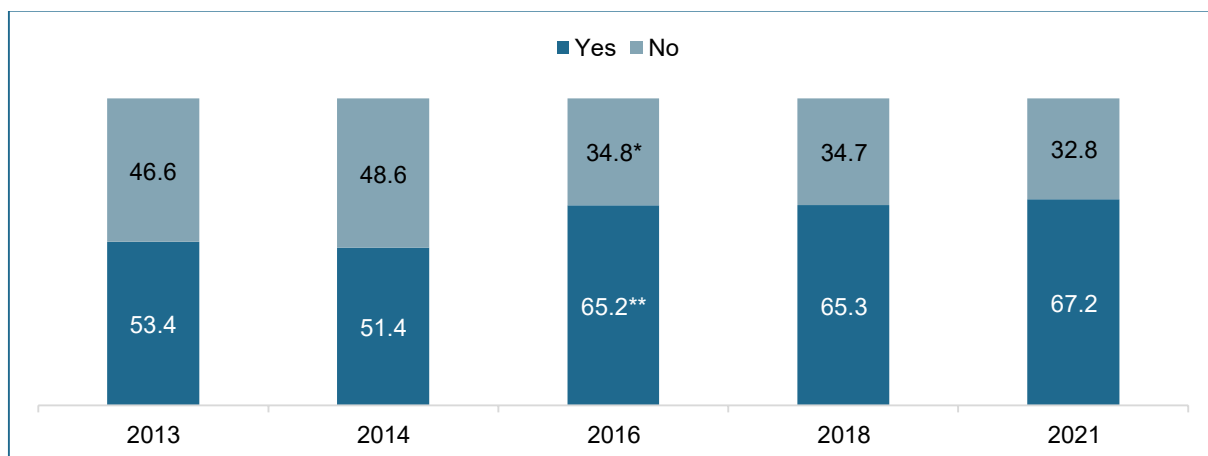
(If not returned to work) <If you were to return to work fully tomorrow, do you agree or disagree with the following statements?>

Note: Don't know and Refused responses included in the base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

6.2. Return to work planning

All respondents were asked if they have or have had a plan in place to get back to work. Consistently since 2016, around two-thirds reported having a RTW plan, (67.2% in 2021).

Figure 22 Proportion of injured workers who had a RTW plan, time series (%)



Base: All respondents. 2013 (n=3,549), 2014 (n=3,073), 2016 (n=3,241), 2018 (n=4,455), 2021 (n=4,467).

EMP1 Did you have a plan in place to get back to work?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

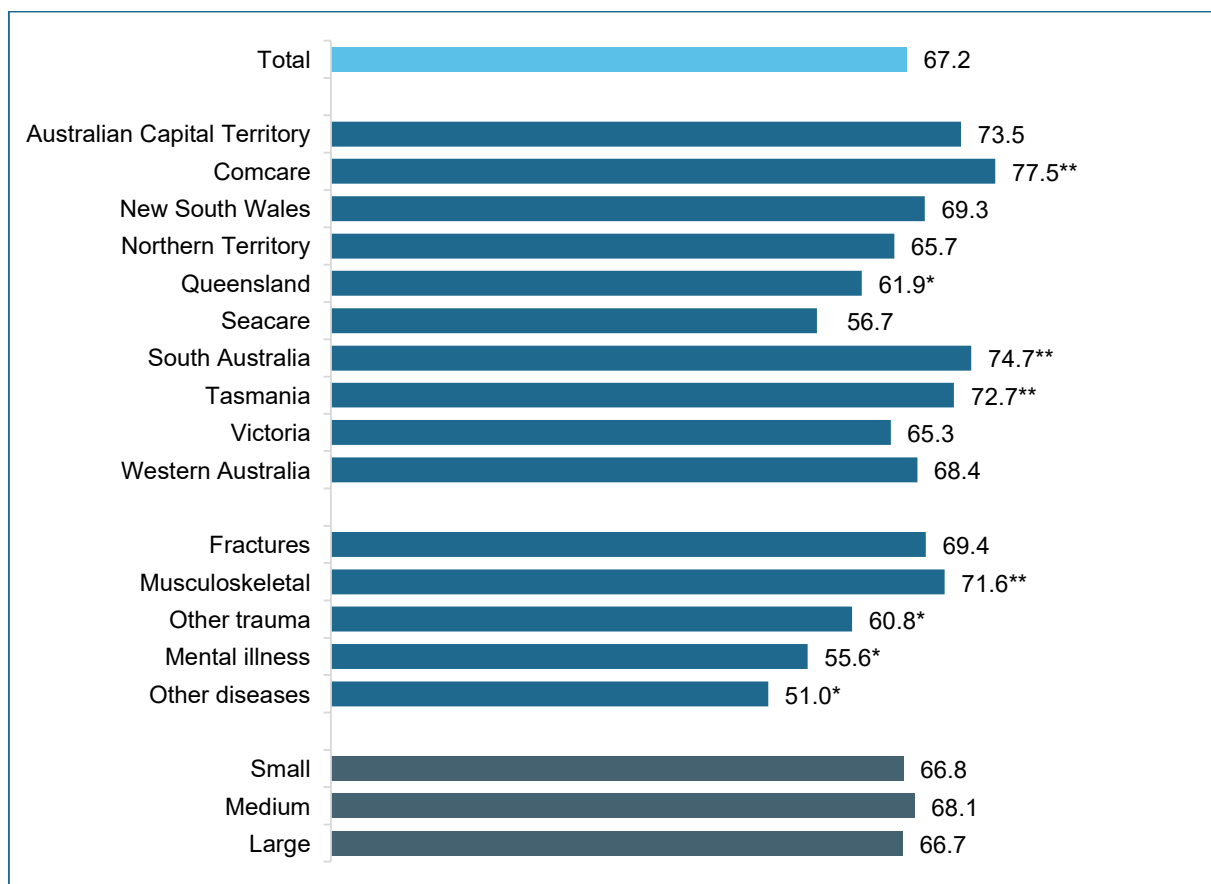
As shown in Figure 23, workers from Comcare (77.5%), South Australia (74.7%) and Tasmania (72.7%) were significantly more likely to have a plan in place to get back to work, while those from Queensland (61.9%) were significantly less likely to have a plan.

People with musculoskeletal disorders were more likely (71.6%) to have a plan in place than other injury types, especially those with other trauma (60.8%), mental illness (55.6%) and other diseases (51.0%).

No statistically significant differences were observed between small, medium and large businesses. Those with 40 or more days compensated were more likely to have a plan in place (75.3%) than those with fewer days compensated (63.8%). This is likely associated with injury complexity. Those from self-insurers were more likely (73.7%) than those from premium payers (66.0%) to have a plan in place.

Those who were assessed as having probable serious mental illness (55.4%) were less likely to report having a plan in place than those who weren't (69.0%).

Figure 23 Proportion of injured workers who had a RTW plan, by jurisdiction and employer size – 2021 (% 'Yes')



Base: All respondents, 2021: (n=4,467). ACT (n=136), Comcare (n=608), NSW (n=738), NT (n=146), QLD (n=756), SA (n=376), Seacare (n=40), TAS (n=433), WA (n=477), VIC (n=757), Small (Less than \$1m) (n=2,072), Medium (Between \$1m and less than \$20m) (n=1,230), Large (\$20m or more) (n=1,165).

EMP1 Did you have a plan in place to get back to work?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

6.3. Workplace reaction

The workplace reactions questions ask workers about their perceptions of their employers' and colleagues' attitudes and behaviour related to their injury/illness, on a five-point agreement scale.

Table 6 shows the time series result (the proportion who agreed or strongly agreed with each statement). 2021 results are generally consistent with 2018, except for small (but significant) increases

in proportions of workers who felt their supervisor thought they were exaggerating their illness, and that their employer discouraged them from putting in a claim. As with previous years, the category with the highest level of agreement was that workers ‘thought you would be treated differently by people at work’ – representing around a third of respondents consistently in each collection. This highlights an ongoing need for employers to cultivate a supportive workplace culture.

Table 6 Workplace reaction attributes – time series (% ‘Strongly Agree’ / ‘Agree’)

	2013	2014	2016	2018	2021
Thought you would be treated differently by people at work	37.9	33.2*	32.4	32.2	35.2
Supervisor thought you were exaggerating or faking your injury / illness	25.2	23.0	21.9	22.0	25.5**
Concerned you would be fired if you submitted a claim	19.5	17.8	18.7	21.5	22.6
Your employer discouraged you from putting in a claim	-	-	-	15.6	18.4**

Base: All respondents. 2013 (n=4,492 to n=4,596), 2014 (n=4,326 to n=4,407), 2016 (n=4,377 to n=4,439), 2018 (n=4,418 to n=4,490), 2021 (n=4,397 to n=4,483).

EMP11 Thinking back to when you were considering putting in a workers' compensation claim, do you agree or disagree that...?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

Table 7 compares the results of the workplace reactions questions between jurisdictions and shows **similar ratings were reported across all jurisdictions**. Comcare respondents were more likely to report that they thought they would be treated differently at work (40.6%), and less likely to report concerns that they would be fired if they submitted a claim (14.0%). Those in South Australia were more likely to report stronger agreement with all statements, two of which were statistically significant – supervisor thought you were exaggerating or faking your injury / illness; and concerned you would be fired if you submitted a claim.

Those with musculoskeletal disorders and mental illness claims were significantly more likely to agree with all statements than other injury types. Those with fractures and 'other trauma' injury types were the least likely to report such fears or perceptions.

Those with more days compensated (40 days or more), those who were not currently working, and those assessed as having probable serious mental illness were more likely than their counterparts to agree with all four statements.

Those from premium paying organisations were more likely to agree they were concerned they would be fired for submitting a claim (23.8%) and that their employer discouraged them (19.3%) than those from self-insurers (16.1% and 13.5% respectively).

Table 7 Workplace reaction attributes, by jurisdiction, injury/illness type and employer size – 2021 (% ‘Strongly Agree’ / Agree’)

	Thought you would be treated differently by people at work	Supervisor thought you were exaggerating or faking your injury / illness	Concerned you would be fired if you submitted a claim	Employer discouraged you from putting in a claim
Total	35.2	25.5	22.6	18.4
Jurisdiction				
Australian Capital Territory	43.0	20.8	18.3	14.0
Comcare	40.6**	26.4	14.0*	19.4
New South Wales	35.7	24.9	22.1	16.5
Northern Territory	35.1	20.4	19.5	15.6
Queensland	34.9	27.0	22.2	21.4
Seacare	33.0	21.8	22.1	19.2
South Australia	38.8	31.1**	31.8**	22.4
Tasmania	39.2	24.5	20.9	14.0*
Victoria	33.9	26.5	24.2	20.5
Western Australia	33.0	22.3	21.4	15.1
Injury type				
Fractures	30.0	16.7*	14.8*	12.8*
Musculoskeletal disorders	38.1**	29.1**	25.7**	20.2**
Other trauma	26.0*	17.4*	16.4*	14.1*
Mental illness	69.1**	44.7**	37.2**	35.9**
Other diseases	32.1	31.4	24	18.2
Employer size				
Small	32.4*	24.6	19.2*	16.2*
Medium	35.7	27.7	27.1**	22.2**
Large	38.3**	24.3	21.7*	16.7*

Base: All respondents: ACT (n=137 to n=141), Comcare (n=601 to n=614), NSW (n=722 to n=735), NT (n=142 to n=149), QLD (n=744 to n=764), SA (n=371 to n=379), Seacare (n=38 to n=40), TAS (n=427 to n=431), WA (n=470 to n=479), VIC (n=735 to n=753), Fractures (n=533 to n=541), Musculoskeletal Disorders (n=2,540 to n=2,581), Other Trauma (n=732 to n=743), Mental Illness (n=385 to n=407), Other Diseases (n=207 to n=211), Small (Less than \$1m) (n=2023 to n=2067), Medium (Between \$1m and less than \$20m) (n=1,225 to n=1,243), Large (\$20m or more) (n=1,149 to n=1,173).

EMP11 Thinking back to when you were considering putting in a workers' compensation claim, do you agree or disagree that...?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

6.4. Employer support

The employer support questions asked respondents to rate their agreement with a range of attributes which represent positive aspects of how the employer managed their claim and RTW journey. As shown in Table 8, between 2013 and 2018, results remained consistent with no significant differences by year. However, all statements in 2021 had significantly lower agreement levels than every preceding collection. In this case, lower levels of agreement reflect poorer perceptions around employer support attributes.

Table 8 Employer support attributes – time series (% ‘Strongly Agree’ / ‘Agree’)

	2013	2014	2016	2018	2021
Your employer did what they could to support you	75.6	73.8	75.4	74.4	67.2*
Your employer provided enough information on your rights and responsibilities	67.3	69.1	67.2	68.4	61.0*
Your employer made an effort to find suitable employment for you	75.1	71.2	72.2	71.3	63.9*
Your employer helped you with your recovery	68.4	67.5	65.2	65.2	58.4*
Your employer treated you fairly during the claims process	81.4	78.2	79.3	79.1	73.0*
Your employer treated you fairly after the claims process	82.6	78.5	79.6	79.5	74.4*

Base: All respondents. 2013 (n=448 to n=522), 2014 (n=4,043 to n=4,425), 2016 (n=4,245 to n=4,486), 2018 (n=4,283 to n=4,530), 2021 (n=4,298 to n=4,524).

EMP7 Thinking about the role of your employer following your work-related injury or illness, do you agree or disagree with the following statements?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

Some statistically significant variation was evident between jurisdictions on some attributes, however these variations did not appear to be thematically related (Table 9).

Significant differences were evident between workers with different types of injury/illness. Similar to the workplace reaction attributes, those with fractures and other trauma were generally more positive about the support their employer provided across the statements, with lower levels of agreement among those workers with musculoskeletal disorders and mental illness.

Some variation was seen across employer sizes, with respondents from medium-sized employers generally reporting lower levels of employer support.

Those with fewer than 40 days compensated were more likely to agree with all six statements, as were those who were currently working, and those who were not assessed as having probable serious mental illness.

Table 9 Employer support attributes, by jurisdiction, injury/illness type and employer size – 2021 (% ‘Strongly Agree’ / ‘Agree’)

Your employer...

	Did what they could to support you	Provided enough information on your rights and responsibilities	Made an effort to find suitable employment for you	Helped you with your recovery	Treated you fairly during the claims process	Treated you fairly after the claims process
Total	67.2	61.0	63.9	58.4	73.0	74.4
Jurisdiction						
Australian Capital Territory	74.7	64.4	62.1	63.4	76.9	76.4
Comcare	63.5	65.4	65.1	63.9**	70.9	74.5
New South Wales	68.0	63.3	64.0	58.9	72.9	75.8
Northern Territory	73.5	64.9	65.0	63.4	76.4	77.6
Queensland	63.6	57.5	63.1	54.4*	71.9	71.5
Seacare	66.2	67.5	61.0	65.2	81.2	70.5
South Australia	66.5	56.7	62.1	55.8	66.5*	70.6
Tasmania	67.0	68.2**	68.3	62.6	76.6	74.6
Victoria	68.2	59.1	63.8	58.8	72.6	73.1
Western Australia	70.1	62.5	65.8	63.1	78.0**	78.6
Injury type						
Fractures	77.2**	68.8**	70.2**	62.6	81.4**	82.6**
Musculoskeletal disorders	64.9*	59.1	63.1	58.3	70.4*	71.9*
Other trauma	74.9**	66.8**	68.6**	63.4**	79.8**	80.9**
Mental illness	32.3*	34.4*	35.7*	29.3*	46.7*	47.1*
Other diseases	59.9	57.4	58.0	49.3*	69.7	73.6
Employer size						
Small	69.3	63.6**	64.3	61.8**	73.1	75.1
Medium	65.1	57.6*	62.4	56.1*	70.9	70.8*
Large	67.0	61.5	65.2	56.7	75.2	77.4**

Base: All respondents: ACT (n=133 to n=143), Comcare (n=587 to n=615), NSW (n=698 to n=752), NT (n=140 to n=150), QLD (n=722 to n=766), SA (n=360 to n=378), Seacare (n=34 to n=40), TAS (n=415 to n=439), WA (n=450 to n=481), VIC (n=728 to n=767), Fractures (n=514 to n=547), Musculoskeletal Disorders (n=2,477 to n=2,596), Other Trauma (n=715 to n=756), Mental Illness (n=392 to n=411), Other Diseases (n=192 to n=214), Small (Less than \$1m) (n=1993 to n=2,097), Medium (Between \$1m and less than \$20m) (n=1,192 to n=1,253), Large (\$20m or more) (n=1,113 to n=1,174).

EMP7 Thinking about the role of your employer following your work-related injury or illness, do you agree or disagree with the following statements?

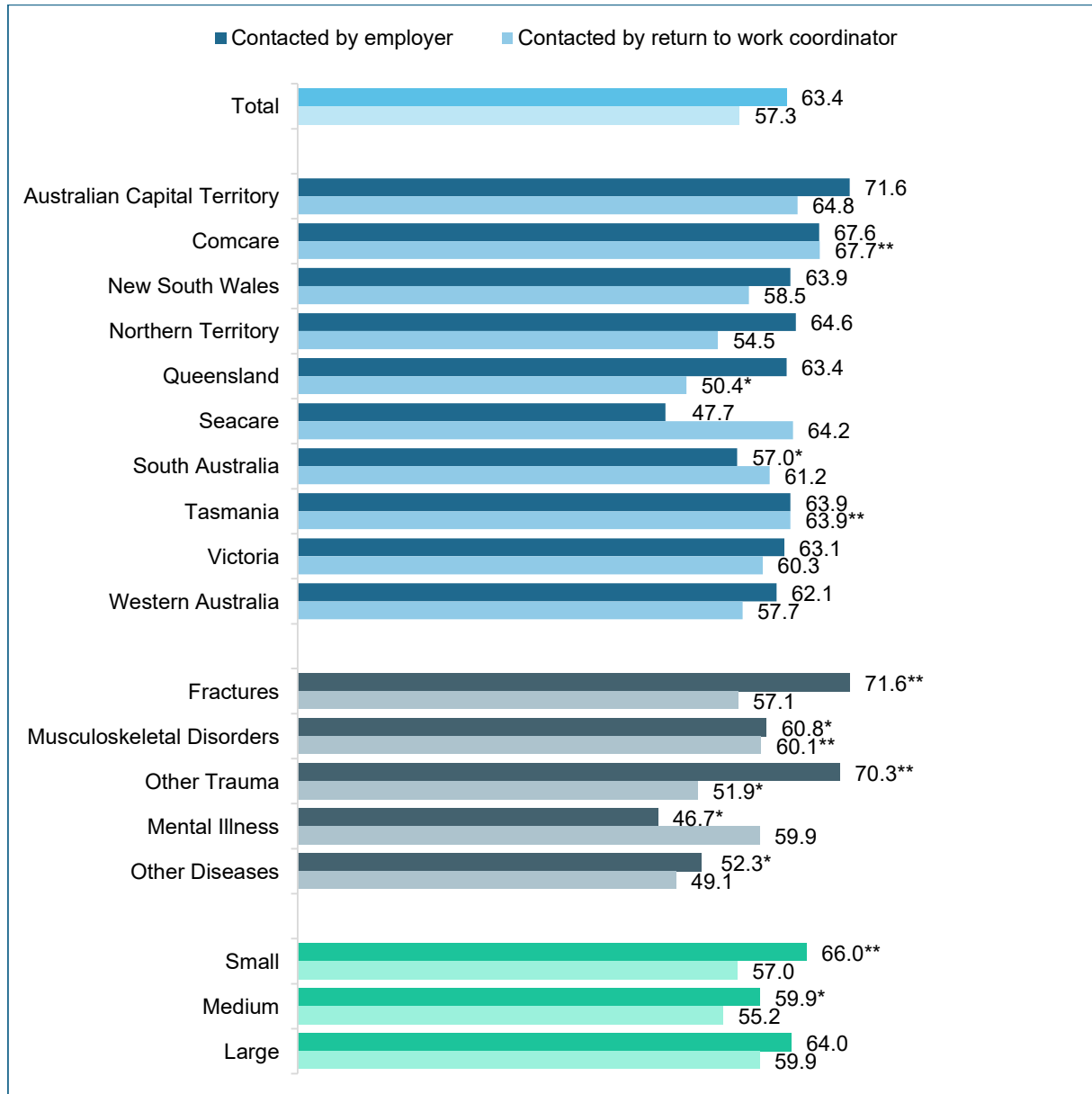
Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

6.5. Contact from employer / return to work coordinator

The survey asked workers about contact received from their employer following their work-related injury or illness, including if they had been contacted by a person designated to coordinate their RTW process. The title of this role varies by jurisdiction and can be known as a Return to Work Coordinator, Case Manager, Customer Advisor, Rehabilitation and Return to Work Coordinator, or Injury Management Coordinator.

Figure 24 shows the incidence of contact received from their employer and a RTW coordinator. Almost two-thirds (63.4%) of workers reported receiving contact from their employer about their recovery. A slightly smaller proportion (57.3%) reported being contacted by a RTW coordinator.

Figure 24 Contact with employer / RTW coordinator, by jurisdiction, injury/illness type and employer size – 2021 (%)



Base: All respondents (contacted by employer, contacted by RTW coordinator): Total (n=4,465, n=4557), ACT (n=140, n=144), Comcare (n=604, n=615), NSW (n=740, n=759), NT (n=145, n=150), QLD (n=762, n=767), SA (n=372, n=385), Seacare (n=40, n=40), TAS (n=429, n=443), WA (n=474, n=481), VIC (n=759, n=773), Fractures (n=542, n=551), Musculoskeletal Disorders (n=2,562, n=2,618), Other Trauma (n=738, n=759), Mental Illness (n=411, n=413), Other Diseases (n=212, n=216), Small (Less than \$1m) (n=2,053, n=2,109), Medium (Between \$1m and less than \$20m) (n=1,247, n=1,217), Large (\$20m or more) (n=1,165, 1,177).

EMP8 Did someone (from employer organisation) contact you about recovering from your work-related injury or illness?

EMP5 Has this person (RTW coordinator) been in contact with you since your injury or illness? (Rebased to total).

Note: Don't know and Refused responses excluded from base. Calculation of EMP5 result includes those who reported they did not have a RTW coordinator at EMP4 (counted as 'no' at EMP5). Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

Workers from Comcare (67.7%) and Tasmania (63.9%) were significantly more likely to report contact with a RTW coordinator since their injury or illness. Workers from Queensland were significantly less likely to have received this contact.

Workers who experienced musculoskeletal disorders (60.8%), mental illness (46.7%) and other diseases (52.3%) were significantly less likely to have been contacted by their supervisor or someone else from their work about recovering from their work-related injury or illness. Those with fractures (71.6%) and other trauma (70.3%) were more likely to report receiving this contact. However, workers with musculoskeletal disorders (60.1%) were more likely to report being contacted by a RTW coordinator since their injury or illness.

Those from smaller organisations were more likely (66.0%) to be contacted by their employer than those from medium-sized organisations (64.0%).

Other subgroups that were more likely to report receiving contact from *someone at their employer organisation* include people compensated for fewer than 40 days (65.1% compared to 59.3%), people from self-insuring employer organisations (70.4% compared to 62.1% premium payers), and people not assessed as having probable serious mental illness (66.7% compared to 39.8%). In contrast, a high proportion of people assessed as having probable serious mental illness reported not receiving any contact from their employer (60.2%).

Other subgroups that were more likely to report contact from a RTW coordinator include those compensated for 40 or more days (68.6%, compared to 52.5%). There were no significant differences by current work status, claim type (self-insurer/premium payer) or probable serious mental illness.

6.6. Stressful interactions (return to work coordinator)

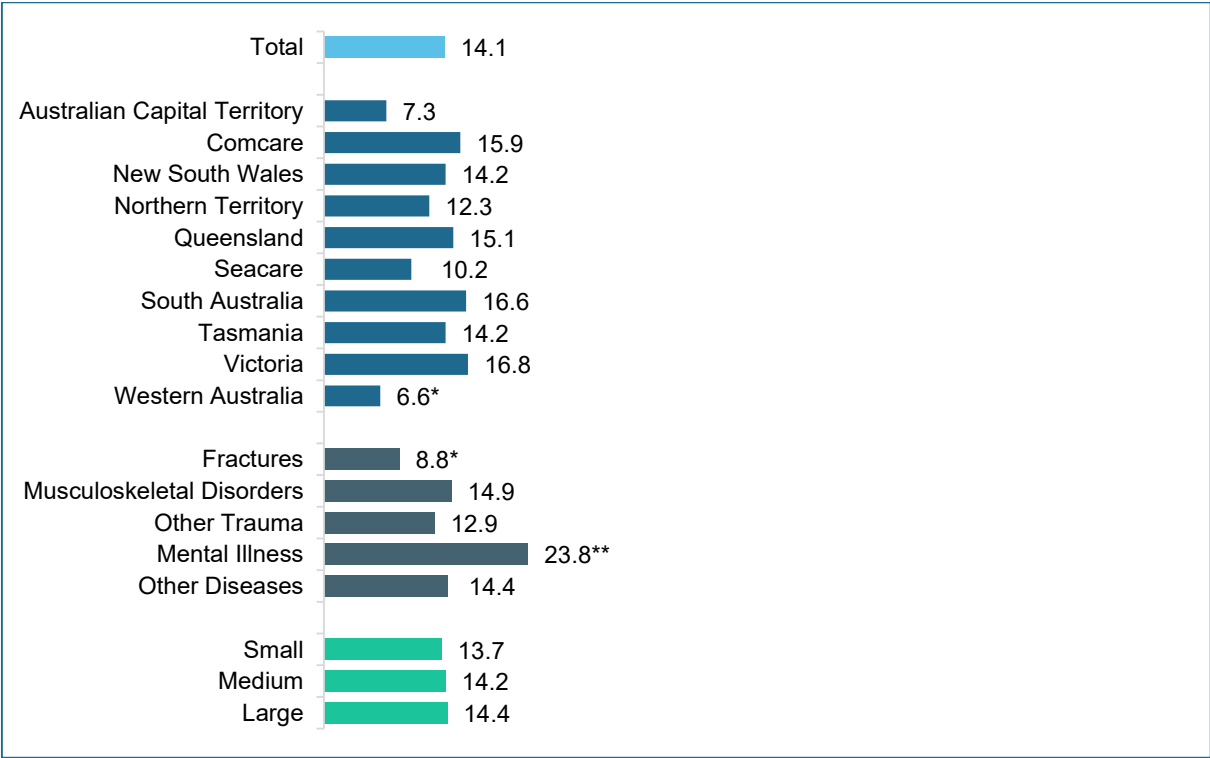
Those who dealt with a designated RTW coordinator were asked to rate the extent to which their interactions were stressful or not. The question used a 5-point scale, ranging from 'Extremely stressful' to 'Not at all stressful'. The result reported is the net of two response options – 'Extremely stressful' or 'Quite a bit stressful'. In 2018, this accounted for 11.2% of responses, and in 2021 this was 14.1%. Although this is an increase, it is not statistically significant.

Figure 25 shows minimal statistically significant differences between jurisdictions, except for lower reported stressful interactions in Western Australia (6.6%).

A clear difference is evident within the injury/illness type sub-groups. Those who experienced mental illness claims were significantly more likely to have found interactions with their RTW coordinator stressful (23.8%) than any other group. In addition, those assessed as having probable serious mental illness (36.9%) were more likely to report stressful interactions than others (10.9%).

Other subgroups that reported more stressful interactions were those who compensated for longer than 40 days (20.0%, compared to 10.9%) and those who were not currently working (31.0% compared to 10.2%).

Figure 25 Stressful interactions with RTW coordinator, by jurisdiction, injury/illness type and employer size – 2021 (% 'Extremely stressful' / 'Quite a bit stressful')



Base: Respondents who were contacted by a RTW coordinator, Total (n=2,845), ACT (n=96), Comcare (n=419), NSW (n=475), NT (n=89), QLD (n=420), Seacare (n=25), TAS (n=289), WA (n=304), VIC (n=483), Fractures (n=359), Musculoskeletal Disorders (n=1,656), Other Trauma (n=426), Mental Illness (n=276), Other Diseases (n=128), Small (Less than \$1m) (n=1,322), Medium (Between \$1m and less than \$20m) (n=765), Large (\$20m or more) (n=758).

EMP6 Thinking about all your dealings with this person, to what extent have your interactions been stressful or not stressful?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

7. Healthcare Domain Measures

The healthcare domain encompasses treatment and rehabilitation services provided to workers through the health care system and how these are facilitated and delivered by a range of medical professionals including General Practitioners, and treatment and rehabilitation specialists.

7.1. Healthcare access

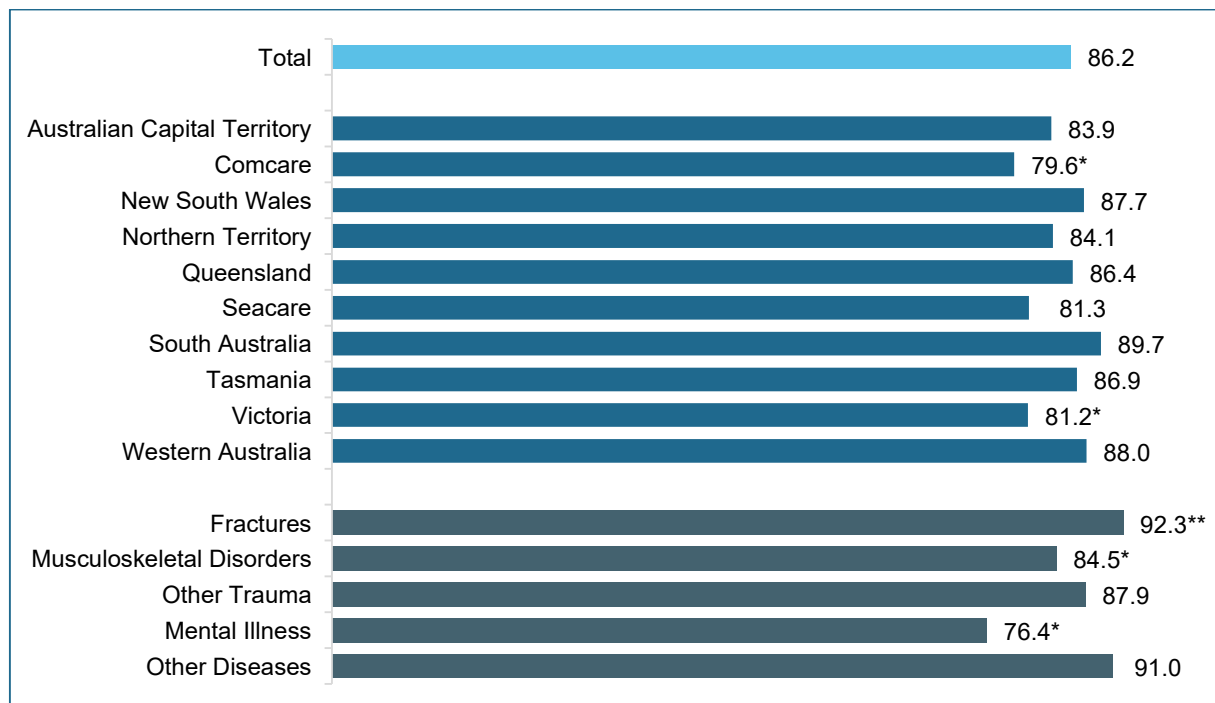
Most respondents felt they could easily access the medical care they required. As shown in Figure 26, 86.2% of workers reported that they were able to access the medical treatment or services needed for their work-related injury or illness – similar to the 87.5% reported in 2018.

While results were high across all jurisdictions, workers from Comcare (79.6%) and Victoria (81.2%) were significantly less likely to agree they were able to easily access medical care (a pattern also observed in 2018).

Agreement that it was easy to access medical care varied slightly by injury/illness type. Those with fractures were more likely to report positive perceptions (92.3%), while those with musculoskeletal disorders (84.5%) and mental illness (76.4%) were less likely.

Other groups that were less likely to report easy access to the medical care they needed include those who were compensated for longer than 40 days (82.1% compared to 87.9%), people who were not currently working (77.6% compared to 88.1%), and those assessed as having probable serious mental illness (70.6% compared to 88.4%).

Figure 26 Ability to easily access medical care, by jurisdiction and injury/illness type – 2021 (% ‘Strongly Agree’ / ‘Agree’)



Base: All respondents, Total (n=4,534), ACT (n=143), Comcare (n=612), NSW (n=756), NT (n=149), QLD (n=761), SA (n=383), Seacare (n=40), TAS (n=440), WA (n=480), VIC (n=770), Fractures (n=544), Musculoskeletal Disorders (n=2,613), Other Trauma (n=757), Mental Illness (n=407), Other Diseases (n=213).

HL1 Do you agree or disagree that you were able to easily access the medical treatment or services that you needed for your work-related injury or illness?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

7.2. Healthcare team

All respondents were asked to select from a list of healthcare providers, those that they had seen for treatment of their work-related injury or illness, and the one they considered to be the main provider.

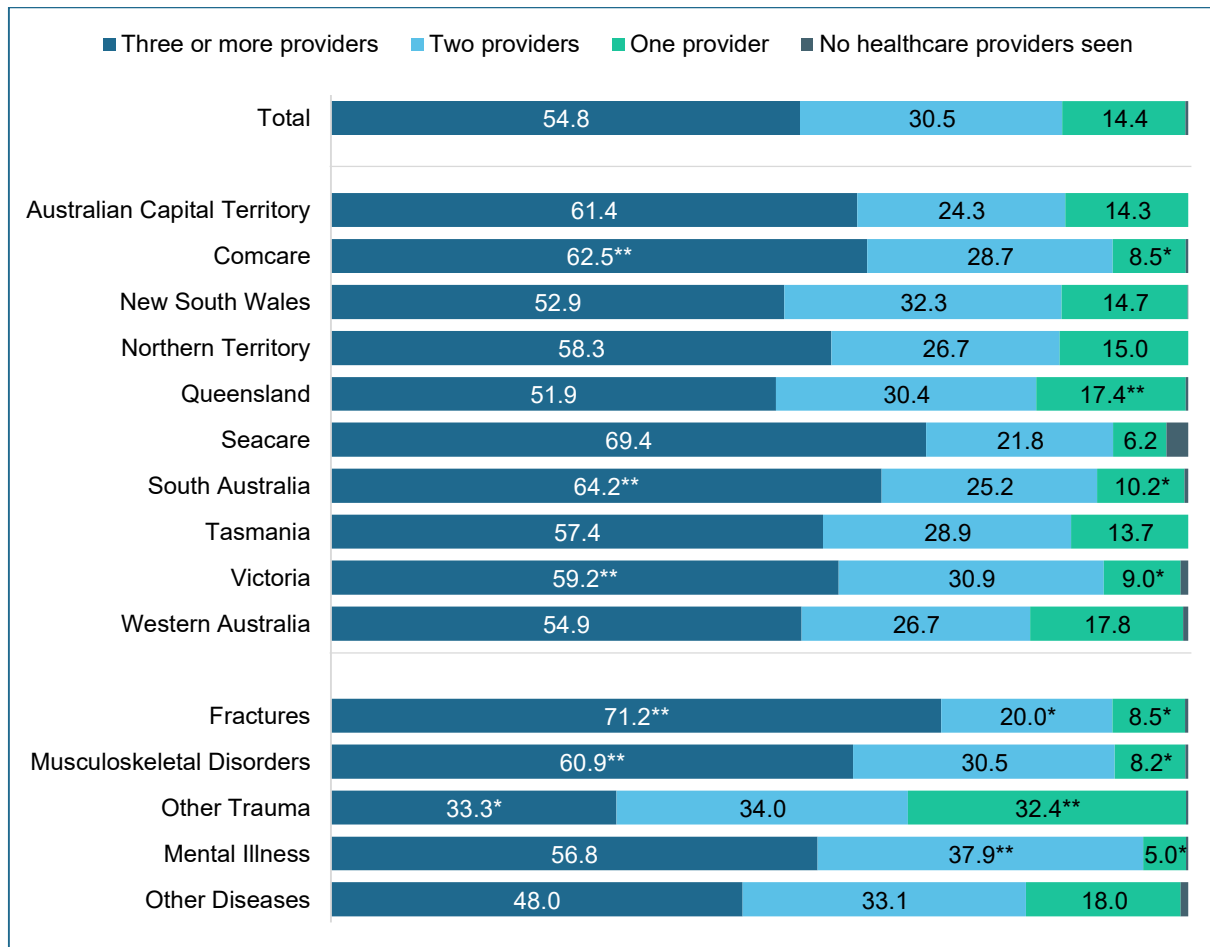
Most workers reported they had seen at least one healthcare provider – only 0.4% overall reported seeing no healthcare providers. Just over half (54.8%) of all workers reported they had seen three or more healthcare providers.

There were significant differences between some sub-groups in the number of healthcare providers seen (Figure 27). Workers from Comcare (62.5%), South Australia (64.2%) and Victoria (59.2%) were more likely than those from other jurisdictions to see three or more providers (and less likely to see only one). Those from Queensland (17.4%) were more likely to see just one.

Injury types appear to align with the range of healthcare providers that are traditionally consulted. A significantly higher proportion of those who experienced fractures (71.2%) or musculoskeletal disorders (60.9%) reported they had seen three or more healthcare providers, whilst a greater proportion of those experiencing 'other trauma' saw only one (32.4%), and a greater proportion of those with mental illness saw two (38.0%).

Those with more than 40 days compensated were more likely to see 3 or more healthcare providers (83.2% compared to 42.8%), making up most of this cohort. These people were significantly less likely to see none (0.0%), one (2.1% compared to 19.6%) or two (14.7% compared to 37.2%) providers. Other groups where large majorities saw three or more providers included those not currently working (76.5% compared to 49.8%) and those assessed as having probable serious mental illness (78.0% compared to 51.5%).

Figure 27 Number of healthcare providers seen, by jurisdiction and injury/illness type – 2021 (%)



Base: All respondents, Total (n=4,575), ACT (n=143), Comcare (n=615), NSW (n=763), NT (n=150), QLD (n=769), SA (n=386), Seacare (n=42), TAS (n=443), WA (n=485), VIC (n=779), Fractures (n=551), Musculoskeletal Disorders (n=2,633), Other Trauma (n=762), Mental Illness (n=413), Other Diseases (n=216).

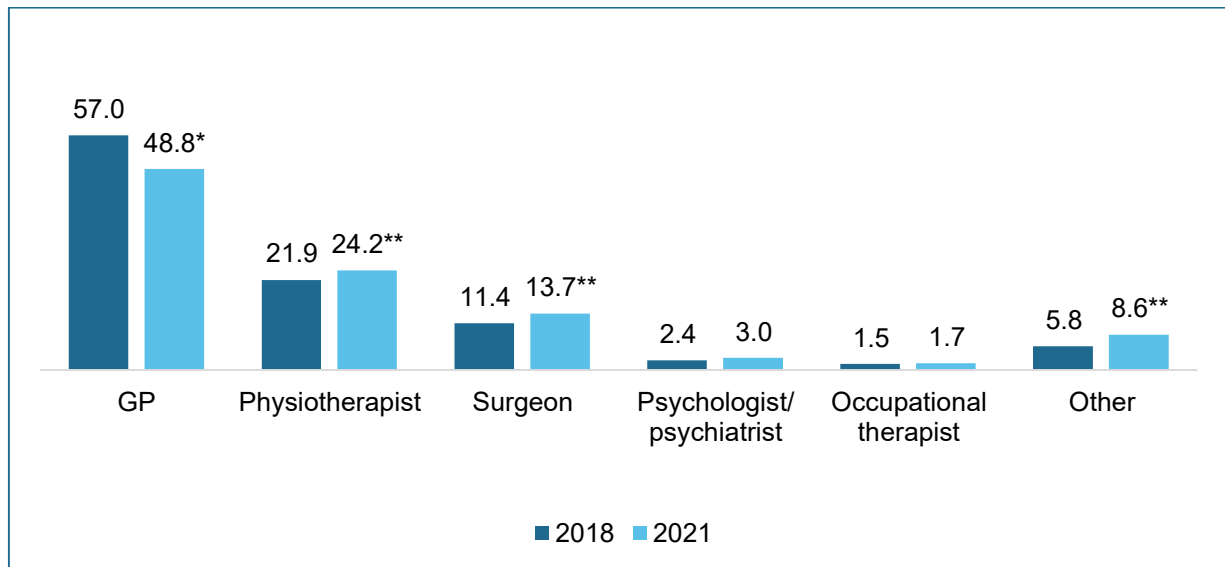
HL2a Which of the following healthcare providers have you seen for treatment of your work-related injury or illness?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

Having identified all the healthcare providers seen, respondents were asked to indicate the one they considered to be their main provider. As presented in Figure 28 and Table 10 – overall and for each subgroup – the most common response was that a GP was the main healthcare provider in both 2018 (57.0%) and 2021 (48.8%). While mentions of GP reduced in 2021, there were increases seen in the proportion of workers who said their main healthcare provider was a:

- physiotherapist (24.2%)
- surgeon (13.7%), or
- other provider (8.6%).

Figure 28 Main healthcare provider of those who saw at least one (%)



Base: Respondents who saw at least one healthcare provider. 2018 (n=4,356), 2021 (n=4,314).

HL2b Who was your MAIN healthcare provider?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

Several significant differences were observed between jurisdictions regarding the main healthcare provider:

- Workers from ACT (63.0%), Comcare (56.1%) and Tasmania (63.8%) were significantly more likely to consider their GP as their main healthcare provider
- Those from Victoria (41.6%) were significantly less likely to nominate their GP and were more likely to report having a physiotherapist (31.2%) or a psychologist/psychiatrist (4.9%) as their main healthcare provider than other jurisdictions.
- A significantly higher proportion of workers from Queensland (20.1%) reported that a surgeon was their main healthcare provider.

There were also significant differences based on injury/illness type. Compared to other injury types, those with:

- fractures were more likely to report their main healthcare provider to be a surgeon (22.3%) or occupational therapist (4.6%)
- musculoskeletal disorders were more likely to report a physiotherapist (31.6%),
- other trauma were more likely to report a surgeon (17.0%) or someone else (13.4%)
- mental illness claims were more likely to see a GP as their main provider (59.2%) or a psychologist/psychiatrist (37.6%).

Those assessed as having probable serious mental illness in the survey, but not necessarily with a mental illness claim, were more likely also to list a psychologist/psychiatrist as their main healthcare provider (7.1% vs 2.5%). Note, however, that a much larger proportion (37.6%) of people with a mental illness claim report a psychologist/psychiatrist as being their main healthcare provider. This highlights a potential gap in mental health treatment, that could better serve people with mental illness, not delivered as part of their main injury treatment.

Those who were currently working were more likely to have a physiotherapist as their main provider (25.6% compared to 18.0%), whilst those not working were more likely to report a GP (54.5% compared to 47.5%) as their main provider.

Workers from self-insurers were more likely to have their GP as their main provider (57.9% compared to 47.0% of those in premium payers).

Table 10 Main healthcare provider, by jurisdiction and injury/illness type – 2021 (%)

	GP	Physio therapist	Surgeon	Psychologist / Psychiatrist	Occupational Therapist	Other
Total	48.8	24.2	13.7	3.0	1.7	8.6
Jurisdiction	-	-	-	-	-	-
Australian Capital Territory	63.0**	23.7	5.0*	1.7	0.8	5.9
Comcare	56.1**	22.4	10.3*	4.7**	1.0	5.3*
New South Wales	51.5	25.0	11.3*	2.8	1.3	8.2
Northern Territory	46.4	22.4	14.9	2.7	-	13.6
Queensland	47.1	19.5*	20.1**	3.2	2.5	7.7
Seacare	48.0	26.8	17.6	2.6	2.9	2.0
South Australia	47.0	24.7	16.6	0.8*	2.2	8.6
Tasmania	63.8**	21.2	7.2*	2.0	0.6	5.1*
Victoria	41.6*	31.2**	10.5*	4.9**	1.3	10.4
Western Australia	49.7	21.0	15.0	1.4	2.8	10.1
Injury type						
Fractures	36.4*	25.9	22.3**	0.6*	4.6**	10.2
Musculoskeletal disorders	48.4	31.6**	10.9*	1.6*	1.2	6.4*
Other trauma	53.2	13.2*	17.0**	1.5	1.7	13.4**
Mental illness	59.2**	1.1*	0.2*	37.6**	-	1.9*
Other diseases	53.3	9.5*	19.9	3.0	1.9	12.4

Base: Respondents who saw at least one healthcare provider. Total (n=4,314), ACT (n=134), Comcare (n=582), NSW (n=718), NT (n=139), QLD (n=737), SA (n=355), Seacare (n=37), TAS (n=413), WA (n=464), VIC (n=735), Fractures (n=523), Musculoskeletal Disorders (n=2,479), Other Trauma (n=711), Mental Illness (n=397), Other Diseases (n=204).

HL2b Who was your MAIN healthcare provider?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

7.3. Healthcare provider communications

Respondents who reported they had seen a General Practitioner (GP) to treat their work-related injury or illness were asked to indicate whether the GP had:

- Discussed workplace demands
- Discussed the types of activities or things the worker is able to do
- Provided a date that the worker is likely to return to work
- Regularly discussed progress for returning to work
- Discussed potential barriers to returning to work
- Recommended activity as part of recovery

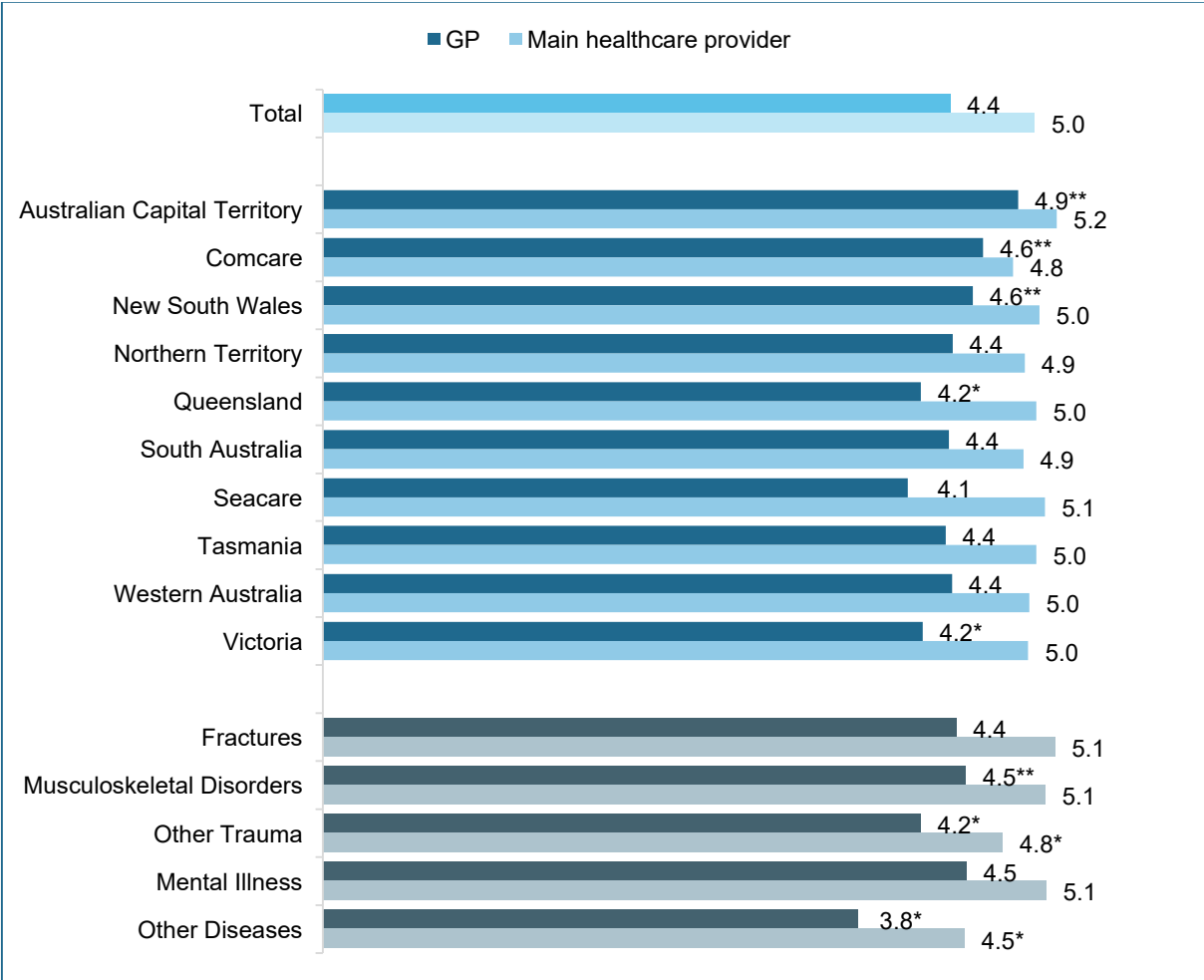
Respondents who nominated a healthcare provider other than a GP as their main provider were also asked to respond to the same six statements about what their main provider discussed with them. For each action by the GP or other healthcare provider (for example, discussed workplace demands, potential barriers for RTW, or a likely RTW date) a score of 1 was allocated. The average scores for GPs and other (main) healthcare providers (with a range of 0 to 6) are in Figure 29.

Overall, other healthcare providers (5.0) scored higher than GPs (4.4) in communicating with the worker. This pattern was evident (to varying degrees) in all jurisdiction results and for all injury/illness types.

Several jurisdictions had a **significantly higher average GP communications score** – the ACT (4.9), Comcare (4.6) and New South Wales (4.6), while Queensland and Victoria were significantly lower with averages of 4.2 positive communications from GPs. The differences are not large, but they are statistically significant. No statistically significant differences were observed between jurisdictions for the average score for other main healthcare providers.

Differences were also observed between injury/illness type sub-groups. Those who experienced musculoskeletal disorders (4.5) reported a significantly higher average number of positive communications from their GP, while those who experienced other trauma (4.2) or other diseases (3.8) reported a significantly lower average. Those who experienced other diseases also gave a lower average score for communications from other main healthcare providers (3.8).

Figure 29 GP and Main healthcare provider communications – 2021 (average positive communications)



Base: Respondents who saw a GP, respondents who nominated a healthcare provider other than a GP as their main provider. Total (n=4,001, n=2,050), ACT (n=134, n=49), Comcare (n=560, n=250), NSW (n=706, n=312), NT (n=118, n=74), QLD

(n=655, n=396), SA (n=333, n=181), Seacare (n=34, n=19), TAS (n=405, n=150), WA (n=412, n=221), VIC (n=644, n=398), Fractures (n=464 n=295), Musculoskeletal Disorders (n=2,363, n=1195), Other Trauma (n=600, n=303), Mental Illness (n=393, n=170), Other Diseases (n=181, n=87).

HL3a Has your GP...?

HL3b Has your main healthcare provider...?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

7.4. Stressful interactions (with healthcare provider)

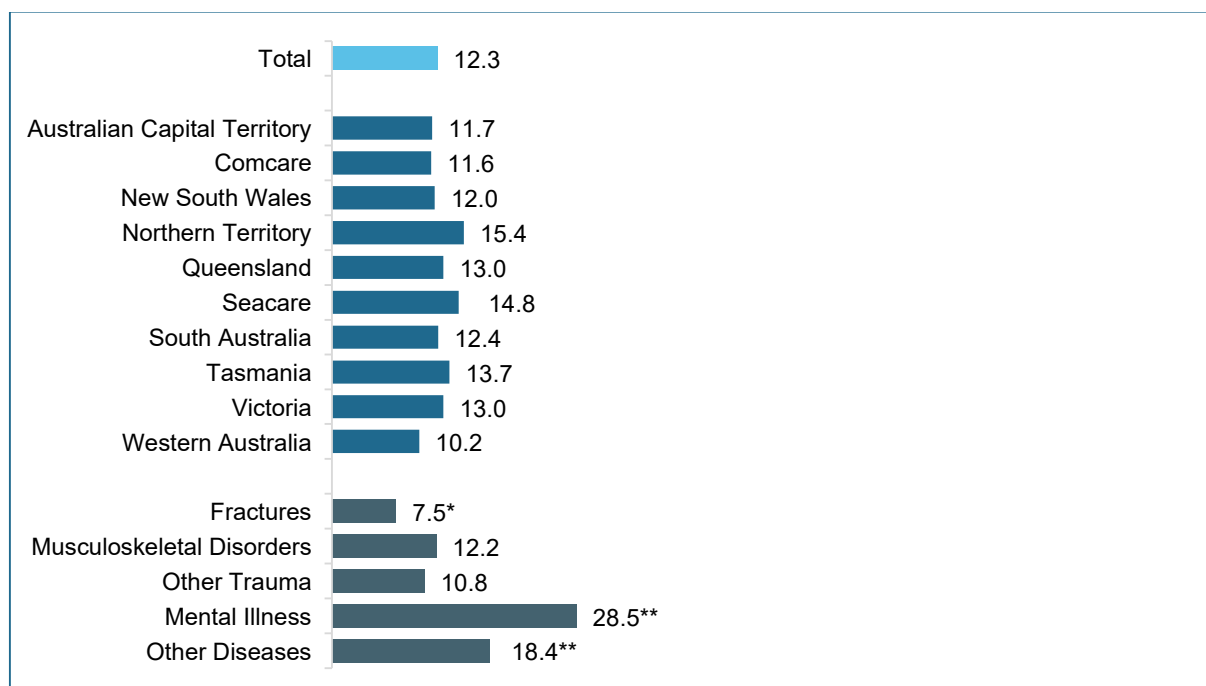
Respondents were asked to rate how stressful their interactions with healthcare providers were, using a five-point scale from 'Extremely stressful' to 'Not at all stressful'. As shown in Figure 30, a low proportion (12.3%) of workers overall reported feeling that their interactions with healthcare providers were stressful. This is a similar proportion to 2018 (11.0%).

This result was largely consistent across jurisdictions with no statistically significant differences.

A clear difference was evident within the injury/illness type sub-groups. Those who had a claim for mental illness were significantly more likely to have found their interactions with healthcare providers stressful (28.5%), compared to those with other types of injury/illness. The same was true for other diseases (18.4%). On the contrary, those with fractures were less likely to report stressful interactions (7.5%).

Other subgroups that reported more stressful interactions with their healthcare provider included those compensated for 40 or more days (19.0% compared to 9.4%), those not currently working (25.7% compared to 9.2%), and the largest difference was for those assessed as having probable serious mental illness (37.0% compared to 8.4%).

Figure 30 Stressful interactions with healthcare provider, by jurisdiction and injury/illness type – 2021 (% 'Extremely stressful' / 'Quite a bit stressful')



Base: Respondents who saw any healthcare provider. Total (n=4,523), ACT (n=143), Comcare (n=612), NSW (n=752), NT (n=148), QLD (n=758), SA (n=383), Seacare (n=41), TAS (n=439), WA (n=482), VIC (n=765), Fractures (n=543), Musculoskeletal Disorders (n=2,600), Other Trauma (n=757), Mental Illness (n=410), Other Diseases (n=213).

HL4 Thinking about **all** the healthcare providers you have seen, to what extent have your interactions with your healthcare provider(s) been stressful or not stressful?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

8. Legislative and insurance system

This section presents findings for survey items related to the legislative and insurance (workers' compensation) system domain. In the model (see Section 1.3.1) this domain includes many parties in the RTW process including claims agents, insurers, regulatory authorities, and other government and non-government agencies.

In the NRTWS and in this report, the emphasis was on claims agents and insurers.

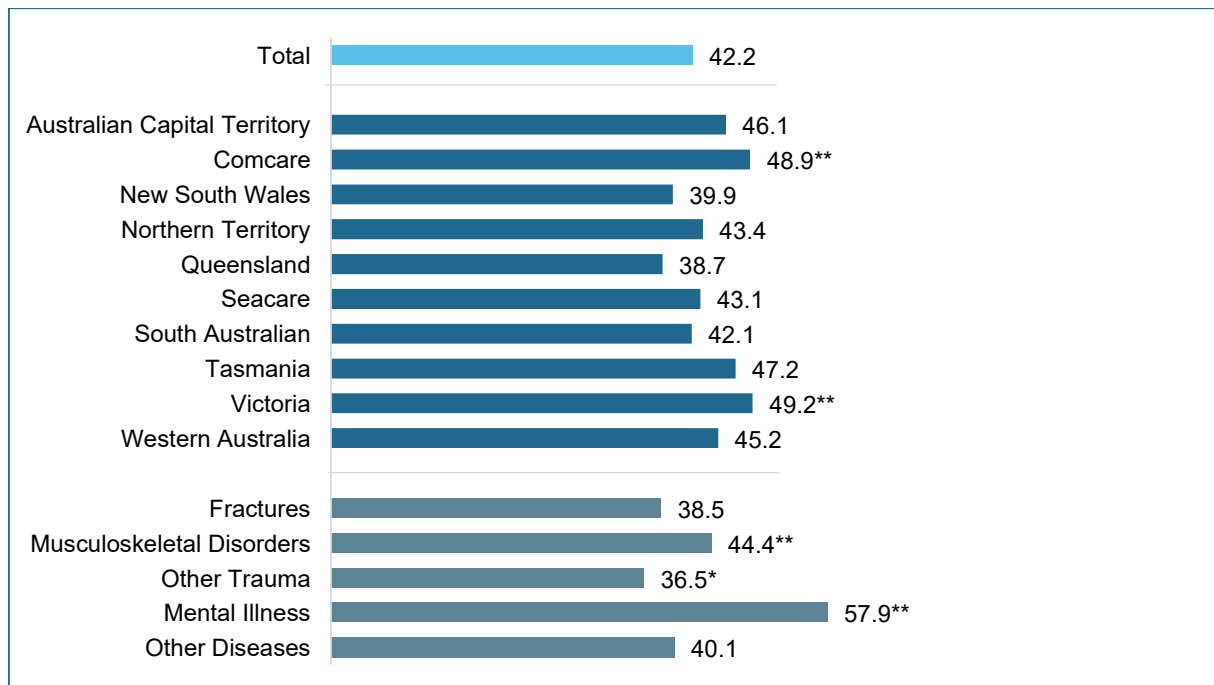
8.1. Navigation support

The process of lodging a workers' compensation claim can be complex – a lot of information needs to be provided and paperwork completed. That this comes at a time when someone has experienced an injury or illness can compound the complexity of the task. The NRTWS asked respondents about any support they needed in navigating the workers' compensation claim process.

As shown in Figure 31, 42.2% of workers overall reported needing support to navigate the workers' compensation claim process (a similar proportion to the 40.6% observed in 2018). A significantly higher proportion of workers from Comcare (48.9%) and Victoria (49.2%) needed support. Those with musculoskeletal disorders (44.4%) or mental illness claims (57.9%) were also more likely to report needing support than other injury types.

Other subgroups that reported needing navigation support were those compensated for 40 or more days (48.1% compared to 39.7%), those not currently working (48.1% compared to 40.9%) and those assessed as having probable serious mental illness (52.9% compared to 40.4%).

Figure 31 Navigation support needed - 2021 (% 'Yes')



Base: All respondents, 2021. Total (4,525), ACT (143), Comcare (615), NSW (756), NT (149), QLD (765), SA (384), Seacare (40), TAS (435), WA (473), VIC (765). Fractures (539), Musculoskeletal Disorders (2,611), Other Trauma (748), Mental Illness (414), Other Diseases (213). <180 days (71), 181-270 days (454), 271-365 days (661), 366-730 days (2,355), >730 days (984).

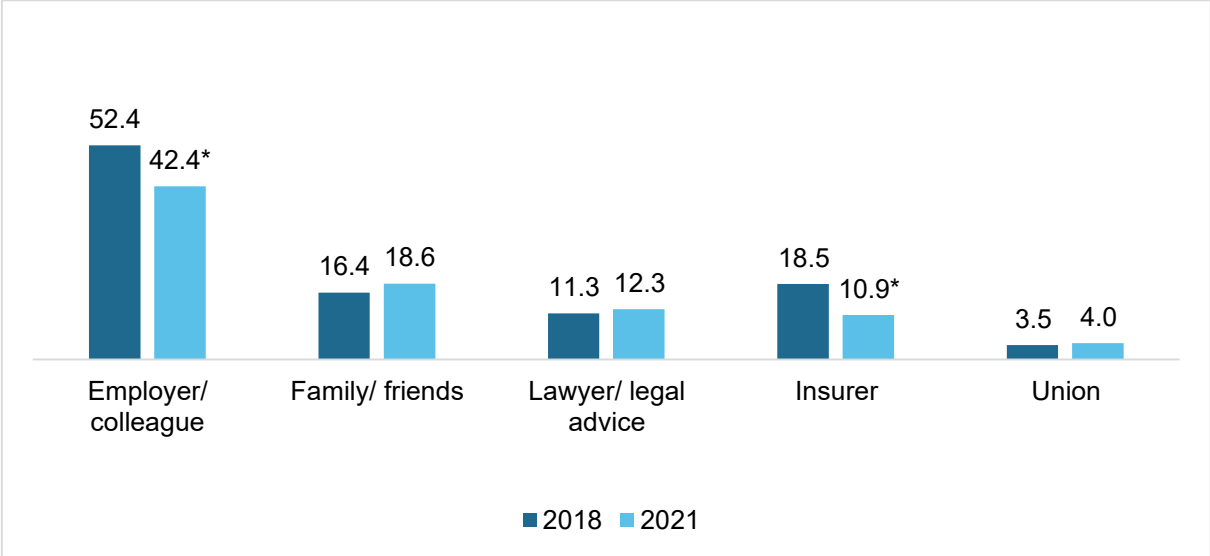
WC6 Have you needed someone to help you navigate the workers' compensation claim process?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion).

8.2. Source of support

Those who reported needing support to help them navigate the workers' compensation claim process were asked to indicate where they sourced support. Figure 32 shows the sources of support used across 2018 and 2021 among all respondents who reported they needed help to navigate the process. Employer/colleague remains the most popular source (42.4%) despite being significantly lower in 2021, perhaps relating to COVID-19 restrictions.

Figure 32 Sources of support to navigate the claims process (%)



Base: Respondents who needed help to navigate the workers' compensation claim process: 2018 (1,906), 2021 (2,048).
 WC7a And who helped you?
 Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

In 2021, this varied by subgroups, as shown in Table 11. Comcare workers were more likely to draw on an employer/colleague (52.1%) or a union (9.8%) than other jurisdictions, with workers from New South Wales more likely to draw on family/friends (23.3%). Workers from South Australia (25.7%) and Western Australia (18.3%) were more likely to draw on legal advice than other jurisdictions, and those in Victoria were more likely to draw on a union (7.5%) than other jurisdictions.

Those with 'other trauma' injury types (56.8%) were more likely to report getting support from an employer/colleague, whilst those with mental illness claims were more likely to draw on legal advice (23.3%), a union (20.6%) or someone else (46.9%).

Other subgroup differences included by employer size, where those in smaller organisations were more likely to draw on family/friends (24.7%) than those in medium-sized organisations (17.5%) and large organisations (12.8%). Those compensated for 40 or more days were more likely to draw on family/friends (21.9% compared to 16.8%), legal advice (21.4% compared to 7.7%), and other sources (40.8% compared to 20.9%), and were less likely to draw on their employer/colleagues (25.2% compared to 51.2%).

This dynamic was similar among people who were not currently working and those assessed as having probable serious mental illness, that is, they were more likely to draw on family/friends, legal advice, union representatives and other sources, but less likely to report receiving support from their employer or a colleague.

Table 11 Sources of support (navigating the workers' compensation claim process) (%)

	Employer/ Colleague	Family/ Friends	Lawyer/Legal Advice	Insurer	Union	Other
Total	42.4	18.6	12.3	10.9	4.0	33.0
Jurisdiction						
Australian Capital Territory	46.3	8.9	12.0	14.3	-	44.0
Comcare	52.1**	9.9*	9.0	9.4	9.8**	35.5
New South Wales	41.8	23.3**	11.0	10.2	2.9	31.9
Northern Territory	51.7	13.6	8.6	4.0	6.0	41.6
Queensland	40.0	17.3	8.8	14.0	2.7	36.7
Seacare	14.4	18.1	18.6	5.4	50.9	31.7
South Australia	32.1*	19.8	25.7**	15.1	6.0	23.5*
Tasmania	49.3	15.6	8.9	13.0	6.4	38.1
Victoria	42.1	15.7	13.5	10.5	7.5**	29.7
Western Australia	49.6	12.9	18.3**	6.7	2.0	35.2
Injury type						
Fractures	47.6	16.2	10.5	13.3	0.7	27.9
Musculoskeletal Disorders	39.5	19.1	13.2	10.4	3.5	35.7**
Other Trauma	56.8**	19.0	6.5*	8.8	2.2	26.1
Mental Illness	17.6*	15.2	23.3**	11.9	20.6**	46.9**
Other Diseases	33.6	19.0	18.0	20.7**	5.6	21.5

Base: Respondents who needed help to navigate the workers' compensation claim process, 2021. Total (n=2,048), ACT (n=63), Comcare (n=290), NSW (n=327), NT (n=73), QLD (n=312), SA (n=178), Seacare (n=17), TAS (n=205), WA (n=223), VIC (n=360). Fractures (n=224), Musculoskeletal Disorders (n=1,171), Other Trauma (n=309), Mental Illness (n=247), Other Diseases (n=97). <180 days (n=17), 181-270 days (n=181), 271-365 days (n=288), 366-730 days (n=1,102), 730 days (n=460).

WC7a And who helped you?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion) (p-value <=0.05).

8.3. Difference of opinion

A fundamental aspect of the workers' compensation process is reaching agreement on the nature and extent of injury or illness experienced, and an appropriate compensation arrangement. Disputes or disagreements can occur and the NRTWS asked respondents whether they had experienced any difference of opinion from the compensation organisation about their claim.

As shown in Figure 33, a quarter (25.3%) of workers reported that they had experienced a difference of opinion. This is very similar to the 25.5% observed in 2018.

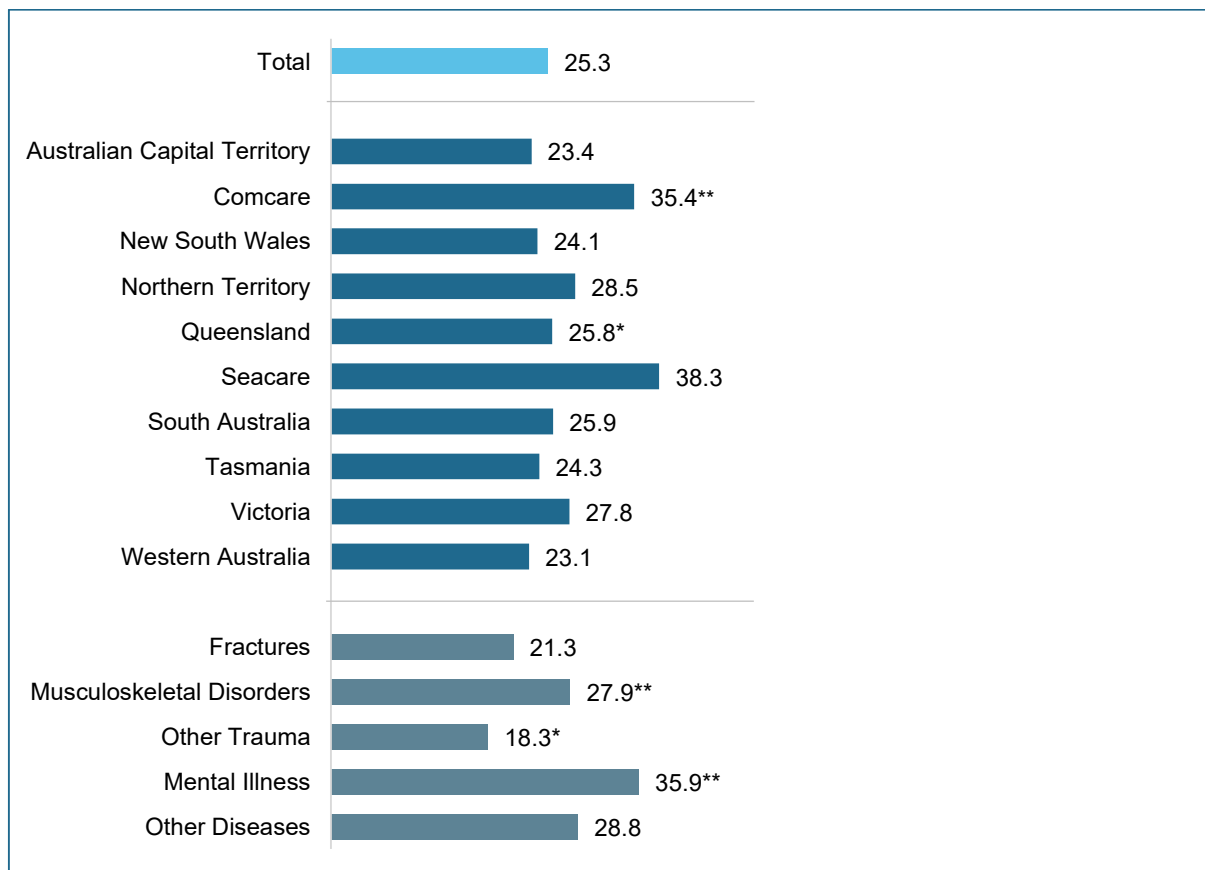
In 2021, a significantly higher proportion of workers from Comcare (35.4%) experienced a difference of opinion from their compensation organisation. Conversely, a lower proportion of workers from Queensland (25.8%) experienced a difference of opinion.

Those with musculoskeletal disorders (27.9%) or mental illness claims (35.9%) were significantly more likely to report a difference of opinion than other injury types, reflecting the difficulties these cohorts have reported throughout other results in this report.

Those in larger organisations were more likely to report a difference of opinion (28.4%) than those in medium sized organisations (22.7%), and those with 40 or more days compensated (33.7%) were more likely than those with fewer days compensated (21.6%).

Other subgroups who were more likely to report a difference of opinion included those who were not currently working (37.9%) compared to those who were working (22.4%), those from self-insurers (29.8%) compared to premium payers (24.4%) and those assessed as having probable serious mental illness (44.5%) compared to those who weren't (22.6%).

Figure 33 Difference of opinion, by jurisdiction, injury/illness type and claim duration - 2021 (% 'Yes')



Base: Respondents who had direct contact with their compensation organisation, 2018. Don't know and Refused responses excluded from base. Total (n=4,176), ACT (n=136), Comcare (n=702), NSW (n=702), NT (n=135), QLD (n=739), SA (n=352), Seacare (n=36), TAS (n=384), WA (n=419), VIC (n=697). Fractures (n=497), Musculoskeletal Disorders (n=2,415), Other Trauma (n=666), Mental Illness (n=401), Other Diseases (n=197). Claim duration: <180 days (n=67), 181-270 days (n=421), 271-365 days (n=592), 366-730 days (n=2,189), >730 days (n=907).

WC2 Did you ever have a difference of opinion with the organisation who you dealt with for your claim?

Note: Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion (p-value <=0.05).

8.4. Perceived Justice of the Compensation Process

The Perceived Justice of the Compensation Process (PJCP) series of measures is a validated scale that has been used in other research related to workers' compensation and RTW. It measures workers' perceptions of fairness of their workers' compensation experience across four broad dimensions – the details of their compensation arrangement, the claim process, information provision and interpersonal communications.

For the 2018 and 2021 NRTWS, a range of specific attributes were measured within each of these four dimensions, comprising some 15 attributes. Respondents were asked to indicate their level of agreement with each statement using a 5-point scale where 1 = 'Strongly agree' and 5 = 'Strongly disagree'. The mean level of agreement was calculated for each of the four dimensions. In doing so,

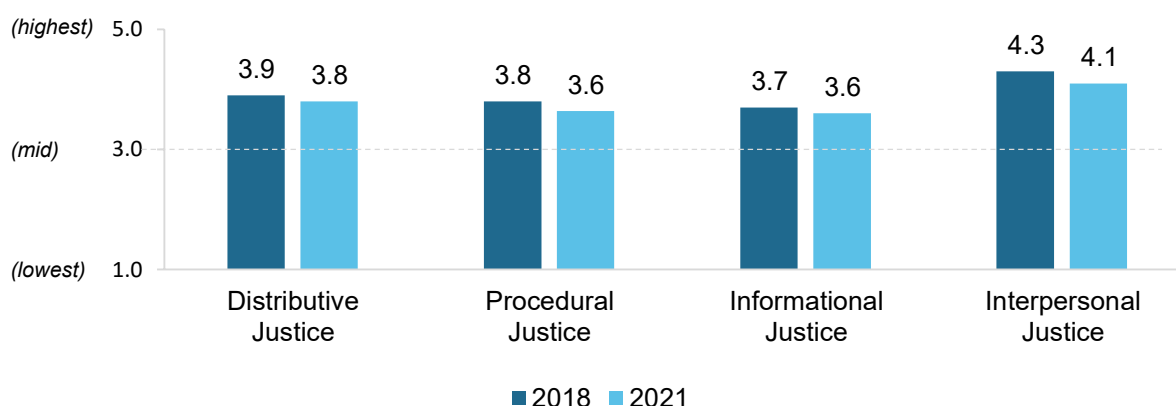
the scale values were inversed, such that a higher mean score denotes a higher level of agreement (or, a higher perceived sense of justice/fairness).

The statements used to measure the different dimensions of perceived justice were:

- Distributive justice:
 - *Overall, your compensation benefits have been fair and acceptable.*
 - *Considering the nature of your injury, the amount of compensation you have been receiving has been fair and acceptable.*
 - *Considering the nature of your injury, the length of time that you have been receiving compensation benefits has been fair and acceptable.*
 - *Considering your previous level of pay, the amount of compensation has been fair and acceptable.*
- Procedural justice:
 - *You have been able to express your views and feelings when the main organisation you have dealt with (the organisation) has made decisions about your compensation benefits.*
 - *You have had influence over your compensation benefits.*
 - *The way that the organisation has been making decisions has not been prejudiced or biased against you.*
 - *The organisation has been collecting accurate information to make decisions.*
 - *The way that the organisation has been making decisions has been honest.*
 - *The way that the organisation has been making decisions has been fair to you.*
- Informational justice:
 - *The person from the organisation has provided you with the information you needed.*
 - *The person from the organisation has carefully and completely explained the way decisions are made.*
 - *The person from the organisation has communicated details at the appropriate times.*
- Interpersonal justice:
 - *The person from the organisation has treated you in a polite manner.*
 - *The person from the organisation has treated you with dignity and respect.*

Figure 34 shows the average scores per dimension, which have remained similar between 2018 and 2021. Across both collections, interpersonal justice recorded the highest results, followed by distributive, procedural and informational justice.

Figure 34 Perceived justice score for the four dimensions (between 1 and 5)



Base: All respondents: 2018 (4,056-4,516), 2021 (4,204-4,510)

WC5 The next questions ask about your experience with obtaining compensation for your work-related injury or illness. I will read you a number of statements. For each statement, please tell me whether you agree or disagree that...?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion (p-value <=0.05).

Table 12 below shows the mean level of agreement for each of the four dimensions of the Perceived Justice of the Compensation Process scale overall, by jurisdiction and injury/illness type. There was some variation by jurisdiction, with Comcare performing lower for procedural (3.5) and interpersonal (4.0) justice perceptions. Queensland and South Australia both had high perceptions of informational justice (both 3.7 on average), whilst Tasmania had higher levels of perceived distributive justice (3.9) than other jurisdictions. Workers in Victoria had the poorest perceptions of justice, scoring lower on average for distributive (3.7), procedural (3.5) and information (3.5) dimensions of justice. The differences are not large, but they are statistically significant.

There were also differences by injury type. Those with musculoskeletal disorders and mental illness claims were significantly less likely to report a sense of justice across all four dimensions. Those with 'other trauma' were more likely.

There were no differences by employer size or claim duration, but those with fewer than 40 days compensated were more likely to report perceptions of justice across all four dimensions. The same was true for those who were currently working compared to those who weren't.

The greatest differences in perceived justice scores were observed between people who reported high levels of psychological stress (a Kessler score of 19-30 – assessed as having probable serious mental illness) compared to those who reported low levels of psychological distress (a Kessler score of 6-18).⁸ Table 12 below shows the differences.

These subgroup differences reflect similar themes identified from the other measures discussed in this report.

⁸ See Section 5.3 for details on the Kessler measure, which is used to indicate the likely presence or absence of mental illness.

Table 12 Perceived Justice of the Compensation Process (mean)

	Distributive Justice	Procedural Justice	Informational Justice	Interpersonal Justice
Total	3.8	3.6	3.6	4.1
Jurisdiction				
Australian Capital Territory	3.8	3.7	3.5	4.0
Commonwealth (Comcare)	3.8	3.5*	3.5	4.0*
New South Wales	3.8	3.6	3.6	4.2
Northern Territory	3.8	3.7	3.6	4.1
Queensland	3.8	3.7	3.7**	4.2
Commonwealth (Seacare)	3.6	3.4	3.3	4.0
South Australia	3.8	3.7	3.7**	4.2
Tasmania	3.9**	3.6	3.6	4.1
Victoria	3.7*	3.5*	3.5*	4.1
Western Australia	3.8	3.6	3.5*	4.1
Injury Type				
Fractures	3.9**	3.7	3.8	4.2
Musculoskeletal Disorders	3.7*	3.6*	3.6*	4.1*
Other Trauma	4.0**	3.8**	3.7**	4.3**
Mental Illness	3.4*	3.3*	3.3*	3.9*
Other Diseases	3.7	3.6	3.7	4.2
Psychological distress (Kessler 6) assessment:				
Probable serious mental illness	3.1	3.1	3.2	3.8
No probable serious mental illness	3.9	3.8	3.7	4.2

Base: All respondents, 2021. Total (4,204-4,510), ACT (132-141), Comcare (580-615), NSW (710-760), NT (135-145), QLD (735-763), SA (37-41), Seacare (37-41), TAS (384-434), WA (422-469), VIC (709-761). Fractures (502-543), Musculoskeletal Disorders (2,429-2,599), Other Trauma (659-742), Mental Illness (410-412), Other Diseases (201-412). <180 days (67-71), 181-270 days (424-451), 271-365 days (599-654), 366-730 days (2,207-2,354), >730 days (907-982). Psychological distress: Probable serious mental illness (649-671), No probable serious mental illness (3466-3763).

WC5 The next questions ask about your experience with obtaining compensation for your work-related injury or illness. I will read you a number of statements. For each statement, please tell me whether you agree or disagree that...?

Note: Don't know and Refused responses excluded from base. Asterisks indicate statistically significant difference (single asterisk (*) indicates a lower proportion; double asterisk (**) indicates a higher proportion (p-value <=0.05).

Appendix A: Additional methodology details and sample profile

This appendix provides additional information about the survey methodology described in Section 1.3 (above). The full methodological report, including the survey questionnaire, is available on the Safe Work Australia website⁹.

Questionnaire

The questionnaire for the 2021 NRTWS remained the same as 2018 NRTWS, with the addition of two questions aimed at measuring the effects of COVID-19 on RTW. The two questions were designed to measure the extent of the effect of COVID-19 (RTW10) and the specific nature of any effects from a list of 14 options (RTW11). These two items were 'cognitively tested' by the Social Research Centre with 8 people selected from the sample of claimants. Issues that were tested included comprehension of question meaning, ability to retrieve an answer, and ability to provide an accurate answer. The full results of the cognitive testing were communicated in a separate report and the two questions were modified in line with its conclusions.

Sample design and selection

The total population of people who could have been selected for this survey were injured workers who:

- had at least one day away from work; and
- had a claim reported to the workers' compensation authority or insurer between 1 February 2019 to 31 January 2021 inclusive¹⁰; and
- had either an open or closed workers' compensation claim; and
- worked in either premium-paying (including own businesses) or self-insured organisations.

Jurisdictions provided the Social Research Centre with a population file of all eligible workers' compensation claimants. The Social Research Centre performed sampling stratification and sample selection from this sample frame.

Following sample selection, the Social Research Centre sent a Primary Approach Letter (PAL) on jurisdictional letterhead to potential respondents to introduce the survey, provide assurances of confidentiality and survey bona fides, encourage participation, and provide contact details to assist with query resolution.

Data collection

Data collection for the NRTWS was conducted by Computer Aided Telephone Interviewing (CATI) between 22 June and 30 September 2021. Respondents could elect to complete the interview in English, Cantonese, Mandarin, Arabic or Vietnamese.

Interviewers used "soft" recruitment procedures to ensure the worker was comfortable participating in the survey and ensuring the voluntary nature of participation was clearly conveyed and understood by

⁹ <https://www.safeworkaustralia.gov.au/>

¹⁰ A small number of claims were submitted outside this period (40 claims from NSW SIRA and 47 claims from RTW SA in February and March 2021). This was permitted under the collection method and included in analysis consistent with 2018.

respondents. Assurances were provided regarding the privacy and confidentiality of respondent information, including assuring respondents that participation would not affect their claim in any way.

A final response rate of 54.1% was achieved, representing the proportion of workers who were successfully contacted, confirmed to be in scope and completed the survey. This is a decline from the 67.7% response rate achieved in 2018.

A total of 4,588 telephone interviews were completed.

Table 1 shows the (unweighted) breakdown of completed interviews by jurisdiction and claim type. Claim type refers to whether workers' compensation claimants were from a premium paying organisation (i.e. their organisation pays a premium to an insurance provider for cover), or a self-insurer (their organisation insures itself – mainly larger organisations). More detail about sample characteristics is included in Section 1.5 (above).

Table 13 Total completed interviews by cohort, jurisdiction and claim type (unweighted)

	Premium Payer	Self-Insurer	Total
Australia	3,288	1,300	4,588
Australian Capital Territory	133	11	144
Comcare	172	447	619
New South Wales	416	349	765
Northern Territory	89	61	150
Queensland	558	215	773
Seacare	0	42	42
South Australia	387	0	387
Tasmania	428	15	443
Victoria	733	47	780
Western Australia	372	113	485

Table 14 shows the breakdown of the 2021 NRTWS sample, by jurisdiction.

Table 14 Sample profile, by jurisdiction (%)

	ACT	Comcare	NSW	NT	QLD	Seacare	SA	TAS	VIC	WA
Gender										
Male	66.3	60.9	63.0	60.8	61.0	88.8	66.1	61.3	61.3	62.8
Female	33.7	39.1	37.0	39.2	39.0	11.2	33.9	38.7	38.7	37.2
Age										
15 - 20 years	2.8	-	3.9	4.3	2.0	-	2.8	3.4	1.5	2.3
21 - 30 years	33.6	8.1	21.3	22.5	20.7	4.1	22.0	19.3	19.7	14.6
31 - 40 years	18.3	20.0	21.3	16.6	21.9	12.8	18.2	19.5	19.1	18.9
41 - 50 years	17.9	27.8	22.4	21.1	17.7	39.1	20.0	20.6	17.6	24.9
51 - 60 years	19.4	31.7	19.6	22.5	22.9	27.9	24.9	24.4	25.3	24.2
61 - 79 years	8.0	12.3	11.6	12.9	14.8	16.1	12.1	12.8	16.7	15.2
Cohort										
Historic	7.9	1.7	4.2	3.0	4.3	-	7.2	13.7	8.4	5.4
Balance	92.1	98.3	95.8	97.0	95.7	100.0	92.8	86.3	91.6	94.6
Employer size										
Small (Less than \$1m)	32.9	100.0	53.1	100.0	22.5	100.0	28.1	26.3	21.4	23.6
Medium (Between \$1m and less than \$20m)	52.4	-	33.4	-	31.4	-	55.1	47.6	34.1	29.3
Large (\$20m or more)	14.7	-	13.5	-	46.1	-	16.9	26.1	44.4	47.1
Claim duration										
Average claim duration (days)	473.9	540.7	524.7	543.9	543.7	566.6	517.1	422.6	563.2	557.0
Industry										
Agriculture, Forestry, Fishing	-	1.0	2.5	9.0	4.1	-	5.7	8.7	3.2	2.6
Mining	-	0.3	0.9	6.0	2.0	-	2.9	0.5	0.8	8.6
Manufacturing	4.5	1.6	11.5	5.5	12.8	-	15.0	14.2	12.4	9.9
Electricity, Gas, Etc. Services	1.5	3.9	1.0	2.5	0.2	-	2.4	0.9	-	0.6
Construction	20.2	-	16.2	15.3	15.6	-	13.2	11.6	13.1	13.1
Wholesale Trade	2.0	-	3.1	1.0	4.8	-	6.2	4.8	9.2	3.2

	ACT	Comcare	NSW	NT	QLD	Seacare	SA	TAS	VIC	WA
Retail Trade	12.6	-	5.8	5.5	4.8	-	7.5	7.0	3.6	5.5
Hospitality	4.0	-	7.5	0.8	3.2	-	6.2	4.9	2.0	4.0
Transport, Postal, Warehousing	3.5	40.2	4.9	7.5	4.6	100.0	9.6	7.7	8.0	5.2
Media and Telecommunications	1.1	1.9	0.7	-	0.9	-	-	0.4	1.0	0.4
Financial/Insurance Services	0.8	5.9	1.7	-	3.6	-	0.6	0.6	0.8	0.1
Rental/Real Estate Services	1.9	-	0.7	0.2	2.6	-	0.3	1.0	4.4	1.2
Scientific/Technical Services	10.9	0.9	1.2	-	1.6	-	2.2	2.0	2.3	2.6
Administrative Services	4.9	0.2	2.8	1.2	4.5	-	3.8	3.8	3.7	1.7
Public Administration	0.9	29.7	7.2	20.1	5.3	-	0.6	2.5	5.5	8.9
Education and Training	3.8	8.6	5.3	6.3	9.0	-	1.4	3.0	8.0	10.7
Health Care/Social Assistance	21.0	5.5	22.1	13.9	16.5	-	17.4	22.4	18.6	16.1
Arts and Recreation Services	4.3	0.3	1.6	1.9	0.7	-	0.6	0.7	1.3	1.9
Other Services	1.9	-	3.3	3.2	3.0	-	4.3	3.4	2.2	3.7

Note: Data taken from sample provided by jurisdictions (weighted)

Weighting

To ensure results calculated from the dataset represent the target population as closely as possible, a weight was calculated for each survey respondent. Weights adjust for the disproportionate sample design and for differential non-response among sub-groups of persons selected to take part in the survey. Smaller jurisdictions and groups are typically over-sampled to generate a robust base number of completed surveys (thereby improving reportability and confidence), and larger jurisdictions are capped. All data presented in this report use weighted data, unless otherwise noted.

Quality standards

All aspects of this research were undertaken in accordance with:

- The Privacy Act (1988) and the Australian Privacy Principles contained therein
- The Privacy (Market and Social Research) Code 2014
- The Research Society's Code of Professional Behaviour
- ISO 20252 standards.

Appendix B: Glossary

Term/Acronym	Definition
Acronyms	
NRTWS	National Return to Work Survey
RTW	Return to Work
SRC	The Social Research Centre
SWA	Safe Work Australia
Survey measures	
Returned to Work Rate	The proportion of respondents who said 'Yes' they had returned to work at some point since their injury (RTW1)
Current Return to Work Rate	The proportion of respondents who said 'Yes' they had returned to work at some point since their injury (RTW1) and 'Yes' they were currently working (RTW2).
Probable Serious Mental Illness	Defined through six survey items (Kessler 6 Psychological Distress Scale) – not defined through claims information.
Distributive Justice	Perceptions of fairness regarding the distribution of (financial) resources and compensation to the worker through the compensation process.
Procedural Justice	Perceptions of fairness regarding the compensation process, the way decisions were made, and the way workers were treated with respect to decisions that affected them.
Informational Justice	Perceptions of fairness regarding the provision of information through the compensation process.
Interpersonal Justice	Perceptions of fairness regarding the worker being treated with politeness, dignity and respect through the compensation process.
Sample information	
Premium Payer	Employer organisation (of workers in the survey) that pays a premium to a third party insurer for their workers' compensation insurance.
Self-Insurer	Employer organisation (of workers in the survey) that insures themselves for workers' compensation (generally larger organisations).
Claim Duration	Claim duration is based on the number of days between the date of claim lodgement and the date of survey completion.
Days Compensated	Number of days off work that were compensated for a worker through their claim (N.B. this is different to claim duration as the duration of a claim since it was lodged is different to the number of days compensated for).